

Coventry City Council
Minutes of the Meeting of Coventry Health and Well-being Board held at 2.00 pm
on Monday, 12 October 2020
This meeting was held remotely

Present:

Board Members: Councillor Blundell
Councillor Duggins
Councillor M Mutton
Councillor Seaman

Pete Fahy, Director of Adult Services
Liz Gaulton, Director of Public Health and Wellbeing
Simon Gilby, Coventry and Warwickshire Partnership Trust
John Gregg, Director of Children's Services
Ruth Light, Coventry Healthwatch
Stuart Linnell, Coventry Healthwatch
Sue Ogle, Voluntary Action Coventry
Dr Sarah Raistrick, Coventry and Rugby CCG (Chair)
Adrian Stokes, Coventry and Rugby CCG

Other representatives: Rachel Danter, Coventry and Warwickshire Health and Care Partnership
Professor Sir Chris Ham, Coventry and Warwickshire Health and Care Partnership

Employees: V Castree, Law and Governance
J Fowles, Public Health
L Knight, Law and Governance
R Nawaz, Public Health

Apologies: Councillor K Caan
Professor Lisa Bayliss-Pratt, Coventry University
Julie Grant, NHS England
Andy Hardy, University Hospitals Coventry and Warwickshire
Professor Caroline Meyer, Warwick University
Mike O'Hara, West Midlands Police
Gail Quinton, Deputy Chief Executive

Public Business

13. Declarations of Interest

There were no declarations of interest.

14. Minutes of Previous Meeting

The minutes of the meeting held on 27th July 2020 were agreed as a true record. There were no matters arising.

15. **Appointment of Councillor R Ali as a Member of the Board**

Liz Knight, Governance Services Officer, reported that Councillor Rois Ali had been the City Council's Deputy Cabinet Member for Public Health and Sport since 2016. In order to provide consistency and resilience, it was felt appropriate that he should be appointed as a member of the Health and Wellbeing Board.

RESOLVED that the appointment of Councillor R Ali as a member of the be approved.

16. **Chair's Update**

The Chair, Dr Raistrick, referred to the Coventry Health Challenge which was based on the Government's Better Health campaign and had been launched as part of the work to support residents and communities to be as resilient as they could to future illnesses such as Covid-19. It was aimed at key groups of the population and would raise their awareness that improving their health would have a significant impact on their long term health and reduce the risk of a more serious illness as a result of the virus.

Over the next 6 months, through partnership work, residents would be challenging to practice self-care and take responsibility for their health. Each month would follow a theme: diet and nutrition; physical activity; smoking cessation; and immunisations. Residents would be set a challenge to work on improving their health in manageable stages, including advice and tips, checklists, case studies and signposting on social media. These themes would also be echoed in local media coverage. It was the intention to involve the community and health champions to reach out to their networks to spread the Coventry Health Challenge messaging.

Members were reminded that the next joint Place Forum and Health and Care Partnership meeting was due to be held 3rd November 2020.

Dr Raistrick also provided an update on the current flu vaccination programme which commenced in September 2020. This year's flu campaign was all about helping to protect the NHS, family and friends during the Covid-19 pandemic. The vaccine was offered via a GP or Pharmacist and more people were eligible for the vaccine this year to give the NHS a better chance of coping with any surge in Covid-19 patients including: aged 65+, pregnant women; those with chronic conditions such as COPD and diabetes; children aged 2 to 11/12 including those in year 7 of secondary school; carers and those working in health and social care; and people who were required to shield from coronavirus and anyone they lived with. Later in the year people aged between 50 and 64 were to be offered the vaccine.

Reference was made to the current shortage of flu vaccines since, due to high demand, early stocks had been used, however more were expected. Monthly flu data would be used to target messages to at risk groups able to get their vaccines at this time, such as those aged 65 and over to encourage uptake.

It was reported that the proportion of Coventry school aged children vaccinated for flu in 2019/20 exceeded the national and regional average rate, as did the proportion of over 65s in Coventry and Rugby receiving the flu vaccine.

17. Covid-19 Update: Current Public Health Position

Liz Gaulton, Director of Public Health and Wellbeing provided a short update on the current public health position concerning Covid-19 which included the current governance structure for the management of the pandemic across the city. Reference was made to the Health and Wellbeing Test and Trace Sub Group whose next meeting was due on 2nd November and a full update would be provided at this meeting.

The increasing number of Covid-19 cases nationally was highlighted and the Board noted that an announcement was to be made at 6.00 pm that day by Prime Minister Boris Johnson about the anticipated three tiers/ levels of restrictions to be introduced in order to manage further spread of the outbreak and reduce the rate of infection.

The Board were informed that Coventry now had a rate of 120 cases per 100,000 residents and the gap was closing with that of other local authority areas in the West Midlands Combined Authority region. There were a significant number of new infections in the 18-21 year age group which had been linked to the city's two universities. To date, outbreaks had been managed well with both work places and care homes working well in partnership with the local authority. The situation in local schools had settled and the bubbles that had been established were working as anticipated. There was room for improvement though as outbreaks were now spreading in the community and it was important to reinforce the safety measures that the public needed to follow.

Reference was made to the successful joint partnership working in the city – the One Coventry approach, that was being used to manage the pandemic. It was clarified that there would be a public press statement tomorrow about the situation in Coventry following on from the Prime Minister's announcement later today. Councillor Duggins provided additional information about the local press statement, indicated that further guidance was needed on the three tiers, in particular how areas would move through the tiers. He highlighted the importance of all residents adhering to the new guidelines.

In response to a question, further details were provided on the frequency of meetings of the different Groups/ Committees who were managing the Covid-19 situation in Coventry.

18. Health and Care System Preparedness

The Board received a presentation from Adrian Stokes, Coventry and Rugby CCG on the NHS Reset and Recovery Phase 3 Plan and a report of Rachael Danter, Coventry and Warwickshire Health and Care Partnership on the preparation for winter alongside a possible Covid-19 resurgence. Also highlighted was how the system was working together to manage the current and ongoing situation.

The presentation set out the three priorities for the NHS Phase 3 up to March 2021 as follows:

- i) Service restoration - accelerate return to near-normal levels of non-Covid health services between now and winter
- ii) Prepare for winter demand pressures, alongside probable second Covid surge, locally or nationally
- iii) Deliver the above by learning the lessons from the first Covid peak, particularly focusing on support for the staff and inequalities.

Data set out a service restoration progress overview, highlighting levels of activity in September compared to the previous September in the local hospitals. More detailed information was provided on service restoration in respect of cancer and diagnostic services. In relation to referral to treatment times for elective/planned services, which had fallen during the Covid outbreak, service activity meant RTT performance had now started to improve, and the number of patients waiting over 18 weeks had fallen, although there had been an increase in the longest waits of patients over 52 weeks from October. It was expected that these over 52 week waiter numbers would start to fall as elective activity was maintained at current levels. One of the key aspects of the systems response to Covid has been the adoption of new methods of delivering services, such as the development of green Covid free pathways, and the use of technology such as the use of non face to face – virtual appointments using the phone, or video. This meant for a second Covid outbreak, there shouldn't be the reductions in planned activity to the same scale as in the first Covid outbreak.

In relation to the current Covid position, information was provided on the numbers of Covid patients in the local hospitals since March 2020. Peak numbers at the start of April were over 320 positive patients. At present the numbers in hospital remained relatively low at this time, whilst this remained the case hospitals could continue to press to restore planned care services back to pre-covid levels.

Additional information was provided on the services restoration for primary care and community services and the measures being put in place preparing for the winter and Covid. The presentation concluded with the lessons learnt over the past few months with particular reference to workforce and inequalities.

The report indicated that The NHS remained on a Level 4 incident and associated processes, protocols and levels of preparedness remained in place in all aspects of the system such as Infection Prevention & Control measures, virtual GP appointment capacity, green treatment pathways, independent sector collaboration, close support for the care sector and an effective local Test & Trace programme, including robust Outbreak Management and Local Lockdown Plans. Locally this was being managed through the CCG Incident Control Centre (CICC) supported by a Primary Care Expert Advisory Group (EAG), C&W Care EAG (with a focus on care support) and the Testing Co-ordination Group.

A system wide review of the systems response to Covid-19 had been carried out with all key stakeholders through the Coventry and Warwickshire A&E Delivery Board (CWAEDB) to identify good practice particularly in relation to system wide working, rapid discharge model supporting community services i.e. care homes & domiciliary care providers and mutual aid. This learning was providing the basis of the Coventry and Warwickshire winter preparedness plan to enable patients to

access services safely and protect staff whilst preparing for localised Covid19 outbreaks or resurgence.

The report set out the key areas of focus as follows:

- Expansion of the seasonal flu vaccination programme
- Expanding the NHS111 first offer
- Timely and appropriate discharge
- Supporting care homes
- Coventry and Warwickshire Communications and Engagement Plan
- System response and escalation.

The report detailed the activity for each of these areas.

Members raised several issues in response to the report and presentation including a request for information on the current numbers of Covid-19 patients in ICU in Coventry and Warwickshire and, going forward, the proposals for dealing with and supporting patients with long term Covid-19 issues. Clarification was sought about the availability of the flu vaccines and how was the health system going to cope during the winter when Covid and flu symptoms could be so similar. Further information was requested on the hospital discharge strategy for sending Covid-19 patients back to the care home environment and the use of blue beds. Members asked about the priority cohorts for getting the flu vaccination and whether it was intended to use the Nightingale hospital at the NEC in the near future. The importance of communication was highlighted.

RESOLVED that the contents of the presentation and report be noted and the approaches put forward by the Health and Care system on the preparation for winter alongside a possible Covid-19 resurgence be supported.

19. **Covid-19 Prehabilitation Update - Coventry Health Challenge**

The Board considered a report of Dr Jane Fowles, Consultant in Public Health, which provided an update on the Coventry Health Challenge – the local Covid-19 prehabilitation approach and the health profile of the target population. Prehabilitation was physical and/or lifestyle preparation designed to improve the populations' resistance to more serious health complications as a result of Covid 19, flu and other respiratory illnesses that were particularly prevalent in the winter months. The aim was to inform, support and challenge those most at risk to make healthier food choices, lose weight and protect their health by keeping up to date with immunisations, stopping smoking and seeking help with lifestyles changes as a range of self-managed and supported activity.

The report indicated that the Coventry Health Challenge was based on the Governments Better Health campaign. As a Covid-19 response, the campaign was aimed at raising the awareness for older people, those that were obese and those with long term health conditions that improving their health would have a significant impact on their long-term health and reduce the risk of a more serious illness as a result of the virus.

The vulnerable population of the city, who were the primary target group for the campaign, were aged 55+ (the average age of patients critically ill in intensive care was 60). People with pre-existing conditions and those living in more deprived

communities (nationally, the most deprived areas had more than twice the mortality rate of least deprived areas). Both these risk factors disproportionately included BAME communities who had been more adversely affected by Covid-19 than other groups. Those that were overweight/obese, smokers and the population previously shielding were also amongst the most vulnerable. The report set out the health indicators and evidence for this focus.

Over the next 6 months working with the health partners, residents would be challenged to practice self-care and take responsibility for their health. As we head towards the end of 2020. Each month would involve the following repeat themes: diet and nutrition; physical activity; smoking cessation and immunisations. Residents would be set a challenge to work on improving their health in manageable stages, this would include advice and tips, checklists, case studies and signposting to local services like Coventry Healthy Lifestyles service on social media. These themes would also be echoed in local media coverage, via the Coventry Telegraph paper and several BBC CWR programmes, as well as the seasonal Citivision magazines to reach those groups in the communities that were not online. The Council would also be asking the community and health champions to reach out to their networks to spread the Coventry Health Challenge messaging. Materials had also been translated into community languages.

The report detailed the campaign calendar for 2020/21 highlighting the themes for the months of September through to March. The October Health Challenge Toolkit, which involved quitting smoking and booking flu jabs, was set out in an appendix to the report.

The Chair, Dr Raistrick encouraged members to promote the Coventry Health Challenge within their organisations.

RESOLVED that:

1) The Coventry Health Challenge Campaign be endorsed.

2) Board members receive the monthly toolkits and promote the campaign to residents and patients through their communication channels and health champions.

20. Health and Wellbeing Reset and Recovery

The Board considered a joint report of Pete Fahy, Director of Adult Services, and Liz Gaulton, Director of Health and Wellbeing, which provided an update on the work undertaken on resetting health and wellbeing.

The report indicated that at their meeting on 14th October 2019 the Board had approved the new Health and Wellbeing Strategy 2019-23. Since then the impact of Covid-19 had profoundly affected local communities and the city. The initial response phase in Coventry and the UK had focussed on taking action to deal with the immediate impacts of the pandemic on communities, infrastructure and the economy, and much of this action was ongoing as we continue to live with Covid-19. In the spring, the Council and its partners began work on plans for reset and recovery following the national lockdown and earlier phase of the pandemic, this had been with a focus on improving the health and well-being of residents both in

terms of recovery from the initial phase and in terms of being able to support communities to continue to live with and through Covid-19.

The aims of the health and wellbeing reset and recovery work was to:

- Reduce the long term harm and inequalities caused by Covid -19 and build on the momentum of the last few months to help re-shape how people are supported in the city
- Use the learning and experience from Covid-19 to inform how things are done in the future, resetting relationships with citizens by creating greater resilience and not dependency
- Continue to work in partnership, across sectors, to harness the opportunities to improve the health and well-being of Coventry's citizens
- Equip workforces to operate in new ways so they can continue to meet the demands of Covid-19, whilst harnessing the learning from working in different ways.

This work built on the population management framework that the Board adopted as a cornerstone of its approach to improving health and well-being for Coventry's residents, but with a focus on the most pressing issues affecting residents as a result of Covid-19.

The report detailed that in May 2020 the City Council jointly initiated work with Warwickshire County Council on a Covid-19 Health Impact Assessment to identify key factors that may affect the population's health and wellbeing as a direct result of the Covid-19 outbreak. In June, the Council also conducted a resident's survey to understand both the impact of the pandemic on residents and to understand their key concerns. The findings from both exercises had helped to shape the response to identifying and prioritising activities for reset and recovery in the following areas: wider determinants; health behaviours and lifestyles; the places and communities people live in; and an integrated health and care system.

Under wider determinants, the Marmot Partnership Group had been leading work to reduce health inequalities associated with Covid-19. It had been focusing on a number of key areas, including inclusive growth working with the Employer Hub and Job Centre Plus, support for the economy and businesses and launching call to action. Work related to health behaviours and lifestyles included sustainable travel, physical activity and reducing smoking and alcohol consumption. Key areas of work relating to the places and communities people live in had centred on developing the emergency food response, establishing community networks, supporting the voluntary and community sectors with grant funding, supporting places of worship and faith groups, and working with migrant health champions. Under the integrated health and care system, health and care partners had been working together on Phase 2 of the NHS Reset and Recovery Plan.

Work during the summer had focused on the short to medium term actions to mitigate against the negative impact of Covid-19 on the health and well-being of local communities. However, Covid-19 had amplified health inequalities across the board and in order to prepare for and manage the longer term impact of Covid-19, each of the groups and boards that report to the Health and Well-being Board would be asked to lead on the additional priorities that had arisen as a result of Covid-19, and reflect these in their plans and activities.

RESOLVED that:

(1) The report and the proposed next steps be noted.

(2) The inclusion of the new priorities that have arisen due to Covid-19 and the resulting action plan within the existing work of the Health and Wellbeing Strategy and the work of the boards and groups that report to the Health and Wellbeing Board be approved.

21. **Director of Public Health Annual Report 2019-2020**

The Board considered a report and received a presentation of the Director of Public Health and Wellbeing concerning her Annual Report for 2019-2020 'Resetting our Wellbeing'. The report was a statutory report produced each year.

This year the report recorded Coventry's state of wellbeing in 2019/20 and offered a reflection on the city's system-wide approach to improving wellbeing last year and in the early Covid-19 response. The report's findings were informed by statistical figures, performance reports and evaluations from the Council and partners, and interviews with over 20 colleagues across teams and organisations.

As the city continued to live with, and through, Covid-19, individuals should aim to bolster their wellbeing and build resilience. From a system point of view, Covid-19 had drawn attention to health inequalities and prompted a shift in what people valued. Therefore, the report offered two sets of recommendations to minimise the harm of the pandemic and to make use of the benefits gained from the city's Covid-19 response: one for individuals and one for organisations and Coventry's health and wellbeing system.

Individuals were recommended to improve their wellbeing and build their resilience by: having vaccinations; having the flu vaccination; eating healthily; travelling by walking or cycling; doing physical activities; and practising the five ways to wellbeing. These recommendations tied in with the Coventry Health Challenge and the Government's Better Health campaign. Together, they encouraged Coventry's residents to take action for their wellbeing, which would help to reduce the harm of Covid-19.

The following recommendations for organisations and the city's health and wellbeing system fell under the four quadrants of Coventry's population health framework and were in line with the Council's reset and recovery exercise:

Recommendation 1 – Wider determinants of health

Covid-19 had shone a light on inequalities within our communities. Coventry City Council and partners should continue to build on this increased awareness, and consider the findings from Covid-19-related research and surveys, to mitigate the health and wellbeing impact of inequalities in Coventry.

Recommendation 2 – Our health, behaviours, and lifestyles

Coventry City Council's approach to public health communications and engagement should be guided by lessons learnt and new relationships formed, especially as we continue to live with, and through, covid-19.

Recommendation 3 – Our health, behaviours, and lifestyles

Coventry City Council and partners should continue to encourage local employers, and lifestyle and wellbeing services, to commit to improving workplace wellbeing.

Recommendation 4 – Integration of actions from the community, public sector, and voluntary sector

Building on existing health and wellbeing infrastructure, a collaborative partnership approach, which brings together residents' experience and partners' skills and assets, should be taken to strengthen health and wellbeing in communities.

Recommendation 5 – The places and communities we live in and with

Coventry City Council and partners should set up spaces and channels to meet with residents, with the aim of inspiring them to imagine the change they wish to see in their communities, and enabling residents to lead the change.

The Director's report concluded with an update on progress with implementing the nine recommendations from the 2018-19 Annual Report 'Bridging the Gap: Tackling Health Inequalities in Coventry, a Marmot City'. This report had focused on health inequalities in Coventry; the determinants that contributed to these inequalities and the work being carried out to address them. There was an acknowledgement that responding to covid-19 had created a shift in priorities across the resources and capacity of the Council and their partners.

A request was made for additional statistical information from the City's neighbouring authorities and comparable local authorities which would allow for learning from best practice and also set challenges. It was agreed that this could be considered for future reports.

RESOLVED that:

(1) The report's findings be noted.

(2) The recommendations from the 2019-2020 Director of Public Health's Annual report be endorsed.

(3) The progress on the recommendations from the 2018-2019 Director of Public Health's Annual Report be noted.

22. **Any other items of public business**

There were no additional items of public business.

(Meeting closed at 3.30 pm)