

Coventry City Council
Minutes of the Meeting of Coventry Health and Well-being Board
held at 2.00 pm on Monday, 4 July 2022

Present:

Board Members: Councillor J Blundell
Councillor K Caan (Chair)
Councillor G Duggins
Councillor M Mutton
Councillor P Seaman
Allison Duggal, Director of Public Health and Wellbeing
Peter Hendrick, West Midlands Police
Philip Johns, Coventry and Warwickshire Integrated Care Board
Ruth Light, Healthwatch Coventry
Stuart Linnell, Healthwatch Coventry
Professor Caroline Meyer, Warwick University
Kirston Nelson, Chief Partnership Officer/Director of Education and Skills
Danielle Oum, Coventry and Warwickshire Integrated Care System

Employees:

S Caren, Adult Services
V DeSouza, Public Health
E Dewar, Finance
M Rose, Law and Governance
T Wukics, Public Health

Apologies:

John Gregg, Director of Children's Services
Alison Cartwright, Coventry and Warwickshire CCG
Andy Hardy, University Hospitals Coventry and Warwickshire

Public Business

1. Declarations of Interest

There were no declarations of interest.

2. Minutes of Previous Meeting

The minutes of the meeting held on 4th April 2022 were agreed as a true record. The Chair thanked the Leader for chairing the meeting in his absence.

Councillor Seaman asked when further information, requested at minute 52/21 'Children in Crisis and Developments towards Children's Integrated Health and Care' would be available. It was reported that there had been developments regarding this information since the last meeting and issues would be discussed further with the Chair and Councillor Seaman.

RESOLVED that the information requested in April 2022 be discussed further with the Chair and Councillor Seaman.

3. **Chair's Update**

The Chair, Councillor Caan, welcomed everyone to the meeting. He reported that Covid rates were increasing and although there were more outbreaks the severity of the disease was not increasing. It was also recognised that Monkeypox was a national concern, locally partners were alert and ready should there be an outbreak.

The Integrated Care System (ICS) officially began on the 1st July 2022 and held their first Board meeting the same day.

The Khan review on smoking had been published and would be a future agenda item for the Board.

4. **Covid-19 Ongoing Response**

The Chair reported that Nadia Inglis had now left the employment of the Council and placed on record thanks, on behalf of the Board, for all of her work and in particular on the health protection system during the pandemic, fuel poverty and vaccinations.

The Board received presentations in three parts for the discussion about Covid-19 Ongoing Response:

- a) Living Safely with Covid-19
- b) NHS Capacity
- c) Vaccinating Coventry

The Board received a presentation by Allison Duggal, Director of Public Health and Wellbeing about Living Safely with Covid-19. The presentation detailed:

- The role of the Local Authority, the local outbreak control plan, management plan and Marmot city approach
- The Whole Systems Partnership Approach
- Covid Timeline and cases – increasing cases, more contagious nature but less severe
- The Local Response – working with Communities to reduce inequalities
- Lessons learned including new ways of delivering services
- Vaccinations update – high uptake within the older age group and lower numbers in the younger age groups but the vaccines for this group had not been available as long
- Key metrics on Covid- 19 in Coventry City Council
- Living with Covid Strategy – updated government guidance in May 2022

The Board discussed:

- The number of patients brought into hospital due to Covid
- Future vaccinations and encouraging availability for over 50s
- Research regarding behavioural advice rather than restrictions
- Young People vaccination process

The Board received a presentation by Philip Johns, Coventry and Warwickshire Integrated Care Board to discuss NHS Capacity.

The presentation highlighted:

- Data in the last year in Coventry and Warwickshire
- Key Areas of Focus
- Ambulance handover times
- GP Activity
- Elective waiting times
- Patients 'Medically Fit for Discharge' but not yet discharged numbers were showing improvements

The Board discussed:

- missed GP appointments
- GP shortage figures in Coventry and if there were any single practices in the city
- Adult-centric discussions regarding leaving hospital
- Follow up services e.g. physiotherapy
- Primary Care Crisis – unavailable appointments, inability to discuss more than one concern
- Communication about the new improvements to the telephone system
- GP consistency and training
- New patents taken on
- Health inequalities
- An integrated system approach using technology in the way it is needed and encouraging good practice

The Board received a presentation by Valerie DeSouza to discuss Vaccinating Coventry. Members were updated on:

- The Vaccinating Coventry approach
- Recognising vulnerable groups and providing enhanced services to reduce inequalities
- Looking at barriers and working with communities eg pop up clinics and door knocking
- Spring booster role out
- The Evergreen offer
- Autumn booster programme was to be confirmed

RESOLVED that the following information be circulated to the Board:

- 1. Presentation slides**
- 2. The number of patients currently being brought into hospital due to Covid**
- 3. An update on the healthcare workforce to a future meeting containing:**
 - a. The number of missed GP appointments**
 - b. GP shortage figures in Coventry and if there were any single practices remaining in the city**
 - c. Follow up services when leaving hospital e.g. physiotherapy**

d. Child and Adolescent Mental Health Service referrals and solutions

5. Coventry and Warwickshire Pharmaceutical Needs Assessment

The Board received a report of Jane Fowles and Catherine Aldridge, Public Health and Wellbeing presented by Allison Duggal regarding the development of the Coventry and Warwickshire Pharmaceutical Needs Assessment (PNA), 2022-2025 and the Executive Summary was appended to the report. The purpose of a PNA was to assess local needs and identify gaps for pharmaceutical provision across Coventry and Warwickshire. A tool to enable Health and Wellbeing Boards (HWBs) to identify the current and future commissioning of services required from pharmaceutical service providers.

Coventry City Council and Warwickshire County Council Health and Wellbeing Boards approached the development of the 2022 PNA as a collaborative project, with one report being produced for both areas. This replaced the 2018 PNA for both Coventry and Warwickshire. The PNA would be undergoing formal consultation from Thursday 23rd June 2022 until Monday 22nd August 2022, with a statutory obligation for publication on 1st October 2022. The report sought formal sign off from the Board before final publication.

The development of the PNA had been overseen by one multi-disciplinary steering group which included representations from organisations for both the Coventry and Warwickshire areas. The process had been split into 4 stages:

- Stage 1 – A project management approach was used to develop the PNA and so a steering group was established which met regularly during the development of the PNA.
- Stage 2 – A pharmacy survey and a public survey were developed. The content was approved by the steering group and was undertaken in Feb/March 2022. Following the closure of the surveys the responses were analysed.
- Stage 3 – A summary of current provisions and gaps in provision of pharmaceutical services was identified and fed into the draft report. The content was approved by the steering group.
- Stage 4 – As required by legislation, a 60-day consultation was necessary during the process of producing the document.

The document included the local picture for Coventry and Warwickshire, general health needs, pharmacy provisions and access, and information on pharmacy services. It offered conclusions and recommendations on pharmacy provision and included the responses from the general public and community pharmacy survey as appendices.

Where necessary, there would be supplementary information added throughout the PNA's lifespan of 3 years. This would ensure it remained relevant, useful and fit for purpose.

Comments from the formal survey would be considered before official publication on 1st October, and it was proposed that the final document would be approved by the Chair on behalf of the Board.

The Board discussed:

- Encouraging consistency at Pharmacies
- Consistency between Coventry and Warwickshire Services for example the Sexual Health Service
- Out-of-hours Pharmacy service
- The role of pharmacies in managing the increased demand on the CAMHS

The Board requested the final document containing comments from the survey to be circulated to all members prior to the Chair signing off and publication on 1st October 2022.

RESOLVED that following consideration of the proposed Pharmaceutical Needs Assessment the Board:

- **agree to provide comments where necessary during the formal consultation period**
- **request the final document containing comments from the survey be circulated to all members prior to the Chair signing off and publication on 1st October 2022.**

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6. **Coventry Health and Wellbeing Strategy Update**

The Board received an update report of Allison Duggal, Director of Public Health and Wellbeing on the 2019-23 Joint Health and Wellbeing Strategy following a review of progress and priorities at the end of last year and set out the key areas of work that the Board would progress to deliver priorities.

The Council had a statutory duty, through the Health and Wellbeing Board, to develop a Health and Wellbeing Strategy that set out how they planned to address the health and well-being needs of local residents, as identified in the Joint Strategic Needs Assessment (JSNA). The aim of the Health and Wellbeing

Strategy was to develop a set of shared, evidence-based priorities for commissioning local services which would improve the public's health and reduce inequalities. The outcomes of this work would help to determine what actions the Council, the NHS and other partners (now the Integrated Care System (ICS) need to take to meet health and social care needs, and to address the wider determinants that impact on health and wellbeing. The current Health and Wellbeing Strategy was approved in 2019, following consultation and engagement with key stakeholders and members of the public.

As part of the development of the Health & Wellbeing Strategy, it was agreed that the short-term priorities would be reviewed and refreshed every 12 to 18 months to ensure that they still reflected the key issues and challenges facing Coventry residents. During Autumn 2021, a review was undertaken to understand progress against the short-term priorities of the Strategy and to ensure that the priorities were still relevant given the impact of the Covid-19 pandemic on our city and residents. The review of the Health and Wellbeing Strategy priorities was informed by evidence from a range of sources, including needs assessments that had been conducted as well as survey data, workshops with stakeholders, a senior partner workshop, learning from the current Strategy priorities and feedback from public consultation.

The Health & Wellbeing Strategy set out three strategic ambitions aimed at improving the health and wellbeing of residents, which together encompass the long-term vision for change in Coventry. The three strategic ambitions were:

- People were healthier and independent for longer
- Children and young people fulfil their potential
- People live in connected, safe and sustainable communities

As part of the JSNA and consultation process, a number of short-term priorities were identified, in order to make a tangible difference in the next 18 months, by working together in partnership. The report provided an update on progress for each priority and the key areas of focus over the next 6-9 months:

- Loneliness and social isolation
- Young people's mental health and wellbeing
- Working differently with our communities

Utilising the review process and feedback from the engagement process, it was agreed that the existing short-term priorities of the Health and Wellbeing Strategy were correct, but that there were a number of areas that need to be intensified.

These were as follows:

- focus on employment and homelessness as a prevention opportunity: recognising the impact of poverty on the well-being of our residents and on next generation (children) especially following changes e.g. end of furlough, universal credit and end of 'no evictions'
- Mental health for adults as well as children
- Strengthen work with communities: important to build on the work done during the last 18 months and continue to unlock the power of local assets by

improving the connectivity between the HWB and communities and HWB and place-based working

- The need for co-production to achieve the priorities and the importance of engaging with the community to influence and design solutions.
- Need to ensure work in the overlap between priorities e.g., communities and isolation may have a new slant with different communities coming to Coventry i.e., Afghan refugees
- The focus of loneliness and social isolation should not just be on elderly people but on the wider community and should utilise volunteers to support this.

RESOLVED that following consideration of the update report the Board:

- 1. note the outcomes from the Health and Well-being Strategy review and key messages from the engagement process**
- 2. note the progress against the Health & Well-being Strategy**

7. Integrated Care System/ Integrated Care Partnership Development Update

The Board noted the oral update from and Danielle Oum, on the Development of the Integrated Care System (ICS)/ Integrated Care Partnership (ICP).

The Integrated Care Partnership was a statutory committee of the Integrated Care Board (ICB). Its primary duty was to develop the Integrated Care Strategy, for which it was responsible and which the ICB must pay due regard in developing its delivery plan.

The update detailed:

- The journey and progress in becoming an Integrated Care System
- The four key aims and vision
- The opportunity of integration
- The structure of the ICS
- ICB Highlights and responsibilities
- Key duties of the ICP and timeline forward plan
- Developing the new ICS and key components

The Board discussed:

- the opportunity for consistent services
- supporting deprivation needs
- the wider health system

8. Better Care Fund

The Board received a report and presentation from Ewan Dewar, Finance Manager and Sally Caren, Head of Adult Care and Support regarding the Better Care Fund.

The Better Care Fund (BCF) started in 2015 with an aim of bringing together the NHS, social care and housing services so that older people, and those with

complex needs, could manage their own health and wellbeing, and live independently in their communities for as long as possible.

It was based on the concept of a pooled budget between Clinical Commissioners and Local Authorities with one party agreeing to 'host' the pool which was managed by a s75 legal agreement. The Coventry BCF pool was hosted by Coventry City Council and was managed through the Adult Joint Commissioning Group. The future management of BCF would form part of the discussions as we transition to the Integrated Care System (ICS) and Care Collaboratives. Revised policy guidance was expected later in 2022 which would inform these discussions.

The national process required the year end template submission to be signed off by the Health and Wellbeing Board (HWBB), and if not signed off at the point of submission, details of the next meeting where it would be approved were required to be submitted.

The return deadline was 27th May 2022 and the return had been submitted indicating retrospective sign off would be discussed at the Board meeting on 4th July 2022 as the meeting closest to the completion deadline.

The Better Care Fund (BCF) reporting requirements were set out in the BCF Planning Requirements document for 2021-22, which supported the aims of the BCF Policy Framework and the BCF programme; jointly led and developed by the national partners Department of Health(DHSC), Department for Levelling Up, Housing and Communities, NHS England (NHSE),Local Government Association (LGA).

The key purposes of BCF reporting were:

1. To confirm the status of continued compliance against the requirements of the fund(BCF)
2. To confirm actual income and expenditure in BCF plans at the end of the financial year
3. To provide information from local areas on challenges, achievements and support needs
4. To enable the use of information for national partners to inform future direction and for local areas

The Board discussed:

- carrying forward funding for delayed projects
- future integration of reporting

RESOLVED that the Board note the content of the report and approve the attached Better Care Fund Year End Template for 2021/22.

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

There were no additional items of public business.

(Meeting closed at 3.35pm)