

**Coventry City Council**  
**Minutes of the Meeting of Coventry Health and Well-being Board held at 12.30 pm**  
**on Monday, 19 April 2021**  
**This meeting was held remotely**

Present:

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

Melanie Coombes, Coventry and Warwickshire Partnership Trust  
Pete Fahy, Director of Adult Services  
Liz Gaulton, Director of Public Health and Wellbeing  
John Gregg, Director of Children's Services  
Andy Hardy, University Hospitals Coventry and Warwickshire  
Philip Johns, Coventry and Warwickshire CCGs  
Ruth Light, Coventry Healthwatch  
Mike O'Hara, West Midlands Police  
Gail Quinton, Deputy Chief Executive  
Dr Sarah Raistrick, Coventry and Warwickshire CCGs (Deputy Chair)

Other representatives: Dr Sharon Binyon, Coventry and Warwickshire Partnership Trust  
Alison Cartwright, Coventry and Warwickshire CCGs  
Matt Gilks, Coventry and Warwickshire CCGs  
Chris Ham, Coventry and Warwickshire Health and Care Partnership  
Richard Hale, Coventry and Warwickshire LEP  
Dr Richard Onyon, Coventry and Warwickshire Partnership Trust

Employees: R Chapman, Public Health  
V De Souza, Public Health  
L Knight, Law and Governance  
R Nawaz, Public Health  
K Nelson, Director of Education and Skills  
T Wukics, Public Health

Apologies: Professor Lisa Bayliss-Pratt, Coventry University  
Julie Grant, NHS England  
Stuart Linnell, Coventry Healthwatch  
Professor Caroline Meyer, Warwick University

## **Public Business**

### **39. Declarations of Interest**

There were no declarations of interest.

### **40. Minutes of Previous Meeting**

The minutes of the meeting held on 25<sup>th</sup> January 2021 were agreed as a true record. There were no matters arising.

#### 41. **Chair's Update**

The Chair, Councillor Caan, reminded that 23rd March marked the first anniversary of the UK's first Covid lockdown. He indicated that his thoughts, and those of members and officers at the meeting, were with those people who had been directly affected by Covid and their families.

Councillor Caan reported that there had been good uptake of the vaccination programme. He encouraged people across the City to be vaccinated when they were offered the opportunity. He placed on record his thanks to all colleagues for working so hard to rollout vaccinations to local residents. The work of the Vaccinating Coventry Group was particularly important to tackling some of the inequalities in vaccination take-up in communities within the city.

The Chair also thanked all colleagues who had worked, and were still working, tirelessly during this last year at both the frontline and behind the scenes to manage the response to the pandemic. He paid tribute to everyone who had kept all the wider council, NHS, education and voluntary sector services running throughout this time and in such challenging circumstances.

Reference was made to the community testing sites within the City. As well as undertaking lateral flow tests, these sites were also Community Collect sites so residents could visit to collect kits for home testing.

Councillor Caan informed of Get Active for April, which was a joint campaign with Warwickshire – part of the Wellbeing for Life initiative – which followed on from the Coventry Health Challenge. The aim was to encourage people to get active, with any activity that could get you moving, from cleaning and gardening, to walking, dancing or running. Building activity into daily lives would help to keep residents healthy so reducing the likelihood of illness, including Covid-19.

Attention was drawn to recent changes in the local health and care system as follows:

- The merger of the three Clinical Commissioning Groups in Coventry and Warwickshire which took effect on 1st April 2021 and included the appointment of Dr Sarah Raistrick as Chair of the new organisation.
- The evolution of Coventry and Warwickshire Health and Care Partnership, which had now been officially designated as an Integrated Care System
- The publication of the White Paper and forthcoming legislation on health and social care, and proposed changes to the governance arrangements for the Health and Care Partnership to reflect this
- Changes to public health at a national level, with the development of the UKHSA (national health security agenda) and the Office for Health Promotion.

#### 42. **Covid 19 - Current Public Health Position**

The Board received a presentation from Liz Gaulton, Director of Public Health and Wellbeing which provided which provided an update on the Covid-19 situation in Coventry including data information and the testing results in the city.

The presentation detailed Coventry's rolling 7 days Covid-19 rate per 100,000 residents which was now 26, a considerable reduction since the peak of 585 in January. Reference was made to the very challenging 3 to 4 months prior to reaching this stage. A comparison of regional trends which compared the West Midlands with other areas of the country was set out which showed the West Midlands having the 5th highest seven day rate out of all the 9 English regions.

Key metrics for the city at 18th April showed there were currently 98 Covid-19 cases in the city over the last 7 days, with just 7 cases in the 60 plus age group. The weekly percentage of cases testing positive was 1.6 and 262 residents per 100,000 were being tested on a daily basis. 150,314 individuals had now received their first vaccination (46.1%).

The presentation highlighted a summary of key messages which also included:

- The West Midlands was rated 5th nationally.
- The highest rate in the city was in the 16-17 year olds.
- Covid rates in North East quadrant remained slightly higher
- Vaccination uptake in Foleshill and St Michaels was lower than the city average
- Testing and rates were likely to increase this week as schools reopened and impact of social mixing was seen.
- Hospital Covid beds were reducing with 7 admissions UHCW in the last week, compared to 12 the week before (median age 53).
- New variants from returning travellers posed a considerable risk, local numbers were small and surge testing plans were in place.

Further information was provided on the Public Health priorities to reduce Covid transmission.

The presentation concluded with an update on the easing of lockdown restrictions including the earliest key dates and the metrics required to be in place to allow restrictions to be lifted.

There was an acknowledgment of the great positive, the reduction in hospitalisations and in response to a question, further information was provided on the impact of vaccinations.

**RESOLVED that the current Public Health position concerning Covid 19 be noted.**

#### 43. **Covid 19 Vaccination Programme**

The Board received an update from Alison Cartwright, Coventry and Warwickshire CCGs on the local Covid 19 vaccination programme.

Work was ongoing with cohorts 1 to 9 and the programme was about to move into phase 2, the under 50s. Detailed information was provided on the uptake rates for

phase 1. Anyone in these cohorts who hadn't been vaccinated would still be offered the opportunity for a vaccine.

Vaccination data was being monitored on a ward basis, with increasing opportunities being provided for residents to be able to visit vaccination centres, including the use of pop up clinics. Work was ongoing in the Foleshill area to try to increase vaccine uptake.

As the programme moved to phase 2, appointments would be offered to the 45-49 year olds. It was noted that there had been a smaller supply of vaccines available during April, although from 26<sup>th</sup> April it was anticipated that supplies of first vaccines would increase again. The programme aimed to have all 18s vaccinated by July. The programme for second doses was ongoing and residents would be contacted about their second appointment.

Members were informed that it was hoped to be able to provide pop up clinics for anyone who had received their first vaccination in such venues.

**RESOLVED that the update on the Covid-19 vaccination programme be noted.**

#### 44. **Reset and Recovery Framework**

The Board received a presentation from Phil Johns, Coventry and Warwickshire CCGs which provided an update on restoration and recovery.

Reference was made to the significant work that was being co-ordinated by the Partnership Executive Group to restore health services across Coventry and Warwickshire with areas such as mental health requiring additional levels of service following the pandemic. The governance and workstream arrangements were highlighted.

There were currently 19 hospital patients with Covid which compared to 456 inpatients at the height of the second peak. Elective activity had continued through the initial part of the second wave allowing progress to be made in achieving the phase 3 targets for restoration. However, the sustained pressures of Covid over the winter had impacted on ability to continue with all elective activity so priority had been given to cancer and urgent patients from phases 1 and 2.

Information was provided on current activity levels, with the restoration of services across the system being monitored at place and across pathways and prioritised based on clinical need. Key acute services were tracked at system and provider level and monitored against 2019/20 activity levels. Changes to service delivery models away from face to face to digital solutions were appropriate including primary care and outpatients to reduce patient risk and increase capacity.

The Board were informed that Primary Care attendances were now at 101% of pre-Covid levels; emergency admissions were above 2019/20; and A and E attendances were increasing. The focus was on the restoration of cancer and urgent elective pathways based on clinical prioritisation. It was noted that there was now a large increase in patients waiting over 52 weeks (5167 at UHCW). Staff were working on system approach to waiting list, prioritisation and completion of

elective procedures. There was also the need to balance patient clinical need and staff wellbeing and recovery.

The presentation referred to communications with primary care, patients and stakeholders. The presentation concluded with the National Operating Plan Priorities for first half of 2021/22 concerning:

- Supporting our people
- Continuing to deal with demands related to Covid
- Focus on population health, prevention and keeping people well
- Restoring elective services, managing increasing mental health demand and delivering key LTP commitments
- Preventing inappropriate admissions to hospital and maintaining reduced length of stay
- Delivering these priorities via collaboration at system level.

Members welcomed the communications with patients, in particular with regard to waiting times. Discussion centred on the difficulties for some patients of being able to secure face to face appointments with their GPs and the need for front line reception, admin staff to show sensitivity when speaking with patients.

**RESOLVED that the restoration and recovery update be noted.**

#### 45. **NHS White Paper Overview**

Professor Sir Chris Ham, Coventry and Warwickshire Health and Care Partnership and Phillip Johns, Coventry and Warwickshire CCGs provided a brief update on the NHS white paper overview.

The Board were informed that the Coventry and Warwickshire partnership was now formally an integrated care partnership. The vaccination role out; the reduction in case numbers; and the restoration of services across the nhs had all benefitted from the strong partnership work across the locality. The partnership was now in its shadow year and would be a statutory body from April 2022. Reference was made to the commitment to improve the health and wellbeing of local residents providing them with better care across Coventry and Warwickshire. An Integrated Health and Care Partnership Board would provide leadership. The Board were informed of the commitment to work across the four places with shared care records. Active work was currently underway to build local partnerships. The importance of having the right focus was outlined to allow for continual improvements. The biggest implications were for the Coventry and Warwickshire CCGs and much work was going on with Andy Hardy, UHCW and Philip Johns, Coventry and Warwickshire CCGs to make sure that everything was in place for next April.

Further information was provided on the reorganisation for staff at the CCGs and much was being done to manage the change. Further guidance was still awaited.

Members asked about the role of the Health and Wellbeing Board as structures were changing. The significance of partnership work and working with the anchor alliances was also highlighted.

**RESOLVED that the update on the NHS White Paper overview be noted.**

#### 46. **Adult Mental Health Transformation 2019/20 - 2023/24**

The Board received a presentation from Dr Sharon Binyon and Dr Richard Onyon, Coventry and Warwickshire Partnership Trust concerning Adult Mental Health transformation 2019-20 – 2023-24 and Community Mental Health Transformation 2021-22 – 2023-24.

The presentation provided an overview of Adult Mental Transformation from 2019 to date including the different services and future plans under the following areas:

- Urgent and Crisis Care Pathway – to be completed by September 2021
- Suicide Prevention Programme – to be completed by June 2021
- Individual Placement and Support (IPS) Service – completed March 2021
- Perinatal
- Expansion of Early Intervention in Psychosis
- Community Mental Health Transformation Programme – to commence April 2021.

Detailed information was provided on Community Mental Health Transformation and it was highlighted that substantial funding is being made available to transform and modernise Community Mental Health Services. The aim was to deliver NHS Long Term Plan (LTP) ambitions for new models of integrated primary and community care for adults and older adults with severe and enduring mental illness, as close to home as possible. The LTP described a “new community-based offer [that] will include access to psychological therapies, improved physical health care, employment support, personalised and trauma informed care, medicines management and support for self-harm and coexisting substance use and proactive work to address racial disparities.”

The local new model was being co-produced and developed to underpin bid for transformational funding – a multi-sector team with leads from mental health, social care, VCSE and Lived Experience.

The presentation set out the transformation principles for the new model and provided further information on the additional investment into local community mental health, both as part of Mental Health Investment Standard into baseline funding and additional transformation funding. Estimated funding levels for the next four years were highlighted. The board noted that a proportion of the funding was to be used to support small, micro, grassroots, local community and user-led mental health organisations, and to address inequalities.

Expanding on the local work with the voluntary community sector included:

- NHS and Local Authority partners to work on how and the timescale to create or expand an existing local VCSE MH organisation alliance model across the STP footprint
- Articulate how specified amounts of funding would be used to support small, micro, grassroots, local community and user-led mental health organisations to serve their client groups and communities with severe mental health problems and to be sustainable as part of the new model

- Commit to ringfencing a specified proportion of allocated funding to addressing inequalities in our local population, particularly ethnic inequalities, by contracting with smaller organisations who address the needs of specific demographic groups.

The presentation put forward the proposed phasing for community mental health as follows:

Now

- Continue to develop and co-produce the future community mental health model
- Continue to share plans and secure local support
- Plan for recruitment of new workforce for year 1 – including more Liaison Workers

Implementation - Year 1

- Core Offer of “Place Base Mental Health” – expand roll out of primary care mental health liaison workers into PCNs and implement wider model (e.g. Medicines Management support)
- Focus on Personality Disorder and Community Rehabilitation pathway
- Develop collaborative/alliance working model across health/social care/VCSE

Implementation - Year 2

- Focus on Community Rehabilitation & Eating Disorders pathways

Implementation - Year 3

- Focus on further expanding Eating Disorders pathway.

The Board were informed that the new primary care mental health liaison workers had been introduced into PCNs, three had been embedded into PCNs in Coventry, South Warwickshire and Warwickshire North and a further liaison worker was being recruited for Rugby. PCNs could refer patients to the Liaison Worker to help support them and work with PCN hubs / MDTs to get the care they need. Liaison workers were working with social prescribers or, where PCNs have bigger teams, within an MDT that might include for example IAPT, Clinical Pharmacists, VCSE organisations such as CGL, Mind. Further information was provided on the benefits of having the primary care liaison worker posts and the next steps for recruiting more liaison workers. The presentation concluded with details about the role of the mental health practitioners. It was the intention to have 63 practitioners working across Coventry and Warwickshire by 2023/24.

Members expressed support for this significant investment in mental health services, highlighting the importance of partnership working and providing patients with a holistic experience. The need for a smooth transition for mental health patients moving from children’s support to adult support was emphasised. Members asked about the challenges of being able to increase the workforce including working with the two local universities to be able to recruit graduates to the new posts. Other issues raised included the support for young people including NEETS; the need for more support for school pupils who were experiencing mental health issues as a result of the pandemic; and the requirement to support Looked After Children as young adults.

It was suggested that an item for discussion at a future Board meeting be how the two local universities could contribute to the health and wellbeing agenda, with particular reference to work force planning.

**RESOLVED that:**

- (1) The content of the presentation concerning the Adult Mental Health transformation including the Community Mental Health transformation be noted.**
- (2) Consideration be given to a future Board meeting agenda item on how the two local universities were contributing to the health and wellbeing agenda for the city.**

**47. Update from the Children and Young People's Partnership Board**

The Board received a presentation from Kirston Nelson, Director of Education and Skills, John Gregg, Director of Children's Services and Matt Gilks, Coventry and Warwickshire CCGs which provided an update on the refreshed Children and Young People's Plan 2021-22 – Living with and recovery from the Covid-19 pandemic.

The presentation provided an overview which highlighted that the Plan was a refresh of the 2020 Children and Young People Plan and had been developed through:

- Understanding the impact of the COVID -19 pandemic on children, young people and families,
- Understanding the priority areas that needs to continue from the 2020 plan
- Utilising the expertise of the different agencies in the Children's Partnership who interact with Coventry children and families daily

The presentation focussed on the six key priorities detailing the individual priorities, key issues and strategy in the following areas:

- Early Help
- Mental Health
- Health Inequalities
- Education, Training and Employment
- Children with SEND
- Youth Violence

In relation to governance, the key sponsors and strategic leads for each of these six priority areas were highlighted.

Members were informed of the intention for the Children and Young Partnership Board to report to this Board on a quarterly basis and members welcomed the focus on children and young people at future meetings.

Regarding the mental health priority, members highlighted the importance of having a smooth transition as possible for patients moving between children and adult mental health services.

**RESOLVED that the contents of the presentation be noted, including the intention for the Children and Young People Partnership Board to report to the Health and Wellbeing Board on a regular basis.**

48. **Coventry and Warwickshire Pharmaceutical Needs Assessment (PNA) Update and Supplementary Statement**

Liz Gaulton, Director of Public Health and Wellbeing introduced a report of Jane Fowles, Consultant Public Health which provided an update on the plans for the revision of the Coventry and Warwickshire Pharmaceutical Needs Assessment (PNA) and the supplementary statement, a copy of which was set out at an appendix to the report.

The report indicated that Local Health and Wellbeing Boards had statutory responsibility for the publication of PNAs every three years. The last PNA for Coventry was published in March 2018. A revised PNA was expected to be published by April 2021. However, in May 2020 due to the ongoing COVID 19 pandemic this requirement was suspended for a year with a new deadline of April 2022. A further suspension to October 2022 was announced in early April. The current deadline of October 2022 means that work on revised PNAs will need to start in autumn/winter 2021.

The Coventry and Warwickshire Community Pharmacy Steering Group (C&W CPSG) agreed to produce a Supplementary Statement for March 2021 outlining key changes in community pharmacy provision since the 2018 PNA. The key changes detailed included:

- Population changes and housing development projections.
- Shifts in community pharmacy provision – new contracts, closures and consolidation of premises.
- Impacts of COVID 19 across community pharmacy.
- Changes in national contracting.

The report set out the key messages from the Supplementary Statement as follows:

- The C&W CPSG consider consolidation applications as they arise and believe these have not led to any diminution of service provision.
- Pharmacy opening hours are not covered by the statement, the most up to date information can be found on the nhs.uk website under 'Find a Pharmacy'.
- Overall, there have not been sufficient changes in local population need or community pharmacy provision to create a need for a new community pharmacy.
- There are no gaps in access to pharmaceutical services in Coventry and Warwickshire.
- A wider assessment of pharmacy provision will be conducted through the full C&W PNA process for October 2022.

The Board were informed of the next steps and key actions as follows:

- Publication of the 2021 C&W PNA Supplementary Statement alongside the 2018 PNAs
- C&W CPSG to begin preparations in autumn/winter 2021 for revision of the C&W PNA for October 2022, pending national confirmation of this deadline.
- C&W CPSG to provide an update to Board on the PNA revision as part of the consultation process.

**RESOLVED that:**

**(1) The contents of the report and expected timeframes for Pharmaceutical Needs Assessment revision be noted.**

**(2) The Coventry and Warwickshire Pharmaceutical Needs Assessment Supplementary Statement be endorsed.**

**49. Joint Coventry and Warwickshire Place Forum and Health and Care Partnership Update**

The Board considered a report of Liz Gaulton, Director of Public Health and Wellbeing which provided an update on the outcomes of Joint Place Forum and Health and Care Partnership meeting held 2 March, 2021.

The report indicated that the over 70 people joined the virtual meeting which was the third joint meeting held during the Covid-19 pandemic. The meeting focused on addressing health inequalities and Covid-19 and exploring potential collaborative action to address the negative impacts and capitalise on the opportunities arising from the pandemic.

The report detailed the key themes emerging from the meeting which included:

- There are opportunities, through forthcoming legislation on integrated care, to extend collective working and build on strong existing partnerships. It is important that a population health-based approach drives our system change and that we harness the full breadth of influence of partners in improving health outcomes and tackling stubborn inequalities.
- Efforts to ensure inequalities are not reinforced through access and uptake of vaccination and community testing programmes are critically important, and there are opportunities for wider partners to support in this.
- Supporting staff wellbeing is crucial to the recovery of services and aligns closely to work to address healthcare workforce challenges that existed pre-COVID, with potential for a positive impact on inequalities.
- Mental health is likely to be one of the most difficult and enduring impacts of the pandemic and there are significant opportunities emerging to mobilise the collective energies of partners to promote mental wellbeing, taking a wider determinants approach.
- Partners need to translate shared agendas into tangible, practical action and the Call to Action and Wellbeing for Life campaigns offer real opportunities to make an impact by working together and demonstrating collective vision and leadership.

The report also set out the key next steps and actions that were proposed as follows:

- Ensure the implications of the Health and Social Care White Paper are understood at an organisational level and embedded within plans for Place
- Continue to support and champion the dissemination of COVID-19 response information to people within our communities to:

- (i) Ensure equal uptake of the COVID-19 vaccination programme in line with national guidance; and
- (ii) Promote community testing to target audiences
- Take opportunities to work collaboratively and use a population health approach to best address the mental health impacts of the pandemic in our communities
- Respond to and champion the Call to Action to address health inequalities
- Champion and progress workforce wellbeing within organisations, including commitment to THRIVE at Work.

Members were reminded that the next Place Forum meeting was scheduled to take place on 17 June 2021 and that this would be a joint online meeting with the Health and Care Partnership Board. Sir Michael Marmot would be joining this meeting.

**RESOLVED that the contents of the report and the next steps and actions resulting from the Joint Place Forum and Health and Care Partnership meeting held on 2 March 2021 be noted.**

#### 50. **Better Care Fund 2020/21**

The Board considered a report of Pete Fahy, Director of Adult Services, which provided an update on the approval process for the Coventry Better Care Fund for 2020/21.

The report indicated that the Government's mandate to the NHS, published in March 2020, included manifesto commitments to further improve the experience of NHS patients, working with local government to support integration and the sustainability of social care through the Better Care Fund (BCF). The Covid-19 pandemic led to Health and Well Being Boards (HWBs) being advised by Government that BCF policy and planning requirements would not be published during the initial response to the pandemic and that the continuity of provision, social care capacity and system resilience based on local agreement should be maintained and prioritised.

Further to this and given the ongoing pressures on health and care systems in responding to the pandemic, in December 2020, the Department of Health and NHS Improvement agreed that formal BCF plans would not have to be submitted for approval in 2020/21. It was however a requirement that HWB areas must ensure that use of the mandatory funding contributions had been agreed in writing between the Clinical Commissioning Group and the local authority, and that the national conditions would be met.

The Board were informed that, in order to fulfil the requirements each HWBB area would be required to provide an end of year reconciliation to the Department of Health and NHS England, confirming that the national conditions had been met; total spend from the mandatory funding sources; and a breakdown of agreed spending on social care from the CCG minimum contribution. To support this process a template was issued for local areas to complete (but not submit) which summarised the financial position and checked that requirements had been met. It also provided the basis for the end of year reconciliation.

The Board noted that the template had been completed and agreed by the Local Authority and Coventry and Rugby Clinical Commissioning Group as required. A section 75 variation had been finalised as written signed agreement to the programme. The previously signed Section 75 remained in force until this subsequent variation was completed. The variation enabled a change to the financial values included in the programme for the 20/21 financial year.

The report detailed the national conditions for the BCF in 2020/21. The guidance stated that CCGs and local authorities should also ensure that local providers of NHS and social care services had been involved in planning the use of BCF funding for 2020 to 2021. In particular, activity to support discharge funded by the BCF should be agreed as part of the whole system approach to implementing the Hospital Discharge Service Policy and should support an agreed approach for managing demand and capacity in health and social care – The 2020/21 plan was a continuation of previous plans that had previously involved other providers in the process. The onset of the pandemic had continued to drive joint working across hospital discharge arrangements and the pre-existing investment in discharge to assess services from the Better Care Fund had enabled Coventry to respond to the additional pressure over the past year.

The report detailed the allocations for the 2021 Better Care Fund which comprised a total pooled budget of £116.496m.

Alongside the main BCF programme, as part of the Covid19 response, Government provided additional funding to support Hospital Discharge which formed the basis of a separate section 75 variation which had been agreed between the parties

The process required for sign off for 2020/21 BCF was issued on 3 December 2020. Unfortunately, there was insufficient time to complete the requirements and in advance of the last Board meeting on 25 January 2021. Therefore, the report was being considered post submission at the meeting closest to the 31 March 2021.

The Board were informed that the requirements for BCF planning for 21/22 had not yet been published and no specific date for publication had been provided. An update would be provided in due course.

**RESOLVED that the report be accepted as completion of the final stage of the 2020/21 Better Care Fund process, albeit retrospectively.**

51. **Appointment of Coventry and Warwickshire Local Enterprise Partnership**

Liz Gaulton, Director of Public Health and Wellbeing welcomed Richard Hale, Coventry and Warwickshire Local Enterprise Partnership, as an observer to the meeting, reminding of the intention to appoint a permanent representative from the LEP to the Board. This action was currently being progressed. The importance of joint partnership working was emphasised. Richard Hale addressed the Board expressing support for all the great work undertaken by the members.

## 52. **Voluntary Community Sector and Health and Care Partnership Update**

The Board received a presentation from Pete Fahy, Director of Adult Services and Valerie De Souza, Consultant Public Health which provided an update on the Voluntary Community Sector (VCS) and Health and Care Partnership (HCP).

The presentation referred to the rich, vibrant and diverse Voluntary Community Sector in Coventry which included large influential organisations and hundreds of smaller community groups, many of which continued without council involvement. It was an organic environment which changed dependant on the issues to be address and the capacity to contribute. A major issue was that there was no single organising or co-ordinating 'voice' which made representation on the Board difficult. It was a priority with the Joint Health and Wellbeing Strategy and the NHS 5-year forward view explicitly mentioned the role of VCS organisations in supporting health and well-being. However, there was no clear blue-print for developing this partnership. There was a strong system-wide commitment to develop the relationship between the HCP and VCS organisations and to support a sustainable sector and working in partnership. There were numerous examples of working with and engaging elements of the VCS on specific issues, projects and priorities. Reference was made to the Kings Fund model with the four quadrants which impacted on all areas of work.

The presentation gave examples, including details, of VCS partnerships in Coventry as follows:

- Social prescribing commission
- iBCF funded Community Capacity and Resilience Pilot
- Community Navigator Project.

Details were also provided of examples of VCS partnerships with the HCP:

- Kings Fund and National Lottery-funded Health Communities Programme
- Coventry Place Long Term Conditions: taking a whole-system approach to pathway development including input from specialist VSO providers where appropriate.

The Covid response had provided a unique opportunity to quickly mobilise and support the VCS to support the most vulnerable. It had resulted in a wide ranging, innovative and flexible response, creating an 'equal' partnership and creating funding opportunities for smaller groups. It had allowed the mobilisation of smaller community groups without the need for complicated funding arrangements and complicated processes.

Moving forward consideration needed to be given to the issue that strong examples were often based on action round a specific issue, not system-wide involvement, which could be perceived as a gap. Also, that aside from VAC, there was no single co-ordinating force or voice within the city.

It was recommended that consideration be given to the establishment of a Health and Wellbeing Board Task and Finish Group focussing on:

- What could representation at HWBB level look like
- How could we move beyond the idea of representation/engagement with VCS to one of active and fair partnerships
- What way does the sector want to be represented and engaged with

- Are there more innovative ways to forge relationships.

Members discussed the complexities associated with having so many individual excellent voluntary groups across the city without an overarching organisation to bring them all together. The importance of having appropriate representation on the Board was acknowledged, along with the need to make best use of all the good opportunities that existed. Members expressed support for the setting up of a Task and Finish Group to progress the issue.

**RESOLVED that approval be given to the establishment of a Task and Finish Group to consider the Voluntary Community Sector, with the focus for the Group as set out above.**

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

There were no additional items of public business.

(Meeting closed at 2.25 pm)