

Coventry City Council
Minutes of the Meeting of Coventry Health and Well-being Board held at 2.00 pm
on Monday, 24 January 2022
This meeting was not held as a public meeting in accordance with the Local
Government Act 1972

Present:

Board Members: Councillor J Blundell
Councillor K Caan (Chair)
Councillor P Seaman
Melanie Coombes, Coventry and Warwickshire Partnership Trust
Valerie De Souza, Interim Director of Public Health and Wellbeing
Pete Fahy, Director of Adult Services
John Gregg, Director of Children's Services
Stuart Linnell, Coventry Healthwatch
Professor Caroline Meyer, Warwick University
Dr Sarah Raistrick, Coventry and Warwickshire CCG (Deputy Chair)
Adrian Stokes, Coventry and Warwickshire CCG
Superintendent Ronan Tyler, West Midlands Police

In attendance: Councillor G Hayre
Danielle Oum, Coventry and Warwickshire Integrated Care System

Other representatives: Derek Benson, Safeguarding Boards' Chair
Alison Cartwright, Coventry and Warwickshire CCG

Employees: R Chapman, Public Health
R Eaves, Safeguarding
J Fowles, Public Health
J Grainger, Public Health
N Inglis, Public Health
L Knight, Law and Governance
R Nawaz, Public Health

Public Business

30. Declarations of Interest

There were no declarations of interest.

31. Minutes of Previous Meeting

The minutes of the meeting held on 4th October, 2021 were agreed as a true record. There were no matters arising.

32. Chair's Update

The Chair, Councillor Caan, placed on record his thanks to Professor Sir Chris Ham for all his work in support of the Board whilst Chair of the Coventry and Warwickshire Health and Care Partnership and then the Coventry and

Warwickshire Integrated Care System during the past three years. Sir Chris had helped and encouraged the partnership working to improve the health and wellbeing of local residents.

Councillor Caan welcomed Danielle Oum, the new Independent Chair of the Coventry and Warwickshire Integrated Care System, to her first meeting of the Board. Danielle addressed the Board informing of her priorities and key topic areas for her new role.

33. **NHS Capacity**

The Board received a presentation by Adrian Stokes, Coventry and Warwickshire CCG which provided the latest update on NHS capacity.

The presentation set out the latest numbers of patients with Covid in hospitals across Coventry and Warwickshire, currently 251 which presented a stable position at the current time. 10 of these patients were in critical care. Staff absence was currently running at 9.4%.

System working to support discharge was highlighted including partnership work which involved a System Multi Agency Discharge Event the week of 17th January and the Discharge task and finish group. Reference was also made to supporting community capacity with measures including:

- Additional blue bed capacity and exposed capacity commissioned for week of 17th January
- Expanding virtual ward capacity
- Work plan for pre hospital pathways to support admission prevention
- Expanding at pace community urgent response.

The presentation referred to virtual wards and the benefits to this approach, which included:

- Allowing patients to get the care they needed at home safely and conveniently, rather than being in hospital.
- A mix of a joint approach between Primary and acute care, acute and community care and GP care alone.
- Support could include remote monitoring using apps, technology platforms, wearables and medical devices such as pulse oximeters as well as face-to-face care from multi-disciplinary teams based in the community.

The Board were informed that further virtual ward capacity was coming on line towards the end of January in heart failure, respiratory, OPAT and frailty. Further details were provided about the numbers of patients being treated via the virtual wards.

The presentation concluded with an update on the current blue and exposed beds in the system. There were currently 7 blue beds in the community for medically fit for discharge patients who had a positive Covid diagnosis so and typically required residential care. There were 12 exposed beds in the community for medically fit for

discharge patients who had been exposed to someone with a Covid diagnosis and typically required residential care.

Members asked about the current position relating to unvaccinated staff and the measures being undertaken to encourage uptake of the vaccine.

RESOLVED that the update position concerning NHS capacity be noted.

34. Covid Defences

The Board received a presentation from Valerie De Souza, Interim Director of Public Health and Wellbeing on the latest Covid 19 position in the city including an update on Covid defences.

Key metrics indicated that there were 1,147.18 Covid cases per 100,000 residents in the city in the last 7 days as at 16th January, which was a significant decrease from 5th. The weekly percentage of individuals testing positive for Covid was also dropping, currently 28.7%. The numbers in hospital with Covid reflected that the vaccinations and boosters were successful, with very low numbers in ICU. 229,993 residents (70.1%) had now received their second vaccinations with 164,747 residents receiving their booster vaccination.

The presentation referred to the regional Covid trends, with the West Midlands rates having been increasing slightly (3rd out of 9 regions place). Coventry was currently placed 7th when compared to other West Midlands areas. Further details highlighted the current national picture. The seven-day rolling programme for the city highlighted that numbers had seen a significant drop in Covid cases.

The presentation provided key factors to show that the vaccines had weakened the link between catching Covid and getting seriously ill, providing statistics from January 2021 when the country was in lockdown compared to January 2022 with minimal restrictions in place.

Information was provided on the latest requirements for PCR and Lateral Flow Tests. The difficulty in accessing testing PCRs and the delays in results seen over the Christmas period had now largely been resolved. Locally the supply chain for home testing kits was improving and the city was now in a position to supply community groups, libraries and places of worship. Pharmacy and online ordering provision had been restored.

Reference was made to the updated guidance and regulations (Plan B) with a reduction in isolation to at least 5 days; LFT positives did not need confirmation with PCR s for most cases; the advice to work from home if possible was removed from 20th January; and the booster vaccination programme had now been extended to all adults and 16–17-year-olds.

The presentation concluded with a summary of the key messages and priorities.

RESOLVED that the contents of the presentation be noted.

35. **Vaccinating Coventry**

The Board received a presentation from Nadia Inglis, Consultant Public Health and Alison Cartwright, Coventry and Warwickshire CCG on the latest position of the vaccination programme in the city.

The presentation indicated that the vaccination roll out was continuing for all 12 years and older who were eligible. 12–15-year-olds were to have their second dose starting this month. The 5–11-year-old programme for those at clinical risk had been approved by ministers, details were awaited. The booster programme for 16+, people with long term conditions aged 16+ and health and care workers 3 months after second dose was ongoing. The flu programme for 50+, people with long term conditions (from 6 months+), plus pregnant women and all children aged 2-15 years on 31st August 2021.

The presentation referred to the Evergreen offer via Vaccinating Coventry. 14 community pharmacy sites in Coventry now delivering 1st, 2nd & boosters. Ongoing engagement was required with communities with lower uptake and a specific vaccination offer and planning was underway for a potential door knocking project. Offers were still being made for employers with on-site vaccinations or to link up with local vaccination centre and offers continued to be made for homeless community and asylum seekers.

Information was provided on the booster roll out in the city as follows: current booster uptake 33.4% (on 17/12), 46.3% (on 17/1) and 46/6% (on 20/1) for Coventry residents. The rate was 80% upwards in over 60s. Details were provided of the 11 Primary care/CWPT vaccination sites and the 14 community pharmacies in Coventry (alongside range of primary care network sites) offering boosters, alongside first and second doses.

The presentation concluded with details of the performance of the vaccination programme via the eight Coventry Primary Care Networks. The overall figures for the city were 73.5% of residents had received their first dose; 67.3% their second dose; and 76.8% of those eligible having received a booster vaccine.

RESOLVED that the contents of the presentation be noted.

36. **Children in Crisis and Developments towards Children's Integrated Health and Care**

The Board received a brief update from John Gregg, Director of Children's Services on children in crisis and developments towards Children's integrated health and care.

Work was progressing well for the integrated health and care system with the partnerships already in place which would be replicated. The recent focus had been on children in crisis with reference being made to the considerable pressures on hospitals for children in need of tier 4 beds which was a national as well as local problem.

The next area to consider was wider determinants of health, with an initial summit meeting taking place. It was the intention to look at asthma.

Members expressed support for the work currently being undertaken.

RESOLVED that the update on children in crisis and developments towards Children's integrated health and care be noted.

37. **Coventry Domestic Abuse Strategy**

The Board considered a report and received a presentation from Rachel Chapman, Consultant Public Health which informed of the results of the Domestic Abuse Needs Assessment; the updated Domestic Abuse Strategy and progress in delivery of the requirements of the Domestic Abuse Act 2021.

The report indicated that at their meeting on 12th July 2021 the Board had received a report on the Domestic Abuse Act 2021 which set out the wide range of provisions and responsibilities in the Act to protect victims and children, including the establishment of a Domestic Abuse Local Partnership Board as a statutory board of the Local Authority.

Under the duties set out by the Act, a needs assessment for domestic abuse support for victims and children in Coventry had been carried out. The needs assessment incorporated a comprehensive engagement exercise which included surveys completed by 71 survivors and 51 practitioners, multiple focus groups and more than 30 interviews with stakeholders. The intelligence from this was supplemented with data from multiple sources and a literature review. While the initial focus of the needs assessment was on accommodation-based support, the information gathered enabled analysis of current needs across the wider agenda of domestic abuse.

The Executive Summary contained the key findings and 23 recommendations across the following areas: criminal and civil justice system; perpetrators; health services; safe accommodation for victims and families; support for victims and their children; housing; and individuals with no recourse to public funds or language challenges. A copy of this summary was set out at an appendix to the report.

The Board noted that a series of actions have been developed in response to the needs identified with lead agencies nominated to take the work forwards. Delivery of the action plan will be monitored by Domestic Abuse Steering group, reporting to the Local Partnership Board. A copy of the action plan was attached at a second appendix to the report.

The current Coventry Domestic Abuse Strategy 2018-2023 was reviewed in light of the findings of the needs assessment. The current 4P framework of Prepare, Prevent, Protect and Pursue supported a systematic multi-agency approach to tackling Domestic Abuse and fitted well with the needs assessment findings. The strategy had been extended to 2025 to enable delivery of the action plan. The needs assessment, action plan and strategy extension had been approved at by full Council.

The City Council had received Government grant funding of £849,930 in 2021/22 to “fulfil the functions of the new statutory duty on Tier 1 Local Authorities relating to the provision of support to victims of domestic abuse and their children residing within safe accommodation”. The funding for future years was dependent on the new burden assessment. The report detailed the additional provision that had been commissioned using the grant.

The presentation summarised the main parts of the Domestic Abuse Act 2021 and highlighted the current rates of domestic violence in Coventry and the West Midlands. Progress to date was outlined along with details about the Needs Assessment. The four priority areas of the Domestic Abuse strategy were highlighted along with details of the services commissioned from 2019 and the new services commissioned in 2021/22. The presentation concluded with details of the various Working Groups.

RESOLVED that the results of the needs assessment, the updated Domestic Abuse Strategy and the action plan be noted.

38. Suicide Prevention - Strategy Refresh 2022

Juliet Grainger, Public Health, introduced the report which set out the current position of the work programme delivered as part of the Coventry Suicide Prevention Strategy 2016 -2019 and the Coventry and Warwickshire NHSE funded suicide prevention programme between 2018 – 2021. Reference was made to the refresh of the strategic oversight arrangements for Suicide Prevention across the Coventry and Warwickshire Health and Care Partnership and emerging Integrated care System. The report also informed of the intentions to develop the future strategy for Coventry.

The report indicated that NHSE funding from the national suicide prevention programme was awarded to Coventry and Warwickshire during 2018 – 2021 as a Wave 1 site due to sub regional prevalence rates being above the national average. A comprehensive programme of activity was overseen by the Coventry and Warwickshire Health and Care partnership and delivered through the local Suicide Prevention partnerships. Details of the suicide prevention initiatives were set out at an appendix to the report. The Board were informed that the most recent Suicide data showed that the rates in Coventry dropped slightly from 2017 – 2019 at 10.6 per 100,000 (England 10.1) to 2018 – 2020 at 10 per 100,000 (England 10.4).

Legacy activity from the programme had now been devolved to the Coventry and Warwickshire suicide prevention steering groups. Local strategies, partnership arrangements and action plans were being reviewed to incorporate the NHSE programme evaluation and the real time suicide surveillance data insights.

The report set out the local context and priorities. Feedback from the respective Coventry and Warwickshire suicide prevention multi agency steering groups during November and December 2021 identified that organisations found value in the partnership meetings, communications and networks however many were attending meetings in both areas which they felt could be amalgamated. Further

details in terms of priorities from the feedback which highlighted what the plans should include were detailed.

It was the intention to develop a single Coventry and Warwickshire Suicide Prevention Strategy to:

- Provide an overview of the national / regional context
- Outline the shared strategic ambitions for suicide prevention
- Reflect system, place (city and county) and local priorities
- Outline mechanisms for delivery, impact and governance
- Acknowledge the role and contribution of all system partners in delivering the ambitions of the Strategy.

To deliver the strategy it was proposed to develop a new and evolving joint Coventry and Warwickshire Suicide Prevention Delivery Plan. The report set out the requirements for this plan. Reference was made to the partnership arrangements and the proposal to develop a joint Coventry and Warwickshire Strategic Steering Group. The responsibilities for the Group were detailed.

Other proposals highlighted in the report included exploring the option for a joint Coventry and Warwickshire Suicide Prevention Network; the ongoing development of the Coventry and Warwickshire Suicide Prevention Learning Panels; and participating in the regional suicide prevention leads peer support network (West Midlands).

The Deputy Chair, Dr Raistrick expressed support for the future arrangements for suicide prevention and for the initiatives that were already in place. The Chair, Councillor Caan expressed his thanks for all the good work that was taking place.

RESOLVED that:

(1) The successful outcomes of the NHSE funded Coventry and Warwickshire Health and Care Partnership suicide prevention programme between 2018 -2021 be noted.

(2) The proposal to develop a single Coventry and Warwickshire Suicide Prevention Strategy by the Autumn 2022, overseen by a joint, strategic steering group supported by a delivery plan and multi-agency network forum, be endorsed.

39. Coventry and Warwickshire Health Inequalities Strategy

The Board received a presentation from Rachel Chapman, Consultant Public Health, on behalf of the Coventry and Warwickshire Inequalities Task Group, which provided an update on progress with the ICS Inequalities Strategic Plan.

The presentation set out the background and national requirements for the strategy which involved a 5 year strategic inequalities plan that was fully embedded and delivered at ICS level. The strategy had the following aims:

- To strive towards health equity for the population of Coventry and Warwickshire.
- To make reducing inequalities the golden thread through all of our work

- To challenge the whole system on how they can contribute and embed action.

Health inequalities were unfair and avoidable differences in health across the population, and between different groups within society. Data provided information about male and female life expectancy across Coventry and Warwickshire. The strategy to tackle health inequalities was based on a Population Health approach using the four pillars. The major projects within these four areas were highlighted. Reference was made to Coventry being a Marmot City and to the key role of the Board.

The presentation detailed the Core 20 Plus 5 initiative which was designed to drive targeted health inequality improvements using a target population (the most deprived 20% of the population) tackling the following 5 key clinical areas of health inequalities: maternity; early cancer diagnosis; severe mental illness; chronic respiratory disease; and hypertension case-finding. Details of Coventry and Warwickshire's most deprived populations by location were highlighted.

It was proposed that there be a focus on the 'Plus' groups - groups that risked "falling between the cracks" with poor outcomes. Proposed groups were:

i) Coventry and Warwickshire:

Transient and newly arrived populations, (gypsies and travellers, boaters, refugees and asylum seekers)

Families who are at risk of poor outcomes

ii) Coventry:

People on long term sickness benefit

iii) Warwickshire:

People with a disability (sensory and development)

Rural isolation

Ethnic minority groups.

The presentation set out the following six local high impact actions to address inequalities:

(i) Financial strategy – applying universal proportionalism

(ii) Economic recovery – engagement with wider businesses and the local LEP

(iii) Workforce – diversity and recruitment

(iv) Population health management – data monitoring and engagement

(v) Commissioning and procurement – support social value and local supply chains

(vi) Digital inclusion – joining up Digital Transformation Board and bottom-up approaches.

Further information was provided on the evidence-based approach that would be used; the system delivery; and the governance arrangements including the role of the Health and Wellbeing Board to enable delivery. Ownership and overall responsibility for the Strategy would belong to the Integrated Care Partnership / Integrated Care Board. Plans for system engagement were also detailed which included this Board as part of the Coventry element. The presentation set out how success would be monitored from inputs; activities; outputs; outcomes; and impact.

The presentation concluded with the following next steps:

- System engagement
- Develop the Governance framework
- Identify major inequalities work programmes with the biggest impact, and how to shift resources
- Develop the monitoring framework.

Members asked about when co-production would start to make a difference that could be measured. The importance of co-production and sharing knowledge and ideas was acknowledged.

RESOLVED that the contents of the presentation be noted.

40. **Social Care White Paper - People at the Heart of Care**

The Board considered a report of Pete Fahy, Director of Adult Services and Housing which provided an update on the content and main provisions of the Adult Social Care White Paper 'People at the Heart of Care' issued on 30 November 2021.

The report indicated that the long anticipated White Paper aimed to have three main objectives to deliver as follows:

- People had choice, control, and support to live independent lives
- People could access outstanding quality and tailored care and support
- People found adult social care fair and accessible.

The paper sought to address the issues of:

- Information and Advice - more help nationally on information and advice
- Empowerment of service users and unpaid carers - help more disabled people into employment; keeping open the possibility of allowing the public to appeal certain social care decisions; renewed push for LAs to offer more direct payments and personal budgets with associated support; and commitment to revisit the national 2018 Carers Action Plan
- The role of Housing - increasing the supply of supported housing
- Improving pay and conditions of care staff - the only references to helping improve the pay and conditions of front-line care were the via the 6.6% increase in the National Living Wage
- Care market - shaping a healthy and diverse care market
- New technology and digitisation – more alarm systems, falls prevention aids, smart devices generally in people's homes and care homes
- Digital Social Care Records – expectation at least 80% of social care providers to have a digitised care record in place by March 2024 that could connect to a shared care record
- Prevention - more emphasis on whole family, whole system approaches to prevention linking closely with the newly formed Office for Health Improvements and Disparities (OHID).

The White Paper provided greater clarity on how some of the social care reform monies announced in September 2021 were to be deployed across different areas which were set out in the report. This funding equated to £1.05bn over three years (1.65% of the total national spend on Adult Social Care for 2020/21) and was part of the £5.4bn announced in September 2021. The paper also reminded that

£3.6bn from the £5.4bn announced in September 2021 was to fund the care cap and financial thresholds and to help fund the “Fair Cost of Care” for which a subsequent communication from the Department of Health and Social Care on 16 December 2021 specified the requirement for each local authority to undertake a ‘fair cost of care’ exercise with an emphasis on residential care and home support for people aged 65 and over, and produce a provisional market sustainability plan by September 2022.

The Board noted that within the White Paper a strong emphasis was placed on better data, assurance, inspection and intervention. There was indication of where the focus of CQC would be for when Adult Social Care became a CQC regulated service from April 2022 (once the Health and Care bill becomes an Act). The report highlighted these areas which broadly covered responsibilities under Part 1 of the Care Act 2014.

The White Paper also stated that the matter of health and care integration was to the subject of a separate White Paper. No specific timescale for this was provided.

RESOLVED that the following be noted:

(1) That the aspirations of the White Paper are positive and ambitious.

(2) The resourcing to deliver these ambitions does raise a question regarding how deliverable the ambitions are in reality.

(3) The issue of pay and reward of front line care staff remains unresolved.

(4) That Social Care will be entering into a new regime of oversight and review by the Care Quality Commission likely to commence in 2023.

41. Coventry and Warwickshire Place Forum Update

The Board considered a report of Valerie De Souza, Interim Director of Public Health and Wellbeing which provided an update on the outcomes of Coventry and Warwickshire Place Forum meeting held on 17 November, 2021.

The report indicated that 40 members attended the online development session which followed on from separate development sessions held by each of the Boards, facilitated by The King’s Fund, in September and October 2021. The meeting provided the opportunity to understand the statutory changes to the Integrated Care System and to consider the future role of the Place Forum in this context.

The Forum received presentations as follows:

- Coventry and Warwickshire Place Forum – the journey so far and key achievements: emphasising the unique collaboration between the two Boards which provided a strong foundation on which to develop ICS governance in the new legislative context
- Statutory Integrated Care Partnership: outlining the forthcoming legislative requirements for the ICS, including creation of an ICP, which would be a

statutory committee responsible for promoting partnership arrangements and developing an Integrated Care Strategy to address the health, social care and public health needs of the system

- System Health Inequalities Plan: detailing the requirement to produce a strategic inequalities plan for the system by March 2022, embedding the national NHS 'Core 20 Plus 5' framework, and outlining how the plan was being developed
- Sharing learning from Health and Wellbeing Board development sessions: common themes arising from the separate sessions related to ICS/ICP development, the role of Health and Wellbeing Boards and the role of place and communities.

The report included a summary from discussion and breakout sessions as follows:

- There was plenary discussion and facilitated break-out groups, focusing on the added value that the Place Forum offered to the system, and shaping its role and format within the emerging ICS governance arrangements
- There was agreement that there needed to be greater clarity about roles, responsibilities and accountability within the system, and that it was important the governance was coherent and could be described to the public, so they could understand where decisions were made and by whom.
- A key principle was that to build on the strong partnership working that already existed through the Place Forum and Health and Care Partnership Board.
- There was continued commitment to working collaboratively through the system changes and opportunities that arose.

Additional information was provided on the key actions and next steps.

RESOLVED that the contents of the report and the next steps and actions resulting from the Coventry and Warwickshire Place Forum meeting held on 17 November 2021 be noted.

42. **Children and Adults Annual Safeguarding Board Reports**

The Board received a report of Rebekah Eaves, Safeguarding Boards Manager, concerning the 2020/21 Annual Reports of the Coventry Safeguarding Children's Partnership and Coventry Safeguarding Adults Boards, copies of which were set out at appendices to the report. Derek Benson, Independent Chair of the Safeguarding Partnership and Board attended the meeting for the consideration of this item.

The report concerning the Adults Board Annual Report detailed that the Safeguarding Adults Board was a partnership of organisations that worked to both prevent and end abuse of adults with care and support needs in the city. The Board included a wide range of organisations that had a role in safeguarding.

The Board had three priorities for 2019-2021:

- i) To be assured that safeguarding is underpinned by the principles of 'Making Safeguarding Personal' and that adults are supported in the way they want
- ii) To be assured that services and agencies have appropriate systems, processes and training in place to support and safeguard adults effectively.
- iii) The Board to seek to understand and respond to safeguarding issues arising out of the Covid-19 pandemic.

The report detailed the governance arrangements; information about Coventry's population; the outcomes for Coventry adults; highlighted how the Board have made a difference; informed about safeguarding adult reviews; reported on safeguarding awareness week; reported on learning and development and learning even. Appendices to the report set out Board Membership and the Coventry Safeguarding Adult Board Business Plan for 2019-21.

The report concerning the Safeguarding Children Partnership Annual Report set out the priorities for 2020-2022 for the Partnership as follows:

- i) Neglect
- ii) Extra familial harm including a contextual safeguarding approach
- iii) Making the system work

The report set the local context; detailed the Partnership; set out progress against the priorities; and highlighted the child exploitation indicator tool. Information was provided on the neglect conference and the local authority designated officer. Details of the signs of safety were set out along with right help right time to help; quality assurance and learning from reviews. Other areas covered were training; the Safeguarding Together Action Group; and the voice of the child. The performance score card was set out at an appendix to the report.

Members asked about where they could find information on individual safeguarding reports.

The Chair, Councillor Caan, thanked Derek Benson, for all his work on safeguarding in the city.

RESOLVED that the contents of the Coventry Safeguarding Children's Partnership and the Coventry Adults Safeguarding Board Annual Reports for 2020/21 be noted.

43. **Integrated Care System/ Integrated Care Partnership Development**

The Board received a brief update from Adrian Stokes, Coventry and Warwickshire CCG on the development of the Integrated Care System (ICS) and the Integrated Care Partnership (ICP).

The Board were informed that the earliest date that Coventry and Warwickshire could become a statutory ICS was 1st July, 2022, which had moved back from the earlier date of 1st April. This was dependent on legislative proposals passing through Parliament. Work was ongoing on the Governance arrangements to make sure everything would be in place for the start of July including the ICP. Reference was made to close working arrangements that already existed through the Health and Care Partnership. He referred to the aims of the ICS: improved outcomes; tackling inequalities; enhanced productivity and value for money; and help the

NHS support broader social and economic development. Reference was also made to the three layers of the system – primary care networks, place and system, with work ongoing in all areas.

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

There were no additional items of public business.

(Meeting closed at 3.40 pm)