

**Coventry City Council**  
**Minutes of the Meeting of Coventry Health and Well-being Board held at 10.00 am**  
**on Wednesday, 2 July 2025**

Present:

Members: Councillor K Caan (Chair)

Councillor L Bigham  
A Duggal, Director of Public Health and Wellbeing  
Councillor G Duggins  
P Fahy, Director of Adults & Housing  
P Gibson (substitute for M Stanton, West Midlands Fire Service)  
Councillor G Hayre  
P Johns, CE, ICB  
P Joyce, Commander of Policing, Coventry  
J Richards (substitute for A Hardy, UHCW)  
Councillor P Seaman  
S Sen, Director of Children and Education

Employees (by Directorate):

Law and Governance C Taylor

Public Health V Castree, K Thomas

Others present: B Taylor, Settlement Support CIC  
N Ndlovu, Coventry Asylum and Refugee Action Group (CARAG)  
P Stevenson, Coventry and Warwickshire ICB

Apologies: Councillor B Mosterman, A Hardy, D Howat, C Meyer

**Public Business**

**1. Welcome and Apologies for Absence**

The Chair, Councillor K Caan, welcomed everyone to the meeting, in particular, representatives of the voluntary and community sector, B Taylor from Settlement Support CIC and N Ndlovu from Coventry Asylum and Refugee Action Group (CARAG).

**2. Declarations of Interest**

There were no declarations of interest.

**3. To agree the minutes of the meeting held on 24th March 2023**

Minutes of the meeting held on 24<sup>th</sup> March 2025 were agreed and signed as a true record.

There were no matters arising.

#### 4. **Chair's Update**

The Chair, Councillor Caan, updated the Board on the following matters:

- The Pharmaceutical Needs Assessment was closing today; feedback from which would be analysed and the report circulated to the Health and Wellbeing Board.
- The new 'building blocks of health' online training course developed by HDRC with other teams.
- The forthcoming Godiva Festival and the August Sports Fest in Broadgate: both fantastic opportunities to engage with people in Coventry and encourage them to get active.
- The Coventry Mile in Memorial Park, which 1,000 children had taken part in last week.

The Board requested the online link to the HDRC Building Blocks of Health training course.

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

#### 5. **Director for Public Health Update**

The Board received a verbal update of the Director of Public Health and Wellbeing who advised that Public Health had been working with the Children's team on the Families First Programme, to bring in a new model of working meaning everyone would have a named person to link with. Migrant week had taken place successfully and the Healthwatch and the Substance Misuse contracts had now gone live, both of which would contribute to improving health and wellbeing in Coventry.

Significant change had been seen within the system since the previous Board Meeting and the officers would be looking at partnership working in the forthcoming NHS 10 Year Plan.

The Annual Public Health report for Coventry had won a prize with the Association of Directors for Public Health, which focused on the contribution of migration to Coventry's communities, the health and wellbeing of the city and the vulnerabilities within the migrant communities.

Members of the Board, having considered the content of the report and asked questions and received information from officers on the following matters:

- There had been some recent IT issues which meant that accessing the new sexual health service for young people had been difficult however, officers were working in partnership to resolve this.

The Board requested:

1. The Annual Public Health Report for Coventry be circulated with the minutes of this meeting.
2. A response regarding the C-Card contract be provided to the Corporate Parenting Board.

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

## **6. ICB Update on the Model Blueprint and Clustering Arrangements**

The Board received a verbal update of the Chief Executive of the Integrated Care Board (ICB) who explained the following:

- There had been a number of changes announced within recent months including the abolishment of NHS England with a move across to the Department of Health and Social Care, and the requirement for the ICB to reduce costs by 50% which had led to a piece of work to explore options which were:
  - The preferred clustering option would be within the West Midlands Combined Authority, although the ICB would be guided by the independent advisors, Price Waterhouse Coopers.
  - Clustering with Hereford and Worcestershire had scored the highest and despite Coventry's concerns, this had now been signed off by the Secretary of State.
- Information regarding timescales was not forthcoming however, the go ahead had been given to commence works in the next few months.

Members of the Board, having considered the content of the report and asked questions and received information on the following matters:

- The ICB had been asked to produce a medium-term financial plan within the next 3 months, which would embed place-based working. Concerns had been raised regarding different funding arrangements
- If possible, a report would be brought back to the Board regarding transitional arrangements. Resources and protection around funding were key.
- The ICB was clear that more progress was required around the children's agenda and ICB officers were clear that SEND and safeguarding commitments would be maintained.
- Cuts of 50% were to the administrative function of the ICB only. More information regarding how the ICB retained focus at a local level would become apparent as transitional arrangements were worked through with staff.

The Board also received and noted a letter, which was circulated at the meeting, to the Secretary of State from the Leader of the Council and the Mayor of the West Midlands regarding concerns relating to the proposed clustering of Integrated Care Boards.

**RESOLVED that the Health and Wellbeing Board note the update from the Chief Executive of the ICB.**

**7. Vaccination Rates and work to increase uptake in Coventry**

The Board received a Briefing Note and presentation of the Head of Immunisations, Coventry and Warwickshire Integrated Care Board regarding vaccination rates and project work to increase uptake in Coventry.

Immunisations protected people and communities from serious infectious diseases, enabling people to live healthier lives. Improving uptake of vaccinations could help to reduce hospital admissions and demand on the NHS.

Responsibility for immunisation was fragmented with both NHS England (NHSE) and Coventry and Warwickshire Integrated Care Board (ICB), holding lead roles on NHS immunisation delivery.

The NHSE West Midlands Screening and Immunisations team provided system leadership, support and oversight of ICB commissioning and delivery of NHS vaccinations. The ICB commissioned services including managing the introduction of new programmes, monitoring providers against national performance indicators, quality improvement and reduction in inequalities. This included leading on the management of clinical queries and incidents.

The main providers of immunisations in Coventry were GP practices (including practice nurses). Pharmacies, Maternity and School Age Immunisation Services (SAIS). Coventry City Council public health team had an assurance function and influencing role in local commissioning and ensured that the plans, approach, communication and delivery mechanism were community focused to maximise uptake across the diverse populations within the city.

For Coventry and Warwickshire, assurance was provided through the Health Protection Committee.

The ICB held a regular immunisation board with local system partners to monitor uptake rates, review service delivery plans and ensure the programme was meeting the needs of the communities. Monitoring of vaccine coverage was essential to identify possible drops in immunity and take action before levels of disease increased.

Immunisation was a key priority set out in the recently published Coventry and Warwickshire Health Protection Strategy 2025-2030. The ambition was to improve coverage across the life course. The ICB also had a local immunisation Strategy, setting out the future direction of work including key priorities, performance indicators and targeted actions.

Data showed that vaccine uptake in Coventry across all age groups could be improved. Coventry consistently underperformed compared with the national averages for vaccination uptake, particularly for boosters and second doses. Rates reflected a broader UK-wide decline in vaccine coverage.

Inequalities in immunisation uptake still persisted. In Coventry, low vaccination rates were linked to areas of higher deprivation. GP practices with larger list sizes and practices located in areas with higher proportions of ethnic minority groups.

The most up to date published immunisation uptake data in Coventry had been circulated in the Appendix attached to the report. The level of uptake needed for herd immunity depended on the vaccine – primarily due to differences in effectiveness and the disease's transmissibility.

Childhood vaccine uptake fell below the recommended level of 95%

Pneumococcal (PPV) and respiratory syncytial virus (RSV) vaccines protected against infections that were both leading causes for hospital admission. Vaccine uptake for PPV in adults had improved and met or exceeded England averages in all age groups. A mixed picture was seen for the shingles vaccine with rates in those over 75 being higher than the England average but falling below in those aged 65-70 years.

Vaccination coverage for Flu for over 65s, at risk individuals and for children had been declining since 2021-22. Data had shown a low uptake in frontline health and care workers. This rate had been decreasing since the pandemic and was at concerning levels.

The rate of uptake in vaccines administered in pregnancy (flu, pertussis and RSV) was lower in UHCW than in other maternity services in the ICB. For flu, the uptake among pregnant women in 2024-25 was 29% at UHCW compared to 61% and 53% at the South Warwickshire Foundation Trust (SWFT) and George Eliot Hospital (GEH) respectively. The rate in Coventry was slightly lower than the UK average. All three trusts saw significant increases in maternal pertussis vaccination rates compared to the previous year in 2024-25 with UHCW at 41% compared to 72% (SWFT) and 60% (GEH). A similar trend was seen for RSV vaccination, with uptake ranging from 25% at UHCW to 56% at both SWFT and GEH. Contributing factors to the lower rates at UHCW included its larger patient population, local demographic challenges, problems with the vaccination booking and tracking system and difficulties in recruiting dedicated vaccinators.

In response to the vaccination rates in Coventry, the ICB and Public Health team worked collaboratively with partners to deliver co-ordinated, community-focused interventions/approaches, designed to raise immunisation levels across the city. These initiatives were based on the evidence of what works to improve uptake of vaccinations and take into account the needs of Coventry's communities:

- Engaging schools to embed opportunities that promoted vaccinations
- Tailoring vaccination sessions in Coventry Family Hubs to respond to specific needs
- Co-ordinating Winter Plans to optimise uptake of seasonal vaccines
- Engaging grass roots organisations to increase local understanding of the importance of vaccination
- Collaborating with Warwickshire to increase vaccination in pregnancy
- Training professionals and community influencers to promote immunisations

Representatives from Settlement Support CIC and Coventry Asylum and Refugee Action Group (CARAG) relayed their communities' concerns regarding the barriers to accessing health services and in particular, immunisations. The barriers included language, cultural taboos and religious beliefs and the ways in which the communities were overcoming these barriers which included the use of translation services, bespoke videos/social media advising why immunisations were important and flyers placed in African markets in the city. A forthcoming sport for social integration event on 26 July was an opportunity to reach out to the community.

The representatives also advised the Board that the asylum seekers and migrants with no recourse to public funds had a distrust of the health service and were reluctant to access services, resulting in some members of the communities not availing of TB and HIV medicines.

Members of the Board, having considered the content of the report and presentation asked questions and received information on the following matters:

- Grant funding was only available as and when it was received.
- Migrants with no recourse to public funding were still able to receive medication.
- Funding continuity instead of one-off funding, would increase migrant communities use of health services.
- Due to cultural and religious norms, some members of the migrant community held cultural beliefs meaning they only used alternative medicine, much of which was not available in Coventry.
- Awareness campaigns which advised scientists helped patients with remedies would help members of the migrant community access health services.
- Many organisations within the city accessed the Coventry Health Protection grant including a day centre for older adults. Transportation was provided from home to the centre for vaccinations.
- Officers worked closely with the digital inclusion team on inclusive projects however, work to be still to be done to reach the physically and digitally isolated member of the community.
- A monthly immunisation board meeting took place where immunisation was a standing agenda item on the Health Protection Committee. An offer to GP practices to contact Public Health to engage communities with vaccination uptake had been made.

The Board requested:

1. Officers contact the Settlement Support CIC regarding provision of support for the sports for social integration day.
2. The Chair and Director for Public Health and Wellbeing investigate future ways in which to support to the Coventry Asylum and Refugee Action Group (CARAG).
3. A further report be brought back to The Health & Wellbeing Board to include data from statistical neighbours and immunisation success rates.

4. Officers explore support and guidance regarding vaccinations to the physically and digitally isolated communities.
5. Officers explore pathways for improved medication uptake in the migrant community including partnership work through the Care Collaborative.

**RESOLVED that the Health and Wellbeing Board:**

- 1) Identify opportunities to support improved uptake across the partnership.**
- 2) Endorse and actively promote key immunisation messages, while challenging and countering anti-vaccination narratives.**
- 3) Support collaborative efforts with local partners to improve vaccination uptake, particularly through targeted engagement with communities that have historically lower access or uptake.**

**8. Health and Wellbeing Board Development Day**

The Board received a verbal report of the Director of Public Health and Wellbeing regarding the forthcoming Health and Wellbeing Board Development Day scheduled for the morning of 25 September 2025.

The Chair encouraged all Members to prioritise attendance.

**RESOLVED that the Health and Wellbeing Board note the update from the Director of Public Health and Wellbeing regarding the Health and Wellbeing Development Day on 25 September 2025.**

**9. Better Care Fund (BCF) - Planning 2025/26**

The Board received a report of the Director of Adult Care, Health and Housing regarding the Better Care Fund – 2023/25 review and 2025/26 planning approval.

The Better Care Fund (BCF) commenced 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 Integrated Care Boards 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 overseen by the Coventry Care Collaborative.

The pooled fund associated with the 2023/25 plan totalled approximately £148m, which delivered against 104 separate lines of expenditure across Health and Social Care. Areas of expenditure included social care, learning disability support, dementia, carers, disabled facilities grant and support to enable effective hospital discharge.

The agreed priorities to support the 2 BCF objectives to 1) enable people to stay well, safe, and independent at home for longer and 2) provide the right care in the right place at the right time, were as below along with a summary of progress over the plan period:

Priority One: further implementation and take up of the Integrated Care Record in Social Care – will improve information sharing and access to records held in health and social care and ultimately enhance patient/resident experience.

Priority Two: improvement on Disabled Facilities Grant (DFG) processing and activity to improve ability to support people at home through adaptations, including those to temporary accommodation.

Priority Three: further development and implementation of the 'Improving Lives for Older People' programme focussed on a whole pathway improvement from admission avoidance through to discharge. A core objective of this programme was to provide health care and support to people at home and prevent issues of 'flow' through reducing the need for people to transfer to hospital in the first place through greater integrated working and approaches.

Delivery against the metrics at the end of 2024/25 was as follows:

- Rate of avoidable admissions per 100k population – target met
- Emergency hospital admissions due to falls in people aged 65 and over per 100k population – target met
- Percentage of people, resident in the HWBB area, who were discharged from acute hospital to their normal place of residence – target met
- Long term support needs of older people (aged 65 and over) met by permanent admission to residential and nursing care homes, per 100k population (65+) – target met

### **Summary of the 2025/26 BCF Plan**

The Better Care Fund Plan for 2025/16 required submission to NHSE by 28<sup>th</sup> March 2025. As there was not an available Health and Wellbeing Board meeting to correspond with this timescale, this update on the 2025/26 plan is retrospective. Once submitted, the BCF plan goes through a regional assurance process before confirmation of approval is received. As at 18 June 2025, no communication had been received from the regional BCF team to confirm approval or otherwise. As it was a 12 month plan for which 3 months had now elapsed, it was assumed that the plan had been approved.

The key points in relation to changes to the BCF for 2025/26 were:

- The minimum NHS contribution for Coventry was £554,636 (1.53%) which all had to go to minimum contribution to ASC. This was slightly less than the 1.7% which was partly driven by NHSE setting an ICB discharge fund amount per ICB and the impact of the locally applied Cov & Warks split.
- The additional £554K was mostly consumed by inflation on services funded via BCF.



- The Discharge Fund was no longer ringfenced for discharge but would continue to be used for that purpose (as per 2024/25) until reviewed in the context of other BCF priorities.

Although BCF plans covered distinct periods of time, much of the work did not sit neatly within a 12 or 24 month cycle, so there was a large degree of continuity between plans. Progress as a set of Health and Care partners did progress and as such, the key changes since the 2024/25 plan were:

- The emerging system governance had now been established. The Care Collaborative had been established as a sub-committee of the ICB with a Care Collaborative Forum in place to support. The system responsibility for BCF plan delivery is within these forums.
- The Improving Lives programme had been delivered and was now Business as Usual with a programme of continuous improvement required in order to ensure that benefits were maximised and service models embedded.

For 2025/26, the total value of the BCF fund was £137m which was deployed to deliver 81 separate lines of activity and services.

The 2025/26 plan contained the following priority actions against the 2 overarching BCF objectives:

- Objective 1 – reform to support the shift from sickness to prevention.
- Objective 2 – reform to support people living independently and the shift from hospital to home.

The BCF plan priorities were:

- The work completed under the previous BCF plan through the Improving Lives programme had a demonstrable impact on preventing avoidable hospital admissions. This work would be built on and further embedded over this BCF plan.
- Integrating P3 and Fast Track approaches with the D2A discharge capacity in order to ensure people are supported in the most appropriate manner and to achieve more timely and effective discharge from acute and community, including end of life care.
- Reviewing our commissioning capacity to ensure this was appropriately sized and resourced to support demand. The Improving Lives programme had reduced the numbers of people requiring ongoing residential care following discharge from hospital, so ensuring the changes were embedded and the benefits maximised will form a key part of this plan.

BCF metrics formed a significant part of the quarterly reporting requirements. For 2025/26, the metrics were as follows:

- Emergency admissions to hospital for people aged 65+ per 100,000 population.
- Average length of discharge delay for all acute adult patients, derived from a combination of: Proportion of adult patients discharged from acute

hospitals on their discharge ready date (DRD). For those adult patients not discharged on DRD, average number of days from DRD to discharge.

- Long-term admissions to residential care homes and nursing homes for people aged 65+ per 100,000 population.

For the 2025/26 BCF plan, the Coventry Care Collaborative would be the primary place of oversight for Coventry with reports to the Coventry Health and Wellbeing Board to correspond with quarterly submissions of NHSE.

Changes to the BCF in respect of areas of spend would be kept under review as services develop and demands changed.

The Cabinet Member for Adult Services commented on the discharge fund, advising it was no longer ring-fenced for discharge, but would continue to be used for that purpose.

The Chair, Councillor K Caan, commended the Director of Care, Health and Housing, P Fahy on his focus on unpaid carers and the work they undertake across the city.

**RESOLVED that the Health and Wellbeing Board:**

- 1) Note the review comments regarding the 2024/25 Better Care Programme.**
- 2) Endorse the 2025/26 Better Care programme submission to NHSE.**

#### **10. Health and Wellbeing Board Membership 2025-26**

The Board received a report of the Population Health Policy Officer, V Castree regarding the Health and Wellbeing Board Membership 2025/26.

The Health and Wellbeing Board had the power to amend their discretionary membership to reflect the evolving Health and Wellbeing Partnership across the city.

To enable voluntary and community sector representation at the meetings, an appropriate organisation, based on the agenda items, would continue to be invited to each HWBB meeting. This approach enabled the Board to hear a wide range of VCSE partner voices.

The quorum was one half of the members plus one member and updating the membership would help the meetings to be quorate.

Members of the Board were able to nominate substitutes to attend the meeting, providing notice of one hour prior to the meeting start time was given.

**RESOLVED that the Health and Wellbeing Board:**

- 1) That the Health and Wellbeing Board agree the membership for 2025/26 outlined in Table 1 and that Voluntary and Community Sector representation continues to be through invitations to organisations with links to agenda items.**

11. **Health & 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.

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

There were no other items of public business.

(Meeting closed at 11.30 am)