



**Director of Public Health  
Annual Report 2020/2021**

# Connecting through COVID-19

**Making a difference  
by working together  
in unprecedented times**



## Foreword

### Cllr Kamran Caan

Cabinet Member for  
Public Health and Sport

Welcome to the Director of Public Health's Annual Report for 2020/2021. This year has been dominated by the COVID-19 pandemic, which continues to present us with many challenges both in the services we, and others, provide and on our everyday lives.

We have worked closely with our local NHS partners, Public Health England, care services, universities, schools and businesses across Coventry to minimise the impact and harm of COVID-19 and coordinate the response across the city, with a focus on how we can protect and maintain critical services to support residents and reduce the burden on those most vulnerable and under-represented.

During these unprecedented times, it has been vital that we have listened and engaged with our communities to build trust and support. This report aims to set out our approach and learning from the COVID-19 response over the last year and demonstrate the benefit of building strong relationships.

I would like to thank everyone who has put this report together and who has worked so hard this year. Finally, I want to thank community members for their continuous effort, supporting each other and for playing their part in reducing the risk of COVID-19 transmission in Coventry.

### Cllr Kamran Caan

Cabinet Member for  
Public Health and Sport



## Contents

Foreword	2
Introduction	3
Recommendations for 2021/2022	4
<b>Section 1:</b>	
<b>Impact of COVID-19 in Coventry in 2020/21</b>	<b>5</b>
• <b>Direct impact of COVID-19</b>	<b>6</b>
■ Hospitalisations due to COVID-19	6
■ Deaths due to or involving COVID-19	6
■ Inequalities	7
■ Vaccinations	8
• <b>Wider health impacts of COVID-19</b>	<b>9</b>
• <b>Economic, social and wider impacts of COVID-19</b>	<b>9</b>
■ Businesses and economy	9
■ Jobs, employment and unemployment	10
• <b>Communities and wellbeing</b>	<b>10</b>
■ Mental wellbeing	10
■ Crime	10
■ Children's social care	11
■ Adult social care	11
<b>Section 2: Our Response to the Pandemic</b>	<b>13</b>
<b>Section 3: Focus on Engagement</b>	<b>14</b>
• <b>Working with Communities</b>	<b>14</b>
■ Community Messengers	14
■ Working with community and faith groups	15
■ Food Network	16
■ Additional grant funding	17
■ Vaccinating Coventry	17
• <b>Business</b>	<b>19</b>
■ Proactive support and engagement	19
■ Sharing good practice and guidance	22
■ Outbreak management	24
• <b>Homelessness</b>	<b>26</b>
• <b>Schools &amp; Early Years Settings</b>	<b>27</b>
<b>Section 4: What's next? - Learning lessons, making recommendations for improvement and future practice</b>	<b>29</b>
<b>Section 5: Progress on 2020 recommendations</b>	<b>31</b>
<b>Section 6:</b>	
<b>Acknowledgements and Editorial group</b>	<b>35</b>

## Introduction

### Liz Gaulton

Director of Public Health and Wellbeing

COVID-19 has shone a light on inequalities within our communities and has fundamentally altered our lives. There have been changes to what we value, our communities and how they function, our ways of working and to our economy.

This year's report focuses on the value of relationships and connecting with people and communities. It will offer a reflection on the city's approach to engagement and working with communities through the pandemic and how this has shaped our COVID-19 response, recovery and ongoing defence. This report brings together data that demonstrates the impact of COVID-19 on the City and provides an overview of the Council's strategy on communications and engagement. It demonstrates how our services and response was guided by community-led activity.

Our COVID-19 journey across the city has been a truly 'One Coventry' response. As Director of Public Health, I am immensely grateful for the collaboration, pragmatism and leadership shown by many of my council colleagues, partners and of course the communities of Coventry.

Particular thanks to the members of the public health, insight and engagement teams who have produced this year's annual report whilst continuing their crucial work in our COVID-19 defence and recovery.

The lessons learned over the last year are reflected in the report's recommendations, setting the direction for future community engagement and ensuring that the strong link between the community and how services are delivered is maintained for years to come.

### Liz Gaulton

Director of Public Health and Wellbeing



# Recommendations

Reflecting on last year's projects and partnerships – how they contributed to improving residents' wellbeing, and how they accelerated the city's response to COVID-19 – here are my recommendations for how we, as organisations and as a system, can minimise the impact and harm of COVID-19, while amplifying the benefits gleaned from the city's response to the pandemic.

**1 Recommendation 1** – Harness the work of the Community Messengers approach established during our COVID-19 response, as an ongoing method of working with communities and a central component of engagement for public health and wider programmes.

**2 Recommendation 2** – Build on the engagement structures created and strengthened during the pandemic such as the Places of Worship and Community Centre Network, and grass-roots community organisations who were funded to support COVID-19 response efforts. Further understand the reach of these community organisations and networks to enable the targeting of work in areas with limited availability of community resource.

**3 Recommendation 3** – Strengthen the existing relationships with GPs, other health professionals and those working with populations at higher risk of a range of poorer health outcomes due to inequality, deprivation, ethnicity and underlying health conditions – building upon the work started through the Vaccinating Coventry Programme.

**4 Recommendation 4** – Embed our partnership approach to maintaining local COVID-19 defence, led by Coventry City Council's Public Health working collaboratively with UK Health Security Agency and in partnership with the wider Council and 'One Coventry' partners.

**5 Recommendation 5** - Establish strong COVID-19 recovery workstreams with 'One Coventry' partners and communities to embed a robust and coherent recovery for the City, with the aim of building a better future for all.

## Section 1: Impact of COVID-19 in Coventry in 2020/21



The COVID-19 pandemic has made the past year one of significant global challenge. Internationally, there have been some 219 million people infected with COVID-19, and over 4.5 million deaths due to COVID-19. In the UK, there have been over 7 million infections and over 150,000 deaths.

In Coventry, COVID-19 led to 682 deaths by September 2021<sup>1</sup> and long-term health problems affecting the day-to-day activities for thousands of residents. COVID-19 lockdowns and restrictions have disrupted the daily lives of all 379,000 residents in the City. To put this in perspective, more residents have died from COVID-19 than from the City's darkest hour during World War II when much of the centre was devastated during the night of the Coventry Blitz on 14/15 November 1940.

### Health and Wellbeing in Coventry

Understanding changes to the health and well-being of residents over the past 12 months as a result of COVID 19



Source: Office for National Statistics weekly death occurrences by local authority; [www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/datasets/deathregistrationsandoccurrencesbylocalauthorityandhealthboard](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/datasets/deathregistrationsandoccurrencesbylocalauthorityandhealthboard)

There are slightly different ways of counting Covid-19 deaths so this figure may differ slightly from rates quoted in other places

## Direct impact of COVID-19

### Hospitalisations due to COVID-19

Between 1 April 2020 and 31 March 2021, 2,591 patients were admitted to University Hospitals Coventry and Warwickshire (UHCW) due to COVID-19. At the peak of the winter wave in January 2021, 286 beds at UHCW were occupied by COVID-19 patients, and 43 COVID-19 patients were occupying mechanical ventilation beds. This placed severe pressures on the hospital's capacity to respond to other illnesses, accidents, and emergencies.

### Deaths due to, or involving COVID-19

The following table sets out the number of people in Coventry who died with COVID-19 mentioned as one of the causes of death on their death certificate as certified by their doctor<sup>2</sup>.

Place of death	2020-21 (4 Apr 2020 to 2 Apr 2021)		Since the pandemic began (21 Mar 2020 to 4 Jun 2021)	
	COVID-19 deaths	All deaths	COVID-19 deaths	All deaths
Hospital	430	1,464	489	1,754
Care homes	131	636	141	757
Home	36	874	42	1,037
Hospice	7	161	8	196
Elsewhere	1	51	2	64
<b>Total</b>	<b>605</b>	<b>3,186</b>	<b>682</b>	<b>3,808</b>

In 2020/21, COVID-19 accounted for nearly one-fifth of all deaths in Coventry. Over 90% of COVID-19 deaths are "due to" (caused by) COVID-19; and fewer than 10% are "involving" COVID-19 (where COVID-19 is a contributing factor to the death).

Data from the Care Quality Commission suggests 200 care home residents in Coventry died due to COVID-19. This is greater than the figure in the table above which shows place of death because some care home residents died elsewhere (for example, in hospital).

### Inequalities

National data shows that COVID-19 has had a disproportionate impact on some ethnic groups. This trend was not as evident in the data for Coventry but higher case rates were seen in some of the most deprived areas of the City.

#### In terms of ethnicity, of the 23,205 cases:

**4,020 Asian**  
(17.3%) | compared to around 16-22% of the city's population

**611 Mixed**  
(2.6%) | compared to around 2-7% of the city's population

**1,446 Black**  
(6.2%) | compared to around 5-13% of the city's population

**754 Other**  
(3.2%) | compared to around 1-2% of the city's population

**1,310 White Other**  
(5.6%) | compared to around 7-10% of the city's population

**10,490 White British**  
(45.2%) | compared to around 45-67% of the city's population

**4,574 Unknown**  
(19.7%)

<sup>2</sup> This definition is from [www.coronavirus.data.gov.uk/details/deaths?areaType=overview&areaName=United%20Kingdom](https://www.coronavirus.data.gov.uk/details/deaths?areaType=overview&areaName=United%20Kingdom)

## ■ Vaccinations

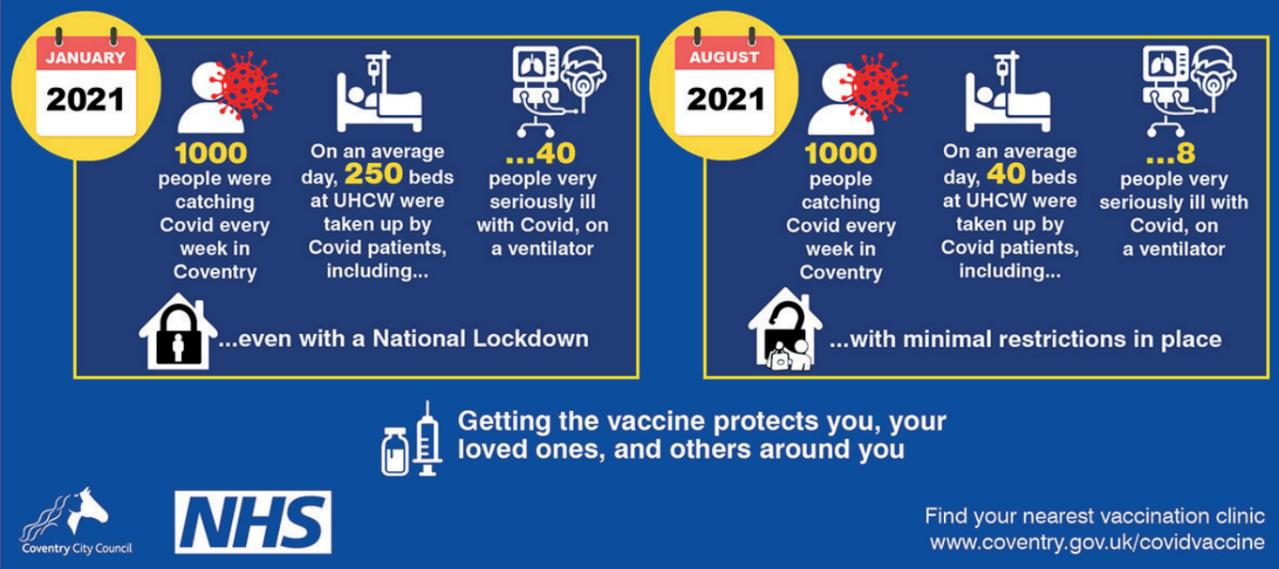
**On 8th December 2020, Coventry's University Hospital Coventry and Warwickshire (UHCW) became world-renowned when Margaret Keenan became the first person in the world to receive a COVID-19 vaccination outside of a clinical trial.**

As of 12 August 2021, 224,473 Coventry residents have received a first COVID-19 vaccine dose. This represents 70% of the city's adult population (age 18 years and over). A total of 178,626 (56%) people have received both COVID-19 vaccine doses.

Vaccines are highly effective against getting infected and people having severe infection. Far fewer patients are being admitted to hospital with COVID-19 since the roll out of the vaccination programme commenced. On 26 January 2021, there were 220 COVID-19 patients at UHCW including 36 on mechanical ventilation, whereas on 9 August 2021 there were 29 patients in hospital including 2 on mechanical ventilation. Vaccinations has significantly reduced the likelihood of COVID-19 patients becoming severely ill and requiring hospitalisation.

Overall, 90% of people over 50 years of age and 79% of people over 30 years of age have received their first COVID-19 vaccine dose of the COVID-19 vaccine, but in some parts of the city these figures are lower. In parts of Foleshill, St Michael's, and Lower Stoke, under 50% of adults have had their first vaccination dose. We know that vaccination uptake has been lower in deprived neighbourhoods, so we are working collaboratively with City Council, NHS, business and community partners to address this, with the goal to increase uptake and reduce the risk of disease or severe illness and death where vaccination is lower.

### Covid-19 vaccines have weakened the link between catching Covid and getting seriously ill



## Wider health impacts of COVID-19

**Throughout the pandemic, many aspects of life that are key to good health and wellbeing have been impacted. These factors, such as employment status, living environment, personal relationships, and having a voice in decisions that affect you, are known as the wider determinants of health.**

Nationally, Public Health England (PHE) reports<sup>3</sup> that, based on analysis of waves of a YouGov survey conducted during the pandemic:

- Half of people who had a worsening health condition in the seven days before the survey did not seek advice for their condition. The most common reason given was to 'avoid putting pressure on the NHS'
- Self-reported mental health and wellbeing has worsened compared to before the pandemic
- More people were helping others than had been before the pandemic
- There have been increases in snacking, cooking from scratch, eating healthy meals, and eating with family
- More people have attempted to quit smoking than before the pandemic

Together, these changes will have a mixed impact on overall health and wellbeing. Locally, preliminary findings from the Council's latest household survey (a representative sample of Coventry residents), conducted in February 2021 found:

- Just under three-quarters said their health was good, a decrease from 2018;
- A smaller proportion of residents reported smoking cigarettes or e-cigarettes than in 2018
- A similar proportion of residents reported eating the recommended level of fruit and vegetables
- A smaller proportion of residents reported eating takeaways
- A greater proportion of residents consumed alcohol at least once a week

Residents reported a mixture of positive and negative impacts of the pandemic on their lives. Compared to before the pandemic, fewer residents were worried about their relationships with people they live with, their job, or their connectedness to their local community; but there were greater concerns about their finances, physical and mental wellbeing, and lifestyles.

At the end of the first lockdown (July 2020), Coventry City Council worked with Warwickshire County Council on a joint Coventry and Warwickshire COVID-19 health impact assessment<sup>4</sup>. The assessment sought to identify key factors that may affect the population's health and wellbeing as a direct result of COVID-19.

### Key findings include:

- An integrated recovery: the analysis shows that health and wellbeing has been deeply impacted by changes across the wider determinants of health; health behaviours and lifestyles; the health and care system; and the places and communities we live in. The implication is that recovery must be connected across all four parts to have the biggest chance of success; and
- The double impact – the harm from COVID-19 itself has been unequally distributed across the population. The analysis shows that the wider impacts from the pandemic and lockdown did fall more heavily on the communities most directly affected by the disease – with the burden falling disproportionately on communities in areas of greater deprivation who have less ability to mitigate against the impact of the pandemic.

## Economic, social and wider impacts of COVID-19

### ■ Businesses and economy

The pandemic has had a detrimental impact on the economic wellbeing and vitality of cities around the world – and Coventry is no exception.

During 2020/21, footfall in the retail area of Coventry city centre was at unprecedented low levels; footfall in 2020/21 (April 2020 to March 2021) was 60.7% lower than it was previous year 2019/20. This led to significant reductions in trade for some businesses. This finding is not unsurprising given that for much of year the City

<sup>3</sup> Public Health England **Wider Impacts of COVID-19 on Health (WICH) monitoring tool**  
<https://analytics.phe.gov.uk/apps/COVID-19-indirect-effects/>

was under lockdown restrictions that required retail and hospitality to close for prolonged periods. The drop in footfall in Coventry was in line with other cities in England as a whole.

**Jobs, employment and unemployment**

The full impact of the pandemic on the economy has been cushioned by Coronavirus job retention schemes and self-employment income support schemes. As a result, data for Jan-Dec 2020 suggests that 181,400 residents (71.3%) remain economically active in employment, compared to 73.7% for West Midlands and 75.4% for Great Britain. This is a decline from 73% in Jan-Dec 2019.

There appears to be a gender divide in this with the pandemic affecting male employment more than female employment. Male employment declined from 78.7% in Jan-Dec 2019 to 73.9% in Jan-Dec 2020; compared to a small increase in female employment from 67% to 68.6% in the same period. The decline in male employment diverges from regional and national trends, which only saw a small decline.

There has been an increase in unemployment from 8,800 in Jan-Dec 2019 to 11,300 in Jan-Dec 2020; an increase from 4.6% to 5.9%. This is bigger than the increase regionally and for Great Britain, from 4.8% to 5.3% and 3.9% to 4.6% respectively. At 5.9% the Coventry unemployment rate is now higher than average compared to a group of similar local authority areas (CIPFA near neighbours). Government support schemes will have mitigated the pandemic impact on unemployment, it is hard to predict what the full impact on unemployment will be once support schemes end. From Coventry workplaces there were 57,000 employments on furlough by April 2021 (Coronavirus Job Retention Scheme).

As with employment levels, there is a gender divide – male unemployment has increased from 4,600 to 6,300 (from 4.2% to 6.3%), while female unemployment has decreased, from 6.5% to 5.3%. This contrast regional or national trends, where female unemployment has also increased.

The Job Shop has worked hard to adapt our services and provide customers with the same levels of personalised 1 to 1 support.

**Communities and wellbeing**

**Mental wellbeing**

The Council works with partners to conduct the Coventry Household Survey, a biennial survey on the perceptions, opinions, lifestyles, and behaviours of a representative sample of Coventry residents. The Coventry Household Survey asks people questions from the short version of the Warwick–Edinburgh Mental Wellbeing Scale (SWEMWBS). The SWEMWBS questions enable the monitoring of mental wellbeing in the general population and the evaluation of projects, programmes and policies which aim to improve mental wellbeing.

Between 2018 and 2021, Coventry residents reported a decrease in their overall wellbeing, with the median SWEMWBS score falling from 26 in April 2018 to 22 in March 2021. The decrease in score is likely to be associated with the on-going pandemic. Similar national surveys have seen a comparable reduction, so this is not isolated to Coventry.

	2018	2021
High mental wellbeing	43%	18%
Average mental wellbeing	47%	55%
Possible depression	6%	15%
Probable depression	4%	13%

Worsening mental wellbeing is particularly acute in parts of the city facing digital exclusion, particularly amongst the north-east of the city (Foleshill, Wood End/Henley/Manor Farm), plus parts of Tile Hill and Willenhall – areas of the city which are also generally more deprived as measured by the English Indices of Multiple Deprivation 2019.

**Crime**

Total recorded crime in Coventry increased in April 2020 to March 2021 to 31,309 from 28,592 in 2019/20. This is a 9.5% increase; a much larger increase than in 2019/20 which was only 0.8%. In 2020/21, Coventry ranked fourth out of the eight policing areas, accounting for 11.2% of the West Midlands force's total. Crime has increased throughout the year; however, this may be due to the reduction in recorded crime during the first lockdown experienced at the beginning of the time period. March 2021 recorded the highest number of offences in Coventry for the year.

The largest rises in crime categories are those with a marker for Domestic violence and Hate Crime. Within those two strands, Harassment and Common Assaults have seen the highest increases. There are many hypothesis as to why these types of crimes have risen, people spending more time at home is perhaps the most commonly held one.

There has been an 36.7% increase in domestic abuse reported in 2020/21. The number of reports increased from 7,463 in 2019/20 to 10,203 in 2020/21. In 2020/21, there were 6,237 crimes and 3,966 'non-crime' incidents reported over the 12 months.

The pandemic has created additional challenges for those suffering from domestic abuse. Lockdowns have resulted in victims being trapped with abusers and have increased the barriers to being able to report abuse. An increase in both the number and complexity of cases has been observed. The easing of restrictions can offer opportunities to engage with services but may also increase abusive behaviours due to a perceived loss of control of the abuser. The impact of the pandemic on domestic abuse will extend well beyond the pandemic itself, including the increased impact on children of victims.

Coventry City Council funds both specialist accommodation and a sanctuary scheme to keep people safe in their own homes. Our early response to the pandemic was to fund additional units of specialist accommodation to help cope with increased demand. We are now using the opportunities from the Domestic Abuse Act 2021 to commission additional support for victims and their children to include domestic abuse prevention, housing, mental health, counselling and specialist support to meet complex needs. In addition, we have developed a Domestic Abuse Champions network among staff and have implemented an early intervention pilot with the police where all calls regarding domestic abuse are followed up by trained workers. Our newly established Domestic Abuse Local Partnership Board will oversee our progress as part of our wider strategy to tackle domestic abuse.

**Children's Social care**

At the end of March 2021, 747 children were looked after by Coventry City Council. This is an increase of 46 children from March 2020, when there were 701 looked after children. Expressed as a rate per 10,000 children, Coventry's rate has increased from 88.0 in March 2020 to 93.7 in March 2021.

There was a considerable increase in new children becoming looked after in July and December 2020 – and the number of looked after children peaked at 754 in December 2020. Rates in Coventry reflect wider trends regionally and nationally and may be linked to increased isolation associated with pandemic-related lockdowns.

A total of 304 children became newly looked after during 2020/21. This is the highest number since 2015/16.

**Adult social care**

Adult social care providers provide a diverse range of services: care homes (nursing and residential), supported living settings (range of different types of accommodation shared by people with particular physical or learning disabilities), extracare provision for people living in their own flats in communal settings, and home care services for people living in their own homes. The challenge for these providers during the pandemic has been great, as they have been required to adapt their operating processes to allow for social distancing, alongside strict infection control measures (including PPE use). These providers also care for some of our most vulnerable people in the city and those who have been most affected by COVID-19 pandemic.

Council partners and NHS partners have worked very closely together to support care providers, and those they care for, throughout the pandemic, through ensuring regular and accurate communication, ensuring appropriate use of extra grant funding for infection control measures, providing access to the Council's PPE stock (a PPE procurement and distribution system was established at the very beginning of the pandemic, ensuring flexible access to COVID-19 vaccinations (vaccinations provided in home settings for those staff in care homes). There have been regular communications with care providers about national policy changes and associated locally agreed policy, alongside a number of opportunities for the concerns of providers to be listened to and acted upon.

Between April 2020 and March 2021, there were 162 outbreaks being managed in care settings in Coventry, and currently there are 6.

We continue to intensively support care settings, who continue to operate with full COVID-19 secure measures in place, in anticipation of a difficult winter ahead, with cold weather, COVID-19 and other respiratory viruses likely to have a significant impact on the health of the individuals cared for.

<sup>4</sup> Coventry and Warwickshire COVID-19 Health Impact Assessment (July 2020) <https://api.warwickshire.gov.uk/documents/WCCC-1350011118-2946>

COVID-19 Response (March 2020 – March 2021)

# Outbreak management in Coventry

This is what we have achieved...

- Engaging communities
- Reducing transmission
- Supporting residents
- Test & trace
- Compliance & enforcement

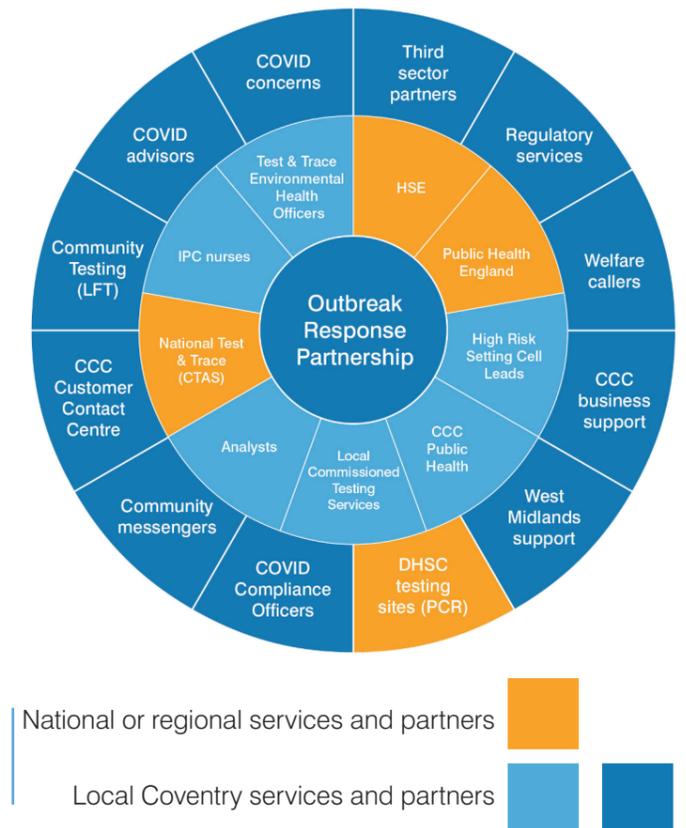


[www.staysafecsw.info](http://www.staysafecsw.info) [www.coventry.gov.uk/coronavirus/](http://www.coventry.gov.uk/coronavirus/)

## Section 2: Our Response to the Pandemic



Directors of Public Health along with their teams and the wider Council have been responsible for spearheading the local response to the Pandemic and have developed Local Outbreak Management Plans to outline all aspects of the approach taken including community testing, local contact tracing, supporting self-isolation, controlling local outbreaks and ongoing surveillance, working with Public Health England<sup>5</sup> and local partners and engaging local communities. These responsibilities are supported by West Midlands and Warwickshire Strategic Coordination and Recovery Groups and local Health and Care infrastructure. This partnership is reflected in the diagram below which shows the number of services and partners involved in the overall response.



The approach taken has been influenced and led by 'One Coventry' values which focus on working together with Partners to improve the City and people's lives by being open, fair and transparent, involving the right people, embracing new ways of working to continuously improve the services we offer, engaging with our residents and empowering our employees to enable them to do the right thing and putting diversity and inclusion at the heart of all we do.

The COVID-19 pandemic has served to shine a light on the engrained health inequalities that exist in

Coventry. It became evident within the first months of the response that certain groups of people including Black and Ethnic Minority groups, those living in poor, overcrowded or insecure housing, older people and those with disabilities were more likely to suffer greater morbidity from infection than the overall population. Our approach as a Marmot City means we are well placed to address these inequalities with a specific focus on engaging with and supporting our most vulnerable and hardest to reach communities. This report will focus on the engagement elements of this response.

<sup>5</sup> From Spring 2021, Public Health England, NHS Test and Trace and the Joint Biosecurity Centre have been combined into a new UK Health Security Agency (UKHSA). The current health improvement, prevention and healthcare public health functions of PHE will transfer to the health system (DHSC). The UKHSA will lead on health security and the future threat of external health threats such as infectious diseases.

## Section 3: Focus on Engagement



**Ensuring communities understand and trust public health messages, and that they are accessible and culturally appropriate, has been central to the communication and engagement strategy in Coventry throughout the pandemic. Through our Health and Wellbeing Strategy there was already a strong commitment to working more closely with our communities in an honest and transparent way. We have built on this commitment during the pandemic and engaged and actively involved communities in the development and onward dissemination of key messages about COVID-19 and the Test and Trace programme in an effective and appropriate way.**

Early in the pandemic a multi-agency engagement and participation cell was established to lead and co-ordinate activity. One of the key focuses of the cell was health inequalities, aligned to our status as a Marmot City and addressing the findings of the PHE disparities review (and subsequent emergent recommendations specifically for BAME communities) and the targeting of culturally sensitive messages to those communities most at risk. We have used learning from other areas of the country e.g., Leicester and Liverpool, and profiling tools such as Acorn to develop our comms and engagement approach, especially with hard-to-reach communities. We have utilised expertise in Behavioural Science from our local Universities to review campaign messages and offer ways in which we widen our reach and appeal with certain messages. As well as looking at communities within Coventry, we have also worked collaboratively on campaigns for businesses and other settings such as schools within the City. Communications have been developed to support businesses to operate in a COVID safe way and guidance based on national good practice and local lesson learned have been disseminated across all sectors.

A cornerstone of this approach was involving trusted community leaders in Coventry including the Director of Public Health, Council Leader, Chamber of Commerce, local NHS leaders and Cabinet Members to reinforce national messaging, encourage compliance, and understand the barriers to adherence in communities. Public perceptions of the threat of the virus have continued to shift throughout the pandemic. Our communications have had to evolve to match this changing environment to ensure that central communications about pandemic interventions are tailored to meet local need and feedback received from the community about how messages are being understood.

The overall approach to communications and engagement taken in Coventry is described below through a focus on key groups: communities, workplaces, schools and extremely vulnerable communities .

### Working With Communities

**The key focus of community engagement strategy has been to build trust and participation in our communities. Coventry City Council Community Resilience and Engagement Team (CRET) led this work and delivered the following initiatives:**

#### ■ Community Messengers

In the Summer 2020, CRET called out to communities to recruit a network of community messengers. Coventry has a very diverse and active voluntary and community sector with many small and well connected groups, it is also blessed with many community leaders and “go to” people in local neighbourhoods. The call out was successful in recruiting more than 200

community messengers who consisted of existing faith, voluntary and community networks in the city. The number of messengers has now grown to 320.

The messengers perform two main functions:-

1. they help to disseminate into their community the “stay safe” messages
2. they collect and feedback community intelligence which is then used to influence a number of things such as improving our communication materials, focusing our interventions and deploying our local teams of COVID-19 advisors<sup>6</sup>

Young people were included through a partnership with The Positive Youth Foundation, a charity that supports young people in the Coventry area (and who chair the Coventry Youth Partnership), and a series of focus groups held with young people and the council’s communications team helped the development of specific messaging for young people, including a number of videos (links in section below).

#### How is the Community Messenger work delivered?

A webinar is held every week where CRET team members facilitate the webinar with the Director of Public Health or member of the senior team giving an update on COVID-19 situations and responses, and then time for discussion and sharing community intelligence back which is passed on to the relevant group/team e.g. Vaccinating Coventry group, the LFT testing team or COVID-19 advisors. A bulletin is then created and sent to all messengers weekly (with urgent updates in between if they’re needed), which are then used by the messengers to share with their networks.

The updates are long and detailed but crucially the messengers themselves identify what is useful for them and decide what to share - they pick and choose the items they want.

**“One messenger does a weekly email for her neighbours in her street, and she rewrites the information we provide into her style. She says she needs to think about what we’re saying before she sends it on.”**

The community messengers have actively involved friends and family in their work, recruiting messengers

themselves to share communications. The exact number of messengers is difficult to estimate, due to people recruiting their own friends and colleagues, but we have 320 on our list so far.

The culture of this work is about working together as equals – CRET have purposefully designed the approach so that each community messenger can do as little or as much as they are able – all help and support is appreciated.

The messengers also provide peer support to each other and have worked together on a number of issues – such as the development of shared videos and jointly writing to travel companies to ask for extra signs on buses around wearing face coverings. They have taken ownership and many messengers have become powerful advocates for public health and have stated they want to continue working in this way for other programmes.

An example of how it worked:

**When a walk-in test centre was set up in Foleshill, a ward with high levels of deprivation – it led to a backlash from the community. “They thought we were stigmatising them by putting the centre there, although the decision to make it a walk-in test centre was because of low levels of car ownership there. We hadn’t explained why we’d made the decision, but the feedback helped us address the problem and to explain fully”**

#### ■ Working with community and faith groups

Alongside the messengers’ network, voluntary and community groups worked with the council to share communications. Webinars to brief community centres and places of worship were held when there was a change in guidance (such as when Coventry went into tier 2 restrictions) and CRET regularly provided phone advice as well as sending the weekly update email to voluntary and community sector groups.

This work is considered just as important as engagement with community messengers. Community centres and places of worship are supporting people through these difficult times by providing social supermarkets and other crisis support and they’re an excellent way to get “stay safe” messages out as they are hubs in their communities.

Additionally, CRET have given advice on practical ways in which venues can be open safely and have supported the places of worship and community centres across the city very practically by giving away hand sanitiser, signage and masks.

There have been many benefits to this network approach. As they've begun to link up and provide peer support to each other, they've seen the value of working together and now want more - we will continue to support.

Together, the community messengers, community and faith groups have created some excellent resources which have been used during the response. These include:

- **Community Messengers Video on lockdown and keeping Coventry safe;**
  - [www.youtube.com/watch?v=XxRafTHtbjw&feature=youtu.be](https://www.youtube.com/watch?v=XxRafTHtbjw&feature=youtu.be).
- **Community Messengers Vaccination Videos;**
  - Sharon's story – <https://youtu.be/cVzLkLWH47I>
  - Tracey's story – <https://youtu.be/M0AyaYgAWiA>
  - Gordon – <https://youtu.be/zEiJommENIE>
  - I worked Amrik and Guro - <https://youtu.be/BVWQeHcKYjU>
  - Jo – [https://youtu.be/4bsYu4fOT\\_0](https://youtu.be/4bsYu4fOT_0)
  - Martin – <https://youtu.be/AP5XL1qp90Y>
  - Joyce - <https://youtu.be/ziMunWAAAwg>
  - Khaled - [https://youtu.be/FkNShEoi\\_Is](https://youtu.be/FkNShEoi_Is)
- Teenagers from Positive Youth foundation supported us by creating some videos to stress the importance of young people getting tested (LFT) following their return to school and college, understanding the importance of guidelines and the tier structure;
  - AVA – English (subtitles can be switched on) - <https://youtu.be/ZXFmg1jJCxA>
  - SAVIO & SIMON – in Arabic (subtitles can be switched on) - [www.youtube.com/watch?v=oo3SZ4gPMJs](https://www.youtube.com/watch?v=oo3SZ4gPMJs)
  - Own your space – <https://youtu.be/PSFRZfbNiMk>
  - Know your tier (Arabic) - <https://www.youtube.com/watch?v=9y9PQ6ThheQ>

## ■ Food Network

Over the last 18 months, the Council has been working closely with a range of partners, in particular, the Coventry Food Network, to create and deliver a system of food support to vulnerable residents as a result of the Covid-19 pandemic. The Coventry Food Network (CFN) is multi-faceted food partnership and consists of representatives from public, private, voluntary and community sectors. It is a space to openly debate and discuss food related issues, initiate new projects and propose the direction of travel for tackling food related issues throughout the city.

A number of initiatives have been delivered to provide emergency food to residents in need:

- Emergency food provision for vulnerable residents, including those who were clinically extremely vulnerable
- Free School Meals (FSM) provision during school holidays
- Supported the delivery of the DfE Holiday, Activities and Food Programme 2021 (HAF). On an individual basis, a number of the food hubs/social supermarkets successfully bid for funding to deliver the HAF programme to children and families in their local area.
- The COVID Winter Grant Scheme (CWGS)/The COVID Local Support Grant (LCSG) – the Coventry Food Network supported the Council to deliver the scheme locally. The CWGS operated from 1 December 2020 and has been extended to 30 September 2021.
- Integrated Services – Social Supermarkets/Grub Hubs and Wrap Around Advice Services – aiming to embed the provision of wrap around services within the social supermarket/grub hubs. It is recognised that access to food is only one factor in providing a pathway out of poverty and the provision of wrap around support in tandem with food, is key to affecting this.

<sup>6</sup> Covid Advisors were recruited to engage with public-facing businesses and communities throughout the pandemic. The team priorities visiting local areas with high infection rates and places where there had been reports of non-compliance with COVID secure guidance, either by the business or by members of the public using that business.

## ■ Additional grant funding

CRET built on their participatory approach by submitting a bid with the Migration team within the council to the Ministry of Housing Communities and Local Government Community Champions fund, and were successful in securing funding to set up two interventions:

1. Small Grant Scheme
2. Community Champions

The first was a small grants scheme to support small grassroots community organisations to support BAME community and disabled people to better engage and get the “stay safe” messages out as well as encourage community lateral flowing testing and vaccine take up. This has been purposely targeted at smaller community organisations in touch with those hardest to reach – it launched mid-February 2021 and 39 small grants have already been awarded. The groups awarded funds worked hand in hand with CRET, like community messengers in the delivery of messages.

The second element was run by the Council's Migration Team and supported medium to large community organisations/charities in the city to host a community champion who would work to engage and support key target groups. There are currently 14 host organisations hosting community champions. CRET worked closely to support these organisations (who also became community messengers to link up the work). Additionally, the Migration team established a range of outreach programmes of work to engage and support migrants and asylum seekers in the city.

In all of these initiatives, the true measure of success is more than engagement. Our community messengers and the community and voluntary groups are not simply passing on messages - they are taking part actively. For example, complaining to big business where they see failures, recruiting people in the network to help and the voluntary and community groups are peer supporting each other as well as working collectively with us. These are ways of working together with many benefits that will continue long after the pandemic is over.

## ■ Vaccinating Coventry

Engagement as detailed above was also deployed to assist the work of Vaccinating Coventry – a partnership group with membership from a range of council teams (Public Health, Migration and CRET, COVID-19 advisor teams, communications), NHS partners (CCG communications and engagement teams, primary care network and GP and Pharmacy representatives, Healthwatch), with a focus on improving vaccine uptake inequality across the city. While vaccine uptake across Coventry and Warwickshire has been good, early in the vaccination programme data started to reveal areas of Coventry with much lower uptake, particularly among BAME groups and those living in more deprived areas. The work of the group is linked tightly with wider COVID-19 prevention inequality work, focused upon access to testing, understanding of and adherence to national guidelines. An action framework was developed for the group addressing four key work themes:

### Understand & Act

Build upon knowledge and understanding of the variation in uptake at small geographical levels and among different population groups. Acting on barriers was key and, as a system, we needed to address issues of hesitancy and access, and in particular provision of additional vaccination sites particularly in areas of higher deprivation and in areas where we know uptake of the vaccination may be lower.

### Listen

We are listening to questions and concerns our communities may have about the vaccination and what they think may be helpful in addressing these – key feedback to date has related to concern about safety, needing more information about the vaccine itself, and about vaccines in general and what to expect (including side effects) and concerns among younger women of child-bearing age.

The community messengers have been vital in helping us to “listen” more effectively. They have provided valuable feedback about what's really going on in neighbourhoods. The messenger network tell us about the latest false news and disinformation that's being shared on social media about the vaccine. These are

things that we wouldn't see in our social media feeds and it helps us make sure we're myth-busting and addressing safety concerns when we need to.

### Engage

A wide range of engagement is being undertaken across the city, some focusing on vaccination, and some on the wider national roadmap/recovery, and what this means for us locally. Regular open community engagement sessions have been hosted by the CCG and the Council for: Black African and Caribbean Communities, South Asian Communities, and groups for younger women, including a number of bilingual events. Vaccine understanding/engagement sessions have been held for our community messengers, migrant health champions and welfare callers (contact tracers), City of Culture staff, and provider of Cook and Eat Well sessions in the city, alongside a number of sessions for care providers in the city. We continue to engage and are currently working on a programme of engagement for younger people. We have also built questions into our contact tracing processes to gather information, and talk to individuals, about vaccination.

### Communicate

A broad shared portfolio of communications assets has been developed by partners within the CCG, Acute Trusts and in the Council. The communication and engagement strategy for vaccinations (joint NHS and Council) is being guided by the intelligence and understanding we are gaining from our communities and where we understand the areas of highest need are, this will continue to evolve as the vaccination programme evolves.

Engagement has supported the four elements above – for example community intelligence gleaned from community messengers, champions and the funded groups has been fed in to better understand barriers and plan additional pop up centres. Additionally, many communities group and organisation across the city have sent volunteers to help as marshals for community pop up vaccination clinics. Some community messengers have also physically brought members of their group to be vaccinated together – leading by example.

To provide additional access to vaccinations for some of our higher risk communities, with lower uptake of vaccination, we have worked alongside our NHS

partners to offer an outreach/mobile vaccination programme (using both outdoor and community centre sites) to offer vaccination outside of the “static sites” to support particular population groups, including;

- Homeless communities
- Individuals with mental health problems and learning difficulties
- Asylum seekers in hotel accommodation,
- People in areas of highest deprivation in the city including the centre, Hillfields and Foleshill areas

### Case Study

Engagement with the community messengers was crucial in the roll out of the vaccination pop ups in the City. Early on in the process, we received valuable feedback from the Community Messengers to say that it was important to give ample notice to the relevant communities prior to a pop-up vaccination clinic event being held. One example of this was the pop up clinic in Hillfield's, in which advance warning enabled the Community Resilience Team to reach out to their contacts in the area two weeks prior to the clinic running. In doing this we were able to achieve the following outcomes:-

- Over 300 Community Messengers were informed of the pop-up vaccination site through warming up messages, save the date and reminders.
- We reached out to the specific Hillfield's stakeholders list (30 contacts)
- We contacted the Chairman of Coventry Muslim Forum who asked the places of worship to let their congregations know about the clinic the day before in Friday prayers. On the day, he attended morning worship, announced that the pop up was on and escorted people to the clinic.
- Organised for Community Champion Grant Awardees in the area to attend the pop-up clinic. Having a friendly and “known” face at the event encouraged others to attend that were previously worried or anxious about having the vaccine. They were also able to address issues and concerns about being asked for legal paperwork or if they were registered with a GP etc. They also supported cases where translation may have been needed.

This clinic was highly praised for the engagement work that was done prior and during the event. It made a noticeable difference in the number of people who attended and the involvement from members of the community was very impactful.

We have also started an employer programme of work, linking up employers either with local vaccination sites which can offer block “walk-in” opportunities for employees, or the offer of an on-site vaccination clinic. Alongside this, we will continue to link up with events teams to provide opportunities for people to get vaccinated (e.g. provision of a vaccination clinic at Godiva festival).

### Key lessons learnt from Community Engagement

- Provide as much detailed information as you can, but let people choose the information they want to share in their own ways
- Make senior leaders visible, so people know their work is valued – the fact that senior leaders find time to attend most webinars to talk to community messengers is greatly appreciated and respected by the network
- With all engagement arrangements make sure to set a culture of openness and mutual respect - ‘we are all in this together’
- Share information with established hubs in neighbourhoods like community and faith centres
- Provide effective, clear communications collateral for communities to share via the social media channels they use
- Listen and act on the valuable feedback you're getting from communities
- Support communities to tell their stories in their own words – like the videos produced by young people and the community messengers
- Find ways of overcoming barriers to engagement, e.g. there was a tension between the peaks and troughs of NHS staff capacity to delivery outreach and having enough time to engage with local communities – advocated for longer lead in times for outreach clinics.

### Business

The approach to working with businesses and workplaces within the City during the pandemic has been multifaceted. The ability of business and workplaces to function has been severely affected by the lockdown and the restrictions placed upon us all and it has been vital that our approach has understood and been empathetic to the unprecedented pressures placed upon workplaces during this time. It has been important to firstly engage and support businesses to fulfil their legal responsibility, but also to listen, facilitate and offer guidance to ensure that they operate safely both for employees and customers.

Engagement has been driven by a number of teams within the Council including Public Health, Regulatory Services, Business Support & Economic Development

and has utilised existing partnerships and relationships as well as developing new ones.

Activity can be divided into the following areas:

1. Proactive support and engagement
2. Sharing good practice and guidance
3. Outbreak management

#### ■ Proactive support and engagement

The COVID-19 pandemic is unprecedented and consequently guidance, legislation and practice has evolved at a fast pace. No-one was an expert in COVID-19 before March 2020, and everyone involved has learnt as the pandemic has progressed. As a

result of this, the ethos of our proactive support and engagement with business has been based upon the need to work together with workplaces, share lessons learnt and good practice.

Public Health and the Council as a whole, have worked with businesses in a number of ways.

### 1. Community COVID-19 Advisors and Compliance Officers

A team of COVID-19 advisors and compliance officers who were recruited to engage with public-facing businesses. The role of the advisors was to provide reassurance to communities and encourage them to follow the guidance but also support businesses in areas where the public may not be following the rules, e.g. not wearing face masks, poor social distancing. The team prioritised visiting local areas with high infection rates and places where there had been reports of non-compliance with COVID-19 secure guidance, either by the business or by members of the public using that business. By providing a visible presence in areas where there were reported problems, the team were able to provide reassurance to the business and communities and also offer a counter narrative to change attitudes and encourage compliance.

#### Community COVID-19 Advisor

**“A lot of people were confrontational to begin with but the drip feeding of us going round on a daily and weekly basis has certainly helped the public.”**

**“The public in general are happy to see us out and about as well,”**

**“They feel confident when they see us doing our job, so they are happy to go into those places shopping, knowing that we are visible for that three hours we are there.”**

**“The good comments definitely outweigh the bad ones, whereas back in September it was the other way around.”**

Taken from:

[www.coventrytelegraph.net/news/coventry-news/covid-deniers-rule-breakers-keeping-19873531](http://www.coventrytelegraph.net/news/coventry-news/covid-deniers-rule-breakers-keeping-19873531)

### 2. Proactive preventative projects

Public health and regulatory services undertook a number of proactive projects aimed at addressing emerging issues with businesses during the pandemic. These focused on high-risk sectors such as warehousing, licenced premises and shared accommodation (HMOs) and businesses where common problems were arising. The case studies below highlight how the projects worked and how the approach was tailored to different areas.



Landlord Project	Pharmacy Project
<p>A joint investigation with PHE into a COVID-19 variant of concern highlighted the need for additional information for private sector landlords and their tenants. Through joint working with colleagues in Public Health and Regulatory Services, 2500 private sector landlords received an emailed letter explaining best practice for COVID-19 management in shared accommodation. They also received a poster with key messaging and a letter they could use to communicate with each of their tenants.</p> <p>These <b>landlord resources</b> are available to download via the Team's internet page.</p>	<p>The investigation of COVID-19 outbreaks in two Coventry pharmacies in Autumn 2020 found recurring issues including inadequate risk assessments and poor COVID-19 management particularly with regard to staff welfare areas, cleaning, and sharing of staff between branches. Whilst the pharmacies had conducted risk assessments, these were found to be generic omitting to consider key issues.</p> <p>Conscious that pharmacies are extremely busy, the best way to contact, support and advise them was carefully considered. The team engaged with Coventry's Local Pharmaceutical Committee (LPC) who were identified as a key stakeholder – they disseminated a letter and supplementary guidance on our behalf introducing the project to all their members.</p> <p>Officers then contacted independent pharmacists who were asked to provide their Covid 19 risk assessments. These were assessed to determine if they were site specific and suitable and sufficient. Advice on how the assessments could be improved and thereby improve Covid management was provided. Where deemed necessary site visits were also undertaken.</p> <p>27 community pharmacies were involved resulting in improved risk assessments and COVID-19 management at these sites. Tailored pharmacy specific information was produced, and "lessons learnt" guidance and other COVID-19 relevant business guidance was developed – this is used regularly with all types of workplaces and is available via the Team's internet page.</p>

The proactive projects helped to strengthen relationships with businesses and means that now many workplaces and businesses proactively approach us for advice. It has also helped to improve relationships with other partners like the Local Pharmaceutical Committee (LPC) and these links have proved beneficial in other areas of work supported by Public Health, for example when setting up vaccination clinics in pharmacies.

### 3. CSW COVID-19 Secure Business Pledge

The CSW COVID-19 Secure Business Pledge is an initiative launched across the CSW Beacon. The aims of the pledge are to support the implementation of national guidance and legal requirements but also to encourage businesses to go further in their efforts to reduce the risk of transmission. The benefits to businesses of taking part in the scheme is that it will raise the profile of those businesses that are making additional efforts. This should encourage business and customer confidence to return to workplaces/town and village centres and therefore increase turnover for companies.

The pledge is made up of a number of promises:

**Our premises** – we carry out a regular COVID 19 risk assessment, displayed at our premises and published on our website.

**Our staff** – we will protect our staff through:

- Adhering to the latest government COVID 19 standards for our sector and educating staff on latest practices.
- Encouraging all staff in the workplace to have regular COVID 19 tests.
- Supporting all staff with the appropriate working patterns and practices that protects the spread of infection alongside their well-being and mental health.
- Having a named COVID lead who takes responsibility for COVID measures in the workplace.

**Our customers** – we will ensure that customer safety is paramount, through ensuring our premises and procedures are COVID secure and supporting our customers to follow our guidelines rigorously.

**Sharing good practice and guidance**

The government has produced a wealth of resources to support local authorities with communication and engagement. Guidance for businesses has been long and often complex. For medium sized and small businesses much of the national information has been hard to decipher, interpret and act upon. We recognised that there was a need in Coventry to tailor resources and communications to fit with the business communities that exist in the City.

As with the approach taken in our communities, we have produced a wide range of materials and guidance in both digital and more traditional formats. The content of the guidance documents has evolved with learning/experience and has taken into account feedback from businesses.

One of the first actions we took was to create information pages on our website. There is now a dedicated [COVID-19 Secure Workplaces internet page](#) which was specifically developed to disseminate learning and locally produced information:

All guidance is available to download on the Team's internet page:  
[www.coventry.gov.uk/covid19secureworkplaces](http://www.coventry.gov.uk/covid19secureworkplaces)

- Lessons learnt from outbreaks
- Covid 19 risk assessments
- Donning and Doffing of PPE
- Smoking shelters
- Staff welfare facilities
- Hand washing
- Car sharing
- Ventilation
- Identification of close contacts

Examples of Lessons Learnt for Workplaces

Things to consider...	Solutions/overcoming/learning
<b>Welfare facilities</b> e.g. toilets and canteen An investigation into an outbreak at a leisure retail setting found that COVID-19 management controls were much lighter in customer-facing areas than staff areas. There were padlocks on COVID-19 control and compliance amongst welfare facilities including poor social distancing.	<ul style="list-style-type: none"> <li>• Conduct a site-specific risk assessment and ensure COVID-19 management controls extend to staff welfare facilities.</li> <li>• Remove shared reading materials and as much shared equipment as possible</li> <li>• Increase cleaning of contact points e.g. drink dispenser buttons</li> <li>• Provide cleaning materials for staff to use</li> <li>• Encourage staff to take ownership of cleaning</li> </ul>
<b>Smoking shelters</b> Smoking shelters are often overlooked by site management with regards to COVID-19 management controls e.g. poor social distancing, inadequate capacity.	<ul style="list-style-type: none"> <li>• Ensure smoking shelters/areas are considered in your site specific COVID-19 risk assessment</li> <li>• In view of impending Autumn and Winter companies consider the need for increased provision to ensure adequate space for social distancing</li> <li>• Stagger breaks to limit numbers and staff from different shifts interacting with each other</li> <li>• Ensure office and meeting rooms are considered in your site specific COVID-19 risk assessment</li> <li>• Consider the possibility for home working</li> <li>• Decide on maximum capacity in office and meeting rooms</li> <li>• Arrange furniture/equipment to ensure effective social distancing etc.</li> </ul>
<b>Meeting rooms</b> In a factory setting COVID-19 outbreak, it was found that whilst there were light COVID-19 controls in place throughout the factory, they were poor in the office and meeting rooms, resulting in an outbreak amongst the office staff.	<ul style="list-style-type: none"> <li>• Stagger arrival and leaving times both within shifts and also between shifts to limit the number of people in the workspace</li> <li>• Think about your clothing in and out equipment - by providing cleaning materials and sanitiser stations by opening in equipment for staff to use</li> <li>• Open doors to reduce staff having to touch them</li> </ul>
<b>Check in and out</b> Investigation into cases of most challenges to COVID-19 management where staff are entering and exiting the workspace. The possible interaction between shifts can also increase risk and have business continuity.	<ul style="list-style-type: none"> <li>• Ensure biometric points/equipment are included in your cleaning schedule and shared equipment is cleaned between users</li> <li>• Provide hand sanitiser stations alongside biometric points</li> <li>• Provide cleaning materials for staff to use</li> <li>• Encourage staff to take ownership of cleaning</li> <li>• Communicate with staff highlighting the increased potential for transmission during car sharing</li> <li>• Where ever possible and to exercise caution with other people but sometimes their vehicles are also multi used between shift employees.</li> <li>• Consider implications for the use of workplace and associated shared equipment</li> <li>• Provide appropriately located cleaning and hand sanitiser stations in warehouse areas including</li> </ul>
<b>Biometric equipment</b> Including for example clocking in machines/security passlocks, taking handprints. Equipment, found in many workplaces for many different uses. Often overlooked as a potential source of transmission.	<ul style="list-style-type: none"> <li>• Ensure biometric points/equipment are included in your cleaning schedule and shared equipment is cleaned between users</li> <li>• Provide hand sanitiser stations alongside biometric points</li> <li>• Provide cleaning materials for staff to use</li> <li>• Encourage staff to take ownership of cleaning</li> <li>• Communicate with staff highlighting the increased potential for transmission during car sharing</li> <li>• Where ever possible and to exercise caution with other people but sometimes their vehicles are also multi used between shift employees.</li> <li>• Consider implications for the use of workplace and associated shared equipment</li> <li>• Provide appropriately located cleaning and hand sanitiser stations in warehouse areas including</li> </ul>
<b>Car sharing</b> Cases in warehouse and retail cases have highlighted issues with shared equipment in shared car sharing employees. Not only do some people travel with other people but sometimes their vehicles are also multi used between shift employees.	<ul style="list-style-type: none"> <li>• Ensure biometric points/equipment are included in your cleaning schedule and shared equipment is cleaned between users</li> <li>• Provide hand sanitiser stations alongside biometric points</li> <li>• Provide cleaning materials for staff to use</li> <li>• Encourage staff to take ownership of cleaning</li> <li>• Communicate with staff highlighting the increased potential for transmission during car sharing</li> <li>• Where ever possible and to exercise caution with other people but sometimes their vehicles are also multi used between shift employees.</li> <li>• Consider implications for the use of workplace and associated shared equipment</li> <li>• Provide appropriately located cleaning and hand sanitiser stations in warehouse areas including</li> </ul>
<b>Warehouse/stock rooms</b> It is common to find a lack of cleaning and hand sanitiser stations.	<ul style="list-style-type: none"> <li>• Ensure biometric points/equipment are included in your cleaning schedule and shared equipment is cleaned between users</li> <li>• Provide hand sanitiser stations alongside biometric points</li> <li>• Provide cleaning materials for staff to use</li> <li>• Encourage staff to take ownership of cleaning</li> <li>• Communicate with staff highlighting the increased potential for transmission during car sharing</li> <li>• Where ever possible and to exercise caution with other people but sometimes their vehicles are also multi used between shift employees.</li> <li>• Consider implications for the use of workplace and associated shared equipment</li> <li>• Provide appropriately located cleaning and hand sanitiser stations in warehouse areas including</li> </ul>

To ensure that all high-risk settings including workplaces were ready to respond to cases and outbreaks, local action cards and step-by-step process maps were created. Posters, signs and leaflets were also designed and handed out to local businesses to use on their premises. Pictorial images were used in multi-cultural areas where English is not always the first language. By breaking down the complex government guidance into easy to understand language and text, it was hoped that regulations would be better understood and adhered to.

**Gathering feedback from business**

The Council has a number of well-established communication channels with businesses in Coventry. All of these methods were utilised and built upon during the pandemic to try to ensure we were reaching as many workplaces as possible. This was a joint effort between external and internal partners. Examples of activities undertaken were:

**Business Webinar** - A joint event was run between the Council and the Chamber of Commerce to provide local businesses with the opportunity to speak directly with Public Health and feedback questions and issues directly. The event was attended by the Director of Public Health and senior colleagues at the Chamber. It was filmed and posted for anyone not able to attend.

**Business E-News** – Regular articles about COVID-19 have been placed in the electronic newsletter which has a distribution to approx.2,000 businesses in Coventry. These included updates and reminders about testing, COVID-19 regulations, how to interpret guidance, vaccination and access to resources.



**■ Outbreak management**

Our experience of workplace outbreaks throughout the pandemic has found that poor COVID-19 management and the failure of some employers to react quickly enough to positive cases can often lead to transmission through the workforce, detrimentally affecting businesses by reducing available staff, leading to reduced production and in some cases temporary closure of the business.

The outbreak management team has worked collaboratively with workplaces to address COVID-19 management issues, tailor advice and guidance according to circumstance and ultimately help maintain business continuity.

**“...I wanted to further extend my thanks to you and PHE, for the consultative nature in which you’ve supported Encore in refining and improving our ‘working through COVID’ secure H&S measures. It is an ever changing and challenging landscape to navigate, fraught with worry, anxiety....so, having gone about your investigations consultatively; advising and further educating us on where we can make additional improvements, has been invaluable, supportive and much appreciated. Once again, many thanks...”**

Pete Taylor FIRP - Managing Director, [www.encorepersonnel.co.uk](http://www.encorepersonnel.co.uk)

Embedded within Public Health at Coventry City Council are a team of Test and Trace Environmental Health Officers who provide expert advice and support in relation to workplace outbreaks. The Officers have both regulatory and advisory health and safety and infection control backgrounds providing a breadth of knowledge, practical experience and invaluable eyes on the ground. Their position within Public Health has been advantageous, enabling timely responses to outbreaks. Their existing established links to internal partners including teams within Regulatory Services and external partners including the Health and Safety Executive has also enabled more efficient investigations and productive collaboration. During outbreak investigations the Officers are the face of Public Health and have proved to be an integral part of the outbreak response and helped to build our relationships with business.

Outbreak Case Study: Retail Shop	Outbreak Case Study – Office/Call Centre
<p>In January 2021 the team dealt with an outbreak amongst staff at a large essential retailer in Coventry. Numbers of cases were rising, and several complaints were also received from concerned staff members about how the store was being run and the Company's poor response to the outbreak. Despite being operated by a national chain an initial visit by Test and Trace EHOs found poor COVID-19 management. Issues identified included:</p> <ul style="list-style-type: none"> <li>• Lack of understanding of close contacts and the need to self-isolate staff</li> <li>• Poor cleaning and confusion about cleaning materials. Areas of the store not being cleaned at all. Some not cleaned frequently enough.</li> <li>• Lack of COVID-19 controls in office areas with shared equipment including keyboards. There were too many staff and lack of social distancing with no consideration for maximum occupancies.</li> <li>• Lack of COVID-19 controls in staff welfare areas including poor ventilation, no maximum occupancies, lack of social distancing and poor seating arrangements.</li> </ul> <p>Following this audit several Incident Management Team meetings (IMT) were held with company representatives where findings were discussed and COVID-19 PCR testing was undertaken by our locally commissioned testing service in order to judge the extent of the problem and prevent further onward transmission.</p>	<p>In Autumn 2020 multiple positive cases amongst staff in a large call centre coincided with complaints received about their COVID-19 management systems. An online IMT meeting was held, and a subsequent COVID-19 management site visit was then undertaken by Test and Trace Environmental Health Officers. Our key findings were:</p> <ul style="list-style-type: none"> <li>• No site-specific COVID-19 risk assessment</li> <li>• Poor cleaning - key contact points being missed during cleaning</li> <li>• Poor COVID-19 behaviours including inadequate social distancing – staff were ignoring screening and sitting close together</li> <li>• Poor understanding amongst site staff about close contacts and the need to self-isolate illustrating poor training and communication.</li> <li>• Staff in the smoking areas standing together in groups and not observing social distancing. The company had provided benches and tables around the smoking shelter that was encouraging people to sit together.</li> <li>• The layout of some of the training rooms and the way trainees had been positioned, with compromised social distancing. The workplace had not made best use of available space and spare desks.</li> <li>• In the canteen tables were too close together, staff were seen queuing close together whilst waiting to be served and more chairs than tables in this room encouraging staff to sit together</li> </ul>
<p><b>Outcomes</b></p> <p>Despite initial reticence, a positive working relationship developed with the company, all improvements were implemented, and they now approach officers proactively for advice. Their national procedures were also adapted following our advice.</p>	<p><b>Outcomes</b></p> <p>Many improvements were identified by officers who then advised and supported the business through these. An already constructive working relationship was strengthened. The business made physical changes including provision of an external marquee to increase welfare space and improved social distancing. They also improved their internal comms and introduced on site LFT testing.</p>

### Key lessons learnt from Business Engagement

- A supportive approach encouraging businesses to make informed decisions and act carefully and proportionately, to manage the risks to themselves and others, was arguably more beneficial than punitive methods.
- Provide business with the opportunity to feedback and know that their efforts are valued and worthwhile.
- Tailor national resources to suit the demographics within Coventry and provide easy to follow advice that can be understood in range of workplaces.
- We have learned a lot since the COVID-19 response began, and our approach to breaking chains of transmission and protecting the public's health has evolved significantly. Ensure this learning is passed on and guidance is kept up to date.
- Utilise and build upon existing relationships and partnerships in order to effectively disseminate messages.

## Homelessness

The most significant intervention that the government made in relation to homelessness and COVID-19 was the instruction to bring 'Everyone In' or provide emergency accommodation for everyone rough sleeping, at risk of rough sleeping, or in accommodation where they could not self-isolate throughout the pandemic. This was an enormous undertaking and in Coventry approximately 92 individuals were housed in a range of hotels initially and thereafter in a single hotel which was staffed throughout the pandemic by the council's Rough Sleeper team. The Rough Sleeper team engaged with 6 individuals who refused to be housed on a daily basis to check on their health. The Salvation Army also provided five free self-isolation beds to support those

who were symptomatic or had had a positive test.

Many individuals who are homeless have complex needs such as substance misuse and poor mental health and in most cases they have more than one complex need. It was felt that there was a high risk of an outbreak of COVID-19 amongst the cohort as many may struggle to follow social distancing guidance and may not report or recognise symptoms of COVID-19 due to issues such as substance misuse and any outbreak was likely to be high impact as many of the cohort have long term conditions, that meant becoming infected with the virus could have severe consequences. Thus, a two pronged approach was taken to mitigate the risk of COVID-19 within the cohort:

### 1. Strategic

A weekly COVID-19 and Homelessness multidisciplinary team (MDT) was established with a range of partners such as the self-isolation unit housing provider and the housing commissioner, public health, West Midlands Police, CRCCG, specialist GP service for homelessness, safeguarding, drug and alcohol service. The MDT agreed policies/procedures such as the pathway for people who are homeless to ensure the individual was safe and had their needs tackled to support self-isolation and are COVID-19 symptomatic and the outbreak plan with each agency identifying the role they could play. Incident meetings were called to discuss individuals who could not or would not self-isolate.

### 2. Operational

An information and advice presentation was made to a range of agencies working with the cohort. The purpose of which was to:

- Support the workforce to regularly deliver key messages about the prevention of COVID-19 transmission and the importance of reporting any symptoms
- Monitor individuals for symptoms and have knowledge about who to contact if they had a case (or suspected case) of COVID-19 and what the workforce needed to do to protect themselves and the cohort

### Key lessons learnt from Homelessness Engagement

- Upskill agencies that already work with this cohort and are more likely to be trusted / listened to.
- Rigorous planning and provision of services in the most convenient locations – i.e. "going to" the individuals to provide testing and vaccinations
- Partnership working crucial in this area
- Be prepared for the worst case scenario, ensuring outbreaks can be safely managed in hostel accommodations

## Schools & early years settings

Coventry City Council has provided comprehensive support for all schools and early years settings in the city, over the course of the pandemic. A strong partnership between Education (lead) and Public Health has been established, which has enabled joint risk assessment to be undertaken regarding necessary actions required to control school outbreaks, whilst minimising the disruption to the education of children. A dedicated 7 day a week service has been provided for schools, for reporting of all cases and to receive any queries. This service continues as we move into the next phase of the pandemic and a predicted difficult winter.

The Education team have worked closely with Primary and Secondary partnerships (involving all schools, irrespective of whether they are LA maintained or not) to develop a consistent approach to COVID-19 response across the city, and the view of the partnership and headteachers has shaped our local response e.g. our local approach to contact tracing, and approaches to COVID-19 mitigation as we go into the first term of 2021/22 academic year.

Early years settings have benefited from visits from our Environmental Health Officers who rapidly developed additional expertise around issues facing these settings,

where social distancing is less possible. A lessons learnt document was developed based on findings from previous outbreaks and visits to these settings, which was then shared within the sector. Similar learning was also shared with schools.

Schools have experienced significant disruption during the course of the pandemic related to intensive contact tracing activities and isolation of children, and each serve different communities, with differing needs. Setting up a local outbreak response process has enabled us to very quickly share lessons locally, and to develop and improve our outbreak investigation process.

Schools and early years settings have actively promoted the vaccination programme to parents, with a small number having put themselves forward as sites for outreach vaccination.

Feedback from partnerships, headteachers and early years settings has been that they have felt supported by people who understand the local context. The relationship between local authority and headteachers/setting managers has developed greatly over the last 18 months, which lays firm foundations for further growth and joint work.

**COVID-19 symptoms and cases - actions for Schools**

Document referred by: [Public Health England](#) & its within context of the [Coventry, Solihull and Warwickshire Outbreak Control Plan](#)

**Individual has a positive LFT result or develops COVID-19 symptoms**

- Immediately start self-isolation and arrange COVID-19 test.
- PCR tests can be arranged through the [Public Health Unit](#) via 113.
- During self-isolation, individuals should follow [Self-isolation guidance](#).
- If an individual does not have a PCR test within 2 days of positive LFT, they must self-isolate for 10 days.

**Individual receives PCR test result**

- PCR result is negative: start self-isolation when well and have not had a temperature for 48 hours (as long as nobody else in household is symptomatic or has tested positive).
- PCR result is positive:
  - Continue to self-isolate for 10 full days after the day of symptom onset (if no symptoms) - whichever day 9 or 10.
  - Self-isolation ends on day 11 if returned to fever on days 9 and 10, if fever ongoing on days 9 or 10, continue to self-isolate until fever-free for 48 hrs and well.
  - Cough and discharge (if applicable) may continue beyond day 10.
  - If symptoms start while isolating, isolation period starts again - day of symptom onset - day 2.
- If PCR result of index case is negative: contacts self-isolating can end self-isolation if no symptoms.
- If PCR result of index case is positive: action depends on age and vaccination status.
  - Unvaccinated adults (age over 18 years 6 months):
    - Self-isolate until index case receives PCR test result.
    - Child OR adult who has had second vaccine dose at least 2 weeks before contact.
    - No requirement for self-isolation, but should be asked to have a PCR test and continue twice weekly LFT testing.
  - If the individual is in the setting when they become asymptomatic:
    - Individual and arrange for them to go home (or call 999 if seriously unwell). If possible, should isolate behind a closed door or 2m away from others, with an open window. Clean isolation room (and bathroom if used).

**Close contacts**

- Notify all cases to [COVID19@coventry.gov.uk](mailto:COVID19@coventry.gov.uk)
- Notify Ofsted
- Laureate Public Health, England/UK HSA as appropriate will complete a risk assessment, provide advice, and determine whether an Incident Management Team meeting required.

**Identification of close contacts**

- Schools should identify close contacts who need self-isolation or test less self-isolating/testing: runs above and close contact definitions to right.
- Schools should send letter to contacts (provided by LA).

**Cleaning** Please refer to detailed guidance for [cleaning of non-hairstyle settings](#) and for both routine cleaning, and cleaning following an infectious person having been in your facility the key points below:

- Use disposable cloths or paper roll and disposable mop heads.
- Use 5% in cleaning routine, a combined detergent/disinfectant solution at a dilution of 1000 parts per million, available chlorine (open air, Cl) OR household detergent followed by disinfection (1000ppm av. Cl) OR an alternative combined detergent/disinfectant is used ensure it is effective against enveloped viruses and meets BS 14745 standards (including any virus used).
- Any waste from suspected cases and cleaning of areas should be double bagged and stored for 72 hours before disposal as normal.

**COVID-19 symptoms and cases - actions for schools**

Document referred by: [Public Health England](#) & its within context of the [Coventry, Solihull and Warwickshire Outbreak Control Plan](#)

**Symptoms**

- Arrange to send the person home.
- Self-isolate until well and have not had a temperature for 48 hours (as long as nobody else in household is symptomatic or has tested positive).

**Single Positive COVID-19 test**

- Self-isolate until well and have not had a temperature for 48 hours (as long as nobody else in household is symptomatic or has tested positive).

**If you have positive school contacts**

- Self-isolate until well and have not had a temperature for 48 hours (as long as nobody else in household is symptomatic or has tested positive).

**COVID-19 symptoms**

- Anyone with these symptoms should start self-isolating and arrange a COVID-19 test. Other possible COVID-19 symptoms include: breathlessness, shortness of breath, headache, sore throat, muscle aches, blocked/runny nose diarrhoea and vomiting.

**LFTs** Lateral flow tests are for asymptomatic screening only. ALL positive LFT results must be confirmed by a PCR test. LFTs should not be used for individuals with symptoms.

**Close contacts** anyone who has had the following contact with the index individual:

- Face-to-face for any length of time
- Within 1 metre for 15 mins or more
- Within 1-2 metres for 15 mins or more (either as a one-off contact for over 15 minutes, or shorter contacts added together over one day)
- Travel in a vehicle
- Note - all children in the same classes/group may be close contacts, plus any others identified - e.g. break times, lunch times, before and after coming into the setting (including on transport)

**Period when to contact trace** Contact trace for the two clear days prior to the day of symptom onset (if no symptoms) and isolate for the 10 full days after the day. Example: if symptoms start (and they were last in setting) was on Wednesday, then trace for Wed, Tues, and Mon

**Full school re-opening lessons learnt - 20th October 2020**

Symptom	Impact	Successful action
Staff didn't social distance (2 metres) from other staff in school (e.g. offices, corridors etc) and outside of school (social) context	Higher number of staff members had to self-isolate	Staff vigilance to maintain social distance from each other wherever possible (including: offices, corridors, out of work contexts etc.) Minimise face-to-face meetings - and maximise virtual meetings (Teams)
Didn't know with certainty the movement of pupils, staff and visitors around the school. (Came to light when Rapid Risk Assessment under taken - following visitor test case)	Where schools cannot identify movement around the school and extent of contact, a higher number of people have to be self-isolated (with knock on impacts on children's learning)	Clear records kept of staff and visitor movements around the school One-way systems with restricted access for pupils Clear delineation within play areas / space
Visors used and staff member was within 1.2 metres of a person tested positive (but had thought that visor would provide protection)	Person wearing visor had to self-isolate, but didn't anticipate that this could be an outcome	Remember that visors only protect the eyes from contamination, they don't protect the respiratory system Face coverings can be more effective for distances of 1-2 metres and can reduce transmission but if the close contact definition to meet then self-isolation will still be required Where possible maintain 2 metres between teachers and students

**Key lessons learnt from Early Years and Education Engagement**

- True partnership working is essential – two-way communication and co-development of local policy
- Consistency of approach is important, particularly for local parents and communities, but with an understanding that guidance will be interpreted in different ways
- Allow schools/settings to take ownership as they know their community the best but offer support where needed

**Section 4: What's next? - Learning lessons, making recommendations for improvement and future practice**



To minimise the harm brought by COVID-19 and to amplify the benefits gleaned from the city's response, it is important for us to learn lessons and use best practice in future work. Key lessons learned in our engagement strategy are summarised below:-

**Key lessons learnt from Business Engagement**

- A supportive approach encouraging businesses to make informed decisions and act carefully and proportionately, to manage the risks to themselves and others, was arguably more beneficial than punitive methods.
- Provide business with the opportunity to feedback and know that their efforts are valued and worthwhile.
- Tailor national resources to suit the demographics within Coventry and provide easy to follow advice that can be understood in range of workplaces.
- We have learned a lot since the COVID-19 response began, and our approach to breaking chains of transmission and protecting the public's health has evolved significantly. Ensure this learning is passed on and guidance is kept up to date.
- Utilise and build upon existing relationships and partnerships in order to effectively disseminate messages.

**Key lessons learnt from Community Engagement**

- Provide as much detailed information as you can, but let people choose the information they want to share in their own ways
- Make senior leaders visible, so people know their work is valued – the fact that senior leaders find time to attend most webinars to talk to community messengers is greatly appreciated and respected by the network
- With all engagement arrangements make sure to set a culture of openness and mutual respect - 'we are all in this together'
- Share information with established hubs in neighbourhoods like community and faith centres
- Provide effective, clear communications collateral for communities to share via the social media channels they use
- Listen and act on the valuable feedback you're getting from communities
- Support communities to tell their stories in their own words – like the videos produced by young people and the community messengers
- Find ways of overcoming barriers to engagement, e.g. there was a tension between the peaks and troughs of NHS staff capacity to delivery outreach and having enough time to engage with local communities – advocated for longer lead in times for outreach clinics.

Key lessons learnt from Homelessness Engagement	Key lessons learnt from Early Years and Education Engagement
<ul style="list-style-type: none"> <li>Upskill agencies that already work with this cohort and are more likely to be trusted / listened to.</li> <li>Rigorous planning and provision of services in the most convenient locations – i.e. “going to” the individuals to provide testing and vaccinations</li> <li>Partnership working crucial in this area</li> <li>Be prepared for the worst case scenario, ensuring outbreaks can be safely managed in hostel accommodations</li> </ul>	<ul style="list-style-type: none"> <li>True partnership working is essential – two-way communication and co-development of local policy</li> <li>Consistency of approach is important, particularly for local parents and communities, but with an understanding that guidance will be interpreted in different ways</li> <li>Allow schools/settings to take ownership as they know their community the best but offer support where needed</li> </ul>

From these lessons and findings, a number of key recommendations have been identified that augment and look to consolidate much of the good practice that has taken place over the last 12 months.

<b>Recommendation 1</b>	Harness the work of the Community Messengers approach established during our COVID-19 response, as an ongoing method of working with communities and a central component of engagement for public health and wider programmes.
<b>Recommendation 2</b>	Build on the engagement structures created and strengthened during the pandemic such as the Places of Worship and Community Centre Network, and grass-roots community organisations who were funded to support COVID-19 response efforts. Further understand the reach of these community organisations and networks to enable the targeting of work in areas with limited availability of community resource.
<b>Recommendation 3</b>	Strengthen the existing relationships with GPs, other health professionals and those working with populations at higher risk of a range of poorer health outcomes due to inequality, deprivation, ethnicity and underlying health conditions – building upon the work started through the Vaccinating Coventry Programme.
<b>Recommendation 4</b>	Embed our partnership approach to maintaining local COVID-19 defence, led by Coventry City Council's Public Health working collaboratively with UK Health Security Agency and in partnership with the wider Council and 'One Coventry' partners.
<b>Recommendation 5</b>	Establish strong COVID-19 recovery workstreams with 'One Coventry' partners and communities to embed a robust and coherent recovery for the City, with the aim of building a better future for all.

## Section 5: Progress on 2020 recommendations



Recommendation	Action to Date
<p><b>Recommendation 1</b></p> <p>Wider determinants of health COVID-19 has shone a light on inequalities within our communities. Coventry City Council and partners should continue to build on this increased awareness, and consider the findings from COVID-19-related research and surveys, to mitigate the health and wellbeing impact of inequalities in Coventry</p>	<p>Over the last 12 months the research and needs analyses that have been carried out have developed our knowledge around the key health challenges for the population of Coventry during the pandemic. The Household Survey results show that residents who rated their health as good has decreased from 78% in 2018 to 73% this year. Smoking prevalence and mental wellbeing also decreased whilst alcohol use increased. This was a similar picture nationally. The Coventry and Warwickshire Covid impact assessment identified a national exacerbation of health inequalities, with people in more deprived communities, in lower-paid employment, or with pre-existing health conditions, more likely to experience further deprivation as a result of lockdown. Investment this year in lifestyles support through the NHS Long Term Plan and Health Equality Partnership programmes is seeking to develop models to address these inequalities.</p> <p>The Coventry &amp; Warwickshire Mental Health Joint Strategic Needs Assessment also showed evidence of increased need and demand because of the pandemic, with residents and stakeholders reporting challenges in accessing the right support. The mental health transformation programme over the next 3 years will develop the core offer and a model of delivery that better responds to where people live and the services around them</p>

Recommendation	Action to Date
<p><b>Recommendation 2</b></p> <p>Our health, behaviours, and lifestyles Coventry City Council's approach to public health communications and engagement should be guided by lessons learnt and new relationships formed, especially as we continue to live with, and through, COVID-19.</p>	<p>The Coventry Health Challenge, September 2020 - March 2021 was designed and delivered to respond to the pandemic and the Government's 'Better Health' campaign. Focused on Coventry residents who were most at risk of serious illness if they caught Covid-19, the goal was to support them in improving their health to maximise their resilience. The campaign disseminated simple, clear, achievable health messages to key target groups. New toolkits were created each month with a different area of focus within these key themes. The key themes were:</p> <ul style="list-style-type: none"> <li>• Diet and nutrition</li> <li>• Physical activity</li> <li>• Smoking cessation</li> <li>• Immunisations (influenza and Covid-19)</li> </ul> <p>The key target groups for the campaign were:</p> <ul style="list-style-type: none"> <li>• Over 55s</li> <li>• People with pre-existing health conditions</li> <li>• Smokers</li> <li>• People who are overweight</li> <li>• BAME groups</li> </ul> <p>The campaign used various approaches to reach the target audience, including press, a webpage, Coventry City Council social media, and health champions. The evidenced wide reach of the campaign, and the positive feedback received from the key stakeholder groups, indicates that the campaign made a difference in supporting the population of Coventry to protect their health and wellbeing during the Covid-19 pandemic. All the community groups involved were keen to continue receiving health promotion materials to share with their members. Additionally, the campaign strengthened links between the Council and community groups involved across the city. The strengthened networks are likely to be mutually beneficial beyond the scope of the campaign.</p> <p>Wellbeing for Life, the legacy programme from the Year of Wellbeing 2019, was relaunched to follow the Coventry Health Challenge this year. Using lessons learnt from the campaign's evaluation with local people and stakeholders, it seeks to engage individuals, communities and stakeholders in building resilience using the 5 ways to wellbeing framework.</p>

Recommendation	Action to Date
<p><b>Recommendation 3</b></p> <p>Our health, behaviours, and lifestyles Coventry City Council and partners should continue to encourage local employers, and lifestyle and wellbeing services, to commit to improving workplace wellbeing</p>	<p>Employment is one of the most strongly evidenced determinants of health. Improving health and well-being at work not only benefits the individual and their immediate community, but also the employer and wider society. The West Midlands THRIVE at work award framework seeks to improve wellbeing awareness, access to relevant health services, and to improve the support provided to employees by each participating company. In addition to improving health, the impact is likely to include reduced sickness absence, reduced presenteeism, reduced staff turnover and improved productivity. Of the 21 companies receiving the Thrive award in 2020, 10 were from Coventry &amp; Warwickshire.</p> <p>The Call to Action builds on THRIVE at work and is a specific Coventry, system-wide challenge to all businesses and organisations to take one or two actions which will help to tackle health inequalities. The initial focus has been on the private sector to raise awareness with employers about the implications of health inequalities and suggest actions that they can take which will benefit the business as well as the wider community. Actions include - paying the real living wage, taking a social value approach in their business, ensuring they have fair working practices which don't present barriers to certain groups, upskilling staff, and undertaking community initiatives.</p> <p>A Call-to-Action website is in place to provide background to the initiative and give more information about health inequalities, a range of resources and support for the various actions. Businesses are asked to sign up to a Commitment and make a public declaration of the actions that they will take.</p>
<p><b>Recommendation 4</b></p> <p>Integration of actions from the community, public sector, and voluntary sector.</p> <p>Building on existing health and wellbeing infrastructure, a collaborative partnership approach, which brings together residents' experience and partners' skills and assets, should be taken to strengthen health and wellbeing in communities.</p>	<p>An example of the way in which citizens and local services were brought together during the summer of 2021 was the 'On your doorstep' event in Foleshill. Coventry City Council Children's Services received funding to support new and innovative ways of working with children and families, "family valued" from Leeds Partners. Families for All hub invited Public Health, Police, Fire Service and Sky Blues in the Community to meet and discuss ideas for a community event. The event took place as a Street Closure in a target area with high levels of deprivation, lack of 2-year-old funding take up, and a high claimant count. Fire engines and police cars parked on the road for families to explore, freebies and information on available services were provided including on physical activity, health and wellbeing, local programmes and opportunities. Children's and family activities were also put on.</p> <p>The evaluation and outcome of this event has been to seek to replicate street and place-based contact with local residents to reduce loneliness and social isolation and increase access to family hubs and other support services. The model underpins the Coventry City Council bid to the Active Communities fund as part of the Commonwealth Games legacy funding.</p>

Recommendation	Action to Date
<p><b>Recommendation 5</b></p> <p>The places and communities we live in and with Coventry City Council and partners should set up spaces and channels to meet with residents, with the aim of inspiring them to imagine the change they wish to see in their communities, and enabling residents to lead the change.</p>	<p>The Integrated Services project in Bell Green and Wood End was set up in December 2020 to respond to the social needs, challenges, and opportunity potential of the area, as well as existing community assets and the value placed on these by residents. The overarching objectives are:</p> <ul style="list-style-type: none"> <li>• To identify and deliver better outcomes for residents and the community through more effective and integrated use of our collective resources including skills, physical assets, and buildings, including touch down spaces</li> <li>• To focus on a single locality, engaging with residents and the local community to understand and prioritise need and desired outcomes</li> <li>• To work with partners across public, voluntary, and community sectors to identify, co-create, and deliver solutions and improved outcomes, harnessing and building upon the partnership working that has especially developed throughout the pandemic response</li> <li>• To develop learning to inform a wider roll-out with more support and within other localities</li> </ul> <p>The single locality prototype project is a key initiative within the Partnerships and Community programme. The single locality prototype project is a key initiative within the Partnerships and Community programme. It represents an opportunity for the Council and its partners to work together with residents to prioritise, develop, and deliver ideas which will improve the quality of services and support for residents and communities in a locally relevant and impactful way. will depend on the Council, its partners, the community, and residents working together to fully understand and deliver on priority needs. The project's success will depend on the Council, its partners, the community, and residents working together to fully understand and deliver on priority needs. testing commenced in Project prototype testing commenced in May 2021</p>

## Section 6: Acknowledgements and Editorial Group



Thanks to everyone who has contributed to the production of this report. We hope it is a good account and reflects all the excellent work that has taken place in Coventry during the COVID pandemic.

### Editorial group

- Andrea Buckley
- Si Lam Chun
- Valerie De Souza
- Nadia Inglis
- Karen Thomas

### Special thanks to contributors:

- Juliet Grainger
- Sarah Gristwood
- Jane Craig
- Lucy Lambert
- Rachel Chapman
- Dawn Burns
- Steve Weir
- Police Sergeant Craig Rayson
- Thomas Evans
- Emma Booth
- Dmitri Nepogodiev