



Health and Social Care Scrutiny Board (5)

Time and Date

11.00 am on Wednesday, 11th March, 2026

Place

Coventry Fire Station, Radford Rd, Coventry CV1 4EL

Prior to the meeting, from 11:00am - 11:30am there will be a tour of Fire Station

Public Business**1. Apologies and Substitutions****2. Declarations of Interest****3. Minutes** (Pages 3 - 8)

(a) To agree the minutes of the meeting held on 25th February 2026

(b) Matters Arising

4. Emergency Services Partnership Working (Pages 9 - 14)

Briefing Note of the Strategy and Engagement Director, West Midlands Ambulance University NHS Foundation Trust and Group Commander, West Midlands Fire Service.

5. Work Programme and Outstanding Issues (Pages 15 - 22)

Report of the Scrutiny Co-ordinator

6. 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, 3 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,
L-A Howat, S Jobbar, M Lapsa, C Miks (Chair) and B Mosterman

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

Public Access

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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, 25 February 2026

Present:

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

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

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

Employees (by Directorate)

Adult Social Care P Fahy, N Byrne

Law and Governance G Holmes, E Jones

Public Health A Duggal

Apologies: Councillor F Abbott

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

Public Business

35. Declarations of Interest

There were no Declarations of Interest.

36. Minutes

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

There were no matters arising.

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

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

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

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

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

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

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

37. Healthwatch Update

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

Enter and Views Report

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

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

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

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

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

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

NHS App Report

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

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

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

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

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

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

The following to be added to the work programme:

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

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

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

38. End of Life Strategy and Hospices

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

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

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

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

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

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

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

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

The Board requested the following additional information:

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

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

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

39. **Work Programme and Outstanding Issues**

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

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

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

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

There were no other items of public business.

(Meeting closed at 1.10 pm)

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Coventry City Council

Briefing note

To: Health and Social Care Scrutiny Board

Date: Wednesday 11th March 2026

Subject: Collaboration and partnership working between Ambulance, Fire and Rescue and the Police services in Coventry

1 Purpose of the Note

- 1.1 To brief the Health and Social Care Scrutiny Board on the working processes, practice and relationships which underpin the collaboration between Ambulance, Fire and Rescue and the Police.

2 Recommendations

- 2.1 The Health and Social Care Scrutiny Board are recommended to:
 - a) Note the content of the briefing note and presentations shared by the Emergency Services Partners.
 - b) Identify any further relevant recommendations for partners or relevant Cabinet Members.

3 Information and Background

- 3.1 The three emergency services have a long history of collaboration and close working relationships, spanning day to day combined emergency responses to incidents daily, through to major incident simulation, training and response.
- 3.2 Most of the work of the ambulance service doesn't require the input of the other emergency services, its sick patients needing a health and care response.
- 3.3 However, there are several examples where the emergency services do provide a combined response, for examples at Road Traffic Accidents or responses to incidents in hazardous conditions. Hazardous areas such as incidents at height, flooding and fires with injuries amongst others.
- 3.4 Whilst such situations are a daily occurrence across the West Midlands, these examples represent a small minority of cases in the emergency ambulance workload. With the police, it would be less than 10% of our workload, with F&R, even less, perhaps less than 5%.
- 3.5 Whilst referring to sister emergency services, I would like to put on record our grateful thanks to the police, it was the police jointly responding with WMAS to a

concern for welfare in Wolverhampton in 2020 who undoubtedly saved the lives to two paramedics. Upon opening the door to the paramedics, the patient they were responding to immediately stabbed both. The police officers attending were able to immediately tazer the individual and control him, preventing further potentially fatal injury before additional help could arrive.

- 3.6 Whilst WMAS doesn't refer patients directly to Fire and Rescue or the police for that matter, F&R are part of a wider community 'offer' locally and elsewhere, so for example in the Coventry and Warwickshire area, they support SWFT to discharge and re-settle patients at home. As an addition to the above, WMAS do refer patients to WMFS for 'Safe & Well' visits, where the Fire & Rescue Service looks to reduce risks in the home. WMAS are a strategic partnership and are one of the top 5 referral partners that WMFS have, having submitted over 3000 referrals for vulnerable people over the last 3 years.
- 3.7 In other areas of the West Midlands, such as Staffordshire, F&R are also support community teams around falls prevention and response, as part of an integrated offer in the community.
- 3.8 The three emergency services have open and established communications lines with significant collaboration and partnership working. This is underpinned through a number of joint forums, training and planning, they are set out below:
- All three services are part of the Local Resilience Forum (LRF's) which cover Local Authority areas.
 - All three services are also 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 – for example recent input from WMAS with assessments for Deputy Chief Fire Officer recruitment process
 - Joint working with HART (Hazardous Area Response Teams) and WMFS Technical rescue teams for training on a regular basis – focused on hazardous area activity, e.g. incidents at height, in flooded areas, or buildings at risk
 - 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. WMFS will attend to support our blue light partners under the differing categories available and use or specialist training and equipment to enable the least impactful method of entry where WMAS are unable to gain access and WMP are unable to resource or attend an incident. This MOU is signed by representatives from all three blue light services. This is a response activity that is carried out multiple times daily.
- 3.9 It was commonplace for F&R and Ambulance Services to share common infrastructure, including stations for example, WMAS did historically to within the West Midlands.
- 3.10 West Midlands Fire Service are committed to and have a willingness to be open to sharing estates and facilities, although we recognise that we operate very different model across our blue light partners, so any partnership or collaborations need to be mutually beneficial. This is evidenced through a number of collaborations with WMP, the more recent conversations are considering the use of Solihull Fire Station.
- 3.11 However, over the last ten years or so, WMAS has moved to a “make ready model” where we now have 15 large Hubs covering the West Midlands, one of which is in Coventry.
- 3.12 Having a Hub enables us to base spare vehicles and equipment, to have 24/7 operational management on site, mechanics working 24/7 to maintain vehicles and our vehicle prep officers, who restock and clean ambulances, saving paramedic staff time.
- 3.13 It also means we have the most modern and up to date buildings for our staff to work out from, for their breaks, education and teaching and training.
- 3.14 Having our operational managers based on site 24/7 also enables our managers to be present to provide support and welfare to our staff, day and night.
- 3.15 WMAS previously used to operate from c100 sites, where such resilience, infrastructure, productivity and efficiency was not possible, neither did operating from so many sub scale sites offer value to the taxpayer. This model worked previously, when it was commonplace for the ambulance service to respond to patients from the station and would return, that hasn’t happened now since perhaps the 1990s.
- 3.16 Now ambulances leave to respond, ideally return for meal breaks, or indeed only return once their shift has ended. Once the ambulance crew leaves their hub, they are essentially ‘out’ and may well not return until there end of shift.
- 3.17 An area of significant collaboration between all three emergency services is on major incident response and management.
- 3.18 All agencies attend planning meetings for collaborative approach to planning and ensuring objectives are set
- 3.19 The three emergency services also work together to ensure post incident lessons are also learnt after significant incidents that occur in our region, for example

following the Babbs Mill Lake tragedy, where four young boys tragically lost their lives to drowning in 2022.

3.20 Recent large-scale exercises involving all three services are set out below:

- .1 Exercise Bitemporal II – CBS arena in Coventry, simulating a marauding terrorist attack.
- .2 Exercise Balthazar – Birmingham Airport x4 multi agency tabletop exercise simulating an air incident
- .3 Exercise Bitemporal III – Birmingham City FC, multi-agency exercise for a marauding terrorist attack
- .4 Exercise Tangra – simulating a regional health outbreak
- .5 Exercise Bitemporal IV – Coventry – multi agency event simulating a marauding terrorist attack.
- .6 Exercise Astral Convention – NEC, a multi-agency event simulating an air incident – (note this was the biggest exercise ever undertaken in West Midlands)
- .7 Exercise Pegasus – National NHS tier 1 exercise – via Local Resilience Forum, simulating a response to national Pandemic (6 dates)
- .8 Exercise Artculus – non specialist responder exercising – series of live play exercises, multi-agency across West Midlands
- .9 Exercise Impertior – series of exercises testing collaborative control room functions and commencement of large-scale incident
- .10 Exercise Shadowline – Birmingham City FC corporate function – multi agency – hazardous substance / marauding terrorist attack

3.21 The three emergency services undertook a significant joint training exercise in Coventry at the CBS stadium / arena.

3.22 Rather than write about it, we ask the HOSC to view the video, where committee members can see just how the three emergency services work together

[CBS Arena MI video WMAS](#)

4 Health Inequalities Impact

4.1 There are clearly benefits to the communities we serve and our staff collectively from the emergency services working closely together.

4.2 From responding to support the police with a sick or injured victim of crime, to our staff requiring police assistance with a violent patient. From all three services responding to road traffic collisions to the unthinkable, a major incident or terror attack.

4.3 Previous discussions have also been had about F&R responding to suspected cardiac arrests, given they carry defibrillators. F&R have for many years utilised their defibs if they are first on scene to an incident which requires a combined response.

4.4 The position on this is that WMAS would support it on the basis F&R operate community first responder schemes, in line with our other volunteer responder

schemes, which means they receive training and support from WMAS and operate under our clinical governance.

- 4.5 Setting up a community first responder scheme would also remove the risk of making F&R resource unavailable for an emergency requiring their own dedicated response.
- 4.6 F&R have started to carve out a role in assisting vulnerable people to live more safely and independently, preventing the future potential emergency. WMAS welcomes the integration of F&R within NHS community teams to augment their offer.
- 4.7 A growing number of F&R and Police Stations do have defibs located on the exterior of their buildings, this enables WMAS to task callers to retrieve them for use.
- 4.8 We would also ask the council to review local authority owned buildings for defib location, to make them available to the local communities they are based in, should there be a cardiac arrest in the vicinity.

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Agenda Item 5

Health and Social Care Scrutiny Board Work Programme 2025/26

Last updated: 02 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
TBC
Virtual Beds Update end of 25/26 Integrated Health and Care Delivery Plan Mental Health Neighbourhood Health Early Adopter Programme Impact of Climate Change on Health Safeguarding Adults Annual Report 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)

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	
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
	Neighbourhood Health Early Adopter Programme	SB5 involvement potentially if the bid is successful	Pete Fahy Cllr Bigham
	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
	Safeguarding Adults Annual Report	Update	R Eaves Cllr Bigham
	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	
	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
- ICP – Integrated Care Partnership
- ICS - Integrated Care System
- LMC – Local Medical Council
- MAT – Multi Academy Trust
- MSP – Making Safeguarding Personal

Health and Social Care Scrutiny Board Work Programme 2025/26

- 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

