



Health and Social Care Scrutiny Board (5)

Time and Date

11.00 am on Wednesday, 1st April, 2026

Place

Diamond Rooms 1 and 2 - Council House

Public Business**1. Apologies and Substitutions****2. Declarations of Interest****3. Minutes** (Pages 3 - 6)

(a) To agree the minutes of the meeting held on 11 March, 2026

(b) Matters Arising

4. Student Wellbeing

(a) Briefing Note of Coventry University (Pages 7 - 8)

(b) Briefing Note of Warwick University (Pages 9 - 10)

5. Update on the Coventry National Neighbourhood Implementation Programme (Pages 11 - 36)

Briefing Note of Univeristy Hospital Coventry and Warwickshire (UHCW)

6. Coventry Safeguarding Adults Board Annual Report 2024-2025 (Pages 37 - 90)

Briefing Note of the Coventry Safeguarding Children's Partnership and Adult Board

7. Work Programme and Outstanding Issues 2025/26 (Pages 91 - 98)

Report of the Director of Law, Governance and Safer Communities

8. Any other items of Public Business

Any other items of public business which the Chair decides to take as matters of urgency because of the special circumstances involved

Private Business

Nil

Julie Newman, Director of Law, Governance and Safer Communities, Council House,
Coventry

Tuesday, 24 March 2026

Note: The person to contact about the agenda and documents for this meeting is
Caroline Taylor, Governance Services caroline.taylor@coventry.gov.uk

Membership: Councillors F Abbott, S Agboola, S Gray, L Harvard, A Hopkins,
S Jobbar, M Lapsa, C Miks (Chair), B Mosterman and L Howat

By invitation Councillors L Bigham, K Caan, G Hayre and D Toulson

Public Access

Any member of the public who would like to attend the meeting in person is
encouraged to contact the officer below in advance of the meeting regarding
arrangements for public attendance. A guide to attending public meeting can be found
here: <https://www.coventry.gov.uk/publicAttendanceMeetings>

Caroline Taylor, Governance Services
caroline.taylor@coventry.gov.uk

Coventry City Council
Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at 11.00
am on Wednesday, 11 March 2026

Present:

Members: Councillor C Miks (Chair)
Councillor S Agboola
Councillor L Harvard
Councillor R Lakha (substitute for Councillor A Hopkins)
Councillor G Lloyd (substitute for Councillor F Abbott)
Councillor S Jobbar
Councillor M Lapsa

Other Members: Councillor K Caan (Cabinet Member for Public Health, Sport and Wellbeing)

Employees (by Service Area)

Law and Governance G Holmes, E Jones

Public Health A Duggal (Director)

Others Present: A Cartwright – Integrated Care Board (ICB)
C Gardner – West Midlands Police
V Khashu, J Williams – West Midlands Ambulance Service
M Stanton – West Midland Fire Service

Apologies: Councillor F Abbott, L Bigham, S Gray and A Hopkins

Public Business

41. Declarations of Interest

There were no disclosable pecuniary interests.

42. Minutes

The minutes of the meeting held on 25th February 2026 were agreed and signed as a true record.

Further to Minute 37/25 it was noted that surplus medication/efficient prescribing and Healthwatch's follow up report on the NHS app tied in with Digital access to health and had been added to the work programme.

43. Emergency Services Partnership Working

The Scrutiny Board received a Briefing Note and presentation from representatives of West Midlands Ambulance Service (WMAS), West Midlands Fire Service (WMFS and West Midlands Police (WMP).

The Scrutiny Board were also shown a video showing a recent exercise where all three services worked together in an emergency simulation, demonstrating partnership working.

The Scrutiny Board were informed that the three emergency services have open and established communications lines with significant collaboration and partnership working. This was underpinned through a number of joint forums, training and planning, including:

- All three services are part of the Local Resilience Forum (LRF's) which cover Local Authority areas.
- All three services are part of the Local Health resilience partnerships (LHRP) across the West Midlands.
- Positive networking through National Interagency Liaison Officer roles (NILO) which Police, Fire, Military and ambulance services all have designated colleagues for live incidents, risks, planning and preparation.
- Positive networking through JESIP (Joint Emergency Services Interoperability Programme) courses throughout year with commanders from all blue light partners, Cat 2 responders and some high-risk site colleagues
- Senior leader engagement between blue light partners
- Joint working with HART (Hazardous Area Response Teams) and WMFS Technical rescue teams for training on a regular
- Testing and exercising on a regular basis with small scale & large scale exercising along with table exercises.
- There is a tripartite agreement between WMP, WMAS & WMFS where a MOU has been created for supporting a response where forced entry is required and there is a real or immediate threat to life. This MOU is signed by representatives from all three blue light services. This is a response activity that is carried out multiple times daily.

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

- That the lead organisation on any joint working would be defined by the nature of the incident and would be the most appropriate
- That the Council also contributes to joint planning for emergencies, as does the ICB in terms of receiving patients from WMAS to the most appropriate health setting
- A discussion about community support in emergency situations, including access to and training for use of defibrillators, wider first aid training and whether Council buildings were used for locating defibrillators.

The Scrutiny Board requested the following:

- Further investigation on community first aid to be added to the work programme.
- Promote the current consultation with WMFS to all Members
- Details on the safe and well checks to be shared with all Members

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

- 1. Notes the update by Emergency Services Partners regarding to their update on Emergency Services.**
- 2. Recommends that the Council considers placing defibrillators on Council-owned public buildings**

44. Work Programme and Outstanding Issues

The Work Programme 2025/26 was noted.

45. Any other items of Public Business

There were no other items of public business.

(Meeting closed at 12.45 pm)

This page is intentionally left blank



Coventry City Council

Briefing note

To: Health and Social Care Scrutiny Board (5)

Date: 1 April 2026

Subject: Student Wellbeing – Coventry University

1 Purpose of the Note

- 1.1 To inform the Health and Social Care Scrutiny Board (5) of the approach to student health and wellbeing at Coventry University

2 Recommendations

- 2.1 The Health and Social Care Scrutiny Board (5) is recommended to:
- 1) Consider the information provided in the briefing note below
 - 2) Identify any further recommendations for the appropriate Cabinet Member and/or partners

3 Information and Background

- 3.1 Coventry University has implemented a Whole University Student Support Model designed to meet the increasing scale and complexity of student wellbeing, disability, mental health, harassment, and safeguarding needs. The model ensures that support is accessible, proactive and consistent, while enabling the institution to meet sector expectations around duty of care, risk management, and regulatory compliance.
- 3.2 A central triage function provides a single, efficient point of entry for all student wellbeing concerns, enabling rapid, risk based assessment and allocation to the most appropriate team. This is supported by a live digital booking system offering real time visibility of appointment availability, reducing waiting times and improving the student experience. Daily on duty risk provision and a 24/7 on call infrastructure ensure timely response to urgent, high risk or complex situations, supported by clear escalation pathways into NHS mental health services, social care, safeguarding partners, and community providers.
- 3.3 Contracted services, including Spectrum Life and the university's aligned GP practice, extend the institution's clinical capacity by providing 24/7 helpline support, short term counselling and access to primary care, prescribing, and referral routes

into NHS secondary mental health services. These partnerships significantly strengthen the breadth and resilience of support available to students.

- 3.4 The model is underpinned by strategic pillars that prioritise collaboration across the University Group, NHS partners, and the Students' Union.
- 3.5 Core values including student safety, prevention, empowerment, and compassionate, culturally competent care shape all service delivery. These guiding principles ensure that students receive dignified, non judgemental, and tailored support that respects autonomy and lived experience.
- 3.6 This integrated and preventative approach delivers significant benefits to students and the institution, including reduced escalation of preventable crises, improved student retention and engagement, stronger regulatory compliance, and enhanced confidence in student support across academic and professional services.
- 3.7 The university's proactive approach includes continuing to explore ways to ensure resources stay aligned with emerging patterns of student demand, strengthening digital early alert capabilities, and supporting the ongoing development of Group collaboration. There is also potential to further develop partnerships with NHS and community providers where this may enhance coordinated care and enable earlier, more effective intervention.
- 3.8 More broadly, the model reflects Coventry University's commitment to continually evolving its support for students. It actively promotes safe, responsive, and compassionate practice, helping the institution anticipate risk and remain forward looking in meeting national expectations within a changing sector landscape.

Gemma Lavery
Coventry University



Coventry City Council

Briefing note

To: Health and Social Care Scrutiny Board

Date: 1 April 2026

Subject: Student Wellbeing - B) Warwick University

1 Purpose of the Note

- 1.1 To inform the Health and Social Care Scrutiny Board of the approach to student health and wellbeing at Warwick University.

2 Recommendations

- 2.1 The Health and Social Care Scrutiny Board is recommended to:
- 1) Consider the information provided in the briefing note below
 - 2) Identify any further recommendations for the appropriate Cabinet Member and/or partners

3 Information and Background

- 3.1 The university provides a broad range of services aimed at supporting both the mental and physical wellbeing of the student community.

4 Our Wellbeing and Safeguarding Services provide:

- 4.1 **Wellbeing Support Services:** practical and emotional support for students experiencing difficulties with mental health, personal circumstances, or study pressures.
- 4.2 **Counselling and Psychological Services:** time-limited therapeutic support
- 4.3 **Disability Services:** specialist support for students with long-term health conditions, disabilities, and neurodivergence.
- 4.4 **Community Safety and Residential Community Teams:** helping maintain safe living and study environments.
- 4.5 **Student Funding Support:** financial wellbeing advice and hardship support.

5 Alongside this, the university promotes healthy lifestyles and preventative wellbeing through:

- 5.1 Extensive sport and physical activity provision through Warwick Sport, including accessible programmes for beginners and students returning to activity.
- 5.2 Active wellbeing initiatives, including social sport, walking groups, and programmes designed to improve mental wellbeing through movement.
- 5.3 Health promotion campaigns throughout the academic year addressing issues such as sleep, alcohol awareness, exam stress, and self-care.
- 5.4 Peer support and student-led wellbeing initiatives, often delivered in partnership with the Students' Union.

5.5 The aim is to create a whole-uni approach to wellbeing, where prevention, early intervention, and support services work together. Our sports and wellness hub is a state of the art facility which creates lots of opportunity for physical and mental wellbeing

6 Access to NHS and health services

6.1 Students are encouraged to register with a local GP on arrival, and many Warwick students register with the University Medical Centre on campus, which provides primary care services specifically for students.

Students also access:

- Local GP practices across Coventry and Warwickshire
- NHS Talking Therapies services
- Community mental health and crisis services
- Hospital services where needed
- The university works closely with Coventry and Warwickshire NHS partners to support appropriate referrals and ensure students receive the care they need.

7 Areas where partnership working would be beneficial

7.1 We see significant value in continuing to strengthen collaboration between the University, the local Council, and local health partners in areas such as:

- Student mental health and suicide prevention, including shared learning and coordinated responses to emerging risks
- Public health initiatives, particularly around healthy lifestyles, substance use, sexual health, and physical activity
- Data sharing where possible
- Community safety and safeguarding, particularly where students interact with the wider Coventry community
- Crisis response pathways, ensuring students can access appropriate NHS services quickly when required

8 Upcoming projects, innovation, and good practice

8.1 We are currently developing a new Student Wellbeing Strategy, which aims to strengthen our whole-institution approach to student health and wellbeing.

Areas of focus include:

- Improving early intervention and prevention, helping students access support sooner
- Enhancing access to support services, including exploring extended hours and digital access
- Better integration between uni support services and external partners
- Developing improved data and outcomes measurement to understand the impact of wellbeing interventions
- Strengthening community safety and safeguarding responses

8.2 We are also continuing to develop initiatives that encourage physical activity and social connection, recognising the important role these play in supporting both mental and physical health

Andy Smith
Director of Wellbeing & Safeguarding
University of Warwick



Coventry City Council

Briefing note

To: Health and Social Care Scrutiny Board

Date: 01 April 2026

Subject: Update on the Coventry National Neighbourhood Implementation Programme

1 Purpose of the Note

- 1.1 To provide the Health and Social Care Scrutiny Board with an update on Coventry's National Neighbourhood Implementation Programme—summarising the population health diagnostic, the neighbourhood and Integrated Neighbourhood Team (INT) design, progress to date (including Wave One delivery), and the key milestones and decisions expected through 2026–2027.

2 Recommendations

- 2.1 The Health and Social Care Scrutiny Board are recommended to:
- a) Note the content of the briefing note in Appendix 1 and presentation (Appendix 2) shared by UHCW.
 - b) Identify any further relevant recommendations for partners or relevant Cabinet Members.

3 Information/Background

- 3.1 Outline information is provided in the appended documents (Appendix 1) and the Board will receive a presentation from Officers at the meeting which will contain more detail and context on these topics.

4 Health Inequalities Impact

- 4.1 The Coventry National Neighbourhood Implementation Programme is designed to reduce health inequalities by shifting to a locality-based, proactive model of care. The Population Health Management diagnostic shows that a small percentage of our population have the most complex needs and use of services, demonstrating significant variation in need and outcomes. The neighbourhood model, Integrated Neighbourhood Teams (INTs), and the Coordination Hub aim to improve access, continuity, and coordination of care for those with the highest levels of vulnerability, multimorbidity, and unmet need.
- 4.2 Neighbourhood geographies highlight patterns of deprivation, long-term conditions, and service utilisation that vary across the city. The programme's structure—bringing together primary care, adult social care, community health, acute services, and VCSE partners—intends to address these inequalities at a hyper-local level. It will require investments in digital enablement, estate improvements, and workforce

development are essential to ensuring that all neighbourhoods can benefit from the model equally.

- 4.3 The programme also has the potential to reduce health inequalities by strengthening community engagement, improving pathways for urgent and emergency care users, and ensuring that people with the most complex needs receive coordinated, relational and place-based support.

Appendix 1: Briefing Note

Appendix 2: Presentation

Author:

Claire Quarterman,

Community Clinical Integration and Transformation Lead,

UHCW

claire.quarterman@uhcw.nhs.uk

Briefing Paper: Coventry National Neighbourhood Implementation Programme

- We undertook a **Population Health Management diagnostic looking at a small proportion of the Coventry population who have the highest level of need** and who need support from secondary care and adult social care. We also correlated this with those who require frequent support from primary care.
- We identified this **cohorts needs characteristics** and outlined **7 themes from our diagnostic** which we are using to hold ourselves accountable for our design of the new model of care.
- We have established **39 Neighbourhood geographies for Coventry** through partnership co-design in the programme, using insights from the Joint Strategic Needs Assessment.
- Grouping of these neighbourhoods to create **6 Integrated Neighbourhood Teams** (4-8 neighbourhoods in each), **3 Localities** (3 x coupled INTs) and **1 Care Coordination Hub**.
- **Our Wave One INT in South-West Coventry** – Went LIVE 3rd December 2025 in its first iteration
(*Integrated Multi-Disciplinary Team from ASC, UHCW, Primary Care and CWPT*)
- **INT Care and Support Forum** - Went LIVE 3rd Dec 2025
(*Multi-agency response to identified cohort of our frequent service users*)
- **Coventry Coordination Hub** – iterative design - focusing initially on UEC pathways
(*Bringing together all partners access points and working together to coordinate care for Coventry population between partners, aiming for a no wrong front door approach, using data and insights to allocate, schedule and maximise use of resources and community response to escalations in needs*) Went live in first iteration on 17th December 2025

Expected for 2026 / 2027

- **Wave One site** will continue to **iterate and design standard work for INT delivery** and the **care and support forum**.
- **Scale to a second INT** (and therefore **one Locality**) in April/May to evaluate delivery and workforce at all layers of the model.
- **UEC integration to deliver increased resilience** and **review existing delivery models** to strengthen this model.
- Development of **Coventry Coordination Hub** and seeking views and opportunities for **partnership commitment** and **shared delivery via the hub**.
- **Neighbourhood Model** approved at **Care Collaborative and Health and Well Being Board** and is agreed as our **Coventry Model for Neighbourhood Health Delivery** – this works beyond the adult INT remit and **moves to wider ambitions from the 10-year plan**.

- **Estates mapping with LEF support** agreed a plan for using successful **capital bids to support the development of neighbourhood campus** and consider **strategic outline case for place approach to utilisation of fit for purpose estates** to support integration and neighbourhood model.
- **Digital mapping and system wide consideration of digital enablement** completed, the resource and investment required to optimise existing systems will be needed to achieve our ambitions, consideration of frontline productivity bids seeking the **investment needed** to deliver neighbourhood health.
- **Workforce planning** for future delivery models which will require management of change support relating to **change of base, role, responsibilities, line managers and team infrastructure** as well as **learning and development needs** and professional and clinical support.
- **Evaluation event in April and September** with focused scaling plans throughout this phase, **supporting wide scale staff and services engagement** and a **strategic delivery plan to scale from 2 – 6 INTs**.
- **Scaling of all 6 INTs** expected by **March 2027**
- **Foundational principles of neighbourhood delivery for** our most complex cohorts will be established in the INT service delivery model, **many more offers of support and care could be wrapped around neighbourhoods** extending wider than health and social care and into local authority, public health and community led domains. **This is only the beginning for Coventry's neighbourhood delivery future.**

Summary Statement

Coventry Neighbourhood Health is agreed as vehicle that can deliver on the key ambitions of our place and national expectations through partnership and integrated care. Coventry has established, foundational partnerships including a maturing Care Collaborative and contractual lead provider approach to integrated neighbourhood delivery.

Creating foundational neighbourhood footprints for Coventry and building our Six Integrated Neighbourhood Teams around these puts us in a unique position to truly connect with and meet people where they are physically, emotionally, socially, and geographically.

This hyper local focus and offer will increase continuity of care and offers the best opportunity to build trust and work with the people we serve, in the best place for them, focusing on what matter to them and enabling them to live as healthy a life as possible. Primary and Secondary Care can only respond to the needs of our aging, multi morbid population if they work together with and see themselves as part of a wider team. If we connect to each other and with our communities to deliver to people where they live, we will get the best outcomes and build sustainable and increasingly relational care.



Coventry Neighbourhood Health Programme

"A National Neighbourhood Health Implementation Programme (NNHIP) early adopter site"

1st April 2026

Justine Richards, Rachel Chapman, Jodie Storrow, Nikki Wise & Simon Doble

Content:

1. NHS 10 Year Plan, NHSE National Neighbourhood Guidance and Neighbourhood Health Partnership Framework
2. Background to the National Neighbourhood Health Improvement Programme (NNHIP)
3. The issues we aim to address through this programme – a Population Health Management Approach
4. Our emerging Neighbourhood Health model
5. Implementation progress to date
6. Measuring progress
7. Next steps

Purpose:

1. To provide the Health and Social Care Scrutiny Board with an update on Coventry's National Neighbourhood Implementation Programme
2. To summarise the population health diagnostic, the neighbourhood and Integrated Neighbourhood Team (INT) and Coventry Coordination Hub (CCH) design.
3. To update on progress to date (including Wave One delivery)
3. To outline the key milestones and decisions expected through 2026–2027



Coventry
Neighbourhood
Health

1. Background



National Guidance

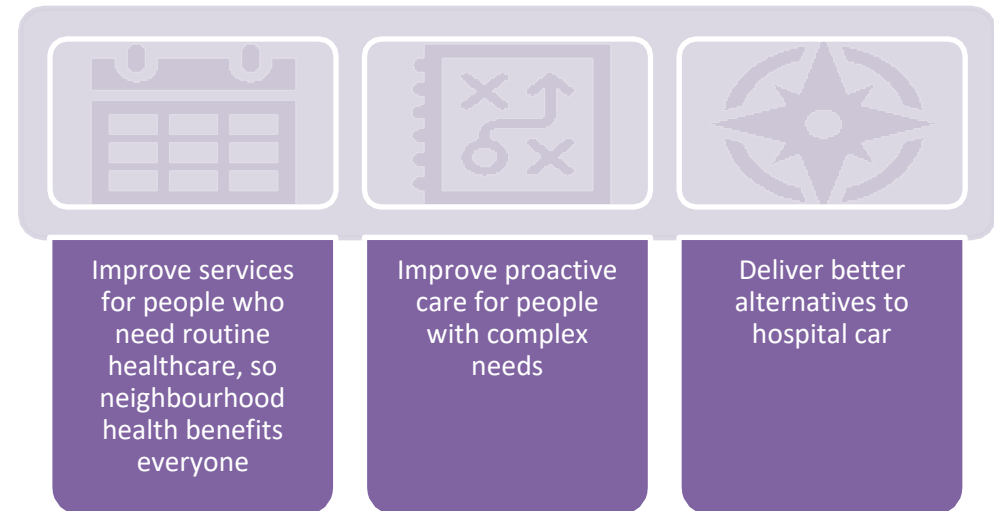
- **NHS 10-Year Health Plan:** Neighbourhood Health is a central pillar of the government's NHS 10-year plan and NHS England's 2025/26 guidance. It supports the Governments **three shifts**; from hospital to community, from sickness to prevention, and from analogue to digital. It responds to rising multimorbidity, fragmented care, and the need to deliver *more care at or closer to home*.
- Detailed **Neighbourhood Health Guidance from NHSE** is expected to be published in early January 2026, this will detail **6 priority steps** that ICBs need to take before April 2026, working with providers and other partners to lay the foundations for neighbourhood health.
- The **Neighbourhood Health Partnership Framework** is due to be published in January 2026, will ask HWBs to bring partners together to jointly develop strategic neighbourhood health plans by April 2026.
- The **Coventry Care Collaborative** is the delivery vehicle that is leading the development and implementation of the Coventry Neighbourhood Plans using the wider partnership approach. UHCW as the lead provider of the Community Integrator contract are the convenor of the Integrated Neighbourhood Teams.
- **Initial national focus & outcomes:** NHS England's 2025/26 guidance prioritises people with *complex health and social care needs* (c.~7% of the adult population drives 76% of health and social care demand), aiming to *reduce unnecessary time in hospital or care homes*, strengthen continuity/personalisation, and *connect people to wider public services* that support independence.

National Guidance (cont)

- **The Neighbourhood Health Guidance** was released on 17th March 2026, it sets up 5 key goals to be delivered via 3 key reforms



ICBs and Local Authorities, working with local partners, will make changes to service to:



- **How is this being implemented:** The **National Neighbourhood Health Implementation Programme (NNHIP)** is a national *test-learn-grow* effort selecting exemplar Places across England, of which Coventry is one of 43, with enabler workstreams (data/digital, estates, finance, workforce) and an evaluation framework to surface what works and scale it.
- **Alignment with wider reforms:** Neighbourhood Health dovetails with the *Primary Care Access Recovery Plan* (e.g., Pharmacy First, modern general practice access), *Urgent Care Recovery Plan*, *Elective Care Recovery Plan* and the **Core20PLUS5** inequalities programme—using population health management to target deprived and inclusion groups and priority clinical areas (e.g., hypertension, COPD, SMI, maternity, early cancer diagnosis)



2. Population Health Management Diagnostic

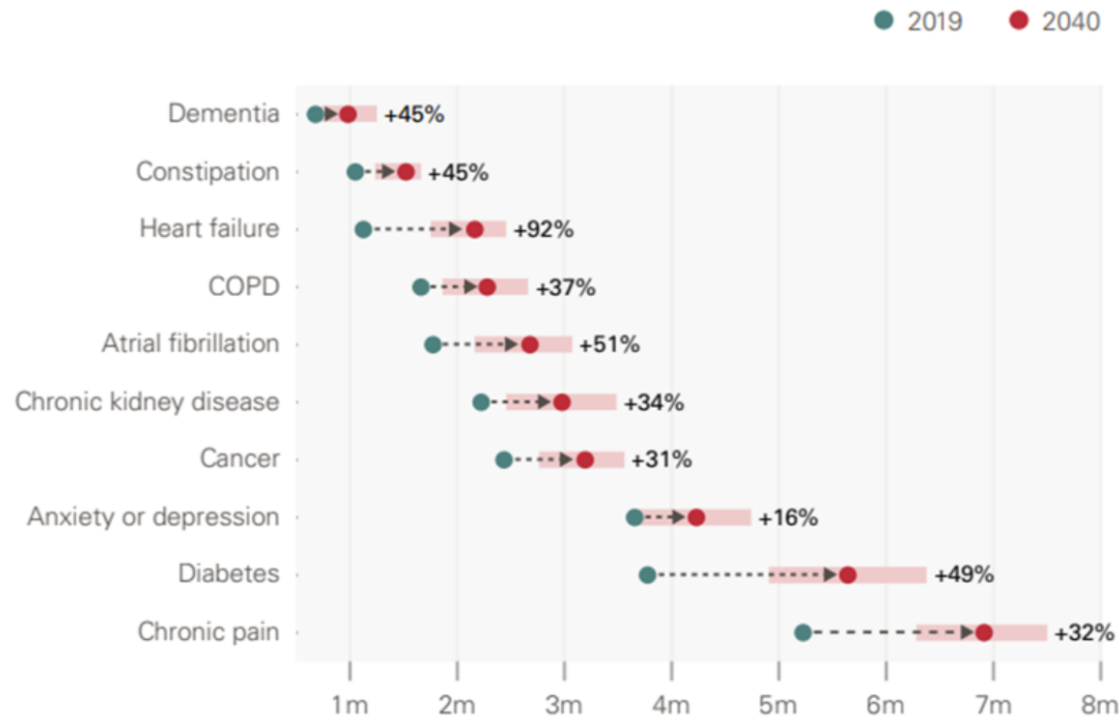
Rachel Chapman



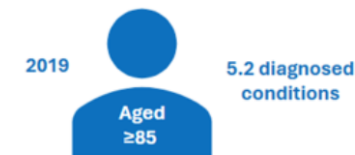
Working together to create
healthier neighbourhoods

Projections to 2040

Fig. 1: Projected total number of diagnosed cases for the 10 conditions with the highest impact on health care use and mortality among those aged 30 years and older, including demographic changes, England, 2019 and projected for 2040



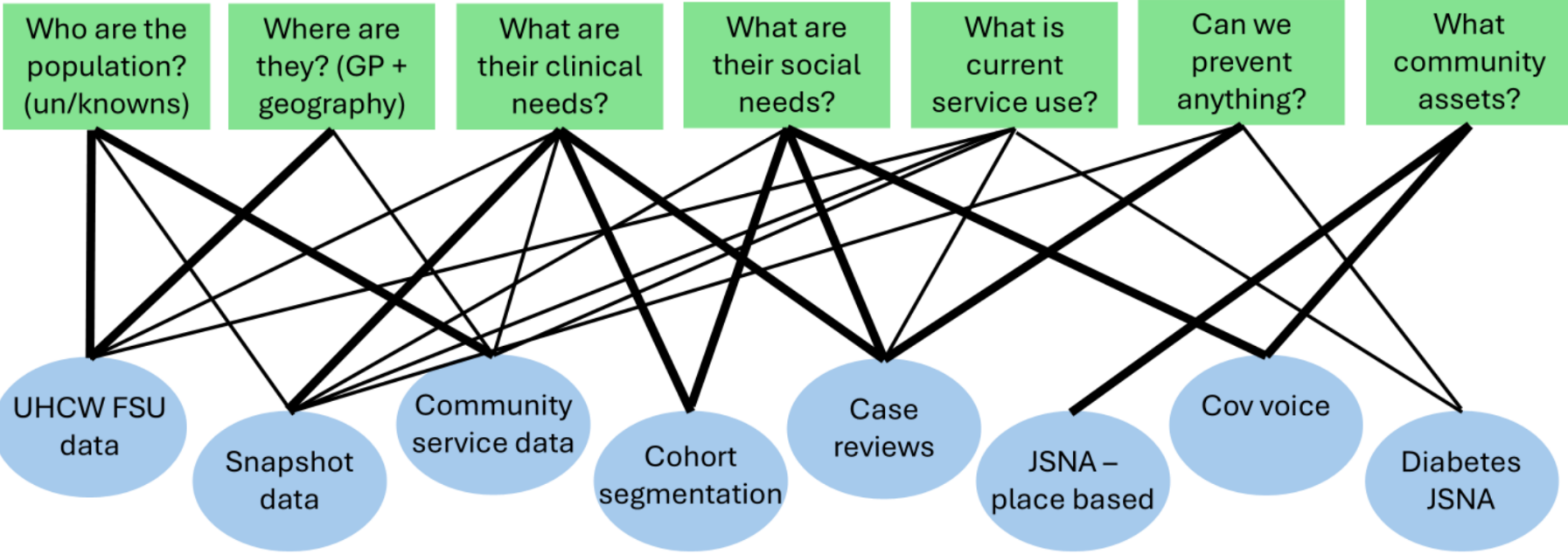
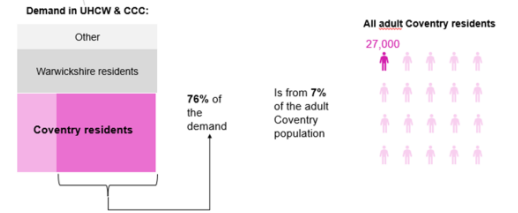
- Most major conditions projected to increase in prevalence.
 - Largest increase in absolute number: chronic pain and diabetes
 - $\geq 30\%$ increase in the number of people living with cancer, COPD and chronic kidney disease
 - In most cases, these increases are driven by population ageing rather than a rise in age-specific rates or earlier onset.
- Projected increase in the number of people living with multiple conditions.



PHM stage 1: gathering information

7% of the adult population of Coventry drives 76% of demand for healthcare and new/increased social care

Looking at A&E attendances, bed days, outpatient appointments, and new starts/increases in Social Care packages over the last 3 years, and spend attributed



The Findings

1. Complexity is an issue at all ages – not just older people
2. Opportunities for proactive care are often missed
3. In order for our workforce to provide personalised care they need the appropriate support structures in place
4. Opportunities for self care and patient activation are often missed
5. Services and partners ‘shift care’ but could ‘share care’
6. A focus on health conditions can mean that the social context of the patient is not appropriately considered
7. A standardised ‘one size fits all’ service delivery does not work for all and does little to reduce health inequalities

Coventry
Community
Integrator





3. Our emerging Neighbourhood Health Model



Working together to create
healthier neighbourhoods

Neighbourhood Health INT Model for Coventry

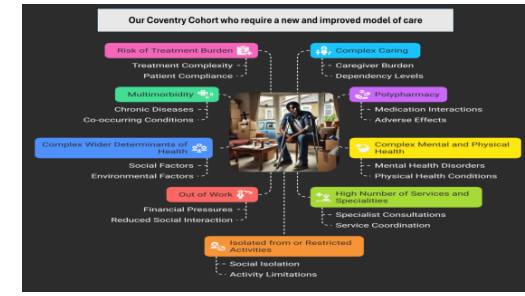
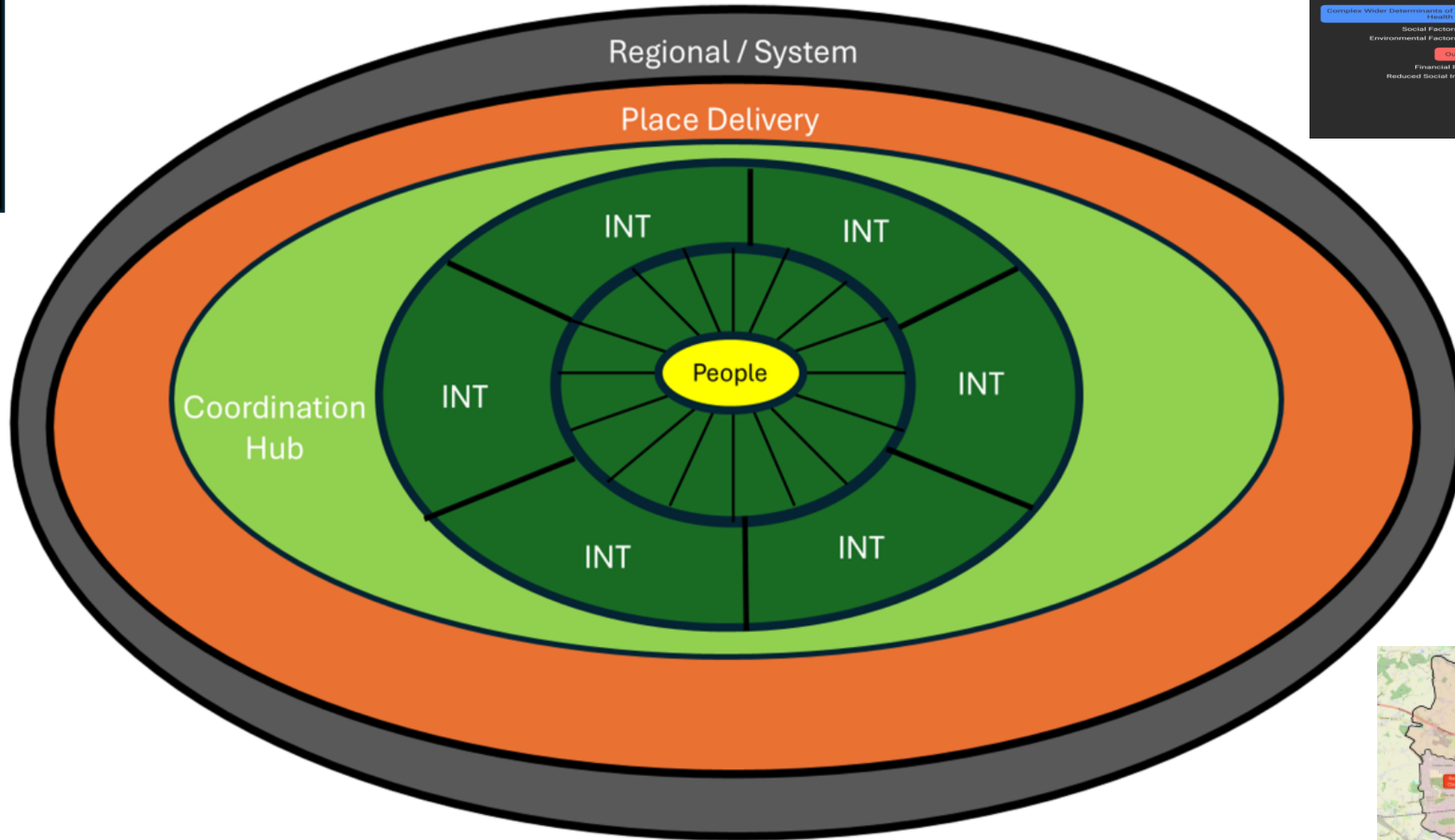
Partnership Designed

Needs Led & Connected

Operationally Enabled

Neighbourhood Delivery

Page 25



- One Coventry Community Integrated Urgent Team and place level support
- One Coventry Co-ordination Hub
- 6 Integrated Neighbourhood Teams - aligned practices and care homes



4. Implementation progress to date



Working together to create healthier neighbourhoods



5. Measuring progress



Working together to create healthier neighbourhoods

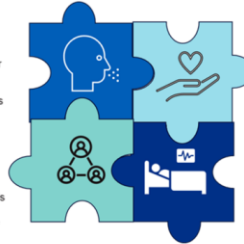
Emerging Benefits

Measures of system resource use

Metric	Numerator	Denominator
Number of outpatient appointments (new and follow up) per 1,000 patients in the cohort	Number of outpatient appointments (new and follow up) for patients in the cohort	Number of patients in the cohort
Number of emergency admissions per 1,000 patients in the cohort	Number of emergency admissions for patients in the cohort	Number of patients in the cohort
Number of inpatient bed days per 1,000 patients in the cohort	Number of inpatient bed days for patients in the cohort	Number of patients in the cohort
Number of ambulance conveyances per 1,000 patients in the cohort	Number of ambulance conveyances for patients in the cohort	Number of patients in the cohort
Number of A&E attendances per 1,000 patients in the cohort	Number of A&E attendances for patients in the cohort	Number of patients in the cohort
Number of general practice appointments per 1,000 patients in the cohort	Number of general practice appointments for patients in the cohort	Number of patients in the cohort

Neighbourhood Index

- Patient reported**
- Health confidence and activation
 - Named care coordinator
 - Personalised support
 - Continuity of care
 - Involvement in decisions
- Care Management**
- Vaccination rates
 - Multi-disciplinary assessment
 - Care plan
 - Social prescribing referrals
 - Care coordination / no of providers involved in care



- Carer's Experience**
- Care satisfaction with services provided to care recipient
 - Carer needs being met
 - Access to support
 - Carer's assessment and registration
- Care Optimisation**
- NEL admission rate
 - ACSC admissions
 - GP appts out of hospital setting
 - PPP/MI trend
 - Care home admissions
 - Discharge to home
 - Length of stay



First submission in March for January 2026 and will report monthly over duration of NNHIP

Case study – INT Care and Support Forum

Context

Mrs T 84-year-old was highlighted as a vulnerable individual who lives alone, with frequent visits from her friend/cleaner and daughter-in-law. There was evidence of some self-neglect and safeguarding issues. 35 primary care contacts in previous 6 months and no hospital admissions. The Care & Support Forum provided an opportunity to connect services across and to look at Mrs T as a whole person, coordinating a response accordingly.

Outcome

- Key worker allocated = Social Prescriber
- Offered care package but declined
- Pendant alarm
- Smoke and CO alarm with heat detectors via telehealth
- 20 primary care contacts since discussion and two A+E attendances with falls



What we did

- Reopened safeguarding referral & arranged a joint visit with OT
- viewed memory clinic referral and referred
- social Prescriber to investigate church reconnection arranged appointment for hearing aids.
- anged a safe & well check with the fire-brigade
- anged a patient experience visit

Patient story

Mrs T felt rather special when a fire engine turned up at her home to check her smoke detectors and carry out a Safe & Well check. She reported feeling safer with a pendant alarm round her neck. She did not wish to recommit to the Church at this point, but during the patient experience conversation, she was able to explain that she had a friend who comes round most days, has good neighbours and is perfectly content with her social situation. She was looking forward to getting her hearing aids, but was a little confused about when her appointment was.

Case study – INT Care and Support Forum

Context

Person B was identified as a frequent service user with multiple hospital admissions and frequent primary care contacts. 117 primary care contacts within last six months and three admissions to hospital in last six months. Professionals from community services, primary care, voluntary sector and mental health discussed case within Care and Support Forum. Patients voice collected and heard having patient's wishes and goals at centre of discussion. Patients top three priorities were to stop worrying about health, feel comfortable with what she can eat and get new dentures.

Patient Story

Mrs B 69-year-old living with son and current smoker. Suffers with Chronic Obstructive Pulmonary Disease and recent heart attack. Admissions with chest infections. Check out due to heart failure due to anxiety and does not attend outpatient appointments due to transport issues and anxiety. Very low BMI, no fitting dentures and worried since heart attack about what to eat, long standing health anxiety previously had talking therapy but did not find helpful.

Actions: Arranged joint visit with Community Nursing and clinical psychology as not known to any community teams. Consensus around low BMI, skin integrity and anxiety. Full holistic assessment of needs to be undertaken and shared with carer and support.



Outcome

- Full holistic assessment completed
- Dentist and optician support in place.
- Care Max input support with vision, hearing, and individual assessments.
- Therapy input for addressing engagement.
- Clinical psychology support with health anxiety/ coping mechanisms.
- Sm put in touch with carers trust
- One contact with primary care since discussed 11.2.20 and no admissions to hospital
- Key worker assigned and contact numbers given.
- Patient feedback to be collected.

Service Utilisation Reduction

- 117 PC contacts in last 6 months
- Care and Support Forum = 1 appt in the 6 weeks since forum.
- Reduction in GP use by 96% - initial only after forum, need to monitor re-book and long term.
- Excluded to reduce GP consultation, all are home based GP appointments and two WMAH calls in last 6 months.

Case study – Coventry Coordination Hub

Context

79 year old female care home resident presented with a prolonged history (over 6 weeks) of right leg pain, swelling, warmth, and erythema. Initial management occurred in primary care and urgent care settings, with repeated assessments and treatment for suspected cellulitis despite limited clinical improvement. Diagnostic uncertainty persisted, particularly around exclusion of deep vein thrombosis (DVT). She had 24 GP appointments and two WMAH calls in last 6 months. The key problem was delayed diagnosis and ineffective treatment resolution due to:

- Repeated antibiotic prescribing without clinical improvement
- Inconsistent clinical assessment and lack of face to face review initially
- Diagnostic uncertainty regarding DVT despite multiple healthcare contacts
- Patient reluctance to attend hospital settings

What we did

- Multiple GP and Urgent Care (UEC) reviews were undertaken, including Wells scoring for DVT risk.
- Several courses of antibiotics were prescribed in line with cellulitis management guidance.
- Diagnostic imaging was arranged across multiple hospital sites to rule out DVT
- Ongoing symptoms triggered escalation discussions within the coordination hub
- A multidisciplinary approach was initiated, involving GP liaison, nursing teams, and coordination hub staff
- The fully pathway was activated to facilitate assessment and treatment while avoiding unnecessary hospital admission
- Consideration of hospital at home pathway for IV antibiotic therapy

Outcome

- Avoidance of unnecessary hospital admission
- More personalised and coordinated care approach
- Improved reassurance and engagement despite anxiety about hospital attendance
- Improved communication across services
- Greater clarity in escalation pathways
- Increased confidence in managing complex cases collaboratively
- Strong multidisciplinary collaboration
- Effective use of coordination hub
- Timely escalation and shared decision making
- Efficiency in care delivery models (e.g. hospital at home)
- No A&E admissions but reduced (5) primary care contacts



Patient Story

Patient suffered from a painful, swollen, and warm leg for over a month. Initially treated for cellulitis, they were prescribed four different courses of oral antibiotics via phone and video consultations, none of which provided relief. The resident underwent several UEC assessments and hospital scans to rule out a DVT, with their symptoms worsening over time. The resident was extremely anxious about their condition but fully refused standard hospital admission. The Coordination Hub's intervention changed the resident's trajectory by arranging an at-home paramedic assessment via the fully pathway, providing necessary reassurance and bypassing the stress of a traditional hospital admission.

Evidence of reduced demand on primary care, increased admission avoidance, especially for those whose wishes are to remain at home.

Increased evidence of what matters to me discussions with personalised plans of care.

Joint working with shared visits and reduced duplication and repetition.

Staff report benefits of co-location and being able to have a discussion rather than make a referral to plan joined up care.

Connections with communities and assets which statutory services report not being aware of or able to connect to increasing.

Case study – INT Care and Support Forum

Context

Person B was identified as a frequent service user with multiple hospital admissions and frequent primary care contact. 117 primary care contacts within last six months and three admissions to hospital in last six months.

Professionals from community services, primary care, voluntary sector and mental health discussed case within Care and Support Forum. Patients voice collected and heard having patient's wishes and goals at centre of discussion. Patients top three priorities were to stop worrying about health, feel comfortable with what she can eat and get new dentures.

Patient Story

Mrs B 69-year-old living with son and current smoker. Suffers with Chronic Obstructive Pulmonary Disease and recent Heart Attack. Admissions with chest infections. Does not like to leave house due to anxiety and does not attend outpatient appointments due to transport issues and anxiety. Very low BMI, no fitting dentures and worried since heart attack about what to eat, long standing health anxiety previously had talking therapy but did not find helpful.

Actions: Arranged joint visit with Community Nursing and clinical psychology as not known to any community teams. Concerns around low BMI, skin integrity and anxiety. Full holistic assessment of needs to be undertaken and chase dietitian/dental support



Outcome

Full holistic assessment completed.
Dental and dietitian support in place.
Care Nav input support with vision, hearing, and outpatient appointments.
Therapy input for showering equipment.
Clinical psychology support with health anxiety/ coping mechanisms.
Son put in touch with carers trust
One contact with primary care since discussed 11.2.26 and no admissions to hospital
Key worker assigned and contact numbers given
Patient feedback to be collected.

Service Utilisation Reduction

- 117 PC contacts in last 6 months
- Care and Support Forum = 1 appt in the 5 weeks since forum
- **Reduction in GP use by 96%** - noted only short term, need to monitor medium and long term

Case study – Coventry Coordination Hub

Context

78 year old female care home resident presented with a prolonged history (over 6 weeks) of right leg pain, swelling, warmth, and erythema. Initial management occurred in primary care and urgent care settings, with repeated assessments and treatment for suspected cellulitis despite limited clinical improvement. Diagnostic uncertainty persisted, particularly around exclusion of deep vein thrombosis (DVT). She had 24 GP appointments and two WMAS calls in last 6 months.

The key problem was delayed diagnosis and ineffective treatment escalation due to:

- Repeated antibiotic prescribing without clinical improvement
- Inconsistent clinical assessment and lack of face to face review initially
- Diagnostic uncertainty regarding DVT despite multiple healthcare contacts
- Patient reluctance to attend hospital settings

What we did

Multiple GP and Urgent Care (UEC) reviews were undertaken, including Wells scoring for DVT risk.

Several courses of antibiotics were prescribed in line with cellulitis management guidance.

Diagnostic imaging was arranged across multiple hospital sites to rule out DVT

Ongoing symptoms triggered escalation discussions within the coordination hub

A multidisciplinary approach was initiated, involving GP liaison, nursing teams, and coordination hub staff

The frailty pathway was activated to facilitate assessment and treatment while avoiding unnecessary hospital admission

Consideration of hospital at home pathway for IV antibiotic therapy

Outcome

- ✓ Avoidance of unnecessary hospital admission
- ✓ More personalised and coordinated care approach
- ✓ Improved reassurance and engagement despite anxiety about hospital attendance
- ✓ Improved communication across services
- ✓ Greater clarity in escalation pathways
- ✓ Increased confidence in managing complex cases collaboratively
- ✓ Strong multidisciplinary collaboration
- ✓ Effective use of coordination hub
- ✓ Timely escalation and shared decision making
- ✓ Flexibility in care delivery models (e.g. hospital at home)
- ✓ No A&E admissions but reduced (9) primary care contacts

Patient Story

Patient suffered from a painful, swollen, and warm leg for over a month. Initially treated for cellulitis, they were prescribed four different courses of oral antibiotics via phone and video consultations, none of which provided relief. The resident underwent several UEC assessments and hospital scans to rule out a DVT, with their symptoms worsening over time. The resident was extremely anxious about their condition but flatly refused standard hospital admission. The Coordination Hub's intervention changed the resident's trajectory by arranging an at home paramedic assessment via the frailty pathway, providing necessary reassurance and bypassing the distress of a traditional hospital admission.



Case study – Coventry Coordination Hub

Context

91-year-old gentleman, a resident of a nursing home, was living with advanced frailty and a background of progressive bulbar palsy, requiring a PEG tube for nutrition.

He was admitted to hospital 5 times in last six months due the concerns regarding worsening confusion, reduced mobility, and overall functional decline. During admission, further assessment highlighted increasing care needs and concerns around safety, particularly in relation to his deteriorating physical condition and patient then moved to nursing home.

What we did

Integrated discharge team flagged the patient at the afternoon Coventry Co ordination hub huddle with Community and acute colleagues' presence. Community Care Home team were present in afternoon huddle and they agreed to co ordinate for the patient. CHT supported discussions with GP, nursing home and palliative care team to support care plan in line with patient wishes.

Outcome

The opportunity was for staff in the co ordination hub working between hospital and community and primary care to fulfil patient wishes

The aim was to prevent further admissions for this patient and manage his health care needs in the community at end of his life.

Patient needs were met within the nursing home with support of Community services and Primary care.

Patient had no further readmissions

Patient passed away in the nursing home with support from the palliative team.

Patient story

This reflects a patient whose priority was to spend their final days in the familiarity and comfort of their place.

Through effective multi agency coordination and clear communication, services worked together to honour patients wish.

The patient was supported to die peacefully at nursing home, with appropriate clinical, emotional, and practical support in place.

Their end of life journey was person centred, dignified, and aligned with what mattered most to them.



Case study – Coventry Place Proactive Focus on Care Homes

What we did

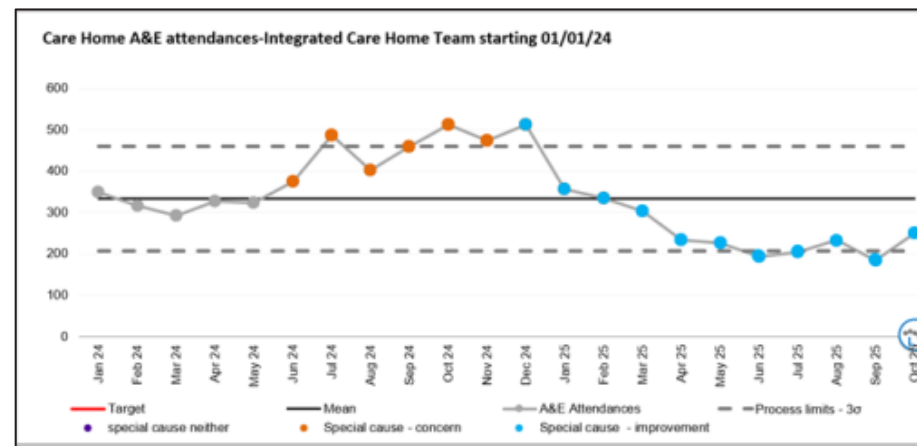
Integrated Care Home Team: (future delivery with INT)

- Established in January 2025
- Worked with Coventry Homes & UEC to raise awareness of UEC pathways and access
- A&E attendance data review (from March 2025) to reduce further attendances
- Named nurses for each care homes (dedicated teams- continuity)
- Work with district nurses and specialist teams to improve outcomes
- Supports GPs to ensure LTC reviews are up to date, support ward rounds
- No referrals or criteria's
- Support visits to each home on a regular basis
- Proactive and personalised care support

UEC/OCIT: (future delivery with CCH)

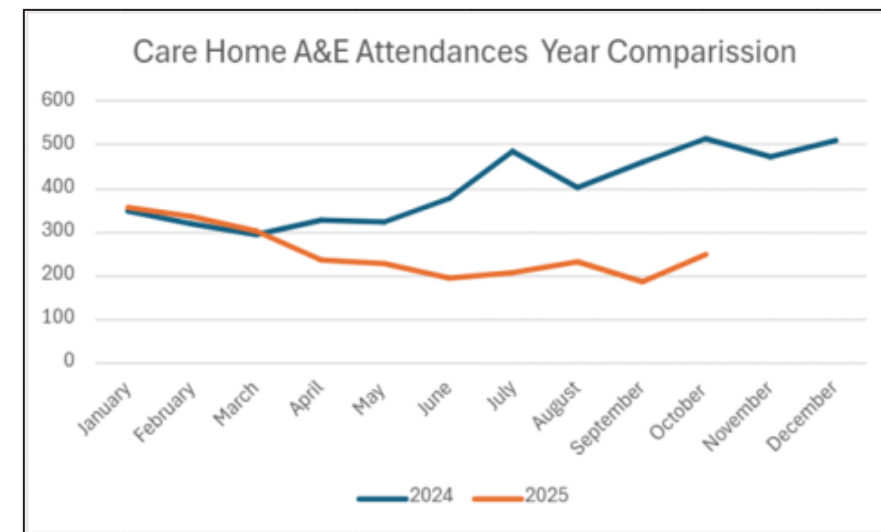
No wrong front door approach, no rejection seeking correct support on behalf of care home.

- Redesigned UEC pathway for care homes



Outcome

The graphs identify that there has been a significant reduction in A&E attendances from Coventry Care Homes in 2025, with a comparisons to 2024 showing from April 2025.



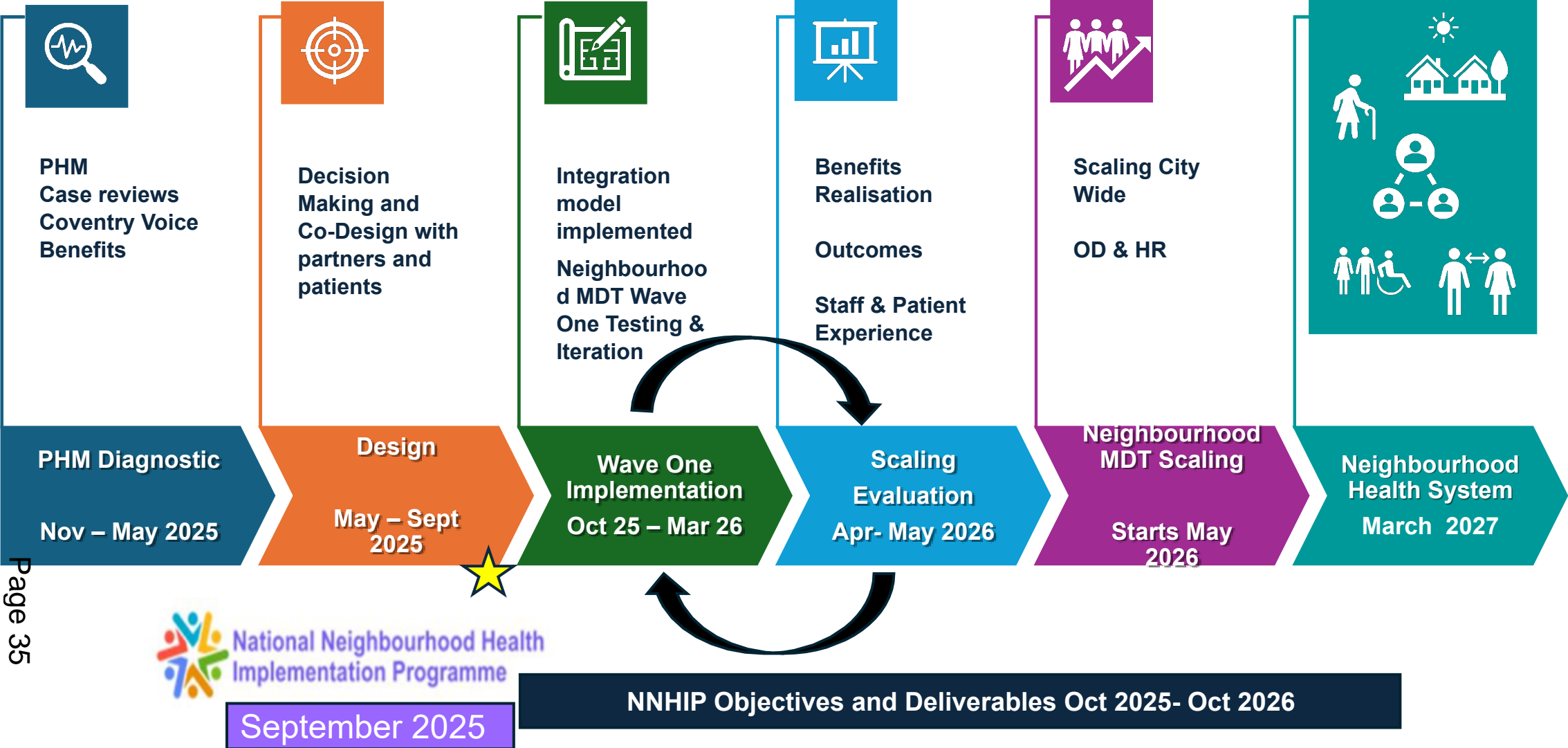


6. Next Steps



Working together to create healthier neighbourhoods

Community Integrator Transformation Timeline





Questions and comments



Working together to create healthier neighbourhoods



Coventry City Council

Briefing note

To: Health and Social Care Scrutiny Board (5)

Date: 1st April 2026

Subject: Coventry Safeguarding Adults Board Annual Report 2024-2025

1 Purpose of the Note

- 1.1 The purpose of the briefing note is to provide an overview of Coventry Safeguarding Adults Board Annual Report 2024-2025.

2 Recommendations

- 2.1 The Health and Social Care Scrutiny Board (5) are recommended to note the contents of the report at Appendix 1 and to make any further recommendations.

3 Information/Background

- 3.1 The Coventry Safeguarding Adults Board (CSAB) is a partnership of organisations that work to both prevent and end abuse of adults with care and support needs in Coventry.
- 3.2 The Care Act (2014) requires that each local authority must establish a Safeguarding Adults Board for its area. The objective of a Safeguarding Adults Board is to help protect adults in its area in cases where the adult:
- has care and support needs.
 - is experiencing, or is at risk of, abuse or neglect and
 - as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it
- 3.3 The Safeguarding Adults Board achieves this by co-ordinating and ensuring the efficacy of what each member does.
- 3.4 Under the Care Act 2014 one of the core duties of the Safeguarding Adults Board (SAB) is to Publish an annual report detailing what the SAB has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to implement the strategy as well as detailing the findings of any safeguarding adult review and subsequent actions. This Safeguarding Adults Board Annual Report 2024-2025 is in line with this requirement.

Appendix 1 – Coventry Safeguarding Adults Board Annual Report 2024/25

Name: Rebekah Eaves

Job Title: Business Manager Coventry Safeguarding Children's Partnership and Adult Board.

Contact Details: rebekah.eaves@coventry.gov.uk

This page is intentionally left blank

Coventry Safeguarding Adults Board

Annual Report 2024/25





Board partners



To report a crime:

In an emergency, contact the police:

Tel: 999

If the person is not in danger now, contact the police:

Tel: 101

To report a safeguarding concern or seek advice:

Contact Adult Social Care:

Tel: 024 7683 3003

Out of hours:

Tel: 024 7683 2222

Contents

	Page
Message from the Chair	4
What we do	5
The Six Safeguarding Principles, Care Act 2014	6
Governance	7
Coventry Population	8
Outcomes for Coventry Adults	9
Making Safeguarding Personal	9
Prevention & Early Intervention	13
Engagement & Communication	25
Development & Assurance	28
How have we made a difference?	31
Policies and Procedures	43
Audits	44
Safeguarding Adult Reviews	46
Feedback	47
Learning Events	48
Translated Resources	50
Coventry Safeguarding Adults Board Strategic Plan 2024 – 2027	51

Message from the Chair

Welcome to the 2024/2025 Annual Report for the Coventry Safeguarding Adults Board (CSAB). Safeguarding Adults Boards exist under statute to ensure that public sector agencies work together to ensure that adults with care and support needs in the area are protected from abuse, harm, and neglect.

Under the Care Act 2014 the CSAB is required to agree a local safeguarding Business Plan and to publish an Annual Report that details how it has delivered against that plan. To achieve continuity and consistency, the Board has also developed a three-year Strategic Plan so that our focus on key safeguarding issues takes a longer-term approach.

The CSAB maintains a balance between local matters, issues from across the West Midlands region and national reforms and developments, involving those agencies tasked with a statutory responsibility to safeguard vulnerable adults as well as voluntary and community services.

Our Strategic Priorities: Making Safeguarding Personal, Prevention and Early Intervention, Engagement and Communication, and Development and Assurance cover a broad range of safeguarding activity, and the Annual Report details progress against these aims.

The partnership in Coventry is strong and engaged, helping safeguarding professionals bring about positive change and improvement. This is due to the dedication and commitment of colleagues from across the agencies involved, and a well-run and highly effective Business Unit. Having worked in the city for a number of years, I am proud to be part of the ongoing efforts to keep our most vulnerable adults safe and well, and I hope this Annual Report helps to tell the story of how social care staff, police officers, health practitioners, voluntary sector colleagues and so many more caring and compassionate people continue to work for the people of Coventry.

What we do?

The Coventry Safeguarding Adults Board (CSAB) is a partnership of organisations that work to both prevent and end abuse of adults with care and support needs in Coventry. The Board includes a wide range of organisations that have a role in safeguarding adults with care and support needs, from abuse and neglect. This includes senior representatives from the Local Authority, Police and NHS Integrated Care Board (ICB) as well as other statutory organisations, Healthwatch and the voluntary sector. The Board commissions an Independent Chair to provide an independent perspective as well as to challenge and support to the Board in achieving its ambitions. A full list of members is available at appendix 1.

The Care Act (2014) requires that each local authority must establish a Safeguarding Adults Board for its area. The objective of a Safeguarding Adults Board is to help protect adults in its area in cases where the adult:

- has care and support needs.
 - is experiencing, or is at risk of, abuse or neglect and
 - as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it
- The Safeguarding Adults Board achieves this by coordinating and ensuring the efficacy of what each member does. Each Safeguarding Adult Board has three core duties which are to: -
- conduct any safeguarding adults reviews in accordance with Section 44 of the Care Act 2014
 - publish an annual report detailing what the Safeguarding Adults Board has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to implement the strategy as well as detailing the findings of any safeguarding adult review and subsequent actions.
 - publish a strategic plan for each financial year that sets out how it will meet its main objective and what members will do to achieve this

The work of the Board is underpinned by the six safeguarding principles as defined in the Care Act 2014, which are:

Empowerment: I am asked what I want as the outcomes from the safeguarding process, and this directly informs what happens.

Prevention: I receive clear and simple information about what abuse is. I know how to recognise the signs and I know what I can do to seek help.

Proportionate: I am sure that the professionals will work in my interest, and they will only get involved as much as is necessary.

Protection: I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.

Partnership: I know that staff treat personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me

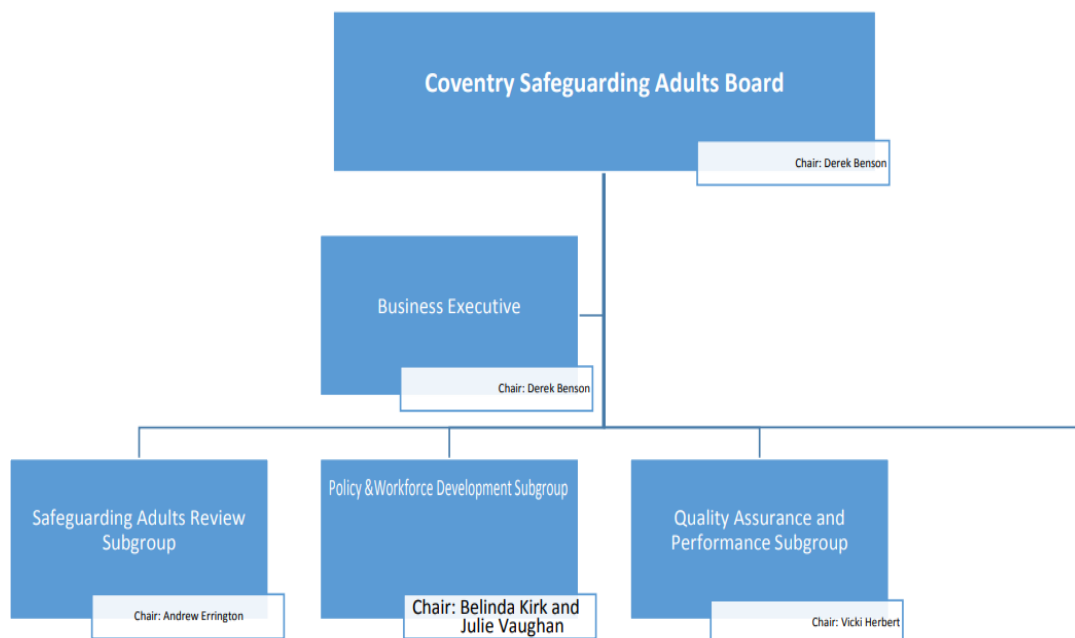
Accountability: I understand the role of everyone involved in my life and what they do.

For more information on Making Safeguarding Personal please see our leaflet here: [Making Safeguarding Personal leaflet – Coventry City Council](#)



Governance

The Board is a multi-agency statutory body which makes decisions about the strategic direction of adult safeguarding in Coventry. The work of the Board is supported through its Business Executive Group and Subgroups. The structure of these groups is shown below



Coventry Population

- Coventry is home to second largest Local Authority in the West Midlands. Coventry's population has grown by 8.9% over the last 10 years.
- 65.5% of people in Coventry identified their ethnic group within the 'White' category (compared with 73.8% in 2011)
- 18.5% identified their ethnic group as 'Asian, Asian British or Asian Welsh' category (compared with 16.3% in 2011)
- The diversity in spoken languages is also increasing
- Life expectancy in the city remains lower than the national and regional averages. For females this is 82 years and for males 78 years. There are significant health inequalities across our neighbourhoods.
- Deprivation within the city has decreased in more recent years, the % of Coventry neighbourhoods that are amongst the 10% most deprived in England reduced from 18.5% to 14.4% (between 2015 and 2019) However, over a quarter (25.6%) of neighbourhoods are amongst the most deprived 20% of areas, a particular focus for the health system for tackling inequalities (the 'Core20').
- The median age of the population is 35 five years lower than that of the region and England at 40
- 13% of the population is 65+ projected to increase by 27.7% by the year 2043
- 2.4% of the population are aged 85 or over

Outcomes for Coventry Adults

During 2024/25 data was collated into a Performance Scorecard and analysed by the Quality, Assurance and Performance (QA&P) Subgroup. The Performance Scorecard indicators are aligned with Coventry Safeguarding Adults Board priorities to ensure that the data collected can provide assurance around areas of concern; the data emanates from all partners represented at the Quality, Assurance and Performance Subgroup and actively provides assurance that work is protecting and improving outcomes for adults with care and support needs across the city.

Making Safeguarding Personal

“To be assured that safeguarding is underpinned by the principles of ‘Making Safeguarding Personal’ and that adults are supported to achieve the outcomes that they want”

1. The number of identified outcomes achieved for concluded safeguarding enquires:

	Fully Achieved	Partially achieved	Not Achieved	Asked but not expressed	Person not asked	Blanks/don't know	Total
2023-24	572	397	44	149	175	7	1344
Prev Q4	164 (47%)	108 (31%)	12 (4%)	29 (8%)	37 (11%)	2 (1%)	352
Q1	108 (43%)	89 (35%)	8 (3%)	20 (8%)	27 (11%)	1 (0%)	253
Q2	115 (43%)	93 (35%)	15 (6%)	23 (9%)	22 (8%)	0 (0%)	268
Q3	110 (39%)	106 (38%)	17 (6%)	28 (10%)	18 (6%)	0 (0%)	279
Q4	124 (41%)	124 (41%)	14 (5%)	20 (7%)	19 (6%)	3 (1%)	304
Total	457	412	47	95	86	7	1104
%	41%	37%	4%	9%	8%	1%	

2. The outcomes of safeguarding enquiries:

Concluded enquiries	Prev Q4	Q1	Q2	Q3	Q4	Total
Action taken, and risk remains	9	6	10	7	20	43
Action taken, and risk reduced	97	79	104	85	88	356
Action taken, and risk removed	68	59	53	56	76	234
Not recorded	1	0	0	0	2	2

3. The percentage of adults who lack capacity with concluded safeguarding enquiries that confirm that they were supported by an advocate or family member acting as a representative:

	Prev Q4	Q1	Q2	Q3	Q4	Total
Supported by an advocate	97%	87%	91%	88%	90%	91%

4. Conversion rate from concerns to enquiries (evidencing proportionality of involvement):

	Prev Year Total	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Number of new Concerns	6796	596	617	433	459	486	437	477	483	469	438	398	435	5728
Number of new Enquiry	1353	75	87	77	83	82	94	109	87	95	86	70	109	1054
% of concerns who became an Enquiry	20%	13%	14%	18%	18%	17%	22%	23%	17%	16%	20%	18%	25%	18%

5. Deprivation of Liberty (DoLS) applications:

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year Total	
Applications carried over from previous period	463	465	466	316		
Number of applications received 2024 - 2025	497	495	477	480	1949	
TOTAL Number of applications at the end of the quarter	960	960	943	796	2412	
Total number of granted	276	285	407	293	1261	58%
Total number of not granted	219	209	220	248	896	42%
Total number of completed	495	494	627	541	2157	
Completed %	52%	51%	66%	68%	89%	
To be completed	465	466	316	255	255	
To be completed %	48%	49%	34%	32%	11%	

Applications granted timescale form being received							
	0-3 months		3-6 months		6+ months		Total
Total 22-23	199	19%	750	71%	106	10%	1055
Total 23-24	212	21%	713	70%	87	9%	1012
Total 24-25	510	40%	728	58%	23	2%	1261

Reason for Not Granted DoLS	2022-23		2023-24		2024-25	
	Number	%	Number	%	Number	%
Change of circumstances	905	73%	689	79%	630	70%
Deceased	257	21%	154	18%	195	22%
Criteria not met	82	7%	33	3%	71	8%
Grand Total	1244		876		896	

The Board seek to gain assurance that all safeguarding work is outcome-focused underpinned by the principles of Making Safeguarding Personal and this year's data demonstrates that 78% of outcomes for concluded safeguarding enquiries were either fully or partially achieved; this has remained consistent throughout the year and represents a year-on-year increase of 5% (73% in 2023/24 and 68% in 2022/23). Positively, there was also a steady decline in individuals not being asked about their preferred outcomes (8%) after an increase during the previous year from 10% to 13%.

93% of risks were reduced or removed in concluded safeguarding enquiries this year evidencing that most people are being kept safe and supported as a result of their engagement with services.

The data regarding the percentage of individuals lacking capacity who are supported by an advocate required further scrutiny and analysis. By the end of the year, this figure declined to 91%. However, previous investigations have identified that this drop is due to a recording issue—particularly when the advocate is a family member—rather than a lack of support. People who need an advocate are receiving one. Coventry and Warwickshire Partnership Trust offered further assurance that since July 2024, no enquiries were closed without an advocate in cases where the individual lacks capacity.

Despite significant ongoing levels of safeguarding activity, there has been a notable 15.7% decrease in the number of adults referred into ASC this year compared to the previous year. Nevertheless, Coventry Adult Social Care (ASC) continues to receive a higher volume of safeguarding concerns than other local authorities in the region. In June 2024, ASC implemented a new request module, which has improved the accuracy of reported figures. This system ensures that only referrals meeting the threshold for concern are progressed, offering a more precise reflection of actual safeguarding concerns. The conversion rate from concern to enquiry has declined slightly, from 20% last year to 18% this year.

Deprivation of Liberty Safeguards (DoLS)

Deprivation of Liberty Safeguards (DoLS) are a legal framework in England and Wales designed to protect adults who lack the mental capacity to consent to their care or treatment and who are deprived of their liberty in a care home or hospital. DoLS ensure that any deprivation of a person's liberty is lawful, necessary, proportionate, and in the person's best interests.

DoLS data shows sustained performance across key indicators; there has been an increase in applications completed this year compared to the previous year – going from 83% to 89%. The average timescale for applications to be granted is 3 – 6 months after being received and the number of applications granted after 6 months is declining year on year. Association of Directors of Adult Social Services West Midlands Deprivation of Liberty Safeguards Annual Data Report (2023/24) indicates that Coventry are performing and responding well in this area: 2nd in the region for the number of DoLS applications received - 965 per 100,000 adults population (WM average is 796, Peer is 720 and National is 735); 2nd in the region for the number of DoLS completed – 963 per 100,000 adults population (WM average is 772 cases, Peer is 697 and National is 716) and 6th in the region for the number of DoLS applications not completed – 465 per 100,000 adults population (WM average is 826 cases, Peer is 703 and National is 831).

Prevention & Early Intervention

“To reduce the risk that adults with care and support needs will experience harm abuse or neglect.”

1. % of staff currently trained in basic safeguarding awareness:

AGENCY	End of last Q4	Q1	Q2	Q3	Q4	CAVEAT
ALL Local Authority	79	78	78	80	78	Calculated at 3 years (employer requirement)
Local Authority Adult Services	91	90	90	91	89	
Local Authority Adult Social Work Teams	89	86	87	89	88	
University Hospital Coventry and Warwickshire	96.7	96.4	95.6	94.9	95.2	Calculated at 3 year (employer requirement)
Integrated Care Board	91	90.1	91.2	92.1	93	Calculated at 3 year (employer requirement)
Coventry and Warwickshire Partnership Trust	95.9	96.6	94.8	95.4	96.7	Calculated annually (employer requirement)
South Warwickshire Foundation Trust	93	93	93	92	94	Calculated at 3 year (employer requirement)
National Probation Service	98	92	100	100	100	Calculated at 3 year (employer requirement)

There continues to be evidence of excellent safeguarding training compliance across most agencies.

2. Safeguarding concerns and enquiries by abuse type per quarter (i.e. concerns that did not progress to an enquiry – excludes open concerns or those that did not progress to information sharing)

Type of abuse	Prev Year Total 2023/24		Q1		Q2		Q3		Q4		Total		Regional (West Midlands)	National (England)
	Concerns	Concluded Enquiries	Concerns	Concluded Enquiries	Concerns	Concluded Enquiries	Concerns	Concluded Enquiries	Concerns	Concluded Enquiries	Total Concerns	Total Concluded Enquiries	Concluded Enquiries	
Discriminatory	18 <i>(1%)</i>	4 <i>(0%)</i>	4 <i>(1%)</i>	3 <i>(1%)</i>	4 <i>(1%)</i>	1 <i>(0%)</i>	6 <i>(1%)</i>	2 <i>(1%)</i>	2 <i>(0%)</i>	1 <i>(0%)</i>	16 <i>(1%)</i>	7 <i>(1%)</i>	0%	1%
Domestic	117 <i>(5%)</i>	46 <i>(3%)</i>	48 <i>(7%)</i>	7 <i>(2%)</i>	39 <i>(6%)</i>	9 <i>(3%)</i>	50 <i>(7%)</i>	12 <i>(4%)</i>	40 <i>(8%)</i>	20 <i>(6%)</i>	177 <i>(7%)</i>	48 <i>(4%)</i>	9%	6%
Financial	281 <i>(13%)</i>	170 <i>(12%)</i>	99 <i>(14%)</i>	46 <i>(15%)</i>	97 <i>(15%)</i>	67 <i>(20%)</i>	100 <i>(15%)</i>	58 <i>(18%)</i>	84 <i>(17%)</i>	67 <i>(18%)</i>	380 <i>(15%)</i>	238 <i>(18%)</i>	15%	12%
Modern Slavery	6 <i>(0%)</i>	0 <i>(0%)</i>	3 <i>(0%)</i>	2 <i>(1%)</i>	0 <i>(0%)</i>	0 <i>(0%)</i>	2 <i>(0%)</i>	0 <i>(0%)</i>	2 <i>(0%)</i>	1 <i>(0%)</i>	7 <i>(0%)</i>	3 <i>(0%)</i>	0%	0%

Neglect & Acts of Omission	659 (30%)	645 (47%)	213 (31%)	104 (34%)	186 (28%)	121 (36%)	167 (24%)	120 (36%)	119 (25%)	118 (33%)	685 (27%)	463 (35%)	30%	32%
Organisational	38 (2%)	24 (2%)	9 (1%)	4 (1%)	4 (1%)	5 (1%)	9 (1%)	5 (2%)	6 (1%)	8 (2%)	28 (1%)	22 (2%)	4%	6%
Physical	388 (18%)	204 (15%)	128 (19%)	57 (19%)	130 (20%)	48 (14%)	129 (19%)	41 (12%)	86 (18%)	50 (14%)	473 (19%)	196 (15%)	16%	19%
Psychological/Emotional	291 (13%)	83 (6%)	92 (13%)	29 (10%)	93 (14%)	31 (9%)	92 (13%)	29 (9%)	74 (15%)	32 (9%)	351 (14%)	121 (9%)	16%	13%
Self-neglect	303 (14%)	172 (13%)	71 (10%)	41 (14%)	64 (10%)	48 (14%)	95 (14%)	52 (16%)	59 (12%)	57 (16%)	289 (12%)	198 (15%)	5%	7%
Sexual	73 (3%)	21 (1%)	20 (3%)	8 (3%)	34 (5%)	9 (3%)	28 (4%)	10 (3%)	10 (2%)	8 (2%)	92 (4%)	35 (3%)	4%	4%
Sexual Exploitation	11 (1%)	3 (0%)	2 (0%)	1 (0%)	3 (0%)	1 (0%)	8 (1%)	2 (1%)	0 (0%)	1 (0%)	13 (1%)	5 (0%)	1%	1%
Total	2185	1372	689	302	654	340	686	331	482	363	2511	1336		

Neglect/acts of omission, financial abuse, physical abuse and self-neglect were the top categories of abuse for concluded enquiries this year. Rates of neglect/acts of omission in Coventry have declined and are now more aligned with regional and national rates. Organisational abuse, self-neglect and neglect acts of omission had the highest conversations rates – all above 65%

3. Number of safeguarding enquiries broken down by location of risk:

Location of risk	Prev Year 2023/24	Last Q4	Q1	Q2	Q3	Q4	Total
Alleged Person Causing Harm's Home	9 (1%)	3 (1%)	6 (2%)	4 (2%)	2 (1%)	5 (2%)	17 (2%)
Day Care	3 (0%)	2 (1%)	1 (0%)	0 (0%)	0 (0%)	2 (1%)	3 (0%)
Education/Training/Workplace	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Hospital	61 (4%)	20 (6%)	17 (7%)	11 (4%)	18 (6%)	18 (6%)	64 (6%)
Hospital-Mental Health	8 (1%)	1 (0%)	2 (1%)	1 (0%)	1 (0%)	3 (1%)	7 (1%)
Housing with Care	57 (4%)	15 (4%)	8 (3%)	6 (2%)	8 (3%)	6 (2%)	28 (3%)
Not Known	12 (1%)	5 (1%)	4 (2%)	6 (2%)	11 (4%)	7 (2%)	28 (3%)
Nursing Home	163 (12%)	42 (12%)	35 (14%)	24 (9%)	32 (11%)	20 (7%)	111 (10%)
Other Health Setting	8 (1%)	4 (1%)	3 (1%)	2 (1%)	0 (0%)	1 (0%)	6 (1%)
Other Location	18 (1%)	9 (2%)	10 (4%)	14 (5%)	6 (2%)	15 (5%)	45 (4%)
Own Home i.e., where adult usually lives	661 (49%)	178 (49%)	128 (49%)	147 (53%)	156 (54%)	166 (57%)	597 (54%)
Public Place	10 (1%)	1 (0%)	5 (2%)	3 (1%)	5 (2%)	5 (2%)	18 (2%)
Residential Care	352 (26%)	81 (22%)	40 (15%)	57 (21%)	48 (17%)	42 (14%)	187 (17%)

Shared Lives	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (0%)	0 (0%)	1 (0%)
Total	1362	361	242	261	284	290	1112

4. Location of abuse/risk for each abuse type for concluded enquiries (cumulative year to date):

	Care Home Nursing	Care Home Residential	Hospital -Mental Health	Hospital Acute	In a community service	In the community	Other	Own Home	Total
Discriminatory	0	1	0	0	0	0	0	4	4
Domestic Abuse	0	0	0	0	1	6	5	41	53
Financial or material	8	13	1	8	1	8	36	176	251
Modern Slavery	0	0	0	0	0	0	1	4	4
Neglect and Acts of Omission	81	122	1	49	7	7	18	173	458
Organisational	4	3	0	2	0	0	0	3	12
Physical	30	53	2	10	0	18	15	119	247
Psychological	1	6	3	1	2	9	3	62	87
Self-Neglect	1	4	0	1	0	6	14	196	222
Sexual	0	6	4	1	0	2	6	19	38
Sexual Exploitation	0	0	0	0	0	0	2	2	4
Total	125	208	11	72	11	56	100	797	1380

Location of harm for concluded enquiries was again predominantly in the individual's own home this year with no other significant changes in trends in any other locations.

44% of concerns relating to neglect/acts of omission, 34% of concerns about physical abuse and 58.3% of concerns relating to organisational abuse were located in care homes (nursing

and residential); 10% of concerns relating to neglect/acts of omission were also found in the acute hospital. The other types of abuse were mainly located within the person's own home.

5. Source of risk (i.e., perpetrator) for safeguarding enquiries

	Prev Year 2023/24	Last Q4	Q1	Q2	Q3	Q4	Total
Day Centre staff	3 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (0%)	1 (0%)
Domiciliary Care Staff (Home Support Staff)	154 (11%)	30 (19%)	20 (8%)	28 (11%)	21 (7%)	14 (5%)	83 (8%)
Family Member	241 (18%)	48 (15%)	42 (18%)	46 (18%)	54 (19%)	64 (24%)	206 (20%)
Friend/Neighbour	49 (4%)	14 (4%)	7 (3%)	11 (4%)	18 (6%)	18 (7%)	54 (5%)
GP	4 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Hospital Staff	57 (4%)	17 (5%)	9 (4%)	3 (1%)	16 (5%)	13 (5%)	41 (4%)
Housing with Care Worker	20 (1%)	3 (1%)	4 (2%)	5 (2%)	6 (2%)	1 (0%)	16 (2%)
Not Known	45 (3%)	15 (5%)	11 (5%)	13 (5%)	8 (3%)	7 (3%)	39 (4%)
Not Listed	20 (1%)	5 (2%)	3 (1%)	1 (0%)	4 (2%)	4 (2%)	12 (1%)
Not Recorded	11 (1%)	9 (3%)	1 (0%)	1 (0%)	1 (0%)	7 (3%)	10 (1%)
Nurse (non-hospital)	14 (1%)	3 (1%)	1 (0%)	5 (2%)	1 (0%)	3 (1%)	10 (1%)
Nursing Home Care Staff	127 (9%)	35 (11%)	19 (8%)	19 (7%)	27 (9%)	9 (3%)	74 (7%)
Other adult with Care & Support Needs	85 (6%)	15 (5%)	9 (4%)	11 (4%)	4 (1%)	9 (3%)	33 (3%)
Other Health Care Worker	11 (1%)	2 (1%)	0 (0%)	1 (0%)	5 (2%)	2 (1%)	8 (1%)
Other Social Care Staff	3 (0%)	0 (0%)	4 (2%)	1 (0%)	3 (1%)	3 (1%)	11 (1%)
Partner/Ex-Partner	62 (5%)	18 (6%)	7 (3%)	17 (7%)	31 (11%)	17 (6%)	72 (7%)
Privately Employed Worker	2 (0%)	0 (0%)	2 (1%)	1 (0%)	1 (0%)	1 (0%)	5 (0%)
Residential Care Staff	249 (18%)	56 (17%)	45 (19%)	50 (19%)	43 (15%)	28 (11%)	166 (16%)
Self-Directed Care Staff (inc. Direct Payments PA)	3 (0%)	1 (0%)	1 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (0%)
Self-Neglect	177 (13%)	45 (14%)	47 (20%)	39 (15%)	42 (14%)	62 (23%)	190 (18%)
Staff in Independent Sector	7 (1%)	2 (1%)	1 (0%)	1 (0%)	2 (1%)	0 (0%)	4 (0%)
Stranger	14 (1%)	4 (1%)	6 (3%)	5 (2%)	4 (2%)	2 (1%)	17 (2%)
Total	1358	322	239	259	291	265	1054

This year, family members have emerged as the predominant source of risk - steadily increasing over the course of the year. However, this trend is not fully reflected in the domestic abuse data, suggesting a level of underreporting. It is believed that this inconsistency is due to a recording issue rather than issues with frontline safeguarding practice. In many cases, abuse by family members is being logged under other categories, such as physical or financial abuse, instead of being identified as domestic abuse. Coventry Adult Social Care has acknowledged the need to improve the accuracy of domestic abuse recording. To address this, ongoing training is being provided on the Domestic Abuse Act 2021, and practitioners are being reminded to correctly record abuse as domestic when the perpetrator is a family member. Self-neglect has also been identified as a significant and recurring source of risk this year.

6. Source of referral / concern:

Referral source	Prev Year 2023/24	Last Q4	Q1	Q2	Q3	Q4	Total
Adult Social Care (CCC)	157 (2%)	36 (2%)	29 (2%)	53 (4%)	50 (3%)	51 (4%)	183 (3%)
Ambulance Service	2160 (32%)	627 (34%)	546 (33%)	444 (32%)	461 (32%)	445 (35%)	1896 (33%)
Anonymous/Neighbour/Member of Public	66 (1%)	10 (1%)	14 (1%)	11 (1%)	8 (1%)	9 (1%)	42 (1%)
Care Quality Commission	31 (0%)	3 (0%)	7 (0%)	2 (0%)	8 (1%)	5 (0%)	22 (0%)
Community Health Staff/Setting	463 (7%)	130 (7%)	103 (6%)	59 (4%)	82 (6%)	59 (5%)	303 (5%)
Coventry & Warwickshire Integrated Care Board	6 (0%)	2 (0%)	2 (0%)	3 (0%)	1 (0%)	1 (0%)	7 (0%)
Fire Service	21 (0%)	0 (0%)	8 (0%)	1 (0%)	5 (0%)	11 (1%)	25 (0%)
Friend/Family/Partner (Ex)	416 (6%)	100 (5%)	85 (5%)	73 (5%)	74 (5%)	78 (6%)	310 (5%)
NHS Hospital Trust	704 (10%)	208 (11%)	144 (9%)	140 (10%)	163 (11%)	111 (9%)	558 (10%)
Not Recorded	1 (0%)	1 (0%)	0 (0%)	0 (0%)	0 (0%)	2 (0%)	2 (0%)
Other	626 (9%)	195 (10%)	160 (10%)	150 (11%)	170 (12%)	143 (11%)	623 (11%)
Other Local Authority	46 (1%)	9 (0%)	10 (1%)	8 (1%)	7 (0%)	9 (1%)	34 (1%)
Other Service User (or their family)	21 (0%)	4 (0%)	12 (1%)	6 (0%)	9 (1%)	4 (0%)	31 (1%)

Police	167 (2%)	48 (3%)	56 (3%)	39 (3%)	29 (2%)	39 (3%)	163 (3%)
Self	154 (2%)	32 (2%)	35 (2%)	45 (3%)	40 (3%)	40 (3%)	160 (3%)
Social Care Provider/Setting	1758 (26%)	455 (24%)	435 (26%)	348 (25%)	322 (23%)	264 (21%)	1369 (24%)
Total	6796	1860	1646	1382	1429	1271	5728

No significant change in trends in relation to source of referral; the main referrer was West Midlands Ambulance Service again this year. A Task & Finish group previously reviewed and updated the classifications that sit underneath the source of risk and source of referral datasets which will help inform any targeted work that might be required next year.

7. Number of referrals/concerns broken down by age of individual:

Age range	Prev Year 2023/24	Last Q4	Q1	Q2	Q3	Q4	%
18-64	2223 (33%)	634					
18 - 30	-	-	139	123	118	114	9%
31 - 40	-	-	87	84	89	76	6%
41 - 50	-	-	108	92	100	82	7%
51 - 64	2223 (33%)		253	229	198	178	15%
65-74	960 (14%)	240	225	185	219	170	14%
75-84	1732 (25%)	491	408	333	360	316	25%

85-94	1602 (24%)	423	373	287	292	286	22%
95+	265 (4%)	66	52	47	53	48	3%
Unknown	16 (0%)	6	1	2	0	1	0
Total	6798	1860	1646	1381	1418	1271	

8. Number of referrals/concerns and enquiries broken down by gender of individual

Gender	2023/24		2024/25 (YTD)	
	Concern	Enquiry	Concern	Enquiry
Female	2284	614	2037	472
Male	1841	430	1667	392
Indeterminate	8	0	5	1
Total	4133	1044	3709	865

9. Number of referrals/concerns and enquiries broken down by ethnicity of individual

Ethnicity	2023/24		2024/25 (YTD)	
	Concern	Enquiry	Concern	Enquiry
Asian/Asian British	278	70	279	68
Black/African/Caribbean/Black British	129	29	125	30
Mixed/Multiple	35	10	71	24
Other Ethnic Group	30	6	39	11
Refused	68	21	152	28
Undeclared/Not Known	521	74	147	29

White	3072	834	2896	675
Total	4133	1044	3709	865

The subgroup identified underrepresentation of minority ethnic groups accessing Adult Social Care (ASC) and safeguarding services. Their first thematic audit of 2025/26 will be piece of assurance work to better understand the data around disproportionality and identify and understand areas of strength and practice that has been effective as well as any areas where development may be needed to improve safeguarding practice across the system and enhance access to support from Adult Social Care/safeguarding for minority ethnic groups.

Engagement & Communication

“To ensure that safeguarding processes and approaches are accessible for all within our communities”

1. Number of hits to resources /policy and procedures on Coventry Safeguarding Adults Board website:

Website Page	Last Q4	Q1	Q2	Q3	Q4
Safeguarding Adults Board Resources	9	4	98	88	139
Policy and Procedures	165	79	420	312	244

2. Coventry Safeguarding Adults Board Newsletter Reach:

Newsletter	Q1	Q2	Q3	Q4
No. of people signed up to receive the Coventry Safeguarding Adults Board newsletter	398	395	393	391

3. Online Adult Safeguarding Survey:

Newsletter	Q1	Q2	Q3	Q4
------------	----	----	----	----

No. of responses to the online adult safeguarding survey	2	0	0	0
--	---	---	---	---

4. Attendance at Coventry Safeguarding Adults Board Learning Events

Agency	2024/25				
	Q1	Q2		Q3	Q4
	Name of learning event				
	<i>No learning events</i>	<i>Loan Sharks and Scams</i>	<i>Forced Marriage</i>	<i>Fire Safety</i>	<i>MSP/ Self-neglect</i>
Local Authority – Coventry City Council	-	16	19	28	29
West Midlands Police	-	0	3	0	0
Health	-				
Coventry & Warwickshire Integrated Care Board	-	0	5	3	7
Coventry & Warwickshire Partnership Trust	-	2	2	1	3
University Hospital Coventry & Warwickshire	-	2	8	7	5
South Warwickshire Foundation Trust	-	0	10	0	0
Health/NHS – Other	-	1	1	0	11
Probation	-	0	0	0	0
West Midlands Ambulance Service	-	0	0	0	0
West Midlands Fire Service	-	0	0	0	4
Further Education	-	0	7	0	2
Third / Voluntary Sector	-	9	26	8	16
Faith groups	-	0	0	0	0
Other / Unknown	-	2	1	0	9
Total	-	32	82	47	86

The group were encouraged by the steady increase in people accessing Board resources and policies this year but there is a need for all partner agencies to disseminate the CSAB Newsletter and learning events within their organisations and encourage practitioners to subscribe. The CSAB Board team will continue to develop the Board website to make it more user friendly and accessible and look at ways to promote the Online Adult Safeguarding Survey.

5. Number of providers attending the Provider Forum

Service Area	Number of Providers	Average number of attendees at forum				
		Prev Q4	Q1	Q2	Q3	Q4
Older People – Care Homes (Residential/Nursing)	45	29 <i>(face to face)</i>	24 <i>(face to face)</i>	24 <i>(face to face)</i>	19 <i>(face to face)</i>	
Housing with Care	TBC	<i>Next face to face provider forum arranged for 14.05.24</i>	25 <i>(face to face)</i>	9 <i>(face to face)</i>	No provider forum held in Q3	
Home Support	TBC		<i>June 2024 – Long-Term Improving Lives Engagement Event</i> <i>15.05.24 – Short Term Event</i>	No provider forum held in Q2	29 <i>(face to face Engagement Market Event)</i>	
Mental Health	34	-	18 <i>(via MS Teams)</i>	8 <i>(via MS Teams)</i>	No provider forum held in Q3	
Learning Disability	TBC	<i>No provider forum in Q4</i>	21 <i>(face to face)</i>	10 <i>(face to face)</i>	5 <i>(face to face)</i>	

Development & Assurance

“To ensure that the Board continuously improves its delivery of its key responsibilities

1. Number of Safeguarding Adult Review referrals and Active Safeguarding Adult Reviews per quarter:

	Last Q4	Q1	Q2	Q3	Q4
Number of Safeguarding Adult Review referrals	0	2	3	0	1
Number of active Safeguarding Adult Reviews	1	1	1	1	1

2. Number of individuals with care and support needs placed Out of City:

The Adult Safeguarding Board needs to ensure that placing authorities can demonstrate that their teams proactively ensure the welfare of service users through regular checks and liaison with care providers and family members:

Scope		2024/25									
		Q1		Q2		Q3			Q4		
		ASC* <small>(as of 21.08.24)</small>	ICB <small>(as of 02.09.24)</small>	ASC <small>(as of 06.11.24)</small>	ICB <small>(as of 27.11.24)</small>	ASC <small>(as of 30.01.25)</small>	ICB <small>(as of 29.01.25)</small>	CWPT <small>(as of 10.01.25)</small>	ASC <small>(as of 16.04.25)</small>	ICB <small>(as of 18.04.25)</small>	CWPT
	Scale (total number known)	3710	841	3764	848	3710	855	23	3709	863	
	Number placed out of city	336 (9%)	214 (25%)	345 (9%)	196 (23%)	340 (9%)	180 (21%)	15 (65%)	335 (9%)	189 (22%)	
Setting types	Residential/Placement	255	unknown	259	171	253	155	n/a	248	125	
	Community	81	unknown	86	25	87	25	n/a	87	64	
	LDA Inpatient	n/a	n/a	n/a	n/a	n/a	n/a	11	n/a	n/a	
	Mental Health Acute	n/a	n/a	n/a	n/a	n/a	n/a	4	n/a	n/a	
Demographic	Under 18	n/a	1	n/a	1	n/a	4	unknown	n/a	10	
	18 - 64	222	185	234	172	230	155	unknown	232	162	
	65+	114	28	111	23	110	21	unknown	103	17	

Coventry City Council has an ‘Out of City Placements and Review Process’ which applies to all care home, supported living, and housing with care placements made outside of Coventry. Prior to any placement being made, checks will be made to ensure the well-being, safety of the person and quality of provision; this includes contact with the host authority to identify if there are any significant quality assurance or safeguarding issues. Sign off for a Care Quality Commission rated Inadequate placement must be authorised senior management. The host local authority will remain responsible for and lead on quality

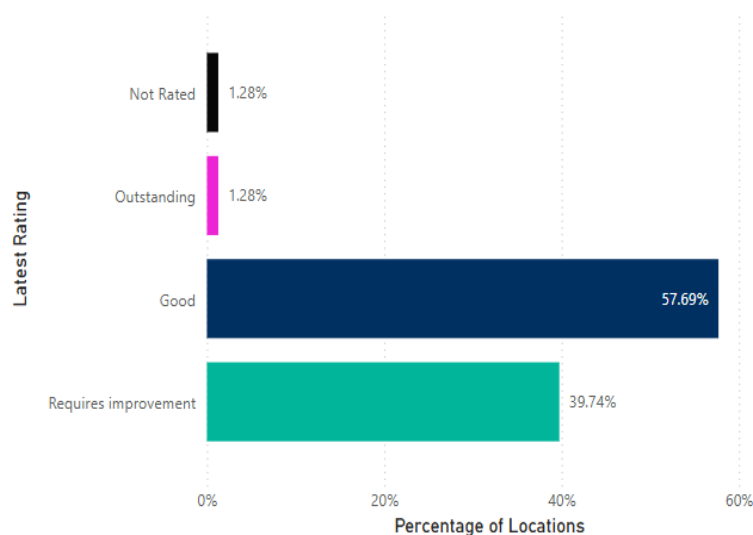
assurance measures and safeguarding investigations. Coventry City Council will, however, retain responsibility for the placement and safety of the individual and must therefore maintain assurance and oversight of the placements quality to ensure safety. All individuals placed Out of City should receive an annual planned scheduled review by ASC no less than every 12 months. If using a virtual review, good practice suggests an alternating model of virtual and face to face reviews. Individuals may also be subject to DoLS, and these arrangements are subject to review.

By the end of the Q4 we can see that the number of people known to each service and the proportion that are placed out of city had remained relatively static with no obvious variances or changes in trend – most people are aged under 65 and placed in residential placements.

3. Care Quality Commission rating of Coventry care homes:

The Quality, Assurance and Performance Subgroup received a quarterly assurance report from the Local Authority Strategic Commissioning Team outlining the internal and external audit and inspection systems in care homes in Coventry, how they are rated by the CQC and any plans for improvement.

The tables below are CQC ratings as of 1st April 2025 for active services registered in Coventry:



This table shows all Coventry CQC registered Care Homes and their CQC rating, 70 care homes in total, 2 of which are internally provided. Client groups include Learning Disability, Mental Health and Older People.

As of 1st April 2025, the Council contracts with 26 providers CQC rated as ‘Requires Improvement’, four of which are being managed by Coventry City Council Provider Escalation Panel who monitor and manage providers where there are quality concerns which present levels of risk to both service users and/or risks to the market. Information and intelligence is shared with the CQC to inform their inspections. There were no care homes rated as ‘Inadequate’.

Coventry Safeguarding Adults Board have commenced a quarterly programme of Safeguarding Adults Provider Forums and the first meeting was held on 9th January 2025. The purpose of the forum is to:

- promote awareness of good practice around safeguarding adults, including Making Safeguarding Personal, the application of the Mental Capacity Act, and the Deprivation of Liberty Safeguards.
- receive information, share good practice and increase awareness of safeguarding related matters and challenges.
- support the promotion and reach of safeguarding information to more marginalised groups receiving support in Coventry.
- support and develop safeguarding practice and training competencies across social and health regulated providers.
- share any local, regional or national learning in relation to Safeguarding Adult Reviews (SARs), Domestic Abuse Related Death Reviews (DARDRs) and significant incidents.
- raise awareness of role of the Coventry Safeguarding Adults Board, its role, resources and activities.

How have we made a difference?

To be assured that safeguarding is underpinned by the principles of Making Safeguarding Personal and that adults are supported to achieve the outcomes that they want.

Making Safeguarding Personal has been a key priority for the Safeguarding Adult Board, and it continues to be included as part of its strategic plans for 2024/27. This included producing a Safeguarding Board 'Making Safeguarding Personal - What good person-centred adult safeguarding practice looks like in Coventry' leaflet and previously undertaking multi-agency audit activity and learning events in 2021. A Making Safeguarding Personal Board audit was undertaken in December 2023.

Coproduction and Engagement

Coventry City Council Adult Social Care continued to work to grow its commitment to developing a culture of 'Coproduction and Engagement'. This included producing a commitment to the way the way the service would engage and involve people

<https://www.coventry.gov.uk/downloads/file/39258/adult-social-care-engagement-involvement-and-co-production-it-s-our-approach>

A real time experience survey continues to be used to seek feedback from people who have recently experienced support from Adult Social Care. The results so far are showing a broadly very positive experience of those people who access support or the people who care for them having a positive experience. Feedback has included being complimentary about support and how Adult Social Care have worked to build a rapport and connection with people, and a great proportion of people have wanted to get involved in some way in the work of Adult Social Care (over 2000 people now signed up to the Adult Social Care bulletin as of March 2025). Links for the survey are now on Adult Social Care's assessment, support plan and review forms

The Integrated Care Board continue to fund and deliver training for the Safeguarding Adults Co-ordinators programme within Primary Care where Making Safeguarding Personal is a common thread.

This role is open to all GP practices and is designed to assist the practices Safeguarding GPs on delivering their Safeguarding Adults responsibilities. This is to improve Primary Care's engagement in Adult Safeguarding but also to support their roles in the partnership. This includes reporting and responding to external enquiries, requests for information and audits, and to co-ordinate all Safeguarding activity within the practice

University Hospital Coventry & Warwickshire NHS Trust have a Trust strategy which puts the patient at the pinnacle of the strategy, and this is continued in our approach to safeguarding. Patient's preferences and wishes are at the centre of Safeguarding and decisions are made in an inclusive way. Capturing the patient's wishes and feelings is a mandated field within a University Hospital Coventry & Warwickshire Safeguarding Adult referral to ensure the persons views are heard and respected.

The Safeguarding Adults Board hosted a learning event in July 2023 focusing on sexual relations and mental capacity. The Board commissioned Edge Training to deliver this theme and seminar.

West Midlands Police support monthly Vulnerable Persons Forum well attended by multiple partners across Coventry to support and problem solve issues around Vulnerable Adults.

Making Safeguarding Personal & Self Neglect Learning Event

On 20th January 2025, Michael Preston-Shoot delivered a learning event to Coventry Safeguarding Adults Board and partners around Making Safeguarding Personal & Self Neglect. The event attracted 89 multi-agency participants. The event provided information around understanding making safeguarding personal and refreshing knowledge around self-neglect.

Accessible Safeguarding Information

Coventry Council Adult Services have developed a live demographic dashboard to identify the different characteristics of people accessing support. This has led to the development of information materials in different languages. We have updated all our public information which identifies that they can be made available in 6 main languages used in Coventry – Polish, Punjabi, Urdu, Arabic, Romanian and Tigrinya.
We have also produced our safeguarding information leaflet in Arabic as this is one of the most requested languages for translation.
<https://www.coventry.gov.uk/ASCpublicinformation>

Coventry Safeguarding Adults Board regularly hears examples of positive practice in reaction to Making Safeguarding Personal at Board meetings to ensure that the impact of positive practice is visible to senior leaders.

Probation have rolled out the Safeguarding Adults Practice Guidance, Making Safeguarding Personal toolkit and the One Minute Guide on Making Safeguarding Personal.

Coventry & Warwickshire Partnership Trust Mental Health Team Managers and Deputy Managers have access to full day safeguarding training session which in addition to child safeguarding and domestic abuse considers all elements of Section 75 including Making Safeguarding Personal. The Safeguarding team has supported their Champions Group, who meet virtually on a quarterly basis to embed safeguarding messages across the Trust. A Champions briefing of all newsletters, updated legislation, training, and policy is shared on a weekly basis.

The Board has developed a Making Safeguarding Personal toolkit [Making Safeguarding Personal resources – Coventry City Council](#) and regularly promotes these via the newsletter and at events.

Practice Quality Assurance

Coventry City Council Adult Services have continued to undertake routine monthly audit activity across the whole end to end safeguarding process, to support identification of good practice and areas for practice development. This included undertaking dip sample audits at 3 key stages of the safeguarding process.

- Concerns open to Intakes and allocated workers
- Enquiries allocated and open 0 to 6 months
- Enquiries allocated and open 6 months +

Audits are undertaken each month and are undertaken by the Head of Safeguarding, Adults Safeguarding Coordinator and Practice Development Social Worker. These audits aim to ensure our practice is in keeping with Making Safeguarding Personal

Since January 2024, the Safeguarding Adults Coordinator has also been completing monthly audits on all s.42 safeguarding enquiries open over 6 months. Should the status of the open enquiry be unclear, the allocated practitioner and manager are contacted with a request to review the enquiry. This work has resulted in a significant reduction of overall numbers of open safeguarding enquiries open over 6 months. For example, numbers open over 6 months have reduced from 20-25 cases in April '24 to just 12 (as of Apr '25).

University Hospital Coventry & Warwickshire encourage all staff to adapt the ethos of "Think family" in relation to safeguarding practice and families, friends and advocates are an integral part of all care and discharge decisions.

Your voice matters' survey completed in Autumn 2024 asks for feedback from our People on Probation to understand their experiences of being under Probation. Results are fed into the creation of a Probation Delivery Unit action plan to support continuous development and quality of service

Coventry & Warwickshire Partnership Trust collates Data relating to wishes outcomes for concluded Section 42 enquiries is collated and included in the quarterly report which is shared at Safeguarding Operational Group, Section 75 board and Operational Group and the Section 75 safeguarding group. In 2023/24, of the patients that identified their wishes 97% fully achieved or partially achieved their desired outcome.

The Board, in 2024, produced an online engagement survey to give adults living in Coventry an opportunity to provide feedback on their understanding and experience of safeguarding, aiming to establish if someone they knew was experiencing abuse or neglect where they would go for support and any experience of accessing it.

During 2024/25 there has been the addition of trauma informed awareness to the level 3 safeguarding adults training. Alongside this there have been awareness sessions delivered within the Trust Annual Safeguarding Conference and from St Basils.

Safeguarding Experience

Following a successful trial period, the safeguarding experience survey was rolled out in April 2024. The real time safeguarding experience survey is used to seek feedback from people who have recently accessed safeguarding support. The Safeguarding Adults Team, within adult services, monitor responses and produce a summary report, identifying themes and trends which then inform future improvements. The following provides insight in relation to the number of responses received since the roll out in April 2024.

- Total 20 people returned feedback Apr'24-Mar'25
- 2% Feedback rate out of total number of concluded enquiries Apr-Jan (1070). Target for yr 25/26 will be 5%
- 8% Feedback rate out of total number of cases selected (241)

86% of people reported feeling fully involved, included and listened to (18/20 responses)

Focus groups are in place to understand the experiences of different cohorts of People on Probation to support them having a voice and Coventry Probation developing a better understanding of how to support outcomes.

Adherence to the Mental Capacity Act (2005) remains one of the priorities for the University Hospital Coventry & Warwickshire Safeguarding Team, to ensure that the persons wishes and views are known prior to any best interest decision. This is included in all face-to-face training that is delivered and audited

In Coventry and Warwickshire Partnership Trust In 2024/25 8% of patients did not identify a wish, 5% were not asked and for 14% it is not known what their wishes were.

Many agencies are having a high level of new starters and therefore training and awareness raising needs to be continuous.

At University Hospital Coventry and Warwickshire, the learning from Safeguarding Adult Reviews in relation to professional curiosity is shared via the quarterly internal newsletter and cases are summarised within Safeguarding Education packages. This will continue as it aids raising staff awareness and will support improved practice.

At Coventry & Warwickshire Partnership Trust wherever possible patient's wishes should be identified and recorded. The Safeguarding Team have completed a piece of work to improve the recording of patient wishes, addressing this at Section 75 managers training and communications going out to all staff in December 2024. The Safeguarding Team will continue to monitor.

A forum to discuss patients not meeting thresholds in a multi-agency arena.

To reduce the risk that adults with care and support needs will experience harm from abuse or neglect

Coventry and Warwickshire Integrated Care Board host a GP safeguarding leads forum to offer support, learning and an opportunity to assist the safeguarding team to understanding any developing challenges or themes practices are experiencing. Training this year's annual event has included Modern Day Slavery, Sexual Abuse in the Elderly and Prevent with over 400 attendees.

Coventry & Warwickshire Partnership Trust data indicates that there was a 19% increase in the number of safeguarding concerns raised in 2024/25 compared to 2023/24. There was also a 38% increase in the number of Section 42 enquiries raised in the same period, indicating a positive response to disclosures or allegations of harm caused by abuse or neglect.

West Midlands Police work with around 50 agencies in Coventry supporting others to get extra support to vulnerable adults, the ones used most frequently are Adult social care, mental health support, Age UK and Change Grow Live.

University Hospital Coventry & Warwickshire endeavours to hear the patients voice, and this is done in many ways including using person centred documentation such as 'Advanced Decision Making', 'Hospital Passports' for patients with Learning Disability and / or Autism and 'Getting to Know You' booklets for people with Dementia.

The 'Practice Tool to Aid Decision Making' aims to assist agencies working with adults with care and support needs to identify if/when a safeguarding concern should be raised with the local authority. This was in direct response to rising numbers of concerns. This tool can also assist social care staff to assess the seriousness and level of risk associated with the concerns being received. The guide is being reviewed in 2025.

<https://www.coventry.gov.uk/downloads/file/37093/coventrysafeguarding-adults-board-practice-tool-to-aid-decision-making>

Adult Social Care Commissioning quality assurance

Coventry City Council Adults Strategic Commissioning aim to undertake an annual quality assurance visit of at least one visit per annum to all commissioned provision to monitor safety,

quality of care, care planning and recording, and outcomes achieved. Additional visits are undertaken where risk is identified in line with our Quality Assurance Framework.

We have recognised increasing self-neglect rates as an abuse type rising from 38 enquiries in 2018/19 (5.5% of abuse types) to 118 in 2022/23 (11.5% of abuse types), 172 in 2023/24 (12.5% of all abuse types) and 188 in 2024/25 (14.2% of all abuse types). In 2024/25 self-neglect became 4th highest reported abuse type behind neglect/acts of omission, financial and physical. Self-neglect also forms part of the Coventry Safeguarding Adults Board strategic plans for 2024-27 being identified as a critical safeguarding issue and practice area involving work with partners across Coventry. This has included.

- Production of one-minute guides for both self-neglect and hoarding
- Production of a hoarding best practice framework and guidance
- Multi agency Self-Neglect & Hoarding Learning event in June 2022
- Multi-agency Self-Neglect Audit in November 2022

At University Hospital Coventry and Warwickshire over 80% of staff have completed the level 1 Oliver McGowan training which again supports the need to be person centred – one of the key messages delivered during the Learning Disability Awareness Week promoted by the Safeguarding Team

Adult Social Care Commissioning Contract management and service design

In designing and awarding contracts, specific consideration is given to both safeguarding and ensuring contracts are worded in a manner that promotes independence, enablement / reablement and personalisation of care. As part of the tender and contract award process, providers are specifically assessed on their understanding of and processes in respect of safeguarding individuals, including alignment to the West Midlands Safeguarding Adults policies and procedures. Responses in respect of safeguarding are specifically weighted above other criteria. Contract specifications provide further stipulations to providers in respect of safeguarding and quality requirements.

As part of the design of new contracts and services, engagement with individuals in receipt of services and carers is undertaken to ensure services are delivered in line with user requirements. Examples of this can be noted within the recent re-commissioning of carers services and long-term home support.

At Coventry & Warwickshire Partnership Trust Safeguarding supervision training was attended by the Safeguarding Team and some of the Champions Group in April 2024, giving participants recognised enhanced skills to support and challenge staff who are involved in safeguarding patients with complex needs.

The Coventry and Warwickshire Integrated Care Board continue to commission IRIS. Some practices are now receiving refresher training due to the programme nearing seven years. IRIS in addition to their usual programme deliver additional bi-monthly training sessions to allow for focused or thematic learning such as changes to legislation.

West Midlands Police continue to contribute to the Vulnerable Persons Forum, a monthly meeting attended by our vulnerable persons officer and partner agencies. The meeting seeks to support people who are homeless, residing in temporary accommodation or struggling to sustain a tenancy which could lead to being

Coventry & Warwickshire Integrated Care Board share the chairing of Multi Agency Risk Assessment Conference and have implemented an information sharing process with GP

practices to support their knowledge of risk.

At University Hospital Coventry and Warwickshire safeguarding training opportunities are offered varying from different times to different training channels (face to face, MSTeams and bespoke safeguarding training for the Maternity and Emergency Department), which remain well evaluated.

Coventry & Warwickshire Integrated Care Board are part of the Coventry and Warwickshire Suicide prevention network.

Adult Social Care Commissioning – supporting Adult Social Care Workforce

The commissioning team have continued to support the provider adult social care workforce in Coventry during 2024/25. With the aim that all adults with care and support needs, and carers, in Coventry can live as independently, safe, and well as possible and have real choice and control over the care they receive. The topics and actions below, were a result of direct provider feedback:

Aim: Support greater understanding of safeguarding across the health and social care system:

- We suggested a new Safeguarding Adults Provider Forum, following feedback from providers. The Coventry Safeguarding Adults Board facilitate this meeting, the aim of this group is to improve general awareness of safeguarding, inform practice, training, share learning, sharing of information, create closer working relationships and get direct feedback from provider representatives.

Aim: Support adult social care providers with direct issues they are facing:

- Workshop for housing with care providers to support around issues of anti-social behaviour in schemes. The workshop was attended by West Midlands Police, Coventry City Council Community Safety Team, Coventry City Council Housing, Commissioning and housing with care providers. As a result of the session providers were issued a list of key contacts and who to escalate specific issues too. This network has also recently supported a housing with care scheme experiencing high levels of anti-social behaviour, feedback from tenants following this support and intervention was positive, noting a reduction in anti-social behaviour.
- Workshop facilitated by Change, Grow, Live (CGL) to support and advise providers supporting people with drugs and alcohol issues. A total of 10 provider organisations attended the session, which was well received.

At Coventry & Warwickshire Partnership Trust all patient facing staff are required to attend Level 3 Safeguarding training, four internal packages are offered currently: Domestic Abuse and Older Adults, Domestic Abuse Stalking Harassment and Honour Based Violence, Neglect and Self Neglect and All Age Exploitation. All packages include identifying and responding to concerns around harm from abuse or neglect and are updated regularly to incorporate changes in legislation and policy and learning from reviews. All packages are 'Think Family' and require staff to consider risk to anyone in the household.

The Board have also worked with the local authority and partners to produce information and guidance to support 'causing others to make enquires'. This includes guidance covering the responsibility of both the local authority and organisations identified to undertake an enquiry. This complements the enquiry process templates used with the safeguarding process. Engagement activities have been undertaken via provider forums. A Board audit on causing others to make enquiries is being held in 2025/26.

100% compliance with adult safeguarding eLearning and classroom training across Coventry Probation. Which support best practice and ensure staff have up to date knowledge to inform their practice.
Coventry & Warwickshire Integrated Care Board are involved with the Offensive Weapons Homicide Reviews pilot in Coventry as a Review Partner as required in the guidance Coventry & Warwickshire Integrated Care Board both locally and regionally has been involved in the planning and implementation of the Serious Violence Duty with other partners.
West Midlands Police promote the use of the Herbert protocol, a or vulnerable adults who are missing.
Mandatory training compliance is high across all agencies.
To prevent and relieve homelessness effectively, the Lead for Homelessness has created guidance and portals for advice, information and prompt referrals. This ensure that they are appropriately supported negating risk of abuse or neglect.
The second annual Safeguarding Conference ' <i>Working in Partnership</i> ' hosted in November 2024 attracted more than 100 people where guest speakers from Early Help, Domestic Abuse IRIS (Identification and Referral to Improve Safety) and the Modern Slavery Lead from Coventry City Council were presenting. Furthermore, trauma informed approach to care, particularly considering individuals who misuse illicit substances and those who are homeless, and the stigma faced by these vulnerable patient groups and Mental Capacity Act were discussed with a great focus of being professionally curious.
Coventry Safeguarding Adults Board has supported the creation of Professional Curiosity training, and this has been well attended by partners
<p>Learning from Quality and Experience – Safeguarding Practice</p> <p>Quarterly Quality and Experience review meeting receives and review findings from the range of activities providing any feedback and insights into the quality of support and experiences of those accessing Adult Social Care. Provides assurance in relation to improving the experience of those accessing support from Adult Social Care and come into contact with our services</p> <p>Systematic collation of learning and actions taken (Adult Social Care Learning and Improvement Framework and use of learning alerts)</p> <p>Sharing learning internally with staff and externally including via our 'We asked, you said, we did' web page (Information, Direct Payments and Carers) https://www.coventry.gov.uk/health-social-care-say-getting-involved/said</p> <p>Learning from safeguarding practice sessions commenced in 2025, these informal events, being open access to all staff provide an opportunity to share and review learning and feedback from our safeguarding practice</p>
Transfer of the Adult Community Physical Care Services Coventry and Warwickshire Partnership Trust to University Hospital Coventry and Warwickshire on 1 st July 2024 has strengthened the dialogue between the acute trust and community services ensuring patients wellbeing and interests are safeguarded and their voices are being heard. The Safeguarding Clinical Nurse Specialist provides supervision to this group to ensure any safeguarding risk within certain communities is managed effectively.

Complex Case and Risk Enablement Panel

Coventry City Council Adult Services recognises that we continue to see increasing self-neglect rates as an abuse type. Adult Services continues to provide access to a newly titled Complex Case and Risk Enablement Panel. These Panels are designed to support staff in developing care and support plans in cases where there is a significant or perceived substantial risk to the individual. The Complex Case and Risk Enablement Panel forms a key part of Adult Services Strengths-based Practice Framework, supporting the delivery of the Adult Social Care Offer and commitment to adopting a strength-based approach.

Making Safeguarding Personal (MSP) forms part of the legal basis of safeguarding according to the Care Act 2014, both Making Safeguarding Personal and positive risk taking are underpinned by the principle that enablement and working with risk are intrinsically linked. Positive risk taking is also consistent with a strength-based approach, focusing on a person's assets, both individually and in their support network. Panels have considered a range of situations and scenarios including support for people with issues associated with self-neglect and hoarding

Areas for Development

University Coventry & Warwickshire Partnership Trust has identified that the majority of care concerns raised against them are in relation to discharge. There has been a focused piece of work commenced with a working group to review discharge processes and improve them to reduce the risk of harm. This will continue into 2025/26.

Domestic Abuse referrals continue to increase, and it is evident increasing patients have multiple and complex needs.

At Coventry & Warwickshire Partnership Trust there is a target in the West Midlands safeguarding policy and procedures that cases are closed (i.e. a decision as to whether a concern will progress to enquiry) within 48 hours.

West Midlands police propose to reduce risk; the partnership would benefit from tracking and reviewing cases of vulnerability identifying any additional support requirements when support is in the process of being withdrawn.

To build upon the Early Intervention and Prevention work to undertake a mapping/scoping exercise utilising the partnership to identify third sector agencies to support vulnerable adults.

At Coventry & Warwickshire Partnership Trust since September 2023 the safeguarding team have been monitoring the compliance of open concerns moving onto enquiry or being closed and compliance is improving steadily. This will continue to be monitored.

To ensure that safeguarding processes and approaches are accessible for all within our communities

Coventry & Warwickshire Partnership Trust Head of Equality Diversion and Inclusion leads the Trust in raising awareness with service users, particularly from protected groups, of the services Coventry & Warwickshire Partnership Trust offer and how to access these. Public facing website, which includes information relating to safeguarding, is available in numerous languages

Accessible Safeguarding Information

Coventry Council Adult Services have developed a live demographic dashboard to identify the different characteristics of people accessing support. This has led to the development of information materials in different languages. We have updated all our public information which

<p>identifies that they can be made available in 6 main languages used in Coventry – Polish, Punjabi, Urdu, Arabic, Romanian and Tigrinya. We have also produced our safeguarding information leaflet in Arabic as this is one of the most requested languages for translation.</p>
<p>The University Hospital Coventry and Warwickshire Safeguarding Team remain fully accessible to all staff. There are good governance structures within the Trust allowing regular formal updates to brief key senior officers in relation to emerging issues but also good informal relationships enabling timely escalation outside of formalised channels as and when required.</p>
<p>The Coventry & Warwickshire Integrated Care Board leads a strategic health group as part of the inequalities work to ensure the physical and emotional needs of asylum seekers and migrants are met.</p>
<p>West Midlands Police attend community events where we promote crime reduction measures designed to prevent adults from being victims of crime. This includes care homes and retirement homes where we discuss common scams to prevent vulnerable people from becoming exploited.</p>
<p>Coventry & Warwickshire Integrated Care Board are involved in the now titled ICS Newly arrived community. This has previously been focused on the quadrant, the four hotels commissioned to support migrants placed into the city.</p>
<p>At University Hospital Coventry and Warwickshire there are bi-monthly safeguarding champions sessions and quarterly newsletters which ensure all emerging issues can be shared in a timely manner to all. The champions were responsible for displaying the Coventry Safeguarding Adults Board Safeguarding Posters in various languages in their clinical areas, promoting the work of the board to all communities.</p>
<p>Coventry & Warwickshire Partnership Trust have adapted the Safelives Domestic Abuse, Stalking and 'Honour'- based abuse risk checklist (DASH) to an accessible format use with, for example, people with learning disabilities or complex communication needs.</p>
<p>The Probation Service Sentence Management in the Community Policy Framework, Safeguarding Adults at Risk in the Community with Care and Support Needs – Practice Guidance, and Safeguarding Adults at Risk Policy Statement all outline the Probation Services responsibility under the Care Act 2014 for safeguarding and promoting the welfare of adults with care and support needs to keep them safe from abuse or neglect. Covered in the mandatory training that all staff complete.</p>
<p>At University Hospital Coventry and Warwickshire, the number of Safeguarding referrals and enquiries are maintained, demonstrating consistent awareness amongst staff. Ethnicity is captured to ensure that the referral data reflects the city's population.</p>
<p>A link to safeguarding posters in easy read and different language formats has been circulated to Safeguarding Champions with a request that posters be displayed in patient facing areas. This link is also available on the Coventry & Warwickshire Partnership Trust intranet.</p>
<p>Coventry & Warwickshire Partnership Trust Safeguarding Team staff have a visible presence in clinical areas across Coventry, Warwickshire and Solihull which includes face to face contact with patients to give an opportunity for concerns be raised.</p>
<p>Areas for Development</p>
<p>West Midlands Police will continue to build relationships with new and emerging organisations as they are identified. We need to ensure that all communities are heard by building strong</p>

community confidence through police actions and via our partners.
Professional Curiosity needs to be continuously promoted by the Board.
The number of safeguarding concerns and enquiries raised in Coventry is disproportionate in terms of ethnicity with 'white' being disproportionately high and the majority of other categories being disproportionately low.
Coventry & Warwickshire Partnership Trust Safeguarding Team and Data Analyst will continue to identify and monitor disproportionality within Coventry & Warwickshire Partnership Trust Section 75 data.
The Board has recently is due to undertake an ethnicity audit in 2025/2026 and the recommendations from this audit will be implemented in the coming year to ensure continuous improvement in this area.

To ensure that the Board continuously improves it's delivery of key responsibilities
Coventry Safeguarding Adults Board has completed a self-assessment against the statutory duties for Safeguarding Adults Boards. This exercise was undertaken using a tool created to support Safeguarding adults Boards by the City of London and Hackney Safeguarding Board to examine meeting their statutory requirements under the Care Act 2014. One of the actions was to consider how the Board determines its arrangements for peer review and self-audit. In February 2025 Coventry Safeguarding Adults Board took part in a peer review with Sandwell Safeguarding Adults Board.
The Coventry and Warwickshire Integrated Care Board Safeguarding Team host a Safeguarding and Looked after Children's assurance group for health professionals working with both adults and children. These forums provide the opportunity to identify safeguarding themes and/or gaps from across the health system which can then be shared/escalated across the Partnership.
The Deputy Head of Coventry Probation Service attends and contributes to the Coventry Safeguarding Adults Board (CSAB). Stalking Protection Order Lead / Deputy Head attend and contribute to Safeguarding Adult Reviews, Safeguarding Practice Reviews and Domestic Homicide Reviews. The Deputy Head has responsibility for actioning any recommendations related to the Probation Service. Actions would be shared, and progress / completion fed back to the Head of Service, to support accountability. Key Learning is shared and embedded through learning events, development sessions, Team meeting inputs or written updates. Local authority training, including related to adult safeguarding, is advertised and promoted using probation communications mediums and team meetings.
The Coventry Safeguarding Adults Board, via its Quality, Assurance & Performance (QA&P) Subgroup, carry out a planned programme of audit activity which focuses on statutory audits (Care Act 2014) and thematic audits, chosen by the Board linked to the priorities, in response to identified areas of concern, because of Safeguarding Adult Reviews (SARs) or from policy or workforce development activity. The Coventry Safeguarding Adults Board aims to conduct a maximum of 4 multi-agency thematic audits each year (one per quarter). After each audit, appropriate recommendations are made with an action plan monitored by the Quality, Assurance & Performance subgroup.
West Midlands Safeguarding Leads Network Coventry City Council Adult Social Care are members of the West Midlands Regional Safeguarding Adults Leads Network. The overarching purpose of the West Midlands Safeguarding Leads Network is to work together as a group of Safeguarding Adult Board Managers and operational local authority Adult Safeguarding leads to ensure safeguarding adults

practice is based on a person's strengths and promotes independence and supports people in achieving better lives.

One of the aims of the Network is to share learning and develop good practice across region, by promoting/reporting on local initiatives, research, Safeguarding Adults Reviews and national developments. It also ensures regional procedures are developed, reviewed, updated and reflect best practice through the process of an Editorial Group. Over the last year, the adult safeguarding coordinator has been involved in the work to review and revise the West Midlands Adult Safeguarding Policy & Procedures.

Link to document:

<https://www.coventry.gov.uk/downloads/file/31335/west-midlands-adult-safeguarding-policy-and-procedures>

The Board has produced its own Workforce Strategy 2023-2026 outlining the Board's approach to providing a workforce that is equipped to meet the safeguarding needs of those adults with care and support needs across the city.

[workforce development strategy 2023 - 2026](#)

All learning from ongoing reviews and audits are fed back to practices directly and informs our workplan and annual training delivery plans. Coventry & Warwickshire Integrated Care Board are members of regional and national safeguarding groups and so local, regional and national themes/learning is developed and shared.

An audit was undertaken by the Audit and Performance subgroup to assess the effectiveness of the Coventry Safeguarding Adults Board Safeguarding Adults Review processes by focusing on incorporation of Safeguarding Adults Review Quality Markers and seek assurance around the long-term system change due to the action plan implementation from a previously closed Safeguarding Adults Review. The key findings from the audit offered a good level of assurance that local SAR's commissioned by the Safeguarding Adult Board are compliant with statutory requirements and best practice guidance. Quality Markers are now embedded in subsequent Safeguarding Adults Review activity and action plans are subject to review one year after the Safeguarding Adults Review action plan closed and then two years subsequently.

The Board has developed a Quality Assurance Framework for Safeguarding training initially aimed at the quality assurance of partner agencies safeguarding training.

The Coventry Safeguarding Adults Board (CSAB) adopt regionally developed guidance developed by the West Midlands Association of Directors of Adult Social Services safeguarding network and produce local guidance and this is complimented by guidance produced by the Local Authority

<https://www.safeguardingwarwickshire.co.uk/safeguarding-adults/i-work-withadults/west-midlands-regional-safeguarding-information-hub>

https://www.coventry.gov.uk/downloads/download/4349/safeguarding_adults_-_policy_and_procedures

The Board has developed a Provider forum which creates an opportunity for Providers to meet with statutory agencies to share key safeguarding learning and examples of good practice.

Areas for development?

The Safeguarding team capacity to meet the demands placed upon the service has been difficult to sustain and therefore safeguarding staffing remains on the Trust Risk Register (Number 541). This is due in the main to the increased numbers of scopes, reviews, advice calls, support of staff,

supervision, training, Section 75 compliance, Position of Trust cases, Prevent duties, domestic abuse, and exploitation

West Midlands Police to develop wider organisational awareness of the board to increase knowledge and feedback.

It is envisaged that there may never be adequate resource to meet the ever growing and unpredicted demand and therefore this may need to be reconsidered.

In 2025 Coventry Safeguarding Adults Board will continue to develop the recommendations from the peer review.

Policies and Procedures

West Midlands Adult Safeguarding policies and procedures have been developed jointly by the fourteen West Midland Adult Boards/ Local Authority areas working together to introduce a consistent approach and practice within adult safeguarding.

Please access the regional documents here: [WM Adult Docs](#)



Audits

Across the year the Quality, Assurance and Performance subgroup (QA&P) undertook 3 audits.

Out of City Enquiry Panel

A recent Safeguarding Adults Review (SAR) commissioned by the Coventry Safeguarding Adults Board revealed several areas of learning in relation to out of city placements, including communication problems between agencies, a lack of clarity over roles and responsibilities and the interface of services. The review made a recommendation for the Board to monitor data in relation to the scope of adults with care and support needs from Coventry who are placed out of city and ensure that placing authorities can demonstrate that their teams proactively ensure the welfare of service users by carrying out a multi-agency audit. Therefore, the Board, via its Quality, Assurance and Performance (QA&P) Subgroup wished to seek assurance that effective processes are in place in Coventry, that any good practice is highlighted and to identify areas where improvement may be needed to ensure the response to individuals who are in placements outside of the city is robust.

This audit was undertaken in the form of an Enquiry Panel and the evidence submitted and presented by all three agencies provided a satisfactory level of assurance that there are clear, robust policies, procedures and systems in place and applied when placing individuals out of area. All presenting agencies were easily able to convey the scope, nature and extent of their out of city placements and demonstrate how their teams proactively ensure the welfare of service users in placements outside of Coventry. The panel were encouraged by the responses to the questions and the clear, consistent approaches across all three partners, particularly in relation to contracting, care planning and monitoring arrangements and the response to safeguarding concerns. All agencies recognised the importance of joint working, communication and information sharing with local partners and with their counterparts in other geographical areas and how this is key to ensuring the right outcomes for the service user.

Two out of three agencies who presented at the panel were able to provide a case study that evidenced their out of city placing arrangements being appropriately applied in practice as well as areas that could be improved or developed and how they were implementing that learning within their organisations.

The Quality, Assurance & Performance subgroup continue to monitor data in relation to the scope of adults with care and support needs who are placed out of city via the Performance Scorecard.

Safeguarding Adult Review Effectiveness

A key priority within the Board's strategic plan this year was to continue to promote and improve the Safeguarding Adults Review process and gain assurance that safeguarding practice is continually improving, and so the Quality, Assurance & Performance subgroup carried out an audit to assess the effectiveness of the Coventry Safeguarding Adults Board Safeguarding Adults Review process by: (1) identifying whether the approach taken in the David Safeguarding Adults Review effectively incorporated Safeguarding Adults Review Quality Markers and (2) seek assurance around long term system change as a result of the

action plan implementation activity following the Robert and Stuart Safeguarding Adults Review carried out in 2018.

The key findings from this audit offered a good level of assurance that local Safeguarding Adults Reviews commissioned by the Coventry Safeguarding Adult Board are compliant with statutory requirements and best practice guidance. Examining the Safeguarding Adults Review Quality Markers against a recent Safeguarding Adults Review revealed some robust and effective work taking place during the Safeguarding Adults Review process - from the point of referral through to publication, dissemination of learning and improvement activity. The panel were encouraged to see how well the process is managed end to end and overseen by the Safeguarding Adults Review Subgroup and concluded that all but one of the 15 Safeguarding Adults Review Quality Markers were achieved during the David Safeguarding Adults Review with some clear areas of strength identified across most of the domains.

The panel also identified some areas of the Safeguarding Adults Review process that could be strengthened to ensure the Coventry Safeguarding Adults Board continues to deliver quality reviews to a high standard, particularly in relation to engagement with the individual and family, supporting practitioners to participate in the process, and long-term monitoring and evaluation of impact, improvements in practice and system-wide change.

A recommendation was made for the Safeguarding Adults Review Subgroup to review the findings from this audit and ensure all learning points are applied to future Safeguarding Adult Reviews and Safeguarding Adults Review Quality Markers are incorporated into local guidance/ Safeguarding Adults Review Toolkit and used as framework from the start and throughout the Safeguarding Adults Review process.

Safeguarding Adult Reviews

The Care Act 2014 states that Safeguarding Adults Boards must arrange a Safeguarding Adults Review (Safeguarding Adults Review) of a case in its area where there is reasonable concern about the way the Board, members of it or relevant agencies worked together and an adult in its area has died as a result of abuse or neglect, whether known or suspected, or the adult is still alive and the Board knows or suspects that the adult has experienced serious abuse or neglect. This is a statutory responsibility.

The overall purpose of a Safeguarding Adult Review is to promote learning and improve practice, not to re-investigate or to apportion blame. The objectives include establishing:

- lessons that can be learnt from how professionals and their agencies work together. • how effective the safeguarding procedures are.
- learning and good practice issues.
- how to improve local inter-agency practice.
- service improvement or development needs for one or more service or agency.
- lessons learned are shared to maximise the opportunity to better safeguard adults with care and support needs, who are or maybe at risk of abuse or neglect.

The Care Act 2014 requires that lessons learned are published in the Annual Report following the conclusion of the review. Coventry Safeguarding Adults Board did not publish any reviews in 2024-2025.

A Safeguarding Adults Review tracker has been in place since January 2022 to identify the source and outcomes of any referrals. Safeguarding Adult Review guidance has been produced regionally, including access to information for individuals, family, friends and carers and easy read materials.

<https://www.safeguardingwarwickshire.co.uk/safeguarding-adults/i-work-with-adults/west-midlands-regional-safeguarding-information-hub>

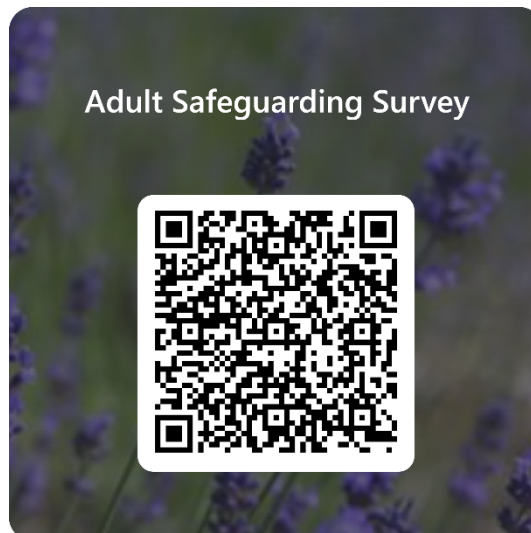
Feedback

Feedback is important to Coventry Safeguarding Adults Board. Across 2024-2025 we have developed our approach to engagement to make it clear to the people that require our help and support that their views are respected and listened to, and influence and effectively contribute to our work. We have been engaging with people in relation to two key questions:

- If you knew someone was suffering abuse or neglect, where would you go to for support?
- Have you ever accessed support for someone suffering abuse or neglect, if so, how was your experience?

Members of the Board have been encouraging individuals to complete the questions both at public facing events and online. On a bi-annual basis the Board receives a report outlining the responses that we have received so that individuals' views can be heard and acted upon.

If you would like to take part in this engagement, please scan the QR code below:



Alternatively, follow this link: [Coventry Safeguarding Adults Engagement Survey – Fill in form](#)

Learning events

Coventry Safeguarding Adults Board have a number of mechanisms in place to monitor training, learning and development. Whilst the majority of training is undertaken 'in-house' and within individual agencies, the Board and Workforce Development Sub-group develop specific learning events that are multi-agency and shared across the Board.

2024-2025 Learning Events:

2024

Scams & Loan Sharks Learning Event

On the 4th July 2024 Coventry Safeguarding Adults Board facilitated an event specifically focused on scams and loan sharks. The event unpicked different tactics that are often used to target vulnerable adults and put them at risk of scams and illegal loan sharks. The event was delivered by Stop Loan Sharks who work specifically in the region and can offer local guidance and advice.

The event received 38 attendees from multi-agency backgrounds, including the voluntary sector, adult social care & health services.

Forced Marriage Learning Event

Coventry Safeguarding Adults Board jointly hosted and facilitated a learning event with the Domestic Abuse Steering Group on forced marriage. This event was arranged following findings from an audit. The event took place on the 11th September 2024 and was delivered by a number of agencies, including: Panahghar, Coventry Haven, Public Health and Coventry Safeguarding Children Partnership & Adults Board.

The event attracted 87 multi-agency professionals.

Fire Safety Learning Event

Coventry Safeguarding Adults identified a need for additional information to be disseminated to agencies around fire safety, available resources and risks to vulnerable adults. This event was delivered by West Midlands Fire Service and took place on the 16th October 2024.

Prevention & Early Intervention (Public Facing Event)

On the 4th February 2025, Coventry Safeguarding Adults Board and partners hosted a public event around Early Support for Coventry Communities. The event featured multiple key local agencies such as: Coventry Haven Women's Aid, Alzheimer's Society, Panahghar, Healthy Lifestyles, West Midlands Ambulance Service, Change Grow Live and many more!

Throughout the morning members of the public joined us to gain local information, support and advice based on their needs.

2025

Making Safeguarding Personal & Self Neglect Learning Event

On 20th January 2025, Michael Preston-Shoot delivered a learning event to Coventry Safeguarding Adults Board and partners around Making Safeguarding Personal & Self Neglect. The event attracted 89 multi-agency participants.

The event provided information around understanding making safeguarding personal and refreshing knowledge around self-neglect.

Participant feedback:

- “the session was very informative and the examples/cases were relevant”
- “Very detailed slides with links to SAR that will support my knowledge and skills.”
- “I learnt more about hoarding being a symptom of psychological wellbeing. As a practitioner, I understand how language holds power and as such I really liked learning the transition from "professional curiosity" to "compassionate enquiry"”.

Translated resources

Coventry Safeguarding Adults Board have created a variety of posters and resources in different languages. The Board recognised Coventry's broad diversity and created resources that would allow us to communicate to communities in their language. The poster contains information on the various types of abuse and also what to do if you are worried about yourself or someone else. The resources have been translated into the following languages: Arabic, Polish, Urdu, Punjabi, Romanian & Tigrinya.

The Board monitors the uptake of the resources and where they have been displayed across the city, this information is fed back to the appropriate sub-groups so we are able to assess the impact of the resources.

These resources can be found here: [Safeguarding adults resources – Coventry City Council](#)

Coventry Safeguarding Adults Board Strategic Plan 2024-2027

Safeguarding is everybodys business		
Coventry Safeguarding Adults Board Strategic Plan 2024-27		
<p>Our responsibilities are:</p> <p>Publish Strategic Plan: our year ambition.</p> <p>Publish an Annual Report which includes what we have achieved.</p> <p>Complete Safeguarding Adults Reviews when adults die or are seriously injured as a result of abuse/neglect.</p>	<p>Our role is to help and safeguard adults with care and support needs by:</p> <ul style="list-style-type: none"> ▶ Seeking assurance that local safeguarding arrangements are in place as defined in the Care Act 2014. ▶ Assuring that safeguarding practice is person centred and outcome focused. ▶ Work collaboratively to prevent abuse and neglect where possible. ▶ Ensuring that agencies and individuals work in a timely and proportionate manner where abuse or neglect has occurred. ▶ Seeking assurance that safeguarding practice is continually improving. ▶ Concern ourselves with a range of issues which may impact on people with care and support needs. 	<p>Our structure:</p> <p>Board with an Independent Chair</p> <p>Business Executive Subgroup</p> <p>Policy and Workforce Development Sub-Group.</p> <p>Safeguarding Adult Review Sub-Group.</p> <p>Quality, Audit and Performance Sub-Group.</p>



Our Strategic Plan 2024-2027: What we will do?	
<p>Strategic Priority 1</p> <p>Making Safeguarding Personal (MSP)</p> <p>Ambition - To be assured that safeguarding is underpinned by the principles of MSP and that adults are supported to achieve the outcomes that they want, we will:</p> <ul style="list-style-type: none"> ▶ continue to seek assurance that MSP is at the heart of adult safeguarding for all agencies and ensure that as a Board we actively support a culture of MSP. ▶ continue to support and develop practitioners understanding and application of the Mental Capacity Act 2005. ▶ undertake audit activity to seek assurance that MSP is embedded in safeguarding practice. ▶ monitor the implementation of Right Care, Right Person model. ▶ seek assurance in relation to the effectiveness of adult safeguarding, and Deprivation of Liberty Safeguards (DoLS). ▶ continue to develop and disseminate materials to support understanding of Making Safeguarding Personal and Mental Capacity Act 2005. 	<p>Strategic Priority 2</p> <p>Prevention and Early Intervention</p> <p>Ambition - To reduce the risk that adults with care and support needs will experience harm from abuse or neglect, we will:</p> <ul style="list-style-type: none"> ▶ develop a Prevention and Early Intervention Strategy and ensures that we continue to work closely with other statutory Boards. ▶ continue to review and implement our Workforce Development Strategy to include and reach a wider range of partners and agencies. ▶ continue to develop and promote practice in supporting people who self-neglect. ▶ seek to further understand those accessing adult safeguarding taking into account their protected characteristics. ▶ continue to promote and raise awareness of a range of preventative initiatives and services to support people within the community. ▶ continue to explore sources of support for individuals affected by the cost-of-living crisis and promote these.





Our Strategic Plan 2024-2027: What we will do?

Strategic Priority 3

Engagement and Communication

Ambition - To ensure that safeguarding processes and approaches are accessible for all within our communities, we will:

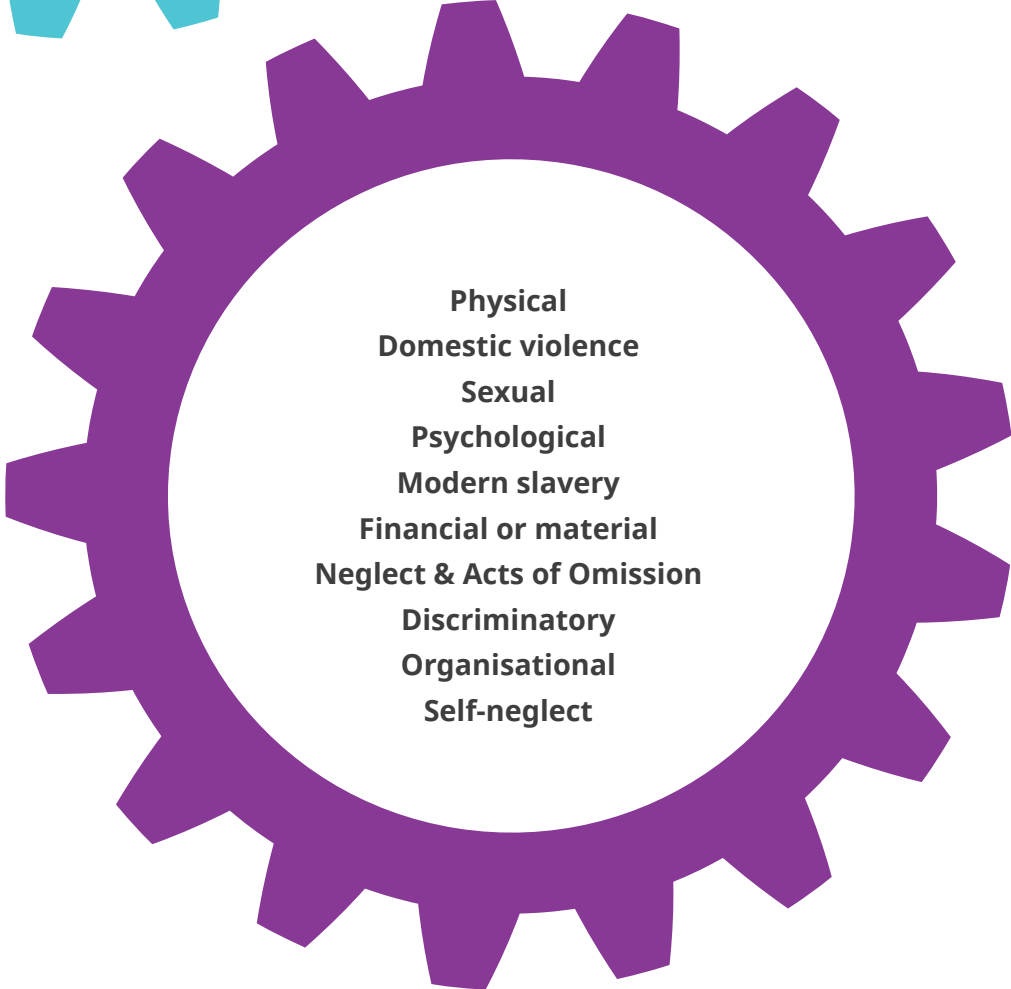
- ▶ continue to develop our Board website to make it more user friendly and accessible.
- ▶ continue to produce regular newsletters, Board resources and deliver Learning Events across the partnership.
- ▶ seek to engage individuals or their representatives in the work of the Board and its subgroups.
- ▶ continue to engage with partner agencies by the development of a stakeholder and provider engagement forum.
- ▶ review our information and publications to make sure they are accessible, reach marginalised groups and are available in the main languages spoken in Coventry.
- ▶ engage with those directly accessing adult safeguarding to understand their experience.

Strategic Priority 4

Development and Assurance

Ambition - To ensure that the Board continuously improves delivery of its key responsibilities, we will:

- ▶ develop a Board assurance framework that includes Peer review of the work of the Board.
- ▶ continue to implement the CSAB Quality Assurance Framework ensuring that we respond to emerging safeguarding issues.
- ▶ work closely with LeDeR reviews to seek assurance that actions are implemented and learning is shared.
- ▶ continue to promote and improve our SAR process and ensure that we are learning from SAR's locally, regionally and nationally.
- ▶ continue to develop and promote the West Midlands Adult Safeguarding Policy and Procedures and seek assurance of the effectiveness of causing others to make enquiries processes.
- ▶ seek to understand the profile of people receiving services outside of the city and assurance as to how they are safeguarded and supported.



Agenda Item 7

Health and Social Care Scrutiny Board Work Programme 2025/26

Last updated: 13 March 2026

17 September 25
Adult Social Care Performance - Self-Assessment and Annual Report (Local Account) 2024/25 Cabinet Member Portfolio Priorities Training of Care Staff supporting patients with Dementia
22 October 25 (moved from 8th)
Improving Lives – Impact on Adult Social Care Director of Public Health's Annual report
19 November 25 (moved from 12)
Young person's risky behaviours service Prioritisation of NHS Services i) Prioritisation Process ii) Gluten-free prescribing
17 December 25
UHCW Performance – to take place at the hospital
21 January 26
Access to Dentistry and All age Oral Health Carers Strategy & Action Plan Update
25 February 26
End of Life Strategy and Hospices Healthwatch Update: a. NHS Survey report b. Housing with Care – Enter and Views report
11 March 26
Emergency Services Partnership Working
1 April 26
Health of Students Coventry National Neighbourhood Implementation Programme Safeguarding Adults Annual Report
TBC
Virtual Beds Update end of 25/26 Integrated Health and Care Delivery Plan Mental Health Impact of Climate Change on Health Disabled Facilities Grant Trans/Non-binary/Intersex Health
2026/27
Public Health and Adult Social Care working together on Prevention Primary Care – (first meeting June/July) Improving Lives – Impact on Adult Social Care UHCW Performance Community Pharmacists Healthwatch Annual Report (June / July 2026) Update on The Physical Activity and Sport Strategy Mental Health of the elderly Digital Access to Health Community first aid Carers Strategy & Action Plan Update

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
17 September 25	Adult Social Care Performance - Self-Assessment and Annual Report (Local Account) 2024/25	To consider the Cabinet Report of 30 th September 2025 and identify any further recommendations.	Andrew Errington / Cllr Bigham / Pete Fahy
	Cabinet Member Portfolio Priorities	To invite Cllrs Caan and Bigham to identify their priorities for the coming year to identify future items and hold Cabinet Members to account	Cllr Caan / Cllr Bigham
	Training of Care Staff supporting patients with Dementia	Sufficiency of training of care staff who support patients with dementia	Cllr Bigham Pete Fahy Jon Reading
22 October 25 (moved from 8th)	Improving Lives – Impact on Adult Social Care	A follow up item from the meeting on 10 th April 2024, to review following 12 months of implementation of a whole city approach. To include clarification around how ASC is allocated based from need. (Referred from SCRUCO)	Pete Fahy UHCW Cllr Bigham Cllr Caan
	Director of Public Health's Annual report	This report focuses on the city's rich cultural diversity and health inequalities that are facing migrant populations.	Cllr Caan, Allison Duggal
19 November 25 (moved from 12)	Young person's risky behaviours service	Update on service development before recommissioning	Cllr Caan/ Rachel Chapman
	Prioritisation of NHS Services i) Prioritisation Process ii) Gluten-free prescribing	Led by ICB	Rose Uwins
17 December 25	UHCW Performance – to take place at the hospital	To consider steps being taken in the light of the league table position. To include: Updates on waiting times – complaints on hospital appointments availability. Review following 12 months of SB5 last visit - to identify any changes and improvements	UHCW Andy Hardy ICB - Ali Cartwright Cllr Caan

Health and Social Care Scrutiny Board Work Programme 2025/26

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
21 January 26	Access to Dentistry and All age Oral Health	Update from recommendations raised during January 2025 - Public Health to work collaboratively with the ICB on the following: <ul style="list-style-type: none"> o dental promotion o promotion of dental hygiene in school settings o appointment availability across the city o dental availability and awareness in areas of inequality and deprivation across the city. 	R Uwins Cllr Caan
	Carers Strategy & Action Plan Update		P Fahy / Cllr Bigham
25 February 26	End of Life Strategy and Hospices		R Uwins / A Duggal
	Healthwatch Update: <ul style="list-style-type: none"> a. NHS Survey report b. Housing with Care – Enter and Views report 		Leigh-anne Howatt Cllr Caan, Cllr Bigham
11 March 26	Emergency Services Partnership Working (Meeting held at Coventry Fire Station)	Partnership working - Improved partnership working between the ambulance and fire services. To include WMFS to provide further information on safe and well, or strong checks that's provided within the City	Vivek Khashu WMAS Rachel Danter ICB Matthew Stanton WMFS
1 April 26	Health of Students	Health and wellbeing support available to your student community, including physical activity provision and initiatives that promote healthy lifestyles. How students access NHS and other health services, and any challenges or pressures this may be creating for your institutions or for local health partners. Areas where additional support, partnership working, or shared learning with the Council, public health colleagues, or other agencies may be beneficial.	Warwick University Coventry University

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
		Any upcoming projects, innovations, or good practice examples	
	Coventry National Neighbourhood Implementation Programme	Update	UHCW / P Fahy Cllr Bigham / Cllr Caan
	Safeguarding Adults Annual Report	Update	R Eaves Cllr Bigham
TBC	Virtual Beds Update end of 25/26	Update on the development of Virtual Wards	UHCW/ P Fahy / Cllr Bigham
	Integrated Health and Care Delivery Plan	To identify which of the 3 areas of focus the board would like to look at. Including work with newly arrived communities. Understand how the transition to this cluster will be managed - What will be the positive/negative impacts for Coventry residents from the clustering	ICB Rose Uwins
	Mental Health	Mental health services, particularly the demand and availability of local services, and the impact of long wait times. To include input from the Crisis teams.	CWPT
	Impact of Climate Change on Health	How health services are geared up to respond to the impact of climate change on health	Cllr Caan Cllr O'Boyle Allison Duggal Rhian Palmer
	Disabled Facilities Grant	Delivery and waiting times	Cllr Bigham P Fahy Aideen Staunton
	Trans/Non-binary/Intersex Health		A Duggal Cllr Caan
2026/27	Public Health and Adult Social Care working together on Prevention	Picked up during Cabinet Member Priorities - How Public Health and Social Care are working together to prevent ill health.	A Duggal P Fahy Cllr Caan Cllr Bigham

Health and Social Care Scrutiny Board Work Programme 2025/26

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
	Primary Care – (first meeting June/July)	To cover access to GP’s and other primary care, particularly in relation to reducing pressure on A&E. For Coventry City Council to use its resources to work as a conduit with community organisations to improve knowledge of and access to the NHS for all residents of Coventry	R Uwins / Alison Cartwright – Coventry Care Collaborative / Cllr Caan/ Pete Fahy
	Improving Lives – Impact on Adult Social Care	That feedback from service users be included in the next update report.	Cllr Bigham / P Fahy
	UHCW Performance	Update on performance (March 2027)	A Hardy
	Community Pharmacists	To include Pharmacy First. Following on from 26/02/26 item on EOLC Strategy - That an item considering surplus medication and efficient prescribing be added to the work programme for 2026-27	
	Healthwatch Annual Report (June / July 2026)	To consider the work of Healthwatch and how scrutiny can use their findings	
	Update on The Physical Activity and Sport Strategy	Referred to SCRUCO work programme to align with Cabinet in March.	P Fahy / J Hunt / D Nuttall / Cllr Caan
	Mental Health of the elderly	Mental health support for older adults Any current challenges, including access, waiting times, or system pressures. Preventative or community-based work already underway. Opportunities for closer partnership working or service improvement	CWPT – Kristin Clarke / Beth Osborne
	Digital Access to Health	Partners supporting switch to digital To include: The number of patients using the NHS App month by month including a demographic breakdown if available. How to raise awareness of the NHS App including linking with the Council’s Digital Inclusion Team and Cov Connects on Digital Inclusion. Following on from 26/02/2026 on Healthwatch’s follow-up report	Rose Uwins / A Duggal / Caan

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
		on the NHS App to be tied in with the item on Digital Access to Health	
	Community first aid	Further investigation on community first aid to be added to the work programme following our Emergency Services Partnership item.	
	Carers Strategy & Action Plan Update	Inclusion and impact of carer voice and case studies when the Carers Strategy returns to SB5. Ward Councillors to be utilised to communicate the Carers Strategy.	P Fahy / Cllr Bigham

Frequently Used Health and Social Care Acronyms

- ASC – Adult Social Care
- CQC – Care Quality Commission
- CWPT – Coventry and Warwickshire Partnership Trust
- CWS – Coventry Warwickshire Solihull
- DFG – Disabled Facilities Grant
- DPH – Director of Public Health
- ENAS – Extended non-attendance at school
- EOL – End of Life
- GEH – George Elliott Hospital
- JHOSC – Joint Health Overview and Scrutiny Committee
- H&WB – Health and Wellbeing
- H&WBB – Health and Wellbeing Board
- HOSC – Health Overview and Scrutiny
- ICB – Integrated Care Board

Health and Social Care Scrutiny Board Work Programme 2025/26

- ICP – Integrated Care Partnership
- ICS - Integrated Care System
- LMC – Local Medical Council
- MAT – Multi Academy Trust
- MSP – Making Safeguarding Personal
- PCN – Primary Care Network
- SAB – Safeguarding Adults Board
- SAR – Safeguarding Adults Reviews
- SWFT – South Warwickshire Foundation Trust
- UHCW – University Hospitals Coventry and Warwickshire
- WMAS – West Midlands Ambulance Service
- WMFS – West Midlands Fire Service

Work Programme Decision Flow Chart

