

Coventry City Council
Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at 11.00
am on Wednesday, 25 February 2026

Present:

Members: Councillor C Miks (Chair)
Councillor S Agboola
Councillor S Gray
Councillor L Harvard
Councillor A Hopkins
Councillor S Jobbar
Councillor M Lapsa
Councillor B Mosterman

Other Members: Councillor L Bigham (Cabinet Member for Adult Services),
K Caan (Cabinet Member for Public Health, Sport and
Wellbeing) and G Hayre (Deputy Cabinet Member for Public
Health, Sport and Wellbeing)

Co-Opted Members: L-A Howat, Healthwatch Coventry

Employees (by Directorate)

Adult Social Care P Fahy, N Byrne

Law and Governance G Holmes, E Jones

Public Health A Duggal

Apologies: Councillor F Abbott

Others Present: R Sheikh, Healthwatch Coventry
A Cartwright, K Drysdale, C Quarterman, S Nixon, J Storrow,
ICB

Public Business

35. Declarations of Interest

There were no Declarations of Interest.

36. Minutes

The minutes of the meeting held on 21st January 2026 were agreed and signed as a true record.

There were no matters arising.

Minutes of the meeting held on 17th September 2025 – proposed amendments

The Board received a Briefing Note of the Scrutiny Co-ordinator regarding a proposed amendment to the minutes of the meeting held on 17th September 2025 relating to the item “Training of Care Staff Supporting Patients with Dementia” (Minute 4/25 refers), following the clarification of information received from the Alzheimer’s Society.

The proposed amendment reflected the Alzheimer’s Society’s clarification and distinction between national recommendations and Coventry’s local approach:

The amendment was as follows to be inserted into Minute 4:

“For clarity, the Scrutiny Board subsequently noted that the Alzheimer’s Society’s ‘Because We are Human Too’ report sets out national recommendations aimed at improving consistency and quality in dementia training across the social care workforce. The Alzheimer’s Society does not obligate care providers to deliver its own dementia training programme, and the examples within the report are included purely as illustrative case studies. The reference to £2,000 relates to an estimated annual cost saving demonstrated through evidence-based training approaches, not a cost or fee for undertaking Alzheimer’s Society training. Coventry’s local approach to dementia training—delivered through a range of models—remains robust, appropriate to local resources, and aligned with improving workforce capability”

RESOLVED that the Health and Social Care Scrutiny Board (5):

- 1. Review Minute 4 from the meeting held on 17th September 2025 relating to “Training of Care Staff Supporting Patients with Dementia” and review the clarification of information received from the Alzheimer’s Society.**
- 2. Approve the previously circulated amendment to Minute 4 which reflects the Alzheimer’s Society’s clarification and the distinction between national recommendations and Coventry’s local approach.**

37. Healthwatch Update

The board received a Briefing Note and presentation from the Service Manager, Healthwatch Coventry regarding an overview of the Enter and Views report and the NHS App Report.

Enter and Views Report

Healthwatch Coventry carried out Enter & View visits across 11 Housing with Care schemes in Coventry during late 2024, early 2025. The aim was to understand residents’ experiences of living in Housing with Care – focusing on independence, safety, communication, wellbeing and the quality of care and environment.

Visits were undertaken across 11 Housing with Care schemes and overall residents reported feeling safe, supported and able to maintain their independence. However, several issues emerged. Communication remained

inconsistent with some residents unable to access information easily or lacking accessible formats. Staffing continuity also affected confidence, particularly at night and some residents were unsure how to express concerns or preferences.

Environmental challenges were noted, including reliance on single lifts, inconsistent building condition and variation in the usability of communal and dining spaces. Food quality, availability, and affordability varied significantly across schemes. The numbers of younger residents with complex mental health needs was highlighted, which placed pressures on service models and staff capability.

The majority of residents were broadly positive about their care. The findings pointed to important opportunities to strengthen communication, accessibility, activity provision, staff continuity and support for mental health. Healthwatch would review progress at 3 and 6 months.

Findings from the Enter & View visits indicated that several groups of residents may be disproportionately affected by health inequalities within Housing with Care settings.

NHS App Report

The NHS App Report 2025 presented the findings of a community-focused survey undertaken to understand how residents across Coventry use the NHS App. The App was available to anyone aged 13+ and registered with a GP, was promoted nationally as an easy way to manage healthcare tasks. However, local experiences varied significantly depending on GP practice systems and digital confidence.

The NHS App Report 2025 summarised feedback from Coventry residents on their experiences using the NHS App. The survey explored how widely the app was used, how easy people found it and what barriers or improvements were needed.

Data was collected between October and December 2025 using an online survey and extensive face to face outreach at community centres and foodbanks across Coventry. 246 responses were gathered in total with many participants receiving support to download or navigate the app.

The report showed that the NHS App could unintentionally widen health inequalities in Coventry.

The Board questioned Healthwatch representatives and received responses on the following:

- That there were no requirements for housing with care establishments to provide food and residents were responsible for providing their own. Many had family who brought food for them.
- Communication with GP's and that there would be a further report on the NHS App focused on GP's to avoid the need for multiple apps and duplication.

The following to be added to the work programme:

- Healthwatch’s follow-up report on the NHS App to be tied in with the item on Digital Access to Health.

RESOLVED that the Health and Social Care Scrutiny Board (5):

- 1. Note the update by Healthwatch Coventry relating to Overview of Enter & Views and NHS App Survey Report.**
- 2. Support the recommendations identified by Healthwatch.**

38. End of Life Strategy and Hospices

The board received a Briefing Note and presentation from the Director of Public Health, representatives from C&W ICB and representatives from UHCW.

The Director of Public Health provided an overview of the current position with Palliative and End of Life Care (PEOLC). The Board were also provided with a presentation that gave an overview of the Coventry and Warwickshire Palliative and End of Life Care Strategy 2024-29 covering:

- Strategy development
- Engagement
- Health Inequalities in Coventry and Warwickshire
- Priorities
 - Information
 - Access
 - Support
 - Improve the quality of care and support
 - Deliver a sustainable system of integrated PEOLC

The presentation also covered an update on the Integrated Care and Community Services from UHCE which covered:

- Current delivery
 - Community nursing
 - Community Palliative Clinical Nurse Specialists
 - Rapid Response
 - Palliative Support Team
- Future Integrated Neighbourhoods
- Development of Integrated Neighbourhood Teams
- Future Delivery of PEOLC
 - Information and Identification
 - Timely access
 - Support for Carers and Communities

The Board asked questions and received responses in the following areas:

- Cultural barriers to accessing support and by working more closely within the community with neighbourhood health.
- That training for neighbourhood staff is embedded in practice as part of practice development, but that by integrating teams, staff will be able to learn from working alongside experts in the field.

- The challenge of working with travelling families when they cross borders and the importance of staff being from those communities.
- Access to specialist equipment can be either same day or 4 hours and that equipment is then returned, sterilised and re-used. Equipment from alternative sources cannot be returned.
- That excess prescriptions cannot be re-distributed as only the person being prescribed can use the medication. However, this is something that was being looked at, as more effective prescribing.
- That the strategy doesn't just cover older people and that there are younger people at the end of their life.
- That performance is monitored, but only from those who are using the service. Steps would be taken in future to target those who don't use the services which would be part of the pro-active care approach.

The Board requested the following additional information:

- That an item considering surplus medication and efficient prescribing be added to the work programme for 2026-27

RESOLVED that the Health and Social Care Scrutiny Board (5):

1. **Note the contents in the Briefing Note, Coventry & Warwickshire Palliative and End of Life Care Strategy, Equality and Quality Impact Assessment Tool and the 'You Said, We Did' report.**
2. **Be assured of the sustainable delivery of palliative and end of life care within Coventry.**
3. **Identify any further relevant recommendations for health partners or relevant Cabinet Members.**

39. **Work Programme and Outstanding Issues**

RESOLVED that the Health and Social Care Scrutiny Board (5):

1) The Work Programme 2025/26 was noted with the amendments below:

- The meeting on 11 March will take place at the fire station on Radford Road
- The items on Mental Health of the Elderly and Primary Care would be deferred to next municipal year
- The items agreed at item 4 and 5 be added to the work programme

40. **Any other items of Public Business**

There were no other items of public business.

(Meeting closed at 1.10 pm)