

Coventry City Council
Minutes of the Meeting of Coventry Health and Well-being Board held at 10.00 am
on Wednesday, 4 December 2024

Present:

Members: Councillor K Caan (Chair)

A Duggal, Director of Public Health and Wellbeing
P Fahy, Director of Adults and Housing
D Howart, Coventry University
Councillor M Lapsa
J Richards (Substitute for A Hardy), University Hospitals
Coventry and Warwickshire
R Light, Healthwatch Coventry
Councillor P Seaman
Professor P Saravanan, Warwick University (substitute for
Professor C Meyer)

Employees (by Directorate):

Law and Governance C Colson-Haggins, C Taylor

Public Health V Castree, R Chapman, S Frossell, C Jones, V de Souza

Others present: A Cartwright, ICB

L Terry, UHCW

T Soni, Coventry Refugee and Migrant Centre

R McLarnon, Age UK

Apologies: Councillors L Bigham and G Duggins, P Drover, A Hardy,
P Johns, Professor C Meyer, D Oum and S Sen

Public Business

16. Welcome

The Chair, Councillor K Caan, welcomed everyone to the meeting, thanking the Dementia Hub for hosting and advising the theme of the meeting was adults and healthy ageing.

The Chair welcomed representatives of the Voluntary and Community Sector, T Soni, Coventry Refugee and Migrant Centre and R McLarnon, Age UK, to the meeting.

17. Declarations of Interest

There were no declarations of interest.

18. **Minutes of Previous Meeting**

Minutes of the meeting held on 2nd October 2024 were agreed and signed as a true record.

There were no matters arising.

19. **Chair's Update**

The Chair, Councillor Caan, provided an update on Marmot 2.0, advising that Coventry became the first Marmot city in 2013 and during 2020-2022, Covid resulted in many people seeing and experiencing stark inequalities in health for the first time. Adding on the pressure of cost of living and growing poverty, the continuing poor health of the population – with life expectancy declining, and slower economic growth, there was increased interest in how to tackle them.

With a new government who pledged to 'halving the gap in healthy life expectancy between the richest and poorest regions in England'* there were more and more Local Authorities, Towns, Boroughs, Regions, Hospital trusts, ICBs and even countries (Scotland) who were becoming Marmot Places and joining this social movement. Coventry should be very proud in being the start of this.

Coventry was the longest running Marmot city and had started to reflect on the journey. In May, this year a series of reflection workshops for Marmot Partners were held, who shared their thoughts on our journey – past, present and where we were heading in the future. This had been written up and produced as a summary which would be shared in the coming weeks.

Coventry City Council would be renewing its commitment with the 'Marmot 2.0' plan. Work was taking place to identify where best as an organisation to focus resources and efforts to strengthen the council's existing work, to improve health equity for our residents. Some of the priorities required partnership working and work was ongoing regarding improving equity and making things fairer for our residents.

As Health and Wellbeing partners, there was an opportunity, through the Marmot city work, to come together as a system. By strengthening all joint work, the inequalities gap could be closed along with improving health and wellbeing and improving quality of life for Coventry residents.

**Labour Manifesto, chapter: Build an NHS fit for the future, Reducing health inequalities section, [Build an NHS fit for the future – The Labour Party](#)*

Public Health had been working on a high-level business plan to set out the future direction and priorities for the directorate. The main aim of Public Health was to improve public health outcomes and reduce health inequalities in Coventry. This was undertaken by using the Public Health Grant effectively. The plan set out how this would be achieved and captured elements of all of the work, focusing on the overlap between workstreams and the focus going forward. The Chair extended thanks to the Director of Public Health and Wellbeing for her work on the plan.

The Business Plan was an internal document for the Public Health team which could be shared with other directorates of the council, so others could understand the priorities. It did not include the “Business as Usual” and it was meant to be a living document that changed as the direction became clearer and as Public Health priorities were dealt with that arose from national, local and system pressures.

The plan outlined specific areas of focus for strategic development as well as specific areas for prevention work. This would be undertaken across the range of services, using data, intelligence and performance to drive our direction, being agile to manage new challenges and our Key Areas of Focus will be:

- Reducing Infant mortality to improve outcomes for our Children and Young people.
- Working with Adolescents to improve their health by influencing the choices that they make.
- Further developing and ensuring that all council services are underpinned by Prevention strategies, this includes primary prevention, stopping people becoming ill in the first place.

At this moment, the plan was a working draft, which was being developed in more detail with a finalised plan in place for March 2025.

Finally, the Chair updated the Board on the HDRC Year 2 Celebration event which had taken place on 15th October at the University of Warwick, chaired by Sir Michael Marmot. It covered successes to date and plans for the future including how the HDRC was helping people in the council, voluntary sector and local community to develop research skills and get involved in research into the wider determinants of health. The afternoon included workshop discussions between university researchers and practitioners into new areas of research aligned to One Coventry and Marmot priorities.

RESOLVED that the Health and Wellbeing Board note the Chair’s update.

20. **Director of Public Health Update/Wellbeing Update**

The Board received a verbal update of the Director of Public Health and Wellbeing highlighting partnership working and the ongoing work around the recent spate of drug deaths in Coventry. Work was ongoing with the Police and Crime Commissioner across Coventry and Warwickshire to monitor the situation. The Director advised that Naxolone, which could be given to a patient who had taken a drugs overdose, was now more available.

The Director had recently attended the launch of the Sandwell Health Research Determinants Collaborative where 2 emergency planning exercises had been rolled out.

Finally, the migration team were very busy with another hotel in Coventry being used to house migrants and partnership work was ongoing to ensure health and care was available to those in need.

RESOLVED that the Health and Wellbeing Board note the verbal update from the Director of Public Health and Wellbeing.

21. Independent Annual Public Health Report 2024 - Migrant Health and Wellbeing in Coventry

The Board received a Briefing Note and presentation of the Director of Public Health and Wellbeing regarding the Director of Public Health (DPH) Annual Report – Migrant Health and Wellbeing in Coventry.

The DPH had a statutory responsibility to write an independent annual report and the Local Authority a statutory duty to publish it. The DPH for Coventry had chosen to focus on their 2nd annual report on the health and wellbeing of migrants in Coventry.

The report explored longstanding and emerging protective and risk factors influencing migrants' ability to build new and healthy lives, their confidence in accessing appropriate support and the responsiveness of oxidising provision. The report recognised the demographic changes in the migrant population that had sometimes been rapid and had brought positive and negative impacts on those forced to make the journey to the UK. It acknowledged Coventry's history and longstanding work welcoming migrant communities which offered a solid foundation to build on.

The report had been informed by the needs and experiences of migrant communities in Coventry and addressed different aspects of Migrant Health and Wellbeing including:

- Why people migrate
- Refuge, protection and opportunity
- Understanding migrant communities and groups
- Health inequalities and vulnerability
- Migrant community health patterns/trends in Coventry

An overview of the report had been reviewed by the Coventry and Warwickshire ICB and would be shared with the ICB Quality, Safety and Experience Committee on 26 November, with the report being published in early December.

Members of the Board, having considered the Briefing Note and Presentation, asked questions and received information from officers on the following:

- The gap and transition in migrant service provision between children and adults.
- How to capture community champions and undertake outreach working in the communities which were more difficult to engage.
- Partnership working for migrants with qualifications, links were made with the Job Shop, NHS and other partners to help people into meaningful work.
- Community work relating to vaccination roll out.
- A student led pilot underway with Warwick University, was enabling students to undertake health checks in the community.

Members of the Board highlighted the prevention aspect of health, the importance of youth health and raising awareness of mental health issues within migrant communities. The Board requested the provision of community champions within migrant communities and that the recommendations in the report would be prioritised, the delivery mechanisms for which would be reviewed and fed back to the Board in 12 months' time.

RESOLVED that the Health and Wellbeing Board:

The Board agreed to:

1. **Engage community partners in the next phase of the Coventry City Council "Our Coventry" integration programme** for newly arrived migrants to deepen activities that address social determinants of health through early, preventative action within communities.
2. **Improve cultural competence across local services** by the NHS and local authority working in collaboration to develop culturally sensitive policies and interventions (including information and engagement) that better respects diverse traditions and beliefs.
3. **Strengthen data collection and enhance the Joint Strategic Needs Assessment (JSNA)** so that the full picture of migrant health needs is captured (including both quantitative and qualitative sources).
4. **Build research partnerships** between Coventry City Council's Migration team, the Voluntary Sector and the Coventry Health Determinants Research Collaboration to understand migrant health challenges and asset-based solutions.
5. **Develop the Coventry and Warwickshire Partnership NHS Trust (CWPT) young people's mental health pilot** to incorporate approaches that are trauma-informed, age appropriate and relevant to young people newly arrived in Coventry.
6. **Enhance outreach and support including building on existing community champions networks**, deepening links with trusted leaders and regular mapping of community assets.
7. **Leverage innovative technologies** to enhance health literacy and service delivery for refugees and asylum seekers, starting with the NHS funded Virtual Reality Project (hosted by George Elliot NHS Trust in partnership with Coventry University, and Coventry City Council).
8. **Strengthen partnership working to deliver improvements in maternity care** including building on the specialist refugee and asylum seekers midwife to improve access, quality and cultural competency.
9. **Strengthen partnership working to reduce infant mortality including delivery of joined up early years and parenting support involving the NHS, voluntary sector and local authority.**

- 10. Build on local tailored health protection campaigns to maximise:**
 - a. uptake of vaccination to align with UK immunisations schedule
 - b. Engagement in age or other appropriate screening
 - c. Awareness of infectious disease.
- 11. Build on local specialist support and advocacy for survivors of modern slavery** through targeted training for professionals in Coventry on exploitation indicators and rights to care.
- 12. Explore and expand opportunities for the co-production of local statutory sector strategies and frameworks** with migrant groups as part of fostering community ownership and trust in services.
- 13. Invest in robust translation and interpretation services** to ensure that all residents can effectively engage with health programmes (prevention, treatment and care). Measurements of appropriateness to include consistency of arrangements for migrants where English is not a first language and choice.
- 14. Schedule a series of asset based deeper dives** into sub-groups of migrants with the aim of learning from their experiences to close equalities gaps (e.g. young people, women, older people).
- 15. Build on the Wellbeing Monitor community engagement project** (focussed on Black African Communities) to establish sustainable models of building health literacy and service delivery that supports prevention, earlier diagnosis and treatment.
- 16. Investigate provision of community champions** within migrant communities.
- 17. Prioritise the recommendations in the report, review the delivery mechanisms for the 15 recommendations and feedback to the Board in 12 months' time on progress.**

22. Coventry Care Collaborative

The Board received a verbal report and presentation of the Chief Integration Officer, Coventry and Warwickshire ICB regarding the Coventry Care Collaborative.

RESOLVED that the Health and Wellbeing Board notes the update on the Coventry Care Collaborative.

23. Improving Lives

The Board received a report and presentation of the Director of Adult Services and Housing and the Director of Strategy and Transformation (UHCW), the purpose of which was to communicate the outcomes of the Improving Lives Programme and notify the Health and Wellbeing Board of the movement of the programme from delivery to Business as Usual.

The Improving Lives Programme was a change programme initiated and delivered across the City Council, University Hospital Coventry and Warwickshire, Coventry and Warwickshire Partnership Trust and the Integrated Care Board.

The programme represented a systemic endeavour to improve on some long term challenging metrics which included high numbers of older people admitted to hospital, leading to an increased probability of admission. This position resulted in service costs being incurred that could have been avoided.

In 2023, the four partner organisations engaged Newton Europe to support a change programme to deliver financial benefits and improve outcomes for people requiring support. The programme had focussed on the key elements of:

- Hospital processes
- Integrated Neighbourhood Teams
- Intelligence led oversight

The above elements were in place and had been operating for a number of months and the Improving Lives Programme had moved from a change programme to a continuous improvement through business as usual. The objectives of the programme had been delivered but would require constant oversight and improvement work to ensure the benefits continue to be released.

Members of the Board, having considered the Briefing Note and Presentation, asked questions and received information from officers on the following:

- Within the one community integrator team, a nursing team went out to the patients' home, undertook an assessment, stabilised the patient and provided support. Ambulances could then be released back onto the road.
- Godiva Emergency Responders did not currently link with the Ambulance Service.
- Health integration was the biggest benefit with social care and health teams working together at a local place.

The Board requested officers to research Godiva Emergency Responders and whether they link or could be linked to the Ambulance Service along with the Arrive Alive Scheme.

RESOLVED that the Health and Wellbeing Board supports the movement to Business as Usual for the Improving Lives programme, noting the progress made and the ongoing need to embedding change and delivery of continuous improvement.

24. **Community Integrator**

The Board received a report of the Chief Officer Strategy and Transformation, UHCW NHS Trust and the Director of Adult Services and Housing outlining the approach to the transformation of community services in Coventry.

The Coventry and Warwickshire Integrated Care Board (ICB) commissioned UHCW NHS Trust (UHCW) to be lead provider for the Coventry Community Integrator contract in July 2024.

UHCW was now establishing a transformation programme, meeting its responsibility as lead provider to deliver at scale transformation of community services, taking a Population Health Management (PHM) approach to design and delivery.

The transformation programme would build on the approach developed through the Improving Lives programme to:

- Reduce inequalities and variance in access, experience and outcomes
- Deliver outcomes that are important to people
- Make insights and data-driven decisions about allocation of resources where they could have the most impact
- Work together across health and care settings in partnership with the communities

The transformation programme had been designed to meet the objectives with 5 interdependent workstreams:

1. PHM
2. Integrated Service Model
3. Digital and Data
4. Integrated Care Culture
5. Coventry Voice

The first phase was a PHM informed diagnostic to identify opportunities for a more joined up and proactive approach to managing need and laying the foundation for a 'neighbourhood health system' with partners.

The outlined approach provided the Coventry Care Collaborative with the opportunity to realise the ambitions of the ICS, progressing the key ambitions to improve population outcomes, tackle inequalities, make effective use of resources and support social and economic benefit.

System working between acute, community NHS and adult social care was a key enabler for the success of Improving Lives. Community Integrator would build on that approach and expand the partnership into primary care, mental health and VCSFE.

Councillor Seaman suggested an inclusive model from pre-birth, right through to the elderly suggesting, the earlier the programme could start, the more preventative it could be. Also, the impact on young carer should be included within the model.

RESOLVED that the Health and Wellbeing Board supports the approach, noting the system ambition for a new model of neighbourhood health and care that delivers improved outcomes for Coventry people.

25. **Population Health Management**

The Board received a Briefing Note and presentation of the Consultant PH (Insight) which described the work undertaken to embed Population Health Management (PHM) in the commissioning, transformation, design and delivery of health and care services in Coventry.

Population Health was an approach aimed at improving the health of an entire population and aimed to improve physical and mental health outcomes and wellbeing of people and reduce inequalities. Population health was improved by data and intelligence driven planning and delivery of services to achieve maximum impact. It included segmentation, stratification and modelling to identify local 'at risk' cohorts. It then involved designing and targeting interventions to improve care and support and prevent worsening health for people with ongoing health conditions.

The Coventry Care Collaborative had committed to better use of Insight when making decisions about services. Historically, services had been designed based on current or predicted future demand data. This had compounded inequalities and led to increased demand for services without improved outcomes. A PHM approach looked at insight from the whole population, including those not using services, to better understand how services could better meet the needs of the residents. The insight included service data and also an insight on who was and who was not accessing services and who had poor experience of services of poorer outcomes. This included feedback from residents, clinicians and other stakeholders on why services may not benefit all residents equally.

The Community Integrator transformation programme would be used to apply, test and learn how to successfully embed a PHM approach. There was a commitment from all ICS partners to supporting insight driven decision making, apply learning to other decision making and work towards embedding the approach broadly in the future. The work to apply the approach would sit with individual programmes however, a collective working group had been established to share learning, remove barriers to embedding a PHM approach, identify opportunities to scale and spread and ensure resources and structures required were in place. This group would report into the Care Collaborative Forum and Committee where appropriate.

Members of the Board, having considered the Briefing Note and Presentation, asked questions and received information from officers on the following:

- Working towards reducing health inequalities was being undertaken by aligning data and understanding the needs of the population.
- Within the migrant population, 75% using health services were not receiving a good outcome. A different intervention was required along with the understanding why and further engagement with those communities.
- Working differently was a challenge, along with the challenge of the winter months, capacity issues and resourcing.

Councillor Seaman advised of the importance of listening to the central young voice and suggested children with mental health issues could grow into adults with the trauma following them. There were certain areas of the city which required focus to address child poverty and deprivation.

RESOLVED that the Health and Wellbeing Board note the progress the Coventry Care Collaborative has made towards embedding a PHM approach to health and care and the commitment made by all Integrated Care System (ICS) partners.

26. Coventry Place Research

The Board received a Briefing Note and presentation of the Director of Coventry HDRC, the Head of Coventry HDRC and the Head of Research and Development, UHCW, the purpose of which was to outline the opportunities, benefits and impacts of strengthening the Board's engagement with local wider determinants of health (WDH) and NHS research infrastructure. This included identifying the overlapping areas of focus within the Coventry Health Determinants Research Collaboration (HDRC), with UHCW Institute for Health Equity and Social Care, and the ICS research infrastructure. The briefing note highlighted how the Board's involvement in this infrastructure could help advance research development and enhance knowledge mobilisation and research implementation where beneficial to improving health and wellbeing and reducing health inequalities.

RESOLVED that the Health and Wellbeing Board:

- 1. Considers how it can utilise the HDRC and ICS research infrastructure to inform service, policy and strategy developments to improve health and wellbeing and reduce health inequalities.**
- 2. Develops a mechanism for the Board to endorse and support collaborative research and related funding applications.**

27. 10 Year Plan Listening Exercise

The Board received a verbal update and presentation of the Chief Integration Officer, Coventry and Warwickshire ICB on the 10 Year Plan Listening Exercise, the 3 key themes of which were moving patients from hospitals back to their homes and communities, making better use of technology and the prevention of sickness.

Members were requested to submit ideas on the NHS National Plan which would feed into the 10-year plan.

RESOLVED that the Health and Wellbeing Board:

- 1. Notes the verbal update.**
- 2. The Board to be invited to the HDRC seminar once arranged.**

28. Health and Wellbeing Board Members Headline Updates and Future Work Programme Items

The Board received a verbal update of the Chair of the Health and Wellbeing Board requesting Members feedback, guidance and support on any future items or themes.

The continuing themed meetings were as follows:

5th February 2025 Children, Young People and Families
12th March 2025 Very Vulnerable People

The Chair expressed sadness and concern at the recent spate of young person suicides within the city and suggested this as an agenda item at the February 2025 meeting.

RESOLVED that the Health and Wellbeing Board:

1. **Notes the update to the future work themed meetings.**
2. **Includes suicide in young people as an agenda item at the meeting on 5 February 2025.**

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

There were no other items of public business.

(Meeting closed at 12:00pm)