

**Coventry City Council**  
**Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at**  
**11.00 am on Wednesday, 1 April 2026**

Present:

Members of the Board: Councillor C Miks (Chair)  
Councillor S Agboola  
Councillor S Gray  
Councillor L Harvard  
Councillor S Jobbar  
Councillor M Mutton (Substitute for Councillor F Abbott)

Other Members (by invitation):

Councillor L Bigham – Cabinet Member for Adult Services  
Councillor K Caan – Cabinet Member for Public Health and Wellbeing  
Councillor G Hayre – Deputy Cabinet Member for Public Health, Sport and Wellbeing  
Councillor K Sandhu – Cabinet member for Education and Skills  
Councillor Toulson - Deputy Cabinet Member for Adult Services

Others Invited:

Gemma Lavery, Director of Student Wellbeing, Coventry University  
Dan Wickenden, Student Wellbeing Operations Lead, Coventry University  
Dr Damien Homer, Deputy Director of Wellbeing and Student Support, Warwick University  
Justine Richards, Chief Strategy and Transformation Officer  
Claire Quarterman, Community Clinical Integration and Transformation Lead  
Jodie Storrow, Clinical Operational Manager  
Nikki Wise, Professional Lead for Nursing  
Simon Doble, Coventry and Warwickshire ICB  
A Cartwright, Coventry and Warwickshire ICB

Employees  
(by Service Area):

Care Health and Housing P Fahy (Director of Care, Health and Housing), A Egginton

Children's Services and Education R Eaves

Law and Governance M Salmon, A West

Public Health and Wellbeing A Duggal (Director of Public Health and Wellbeing),  
R Chapman

Apologies: Councillor Abbott  
Councillor A Hopkins  
Councillor M Lapsa  
Councillor B Mosterman

## **Public Business**

### **46. Declarations of Interest**

There were no disclosable pecuniary interests.

### **47. Minutes**

The minutes of the meeting held on 11<sup>th</sup> March 2026 were agreed and signed as a true record.

Further to recommendation 2) of minute 43/25 headed 'Emergency Services Partnership Working', the Board noted that a briefing note regarding the placing of defibrillators on Council-owned public buildings, had been sent to the Cabinet Member for Public Health and Sport and the Cabinet Member for Jobs, Regeneration and Climate Change.

### **48. Student Wellbeing**

The Health and Social Care Scrutiny Board (5) received briefing notes of Coventry University and Warwick University on the approaches to student health and wellbeing at their Universities.

The Cabinet Member and Deputy Cabinet Member for Public Health, Sport and Wellbeing, and the Cabinet member for Education and Skills attended the meeting for this item of business.

Gemma Lavery, Director of Student Wellbeing, and Dan Wickenden, Student Wellbeing Operations Lead, from Coventry University and Dr Damien Homer, Deputy Director of Wellbeing and Student Support, from Warwick University also attended the meeting for this item of business.

#### **Coventry University**

Coventry University had implemented a whole University Student Support Model to meet the increasing scale and complexity of student wellbeing, disability, mental health, harassment, and safeguarding needs. The model ensured that support was accessible, proactive and consistent, while enabling the institution to meet sector expectations around duty of care, risk management, and regulatory compliance.

The briefing note and presentation highlighted:

- A central triage function provided a single efficient point of entry for all student wellbeing concerns, enabling rapid, risk-based assessment and allocation to the most appropriate team.

- Contracted services, including Spectrum Life and the university's aligned GP practice, extended 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.
- Core values including student safety, prevention, empowerment, and compassionate, culturally competent care, shaped all service delivery.
- An integrated and preventative approach that delivered 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.
- The model, underpinned by strategic pillars that prioritised collaboration across the University Group, NHS partners, and the Students' Union, reflected Coventry University's commitment to continually evolving its support for students. It actively promoted safe, responsive, and compassionate practice, helping the institution anticipate risk and remain forward looking in meeting national expectations within a changing sector landscape.

### **Warwick University**

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

The briefing note and presentation highlighted:

- Wellbeing and Safeguarding Services
- Student Funding Support which provided financial wellbeing advice and hardship support
- Healthy lifestyles and preventative wellbeing
- Access to NHS and health services
- Areas where partnership working would be beneficial
- Upcoming projects, innovation, and good practice
- Continuing to develop initiatives that encouraged physical activity and social connection, recognising the important role these played in supporting both mental and physical health

In considering the briefing note the Board discussed issues, asked questions and received responses from officers and the Cabinet Member for on matters including:

- Neuro-diverse students at Coventry University could register their needs with the University Medical Centre on campus with one-to-one appointments to discuss requirements. Lecturers were informed of any needs/reasonable adjustments required for their students
- There were 15,000 students at Warwick University with wellbeing support being provided for 7,000 and 5,000 overall having received some help
- Warwick University offered a Transition Programme for students diagnosed with autism and there was a Disabled Staff Network in place to share experiences

- There were 2400 students at Coventry University that had disclosed a disability condition; however, many more students' wellbeing was being supported. Disability Discovery Days were available
- It was important to work with both students and parents
- Disability support guides were available for lecturers and a drop-in clinic offered weekly for academics; in addition, all lecturers were offered training sessions.
- Support for lecturers at Coventry University could also be sourced from the Campus Protection Team and Out of Hours Team
- Social prescribing at both Universities had been a success
- Both Universities were looking at better ways to engage students
- It was recognised that some students had been affected by the Covid pandemic and had been socially isolated for a period of time that had had an impact on their wellbeing
- 7500 students lived on the Warwick University Campus for their first year with students in other years residing in accommodation off-site. Halls of residence advisors supported 1<sup>st</sup> year students
- Communication was key to ensure that any concerns about students' wellbeing was fed into the services provided at the Universities
- Coventry University fed into Spectrum Life which provided a 24/7 service
- The services were extremely well used by students at both universities with duty provision supporting 1,000s on students each month
- Observing trends helped to inform the provision of appropriate support and services
- Adjustments could be made if a student requested it e.g. one to one support, and extra time in exams. To ensure that the right support was provided, a bespoke plan was put in place for each student's needs
- Further to the recent Meningitis outbreak in Kent, both Universities confirmed that they worked closely with Public Health and the Health Team and GP Team on Campus, on an on-going basis with the Resilience Group consulted when there was an outbreak for advice on further action that should be taken. Vaccination Programmes were communicated for all students arriving at University
- The Director of Public Health and Wellbeing confirmed that health incident management would always include Universities

The Board requested that future reporting to them on student wellbeing should include details of the partners that the Universities engaged with.

**RESOLVED that the Health and Social Care Scrutiny Board (5), having considered the information provided in the briefing notes by Coventry University and Warwick University, had no further recommendations for the appropriate Cabinet Member or partners.**

#### 49. **Update on the Coventry National Neighbourhood Implementation Programme**

The Health and Social Care Scrutiny Board (5) received a briefing note of University Hospital Coventry and Warwickshire that provided an update on Coventry's National Neighbourhood Implementation Programme - summarising the population health diagnostic, the neighbourhood and Integrated

Neighbourhood Team design, progress to date (including Wave One delivery), and the key milestones and decisions expected through 2026–2027. A briefing paper and presentation were attached as Appendices to the briefing note.

The Cabinet Member and Deputy Cabinet Member for Public Health, Sport and Wellbeing, and the Cabinet Member and Deputy Cabinet Member for Adults Services attended the meeting for this item of business.

The Chief Strategy and Transformation Officer, the Community Clinical Integration and Transformation Lead, the Public Health Consultant, Clinical Operational Manager, Professional Lead for Nursing, and Coventry and Warwickshire ICB also attended the meeting for this item of business.

The Coventry National Neighbourhood Implementation Programme was designed to reduce health inequalities by shifting to a locality-based, proactive model of care. The Population Health Management diagnostic showed that a small percentage of the population had the most complex needs and use of services, demonstrating significant variation in need and outcomes. The neighbourhood model, Integrated Neighbourhood Teams, and the Coordination Hub aimed to improve access, continuity, and coordination of care for those with the highest levels of vulnerability, multimorbidity, and unmet need.

Neighbourhood geographies highlighted 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 - intended to address these inequalities at a hyper-local level. It would require investments in digital enablement, estate improvements, and workforce development, essential to ensuring that all neighbourhoods could benefit from the model equally.

The programme also had 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.

The presentation covered the following:

- NHS 10 Year Plan, NHSE National Neighbourhood Guidance and Neighbourhood Health Partnership Framework
- Background to the National Neighbourhood Health Improvement Programme
- The issues the programme aimed to address – a Population Health Management Approach
- Emerging Neighbourhood Health model
- Implementation progress to date
- Measuring progress

In considering the briefing note and the presentation the Board discussed issues, asked questions and received responses from officers and the Cabinet Members and Deputy Cabinet Members on matters including:

- This was a Partnership Programme and was the next step for Coventry whose existing work to reduce health inequalities aligned with the requirements of National Guidance
- The Neighbourhood Health Delivery Pro-active Model of Care was at the forefront of the Programme
- Through the Population Health Management diagnostic, the impact on individuals and care homes was now evident
- The Programme wouldn't just focus on the usual health indicators but would also include a local focus – offering neighbourhood delivery to the Coventry population in which community engagement was key
- The Programme would be aligned with the work of Family Hubs, the Better Start in Life Programme, and Community Mid-wives and Health Visitors. This joined-up working is on-going
- A Health Inequalities Working Group had been established

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

- 1) Notes the content of the briefing paper and presentation by University Hospital Coventry and Warwickshire attached as Appendices to the briefing note.**
- 2) Had no further recommendations for the Cabinet Member or partners.**
- 3) Requests that an Annual Report on the progress of the Programme be submitted to the Board and that this be added to the Work Programme accordingly.**

**50. Coventry Safeguarding Adults Board Annual Report 2024-2025**

The Health and Social Care Scrutiny Board (5) received a briefing note and presentation of the Director of Care, Health and Housing that provided an overview of Coventry Safeguarding Adults Board Annual Report 2024-2025. The Annual Report was attached as an Appendix to the briefing note.

The Cabinet Member and Deputy Cabinet Member for Adults Services attended the meeting for this item of business.

The Coventry Safeguarding Adults Board was a partnership of organisations that worked to both prevent and end abuse of adults with care and support needs in Coventry.

The Care Act 2014 required that each local authority must establish a Safeguarding Adults Board for its area. The objective of a Safeguarding Adults Board was to help protect adults in its area in cases where the adult: had care and support needs; was experiencing, or was at risk of, abuse or neglect; and, as a result of those needs, was unable to protect himself or herself against the abuse or neglect or the risk of it. The Board achieved this by co-ordinating and ensuring the efficacy of what each member did.

Under the Act one of the core duties of the Safeguarding Adults Board was to Publish an annual report detailing what the Board had done during the year to achieve its main objective and implement its strategic plan, and what each

member had done to implement the strategy as well as detailing the findings of any safeguarding adult review and subsequent actions.

In considering the briefing note the Board discussed issues, asked questions and received responses from officers and the Cabinet Member and Deputy Cabinet Member on matters including:

- The Safeguarding Adults Board was a partnership of a wide range of organisations that included senior representatives from the Local Authority, Police and NHS Integrated Care Board (ICB) as well as other statutory organisations, Healthwatch, and the voluntary sector, and an independent Chair was commissioned to provide an independent perspective
- The Local Authority's arrangements for safeguarding adults gave a reasonable level of assurance but was not conclusive, further work on the arrangements were on-going
- Recognising that there could be cultural differences and that diversity in spoken languages was also increasing, support was provided through the interpretation service, easy reader information, and translator resources, in addition staff were given relevant training and practitioners had access to learning events. Work with providers was on-going
- Training events were recorded on the Website for those who were unable to attend the sessions.
- The reporting of safeguarding concerns could be made by telephone to Adult Social Care Direct or by e-mail to [scdirect@coventry.gov.uk](mailto:scdirect@coventry.gov.uk)

**RESOLVED that the Health and Social Care Scrutiny Board (5) notes the contents of the Safeguarding Adults Board Annual Report 2024-2025, attached as Appendix 1 to the briefing note, and had no further recommendations to make.**

#### 51. **Work Programme and Outstanding Issues 2025/26**

The Health and Social Care Scrutiny Board (5) received a briefing note of the Scrutiny Co-ordinator that detailed issues that were on the Board's Work Programme for meetings of the Board for 2025/26. As this was the last meeting of the year, the Board noted the items they had considered over the course of the year, the list of matters to be considered on a date to be confirmed and the list of matters to be considered in the next Municipal Year.

**RESOLVED that the Education and Children's Services Scrutiny Board (2):**

- 1) **Notes the matters considered during the Municipal Year 2025/26, and the lists of matters to be considered on a date to be confirmed and in the Municipal Year 2026/27.**
- 2) **Agrees that the following items be added to the Work Programme:**
  - a) **Community First Aid**
  - b) **Annual Report on the progress of the National Neighbourhood Implementation Programme**

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

There were no other items of Public Business.

The Board thanked Councillor Miks for her work Chairing the Board for 2025/26 and asked that this be placed on record.

(Meeting closed at 1.10 pm)