

Coventry City Council
Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at
11.00 am on Wednesday, 19 November 2025

Present:

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

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

Co-Opted Members: L-A Howat (Healthwatch)

Employees (by Directorate)

Law and Governance G Holmes, C Taylor

Public Health A Allen, R Chapman, A Duggal, M Poulton, H Shaw

ICB R Danter, I Staveley, R Uwins

Apologies: Councillor S Jobbar

Public Business

13. Declarations of Interest

The Board noted that Councillor M Lapsa declared an other interest in relation to Minute 16 below, "headed Prioritisation of NHS Services", due to having a family member working for the NHS. This interest did not preclude Councillor Lapsa from taking part in the discussion and he remained in the meeting.

14. Minutes

The minutes of the meeting held on 22nd October 2025 were agreed and signed as a true record.

There were no matters arising.

15. **Exclusion of Press and Public**

RESOLVED that the press and public be excluded in accordance with Schedule 12A of the Local Government Act 1972 for the consideration of the following private report on the grounds that the report relates to an individual and information relating to financial or business affairs of an organisation and the amount of expenditure proposed to be incurred by the Council under a particular contract for the supply of goods or services:

Minute Number	Report Title	Paragraph(s) of Section 12A of the Act
20	Early Intervention & CYP Substance Misuse Service	1 and 3

16. **Prioritisation of NHS Services**

The Board received an update from The Integrated Care Board (ICB) regarding Prioritisation of NHS Services and the review on how gluten-free (GF) foods were prescribed for adults and children who had been diagnosed with coeliac disease or dermatitis herpetiformis.

The ICB was responsible for making sure NHS resources were used in the best possible way for local people. This meant making decisions based on evidence of what was working well, focusing on the greatest health needs, tackling inequalities, and ensuring money was spent in a way that delivered real benefits.

Coventry and Warwickshire faced serious financial pressures and the ICB must be more selective about what it funded, directing money to services that made the greatest difference. The work to reduce waste and be more efficient would continue however, some tough choices about which services could be maintained would be required.

In order to make these decisions fairly and in order to consider all aspects of a service before making decision on their future, the ICB worked with system partners to create a new approach to prioritisation, bringing together existing methods into one consistent and transparent methodology, so that decisions were fair and based on clear evidence. It would be used to consider the short- and long-term impacts of funding decisions on health outcomes, finances, and inequalities. It would guide a range of decisions, such as whether to stop or reduce funding for a service, restrict or expand access, invest in new technologies or review contracts.

When assessing a service or proposal, seven key areas were looked at:

1. How well it fits with NHS strategy
2. The level of population need
3. Its impact on health inequalities
4. Clinical effectiveness and risk
5. Value for money

6. How it connected with other services
7. How deliverable it was.

Four of these areas were scored and weighted, giving an overall rating from 'Stop' through to 'Expand'. These ratings would help identify where investment should go and ensure decisions were consistent across the system. These ratings and the supporting evidence would be considered by the ICB Senior Leadership Team, who would make a recommendation for the next steps.

This new approach was about making sure that every pound spent delivered the best possible value for patients and communities. By using a fair and transparent process, the ICB and its partners aimed to protect essential services, address inequalities, and ensure the local NHS remained sustainable for the future.

As contracts came up for renewal, or new proposals for contracts were received, the prioritisation methodology was being applied to assessing whether, in the case of new contracts they would meet the needs of the population, or for current contracts, that they were delivering against the goals set out when the contract was first introduced. This led to four possible outcomes being recommended by the Senior Leadership Team:

- Invest and Expand
- Continue to commission, investing if funding is available
- Review service for value for money and access
- Decommission / Disinvest

For current contracts which had been through the prioritisation process and received a recommendation of decommissioning, the ICB would then enact its decommissioning policy. This policy outlined the steps needed to safely decommission a service. This included the production of an Equality and Quality Impact Assessment (EQIA) which aimed to identify, remove, or minimise negative impacts on disadvantaged groups which could be brought about by ending the contract. Through the decommissioning policy the ICB would involve stakeholders where appropriate, to ensure it understood the impacts of removing the service.

Once these steps had been undertaken, the ICB would take a final decision to decommission the service, considering both the value and any impacts on service users and patients outlined by the EQIA and other sources. If the decision to decommission was then taken the ICB would support the contract holders with wind down and service closure.

The ICB would continue to use the prioritisation process to determine the ongoing value for money and effectiveness of contracts, using the mechanisms described in this paper.

The ICB started the process of assessing services through the prioritisation process in March 2025. As this work was ongoing it was still too early to recognise the scale of savings achieved however, reporting would continue through the ICB's designated structures going forward.

Where there was a potential impact identified through the EQIA, the ICB were committed to involving the Scrutiny Committee to both understand views and to enable the process to be scrutinised.

Gluten-free Prescribing

In 2017, the Department of Health & Social Care conducted a public consultation leading to legislative changes restricting GF prescribing to a limited list of items (bread and flour mixes) under the NHS Drug Tariff. Across England, approximately one-third of ICB's had decommissioned GF prescribing. This shift reflected a growing consensus that GF prescribing was not clinically essential, given the wide availability of GF products in supermarkets and the existence of naturally GF alternatives ie. Rice, potatoes.

The C&W ICB had reviewed the case for continuing to provide GF foods on prescription.

The evidence base and impact assessment was carried out which investigated:

- population need of GF foods
- the health impacts of cessation of GF food prescribing
- health inequalities - the risks associated with decommissioning GF prescribing were largely mitigated by the availability of naturally occurring GF foods and retail access and prescribing data across C&W showed no correlation between deprivation and prescribing rates, suggesting prescribing was driven by clinical diagnoses rather than socio-economic factors.
- System financial impact – GF foods were more expensive for individuals to purchase when compared to gluten-containing equivalents however, the cost of GF products to the NHS via NHS prescription was even higher due to clinician time, dispensing fees and delivery charges.

As part of the engagement process, C&W ICB conducted a survey following approval from the Finance & Performance Committee. The survey was widely promoted amongst people who were living with coeliac disease and a total of 232 responses were received. A full report detailing the responses had been included at Appendix A.

Following these findings, the ICB considered 4 possible options for GF prescribing:

Option1: Retain the status quo

Option 2: Restrict to patients with financial hardship only

Option 3: Restrict to children only

Option 4: Decommission GF prescribing completely

The above options had been considered by the ICB's Senior Leadership Team who agreed that the preferred option would be that GF prescribing was decommissioned completely. This was the recommendation to the ICB's Finance & Performance Committee.

The Cabinet Member for Sport, Health and Wellbeing, Councillor K Caan, welcomed the item, advising the frameworks would enable improved results for

residents in the future and the consultation would ensure the concerns of residents would be considered with inequality the top priority.

The Cabinet Member for Adult Services, Councillor L Bigham, expressed concerns over the cost of gluten-free food for residents should prescriptions cease, suggesting a precedent was being set and that further investigation and a wider consultation was required prior to making a decision to decommission the service.

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

- As contracts came up for renewal, or new proposals for contracts were received, the prioritisation methodology for assessing whether new contracts were applied, ascertaining whether the needs of the population were being met and whether current contracts were delivering against their goals.
- AI was not being used as the technology was not in place for this. Evidence was being gathered from clinicians.
- The ICB worked with partners looking at data in real time and forward projection data to ascertain future population requirements and officers worked closely with public health colleagues on joint strategic needs assessments.
- As £240k was being spent each year on gluten-free prescribing, this had prompted the ICB to review gluten-free prescribing for residents with coeliac disease.
- Approximately 1100 residents of Coventry received gluten-free prescriptions last year.
- Gluten-free prescriptions were not a treatment for coeliac disease. Prescribing was introduced when gluten-free products were not widely available however, they were now widely available in supermarkets.
- Those ICB's which had already decommissioned gluten-free prescribing had not reported any significant adverse outcomes and patients had not reported any long-term impacts.
- If, at the end of the prioritisation process, the outcome was to decommission, involvement and support would be undertaken with those residents affected including an EQIA.
- During the consultation process, ICB officers had contacted the Coeliac Society, spoken to dieticians and GP's. Advertising had been undertaken on social media and with specific coeliac community groups and it was felt that by engaging with coeliac groups and dieticians, the digitally enabled would be made fully aware.
- A full engagement report had been produced on gluten-free prescribing which had been considered by the ICB Finance and Performance Committee. Their role it was to look at the impact of decommissioning and make a decision.
- Approximately 30 services had been through the decommissioning process to date however, they were mostly services which were coming to the end of their contracts and were not renewed or were pilots which had come to the end of their funding.
- Mitigations would be put in place should decommissioning of gluten-free prescribing go ahead which would signpost patients to alternative support.

- Wider consultation could include asking the opinion of people who don't have coeliac disease or have gluten-free food on prescription however, this may not be completely reflective of patients impacted by the change.

Members of the Board expressed a broad range of views on the decommissioning of gluten-free prescribing and clarified that the Board was requested to support the validity of the engagement process.

The Board requested:

- Further data regarding demographic data arising out of the consultation.
- Feedback on whether the consultation was open to all gluten free patients, just specific groups and methods of gathering feedback.
- Details of services (non-commercial data) that have already gone through the decommissioning process.

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

- 1. Notes the information regarding prioritisation in Appendix 1 in light of the paper regarding gluten-free prescribing.**
- 2. Supports the decision of the C&W ICB that the information in the paper regarding the engagement undertaken, numbers of patients affected by the change and mitigations outlined are sufficient to go ahead with the proposed service change.**
- 3. That the Boards concerns regarding affordability of gluten-free items if they are not prescribed, are provided to the ICB Finance & Performance Committee.**

17. Early Intervention & Children and Young People (CYP) Substance Misuse Service

The Board received a Briefing Note regarding an overview of the current Early Intervention and Children and Young People (CYP) Substance Misuse (Positive Choices). The contract was ending in March 2027 and was being brought to the Board for discussion around the future model and delivery of the service.

The Scrutiny Board also considered a private Briefing Note relating to this matter. The grounds for privacy were that it related to an individual and information regarding the Early Intervention & CYP Substance Misuse (Minute 20 refers).

The Public Health Team at Coventry City Council commissioned an Early Intervention and CYP Substance Misuse service in 2018 to support children and young people who were at risk of using substances, those at risk of exploitation and those in need of support with developing healthy relationships. The contract was awarded to Change Grow Live (CGL) who launched the "Positive Choices" service. This service contributed to Coventry's preventative approach to improving outcomes for children and young people. The service worked collaboratively with schools, health professionals and organisations such as Youth Justice to provide education, guidance and one-to-one support.

Positive Choices offered support for the following presenting needs:

- Substance Misuse
- Relationships, Online Safety and Sexual Health (ROSH)
- Hidden Harm
- Low level exploitation
- CYP coming through the Youth Justice Service (YJS)

Positive Choices understood the challenges families faced when affected by substance use and other issues affecting children, young people and families and the support was designed to help families feel empowered, connected and strengthened.

The team provided parenting support using the Solihull Approach and hosted regular groups for parents run by an experienced Children and Families team. For those requiring more tailored support, there was an offer of one-to-one phone calls or face-to-face appointments. Positive Choices also offered diversionary activities including fun sessions at the community allotment and climbing. They worked alongside schools and had co-located to several schools across the city to support an early intervention offer around ROSH and substance misuse and were committed to support Coventry Alternative Provision (CAP) service, a group offer to schools who referred young people to the CAP programme. These groups also focused on ROSH and substance misuse. CAP would also be offered to primary schools and therefore, a Hidden Harm programme would be available for primary age children.

An engagement plan had been developed ensuring a comprehensive and inclusive approach to commissioning. Engagement activities would target a range of audiences and a variety of engagement methods would be used. Young people would also play an active role in the evaluation of the tender process to ensure their voices were reflected in service design and decision making.

A wider piece of work to review the current range of services for CYP in Coventry who were at risk of poor outcomes was in place.

The data on health risk behaviours in CYP had recently been reviewed. The full report was in draft form and included a review of the literature and analysis of available data. Up-to-date local data on behaviours in CYP was lacking. National data was based on surveys from a sample of schools so produced with general findings that could not be disaggregated at a local level. Those who were most vulnerable and at greatest risk were least likely to be surveyed and captured in routine data due to for eg. absence from school.

The most risky behaviours such as alcohol and substance use and misuse, smoking, anti-social behaviour, etc, were initiated in adolescence and tended to cluster, so any person engaging in one of these behaviours put individuals at risk of long-term health and wider outcomes including lower educational attainment, being bullied, mental health problems, obesity, teenage pregnancy, problem gambling and being in trouble with the police. There were also longer-term poor health outcomes such as cancer, cardiovascular disease, liver disease and mental health issues.

At a national level, there had been a small decline in the number of school age pupils who had ever drunk alcohol and the proportion of 11-15 year olds who had drunk alcohol in the preceding week however, a significant number of young people were consuming alcohol at a very young age. There was a similar pattern for drug use at a national level. Unhealthy relationships were difficult to measure however, a consequence of risky sexual behaviours could be sexually transmitted infections (STIs) and the rate of diagnosis in Coventry residents was 905 per 100,000 which was higher than the national average of 694 per 100,000. Teenage pregnancy was another consequence. The under 18s conception rate in Coventry was 21.2 per 1,000; significantly higher than the national level of 13.9 per 1,000. Unhealthy relationships could put young people at risk of being victims or perpetrators of domestic abuse, sexual violence and exploitation.

The Early Intervention and Young Person's Substance Misuse service delivered impact by providing early, targeted support that prevented young people from developing more serious substance misuse issues and the associated wider harms. By working with young people at the earliest signs of risk meant fewer young people entering care, fewer hospital admissions, improved school attendance, improved mental health and emotional wellbeing and reduced anti-social behaviour.

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

- 1. Actively engage in the recommissioning process to provide insight and feedback on the proposed service to the Cabinet Member.**
- 2. Provide contributions in shaping the service specification and identifying priorities for the new contract.**
- 3. Consider issues raised as part of the planning stage for recommissioning.**

18. Work Programme and Outstanding Issues

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

1) Notes the Work Programme with the following amendments:

- The meeting due to take place on the 17th December 2025 will take place at UHCW.**

19. Any other items of Public Business

There were no other items of Public Business.

Private Business

20. Early Intervention & Children and Young People (CYP) Substance Misuse Service

Further to Minute 20 above, the Health and Social Care Scrutiny Board (5) considered a private Briefing Note of the Director of Public Health, setting out the

confidential matters relating to an individual and the financial affairs of a particular person regarding the Early Intervention & CYP Substance Misuse.

RESOLVED that, following consideration of the corresponding public Briefing Note, the Health and Social Care Scrutiny Board (5):

- 1. Actively engage in the recommissioning process to provide insight and feedback on the proposed service to the Cabinet Member.**
- 2. Provide contributions in shaping the service specification and identifying priorities for the new contract.**
- 3. Consider issues raised as part of the planning stage for recommissioning.**

21. Any other items of Private Business

There were no other items of private business.

(Meeting closed at 1.20 pm)