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Agenda

Health and Social Care Scrutiny Board (5)

Time and Date

11.00 am on Wednesday, 21st January, 2026

Place

Diamond Rooms 1 and 2 - Council House, Coventry, CV1 5RR

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 17th December 2025
- (b) Matters Arising

4. Access to Dentistry and All Age Oral Health (Pages 7 - 26)

Briefing Note of the Chief Integration Officer, Coventry & Warwickshire ICB and the Director of Public Health & Wellbeing, Coventry City Council

5. Carers Strategy - Engagement and Planning Overview (Pages 27 - 48)

Briefing Note of the Director of Care, Health & Housing

6. Work Programme and Outstanding Issues (Pages 49 - 58)

Report of the Scrutiny Co-ordinator

7. 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 and Governance, Council House, Coventry

Tuesday, 13 January 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

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Caroline Taylor, Governance Services
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Agenda Item 3

Coventry City Council

Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at 11.00 am on Wednesday, 17 December 2025

Present:

Members: Councillor C Miks (Chair)

Councillor S Agboola

Councillor S Gray

Councillor L Harvard

Councillor A Hopkins

Councillor S Jobbar

Councillor C Thomas (substitute for Cllr F Abbott)

Co-Opted Members: R Sheikh, Healthwatch Coventry (substitute for L-A Howat)

Employees (by Directorate)

Law and Governance E Jones, A West

Public Health A Duggal

Apologies: Councillors F Abbott, L Bigham, K Caan, M Lapsa,
B Mosterman and D Toulson

Others Present: A Hardy, J Richards - UHCW NHS Trust

Public Business

22. Declarations of Interest

There were no Declarations of Interest.

23. To agree the minutes of the meeting held on 19th October 2025

The minutes of the meeting held on 19 November 2025 were agreed and signed as a true record.

24. Matters Arising

Further to minute 16 – Prioritisation of NHS Services:

- The ICB Finance and Performance Committee received a Briefing Note with the Board's concerns regarding affordability of gluten free items being decommissioned following its meeting in November. The Committee made a decision on the 3rd December to decommission Gluten Free prescribing and noted the Board's request for understanding the mitigations around it. A plan including those mitigations will be shared with the Health and Social Care Scrutiny Board (5) in due course.

- Details of services (non-commercial data) that have already gone through the decommissioning process to be shared with the Board.

25. **UHCW Performance**

The Board received an update from the Trust regarding its performance against the NHS National Oversight Framework. Data for quarter two had been released after publication of the papers for the Board and an updated presentation had been circulated to Members. The Chair thanked the Chair of the University Hospitals Coventry and Warwickshire NHS Trust for their letter providing an update on progress.

The Framework is managed by NHS England to help identify improvement opportunities and uses key measures to assess organisational performance addressing: access to services, e.g. waiting times for A&E and cancer; effectiveness and experience of care; patient safety; people and performance; and finance and productivity and NHS England plans to publish results quarterly.

The Framework uses some of the measures taken from the National Outcomes Framework but does not take into account Care Quality Commission ratings (under which the Trust had been assessed as good in 2025) and other wider measures. The league table approach and measures are still evolving with metrics for 2026/27 being expanded to include quality.

The Trust was one of 17 to show significant improvement between quarter one and quarter two, having moved up from 132nd to 96th out of 134.

It was reported that improvement had been made in areas including: addressing the financial deficit, with substantial financial savings achieved and remaining on plan; waiting times, where targeted improvement plans are underway and overall waiting lists have been significantly reduced; Cancer Faster Diagnosis Standard, which continues to improve; urgent care, where the Trust is the best in the region for ambulance turnaround times with no 'corridor care' since 2019; faster response times to patient complaints, 98% responded to in 25 working days; and a dedicated coding team in place to address backlog activity data to NHS England following the complex implementation of the Electronic Patient Record.

Critical areas of focus and next steps include targeting: quality and efficiency including specific waiting times and delays to discharge; outpatient clinics; dispensing of prescriptions on discharge; financial goals; and completing coding following implementation of the new Electronic Patient Records system; current winter pressures (including super flu) and industrial action; shared work with partners on length of stay and discharge; and new developments and investment in Wave 1 Neighbourhood Health.

The Trust explained some of the complexity of the measures and scoring system in the national framework and provided illustrations of some of the changes in Trust performance between quarter one and quarter two. Examples of specific service improvements that have been made were given. Focussing on doing the right thing, rather than chasing performance measures for their own sake, remains the priority. For example, during the implementation of the Electronic Patient Care Record a reduction of care episodes had been agreed with NHS England which in the short term affected performance ratings, but in the long term will bring

significant improvements for patients and taking on community services from CWPT in July 2024 resulted in a negative financial impact which is reflected in the performance ratings, but is delivering good progress for patients.

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

- Take up and barriers to take up of the flu vaccine by staff, which is at 46% (up from 26% last year)
- Waiting times in A&E where long waits and pressures remain. Actions to mitigate this include constant triage and review to prioritise urgent cases, the operation of the minor injuries unit and facility improvements (the number of cubicles has been increased which has put pressure on waiting space and the waiting space is now being increased). Enhanced patient streaming with primary care, and a new communications hub are helping direct patients to the right care, while efforts have halved hospital conveyances from care homes.
- The Board welcomed the focus on patient outcomes rather than performance metrics but recognised the potential impact of a poor performance score on public perception and patient confidence.
- Concern about the framework and the crudeness of the league table which compares all hospitals together. The Trust explained the importance of hospitals being compared with their peer group. It is not possible to compare this group of teaching hospitals which have A&E departments with specialist hospitals which have no A&E and screen all patients before they go in.
- Urology services have been temporarily relocated to Rugby while a new unit is being developed with plans to bring all services back to a single site by April to improve efficiency patient experience.
- The travel plans in place to support patients and visitors attending appointments at Rugby.
- The impact of the cycle lane works, which have not affected ambulances but are having an impact on staff travelling to and from work.
- The position relating to parking fees, which are tied to a contract which runs from 2002 to 2042 and must be adjusted annually in line with inflation. If the increase is not applied, the Trust has to fund the gap which impacts patient care. Any changes are currently constrained by the contract, although it is hoped that concerns could be addressed during future negotiations.

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

- 1) Note the contents of the briefing note and presentation and receive assurance on the Trust's proposed plans to improve its performance.
- 2) Recommend that the Cabinet Member for Public Health, Sport and Wellbeing to write to the Secretary of State regarding the fairness of the National Oversight Framework League Tables.

26. Work Programme and Outstanding Issues

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

- 1) Notes the Work Programme with the following amendments:

- **End of Life Care Strategy and hospices to be added to the work programme for a date to be confirmed**
- **A future meeting be arranged at the Hospital to review Trust performance in 2026/27**

27. Any other items of Public Business

There were no other items of public business.

(Meeting closed at 12.20 pm)



To: Health and Social Care Scrutiny Board

Date: 22 January 2026

Subject: Dental Services - Overview, Performance and Strategic Plan

1 Purpose of the Note

- 1.1 This note provides an update to the Coventry Health Overview and Scrutiny Committee on the current state, performance, and strategic direction of dental services in Coventry and Warwickshire. It outlines the types and distribution of dental services, highlights strong contract performance and recovery to pre-pandemic activity levels, and details recent initiatives such as increased urgent care appointments, incentive schemes for urgent dental care, targeted investments to address inequalities, and workforce support measures.

2 Recommendations

- 2.1 The Health and Social Care Scrutiny Board are recommended to:
 - a) Note the findings of the reports in Appendix 1 and 2
 - b) Identify any further recommendations

3 Information and Background

- 3.1 Outline information is provided in the appended reports (Appendix 1 and 2) and the Board will receive a presentation from Officers at the meeting which will contain more detail and context on these topics.
- 3.2 Appendix 1 is a Briefing note summarising dental health services in Coventry and Warwickshire by the Coventry & Warwickshire Integrated Care Board.
- 3.3 Appendix 2 summarises the main findings of the Adult Oral Health Survey 2023 based from data across England which was published in December 2025.

4 Adult Oral Health Survey 2023

- 4.1 A Summary of this report based on findings from across England can be found in Appendix 2, and the full report can be found on the following link: [Adult oral health survey 2023 - GOV.UK](https://www.gov.uk/government/statistics/adult-oral-health-survey-2023).

- 4.2 Dental Health Surveys have been carried out in the UK since 1968. Every 2 years an Adult Oral Health Survey is carried out in England. The latest survey was carried out in 2023 and was published in December 2025.
- 4.3 This survey is carried out in addition to the Child Dental Health Survey and ad hoc surveys such as oral health in care homes.
- 4.4 The survey uses a representative sample of adults in England aged 16 and over and uses a questionnaire and oral examination in the participant's own home to evaluate their oral health.
- 4.5 The examination includes condition of teeth, condition of root surfaces, erosion of teeth, signs of decay, enamel defects, signs of gum disease and type and condition of any dentures.
- 4.6 Over one fifth (21%) of adults had at least one tooth with obvious decay.
- 4.7 A total of 93% of dentate adults had one or more signs of gum disease.
- 4.8 Seven per cent of dentate adults experienced current dental problems, including pain. This was more likely in people that last visited the dentist more than 5 years ago. Nearly a fifth of adults had one or more potentially urgent conditions.
- 4.9 Fifty-one per cent of the respondents reported that the usual reason for dentist attendance was for a check-up and almost two thirds of adults (65%) reported going to the dentist at least once in a 2-year period.
- 4.10 One third (35%) of adults reported going to the dentist less frequently or only when they had problems with teeth or dentures. This has increased in recent years.
- 4.11 The most common reasons for infrequent attendance were:
 - being unable to find a dentist (40%)
 - unable to afford the charges (31%)
 - not perceiving a need to do so (27%)

5 Health Inequalities Impact

- 5.1 Dental access in Coventry is uneven, with areas like Central and East facing the greatest deprivation and highest rates of dental disease. Targeted investments and programs are being directed to these priority areas to improve access and reduce oral health inequalities.
- 5.2 The planned reforms to the NHS dental contract are expected to further reduce barriers to care, improve workforce retention, and ultimately help decrease oral health inequalities. Despite strong overall performance, the C&W ICB acknowledges that further work is needed to address and reduce inequalities in access to dental services.
- 5.3 From the Adult Oral Health Survey, the number of people with 21 or more natural teeth was lower among those who were older, had lower household incomes and lived in more deprived areas.
- 5.4 The proportion of adults in England reporting no natural teeth was 2.5% and this was more likely in older people, people with lower household income and those living in a more deprived area.

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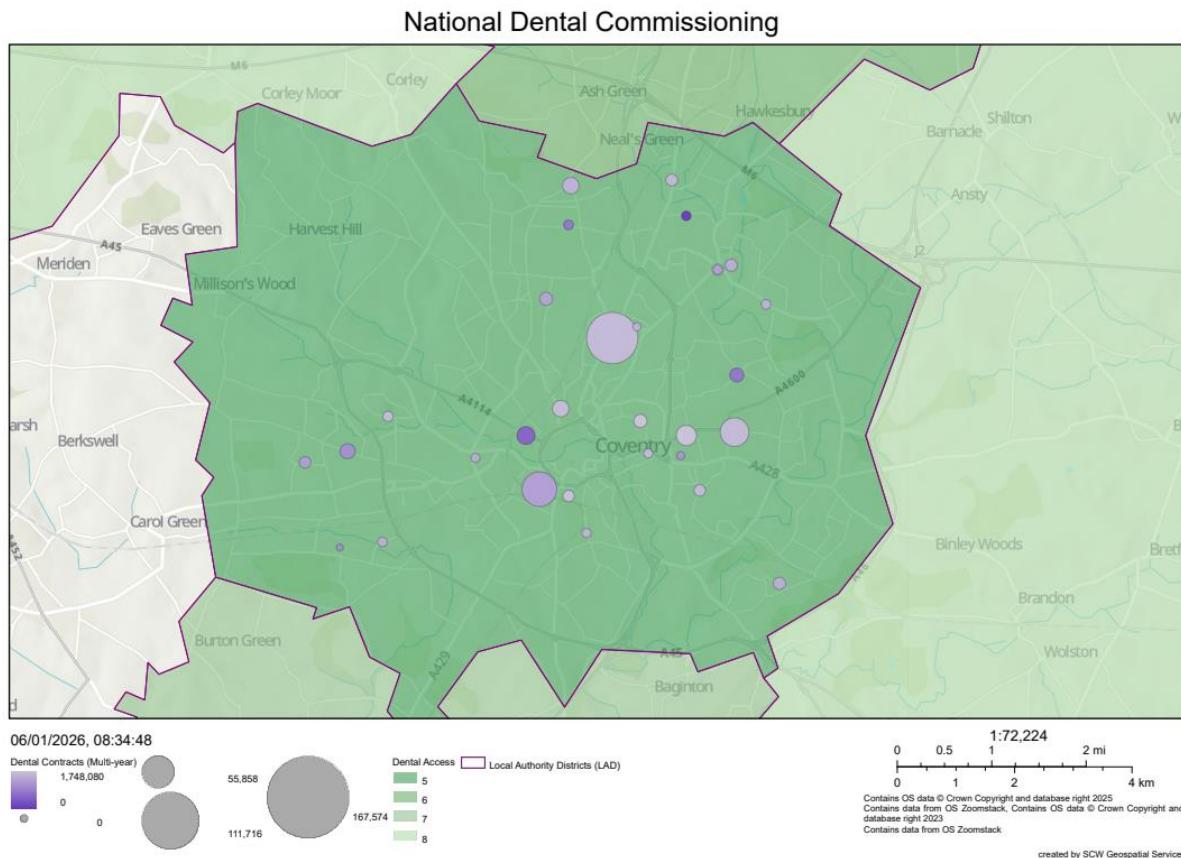
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Report To and Date:	Coventry Health Overview and Scrutiny Committee (HOSC) January 2026
Report Title:	Dental Services - Overview, Performance and Strategic Plan
Report From:	Alison Cartwright, Chief Integration Officer, Coventry and Warwickshire ICB
Author:	Tim Sacks, Director of Primary Care, Coventry and Warwickshire ICB Sarah Johnson, Head of Primary Care
Previous Considerations and Engagement:	None
Purpose:	For Information

Coventry Dental Services Overview

1. There are a number of differing dental services available from providers for the population of Coventry, depending on condition and need. These are listed below;
 - 23 Dental practices providing general dental services only
 - 7 Dental practices provide both general dental services and orthodontics
 - 1 Orthodontic Specialist Practice
 - Total number of Units of Dental Activity (UDA) commissioned = 542,692
 - Total number of Units of Orthodontic Activity (UOA) commissioned = 24,241

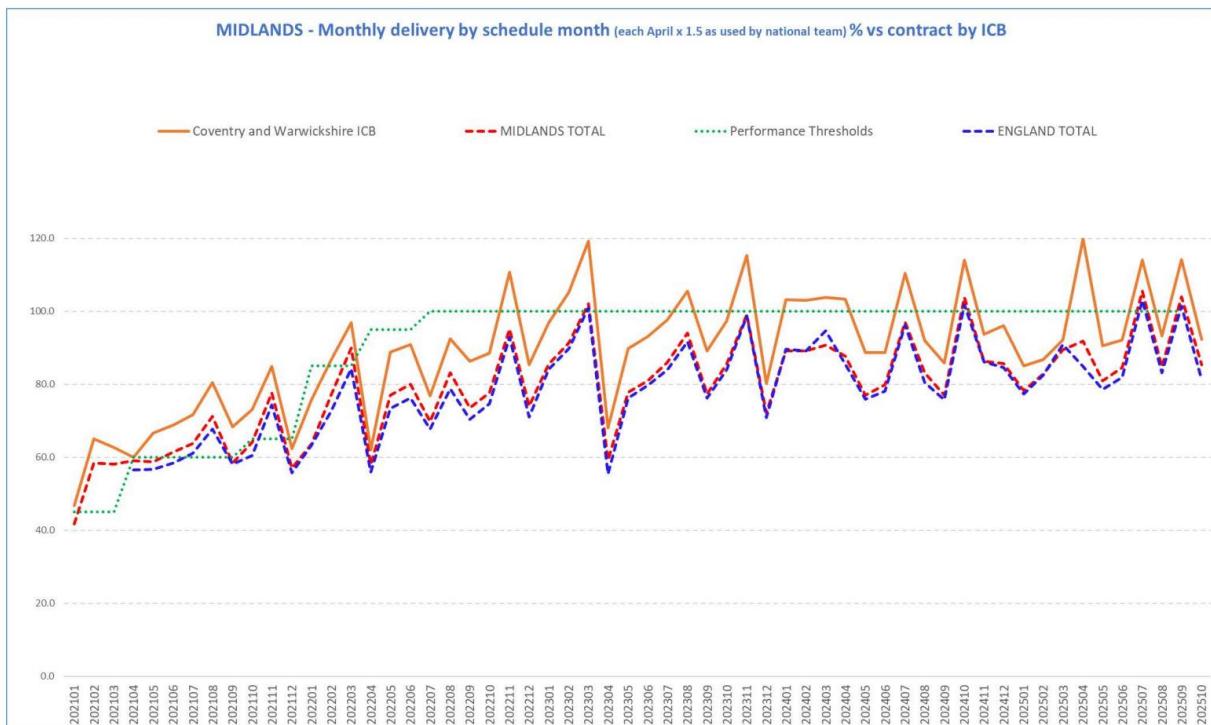


Coventry and Warwickshire Provider Dental Contract Performance

2. Dental providers in Coventry and Warwickshire continue to perform well when benchmarked with other ICBs nationally. This has helped in the recovery of dental services across the system. This has mainly been due to the number of independent providers dominating the dental market as opposed to corporates. In addition, C&W have a greater number of other dental service providers delivering a broader range of services in a primary care setting which in turn takes pressure off secondary care services e.g. intermediate oral minor surgery and community dental services in a community setting.
3. Restoration and recovery of NHS dental services since the COVID-19 pandemic has enabled dental practices to deliver increasing levels of dental activity. The enabling of such measures has resulted in practices within NHS Coventry and Warwickshire ICB to restore contracted activity delivery in line with pre-pandemic levels. Whilst the outcome of returning activity delivery to pre-pandemic levels is good news, the impact on any surplus funds available for local investment through the underspend of dental contracts is limited due to dental budget being allocated to practices already delivering their annual contractual target.

4. 2025/26 contract delivery consistently tracks above Midlands and England totals, this is shown in the following graphs:

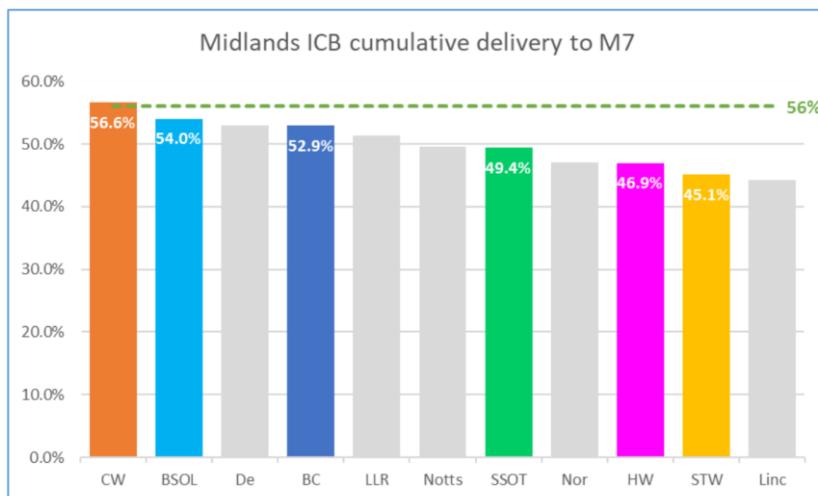
Graph 1:



Graph 2:

Cumulative year to Month 12 percentage delivery

Model – October 56% (April 6% to October 56%)



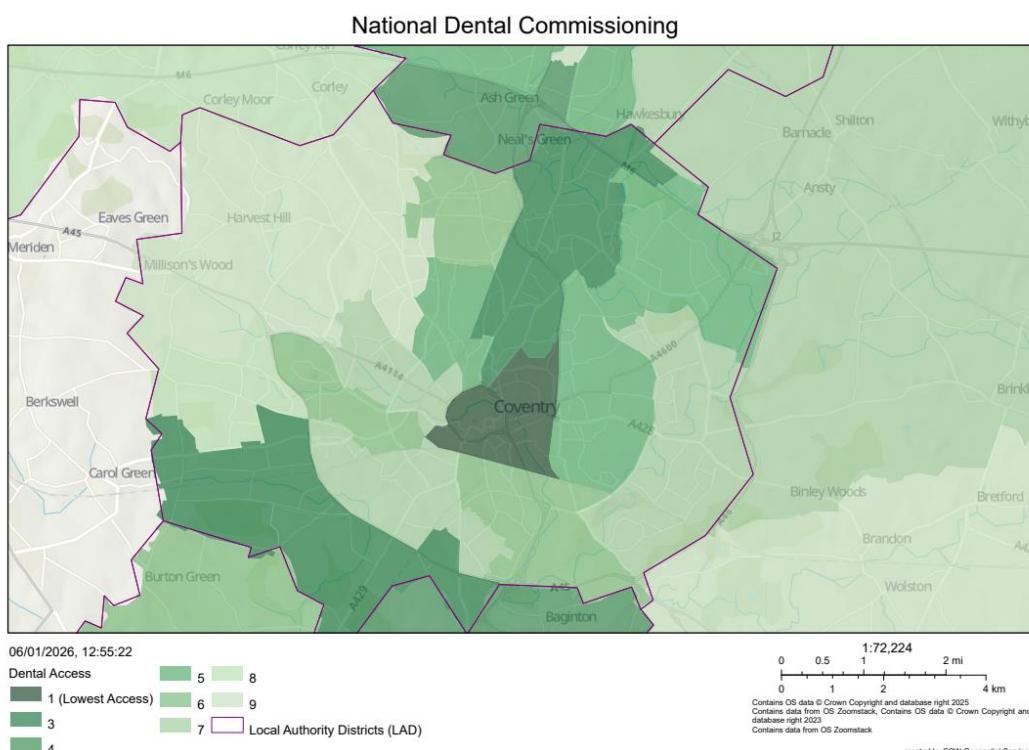
Data source: BSA main delivery dashboard (EDEN) which includes all contracts paid via BSA (vast majority)

Coventry and Warwickshire Provider Dental Access Rates

5. The latest dental access data from NHS BSA January – June 2025 shows Coventry at level 5 Access Decile (1= poor access, 10- good access)

Group	Pop. Accessing NHS Dentistry	Total Pop.	Access Rate	Comparison to National Average
All	92,170	355,600	25.92 %	Lower than national average of 26.51 %
Adults	61,432	276,653	22.21 %	Higher than national average of 21.76 %
0-17	30,773	78,947	38.98 %	Lower than national average of 44.63 %

Group	Access Rate July-Dec 2019	Current Access Rate
All	26.54 %	25.92 %
Adult	39.9 %	22.21 %
Child (0-17)	22.89 %	38.98 %



6. As of December 2025, 64% of all practices are accepting at least one patient cohort, this is 24% above the national percentage

Choose ICB:

Coventry and Warwickshire ICB

Measure	No of Practices	% of Practices
The number and percentage of general dental practices that have confirmed through NHS Profile Manager that they are currently accepting new NHS patients for routine appointments.		
Accepting new NHS patients information (General dental practices)		
Number of general dental practices profiles	89	
Number of practices who have given a recent update on whether they're taking on new NHS patients	78	88%
Number of practices which are accepting at least one patient cohort	57	64%
Number of practices that are accepting children aged 17 or under	56	63%
Number of practices that are accepting adults 18 and over	48	54%
Number of practices that are accepting charge exempt adults	50	56%
Number of practices that are not accepting new patients	21	24%
Number of practices who have not given a recent update on whether they're taking on new NHS patients	11	12%

Updates to Dental services in Coventry and Warwickshire

7. **700k Unscheduled and Urgent Care Appointment Allocation** - The Government's manifesto committed to securing 700k additional urgent dental care appointments per year for the duration of this parliament. Coventry and Warwickshire has been given a local target of 2,740 per annum to meet. To achieve this the ICB uplifted the minimum UDA rate across Coventry and Warwickshire to £31 from 1st April 2025, this increase has been directly aligned with the Government's manifesto commitment to expand additional unscheduled urgent care dental appointments. 6 providers located within Coventry accepted this investment in return for delivering additional urgent/unscheduled appointments.
8. **2025/26 Urgent Dental Care Incentive (UDCI) Scheme** -To bolster the Government's Manifesto commitment to expand unscheduled and urgent care, on 25th September, NHSE announced the launch of the national urgent dental care incentive (UDCI) Scheme, an in year financial incentive scheme for mandatory services contract holders, with the aim of bolstering the additional capacity that ICBs have already commissioned. [NHS England](#) » [Urgent dental care incentive scheme](#).
9. The UDCI Scheme requires participating contractors to deliver an increase of 25% urgent care courses of treatment compared to their estimated baseline delivery for the current financial year, based on activity from the first 4 months of the financial year, as calculated by NHSE. Contractors who achieve this target will be eligible to receive an incentive payment of £50 per additional course of treatment. Where a contractor achieves 70% of this target, a partial incentive payment will be made. On 24th November 2025 NHS England updated the published urgent dental care incentive (UDCI) scheme guidance, allowing anyone who has not previously signed-up a second opportunity to do so, they also lifted

the payment cap once a provider reaches the 125% target, so they are eligible to receive a further £50 for each urgent course of treatment delivered above the 125% Total Activity Target. This will continue to reward them for enhanced delivery.

10. In Coventry and Warwickshire 96 offer letters were issued to providers. Currently, 47 providers have accepted the offer to participate in the scheme, of which 19 providers are located within Coventry. The ICB Communications Team are promoting the scheme through a series of short videos – focused on the types of ‘urgent dental care’ issues that people may experience, featuring local dentists from our system. These will be pushed through ICB internal and external channels and shared with system partners too for further amplification. Messaging will also tie back into the ‘choose the right service for your care’ messaging
11. **Intermediate Minor Oral Surgery (IMOS)** - The IMOS service is a specialist referral service in primary care providing complex dental extractions for patients who meet the clinical criteria. Following a successful procurement exercise a preferred provider has been identified for Coventry. The provider is currently mobilising services in preparation of the contract commencement date of 1st April 2026.
12. **Community Dental Support (CDS) Practice Programme** – A two-year contract extension has been issued to the current Coventry scheme provider. The aim of the scheme is to improve access to care for children particularly for those at high risk of dental disease by securing additional capacity in CDS Support Practices. These practices will provide certain aspects of Level 1 services for patients referred into CDS, who have been assessed as not requiring a high degree of specialist treatment.
13. **Commissioning of Additional Units of Dental Activity (UDAs)** - Priority investment areas were identified by considering access rates, deprivation indicated by number of LSOAs of IMD 1/2 in each ward and caries experience prevalence. Coventry Central and East was the geographic area, across the whole of Coventry and Warwickshire ICB, that showed the lowest access, the highest prevalence of experience of caries and the highest levels of deprivation. Consequently, this was identified as priority area 1 for investment. Further investment is being undertaken to commission an additional 49k UDAs across all 6 priority areas including Coventry, this additional investment aims to be commissioned from 1st April 2026.
14. **Other Local Dental Investment Schemes 2025/26**
 - Multidisciplinary Dental Golden Hello Schemes for the targeted recruitment and retention of therapists and nurses.
 - Primary Care Orthodontic Waiting List Initiative

- Funding 2025/26 Year End 110% UDA delivery
- Public Health Initiative - Oral Cancer Pathway Pilot
- Time-Limited Additional Non-Recurrent Activity (Feb/March 2026)

15. Oral Health Improvement – This work has been commissioned by the Local Authority and is complimentary in improving Oral Health and reducing Oral Health inequalities:

- Training of all Coventry Health Visitor Teams (1-8 and FNP) and distribution of OH resources to wards with the highest prevalence of dental decay
- Training of staff in EYs settings. E-learning accessible to all. Bespoke support targeted to areas with highest need
- Training of care home staff (cascade model via Oral Care Champions) and provision of resources e.g. denture labelling kits. All care homes in scope. Prioritisation undertaken with support of e.g. IPC colleagues. E-learning available to all.
- Training of those that support the homeless (inc handbook developed to help staff help service users manage access to free NHS dental care where appropriate)
- Training of staff in Family Hubs.
- Training of school nurses.
- Training of midwives.
- Roll out of Supervised Toothbrushing Programme to targeted areas with highest levels of OH need and deprivation

NHS Dentistry Contract: Quality and Payment Reform

16. On 16th December 2025, the government published its response to the NHS dentistry quality and payment reforms consultation. The package of reforms consulted on are designed to:

- secure delivery of the government's commitment to provide additional access to urgent dental appointments and ensure a safety net is in place to allow any patient with an unscheduled care need to get rapid support on the NHS
- introduce new clinical and payment pathways to improve care for patients with unmanaged progressive disease (complex care needs)
- incentivise more evidence-based interventions including through greater use of dental professional skill mix
- improve the quality of care which is delivered through better supporting learning and development activities
- help dental professionals to feel part of the NHS

17. The proposed changes are intended to deliver benefits for both patients and the profession and represent a move away from some of the features of the current unit of dental activity (UDA) payment model, which dental teams have indicated is a barrier to delivering NHS care. The government is aiming to introduce the proposals from April 2026 onwards and the specific timing for the delivery of each proposal will be communicated to the sector in due course.
18. It is hoped these national changes to the NHS dental contract (which are hoped to be in place for April 2026, following legislative change) will reduce some of the barriers dental practitioners feel exist to providing NHS dental care. These changes may contribute to retention of the workforce, improved oral health and reduced oral health inequalities.

Conclusion

19. Although dental provision in C&W performance is second best nationally, we are aware that there is further work to do to address and reduce inequalities in access.
20. There is a need for further national dental contract reform to maintain and improve the current level of NHS dental provision.
21. In the meantime, there is a need to encourage the profession to stay working within the NHS by supporting the dental workforce and practice by exploring other opportunities to meet population need, with a particular focus on reducing health inequalities.
22. The ICB will work with local providers with the support of the hosted Dental team and public health colleagues to develop a clear plan to support access and reduce inequalities.

Recommendations

The Health and Social Care Scrutiny Board (5) are recommended to:

- Note the contents of the report.
- Identify any further recommendations



Accredited official statistics

Report summary

Updated 17 December 2025

Applies to England

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Main findings

About the survey

Further information

Acknowledgements

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This publication is available at <https://www.gov.uk/government/statistics/adult-oral-health-survey-2023/report-summary>

Introduction

The adult oral health survey (AOHS) 2023 was commissioned by the Office for Health Improvement and Disparities (OHID) within the Department of Health and Social Care (DHSC).

The survey was designed as a continuation of the long-running adult dental health surveys (ADHSs), carried out in the United Kingdom since 1968.

The survey was carried out from June 2023 to April 2024 with a representative sample of adults in England aged 16 and older.

Main findings

Tooth decay

Among dentate adults, over a fifth (21%) had at least one tooth with extensive obvious decay (that is decay which had resulted in an obvious cavity affecting the inner dentine tissues or the pulp of the tooth). When those with at least one tooth with non-cavitated decay affecting the inner dentine were included, this represented over two-fifths (41%) of dentate adults with obvious decay affecting at least one tooth.

While the proportion of dentate adults with obvious decay had considerably reduced between 1998 and 2009, there was a 13 percentage point increase in the prevalence of the disease between 2009 and 2023. This is almost a reversal of the previous improvement, bringing the 2023 estimate closer to the one of 1998 rather than 2009. The increase was more pronounced for middle-aged and older adults, compared with younger adults. It was also larger for primary decay (decay on a surface that has not been previously restored) than for secondary decay (decay on a surface that had previously been restored).

When using the most sensitive measure of tooth decay which includes enamel decay, just under two-thirds of adults (64%) had clinical decay present in one or more teeth on the crown or roots of their teeth at the time of the oral examination.

Tooth wear and periodontal disease

Overall, 71% of dentate adults had some tooth wear somewhere in the mouth as measured by the Basic Erosive Wear Examination (BEWE) index, with 66% having tooth wear in their front (anterior) teeth. Twenty-two per cent of dentate adults had moderate wear (at least one tooth with a distinct loss of tooth tissue but affecting less than half of the tooth surface) as the worst score in the mouth and 5% had severe wear (at least one tooth with a distinct loss of tooth tissue affecting more than half of the tooth surface).

A total of 93% of dentate adults had one or more of the following observed periodontal conditions:

- bleeding
- calculus
- pocketing greater than 3.5mm
- furcation defect
- interdental recession
- mobility

Over a quarter (28%) of dentate adults had periodontal pocketing greater than 3.5mm and 12% had pocketing of 5.5mm or greater. Twenty-eight per cent had furcation defects, interdental recession or mobile teeth in at least one sextant of the mouth.

Potentially urgent conditions

Seven per cent of dentate adults reported experiencing current dental pain or problems. One in 10 (10%) dentate adults were assessed as having one or more PUFA index signs during the oral examination. PUFA is an index of the clinical consequences of dental decay and records the following conditions:

- pulpal involvement (as evidenced by a visibly open pulp chamber or when the coronal tissues have been destroyed by the carious process and only roots or root fragments are left) ('P')
- ulceration (due to carious teeth or roots) ('U')
- fistula ('F')
- abscess ('A')

The most common signs of PUFA were pulpal involvement (8%), while ulceration, fistulas and abscesses were less common (all 2%).

One in 10 (10%) of dentate adults had one or more teeth that were decayed with pulpal involvement. A total of 1 in 20 (5%) dentate adults had 2 or more decayed teeth with pulpal involvement.

Nearly a fifth (19%) of adults had one or more potentially urgent conditions. Of these adults, most experienced one urgent condition (11% of all adults), with multiple conditions being less common (6% of adults experienced 2 urgent conditions and 1% of adults experienced all 3 urgent conditions).

Those who last visited the dentist more than 5 years ago were significantly more likely to have tooth decay, one or more teeth with pulpal involvement and one or more PUFA signs.

Teeth with no obvious decay, trauma or restorations

The average number of teeth that have no obvious decay, trauma or restorations in their coronal surfaces has continued to increase but the overall increase between 2009 and 2023 was more modest (from 18.0 to 19.6 teeth) than between previous survey years. However, the increase was still considerable for middle age groups, those aged 45 to 54 years in particular - from 15.2 in 2009 to 19.6 in 2023.

Number of natural teeth

The proportion of adults in England reporting having no natural teeth was 2.5%. Prevalence of no natural teeth was higher among those who were older, had lower household incomes, and lived in more deprived areas. This represented a further decrease from 12% and 6% in the 1998 and 2009 surveys respectively.

For dentate adults (those with natural teeth), the majority (86%) had 21 or more natural teeth with an average number of nearly 26 teeth. The number of natural teeth was lower among those who were older, had lower household incomes and lived in more deprived areas.

Self-reported oral health

Sixty-five per cent of adults reported that their oral health was good or very good, 24% reported their oral health as fair, and 11% reported bad or very bad oral health.

Large proportions of adults reported that their oral health negatively impacted on their quality of life. Overall, 49% reported that they had experienced an occasional or more frequent oral impact (using the Oral Health Impact Profile-14 (OHIP-14) measure), while 43% reported that their oral health had negatively impacted on their daily life and 22% experienced a severe oral impact (using the Oral Impacts on Daily Performance (OIDP) measure).

Adults' self-reported oral health and oral health-related quality of life were socially patterned, with better oral health and quality of life reported by those who were more socioeconomically advantaged.

Considering trends over time, the negative impact of oral conditions on quality of life affected considerably higher proportions of adults in 2023 compared with 2009, reversing the improvement in the ratings previously seen between 1998 and 2009.

Reported use of dental services

Fifty-one per cent of the 2,282 respondents reported that the usual reason they attended the dentist (whether NHS, privately funded or mixed provision) was for a regular check-up and 10% attended for an occasional check-up, while 36% reported that they only visited the dentist when having trouble with their mouth, teeth or dentures. Four per cent reported never having been to the dentist.

The proportion of self-reported dentate adults who reported attending the dentist for a regular check-up was gradually increasing until 1998 and remained stable at around 61% of adults in 2009. However, there was a drop of 9 percentage points between 2009 and 2023 when only 52% of the 2,230 self-reported dentate adults reported visiting for a regular dental check-up. Conversely, the proportion reporting that they only attended the dentist when having trouble with their mouth, teeth or dentures increased by 8 percentage points from 27% in 2009 to 35% in 2023.

Almost two-thirds of adults reported going to the dentist at least once in a 2-year period (65%). One-third (35%) reported going less frequently, or only when they had trouble with their teeth or dentures. The most common reasons for infrequent attendance were:

- being unable to find a dentist (40%)
- unable to afford the charges (31%)
- not perceiving a need to do so (27%)

Almost two-thirds of adults (65%) reported receiving NHS care to some extent on their most recent visit, such as receiving:

- NHS care for which they made a co-payment (36%)
- free NHS care (25%)
- mixed NHS and private care (4%)

Twenty-nine per cent of adults used private care exclusively and 6% of respondents were not sure what type of care they received.

Two-thirds (67%) of adults reported having received advice about at least one health-related behaviour - most commonly about cleaning teeth or gums (59%) followed by advice on how frequently to visit a dentist (32%).

About the survey

Consortium members

The survey was carried out by a consortium led by the National Centre for Social Research (NatCen). The consortium includes dental academics with experience of oral epidemiology from the following organisations:

- Department of Dentistry at the University of Birmingham
- Faculty of Dentistry, Oral and Craniofacial Sciences at King's College London
- School of Dental Sciences at Newcastle University
- Dental Public Health Group at the Department of Epidemiology and Public Health at University College London
- Office for National Statistics

The University of Leeds also provided guidance and support to the survey and its design.

Survey methods

A sample of 5,876 addresses was selected using random probability methods, and 2 adults per household were invited to take part in the survey.

A total of 2,285 responses were received from 1,516 households, 28% of the eligible addresses in the sample. Within participating households, 88% of eligible individuals took part. For further information on the survey response, see the accompanying technical report.

Data was collected by a trained team comprising a NatCen interviewer working with a dental examiner. This was accomplished by a face-to-face interview and an oral examination in the participant's home. The survey questionnaire covered the following topics:

- self-assessed oral health
- oral health behaviours
- service use
- barriers to care
- impacts of oral health

The oral examination covered the following:

- presence and condition of natural teeth
- condition of root surfaces
- Basic Erosive Wear Examination (BEWE)
- type and condition of any dentures present
- PUFA index
- enamel defects
- an extended Basic Periodontal Condition (BPE) assessment

Additionally, the health of soft tissues of the oral cavity and mouth, was checked for any signs of disease or ulceration.

This report presents the results of those questions and oral examination, including analysis to explore variations in the need for and access to treatment or advice, as well as variations of clinical oral conditions among different groups in the population. This includes analysis by:

- sex
- age group
- NHS region
- household income in quintiles (fifths), equivalised (adjusted) to take account of the number of adults and dependent children in the household
- area deprivation in quintiles, based on [the 2019 English Index of Multiple Deprivation](https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019) (<https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>) (IMD). IMD is based on 37 indicators, across 7 domains of deprivation. IMD is a measure of the overall deprivation experienced by people living in an area, although not everyone who lives in a deprived area will be deprived themselves

Ethnicity reporting

Although ethnic minority representation broadly matched the population estimates (for example, 84% of the AOHS 2023 sample was White and 9% was Asian or Asian British, in comparison with 83% and 9% of the total English population), 16% of the sample of 2,285 adults being 'non-White' is not sufficient for comparisons.

The Race Disparity Unit's [standards for ethnicity data](https://www.gov.uk/government/consultations/standards-for-ethnicity-data) (<https://www.gov.uk/government/consultations/standards-for-ethnicity-data>) (first published in July 2022 and updated in April 2023), recommends using the Government Statistical Service (GSS) harmonised categories when analysing ethnicity data. When reliable data for the full harmonised set of classifications is not available, then the 5 aggregated groups should be used. Aggregating into 'White' and 'non-White' should be avoided, as this can mask substantial differences between ethnic groups. Comparisons between the 5 category ethnic groups were not included in the report due to small sample sizes.

Significance and causality reporting

Where differences are commented on in the text, these are significant at the 95% confidence level. The significance tests were run for a dependent variable and one independent variable at the time. It is possible that some independent variables are linked (for example, household income quintile and area deprivation), and a significant association between a dependent variable and an independent variable is therefore partially explained by another independent variable. Unpicking these associations requires multivariate modelling, which is not covered in these reports.

The AOHS findings are based on participants' responses at a particular point in time and it is not possible to make inferences about causal relationships. For example, those who said that they visited a dentist for regular check-ups were more likely to have filled or crowned teeth. It is not possible to say whether those who attend regularly have tooth decay and other problems diagnosed and treated more frequently or whether a history of problems that needed treatment encourages regular attendance.

Previous surveys

The report also includes [ADHS findings from 2009](https://digital.nhs.uk/data-and-information/publications/statistical/adult-dental-health-survey/adult-dental-health-survey-2009-summary-report-and-thematic-series) (<https://digital.nhs.uk/data-and-information/publications/statistical/adult-dental-health-survey/adult-dental-health-survey-2009-summary-report-and-thematic-series>), 1998, 1988 and 1978 where data is available to document change over time.

Dental attendance data quality issues

Participants were asked about their usual pattern of dental attendance. A small proportion of participants (4%) reported that they had never been to a dentist. Some of these participants gave answers in other parts of the questionnaire that suggested they may have misinterpreted the question about the usual pattern of dental attendance (for example, saying they had had dental treatment or had received advice from a dentist or member of the dental team). They are included in the analysis with the caveat that it is not clear whether they had attended in the past but would describe themselves as someone who did not generally go to the dentist.

Further information

Detailed technical information and survey reports from the AOHS 2023 are published alongside this report summary.

Approved researchers seeking to undertake further secondary analysis of the AOHS 2023 data will be able to access the data from the [UK Data Service](https://ukdataservice.ac.uk/) (<https://ukdataservice.ac.uk/>) under End User Licence. The ADHS 1998 and ADHS 2009 data sets are also available to download from the UK Data Service.

If you have any queries about this report, email dentalphintelligence@dhsc.gov.uk (https://healthsharedservice-my.sharepoint.com/personal/gemma_graham_dhsc_gov_uk/Documents/Downloads/dentalphintelligence@dhsc.gov.uk).

Acknowledgements

Along with OHID and DHSC staff, the reports from the survey were prepared by:

- Franziska Marcheselli, Dhriti Mandalia, Abigail Sloman, Suzanne Hill, Ellen Randall and Mari Toomse-Smith (NatCen Social Research)
- Gail Douglas (University of Leeds)
- Elizabeth Clery (independent research consultant)
- AOHS core consortium members:
 - John Morris (University of Birmingham)

- Jennifer Gallagher and Nigel Pitts (King's College London)
- Georgios Tsakos and Anja Heilmann (Dental Public Health Group at the Department of Epidemiology and Public Health at University College London)
- Richard Holmes (School of Dental Sciences, Newcastle University)

We would like to thank the interviewers and dental examiners for their work on data collection. The success of the survey depends on their contribution and that of those who gave up their time to be interviewed. We extend our particular thanks to Caroline Thornley and John Ulahannan, dental examiners who sadly passed away before this report was published. We would also like to thank colleagues at OHID and DHSC for their guidance and direction of the survey, in particular Kate Jones for initiating the survey and Jennifer Yip, Sarah Kaddour, David Wilcox and Janet Neville for their work on the survey.

We would like to thank all those involved in the pilot and mainstage training and calibration events for interviewers and dental examiners held in London and Leeds. Thank you to John Morris, Nigel Pitts and Richard Holmes for the clinical training. Thank you to Franziska Marcheselli, Dhriti Mandalia and Alanna Ryder-Dalton for the interviewer training. Thank you to Jenny Gallagher, Georgios Tsakos, Kate Jones, Chris Leech, Ryan Grocock, Lwazi Sibanda, Kirsty Hill, Vahid Ravaghi, Dave Morris and Kate Culloty for their help at the events. We also extend our thanks to the volunteers.

We would like to thank everyone who contributed to the survey, in particular:

- other members of the AOHS consortium: Kirsty Hill (King's College London), Vahid Ravaghi, Zoe Abbas, Thomas Dietrich and Mike Milward (University of Birmingham) and Dean Fletcher (Office for National Statistics)
- Simon Stone (Newcastle University) for his role as the survey clinician
- Janelle Montgomery for producing an online tool to help dental examiners with their clinical training
- colleagues at NatCen: Sarah Frankenburg, Nafis Boodhumeah, Dhru Shah, Alina Carabat, Alanna Ryder-Dalton, Richard Boreham and Emma Fenn
- colleagues at the University of Birmingham: Wendy Trevis-Smith, Lynn Harris and Mollie Bastable





To: Health and Social Care Scrutiny Board

Date: 21 January 2026

Subject: Carers Strategy – Engagement and Planning Overview

1 Purpose of the Note

- 1.1 The purpose of this note is to provide the Health and Social Care Scrutiny Board with an overview of Coventry's development of a five-year Carers Strategy (2026–2031) and Carers Action Plan progress, which aims to improve support for over 27,000 local carers by focusing on co-production with carers and stakeholders, broad engagement—especially with underrepresented groups—and sustainable services, building on recent achievements and ensuring statutory duties are met as some funding ends in 2026, with the overall goal of improving outcomes for carers and those they support.

2 Recommendations

- 2.1 The Health and Social Care Scrutiny Board are recommended to:
 - A. Endorse the engagement and delivery plan to inform a new Carers Strategy 2026-2031
 - B. Provide any feedback as part of the development of the new Carers Strategy that is currently being developed.

3 Information and Background

- 3.1 In the 2021 Census, 27,391 people in Coventry identified themselves as having caring responsibilities. We know this is likely to be an underrepresentation of our caring population, as many people do not recognise caring roles. Of those 27,391 – 8,391 carers reported to be providing over 50 hours of care, indicating an intense caring role (30.6%).
- 3.2 Through our commissioned services and activity within Adult Social Care the local authority support approximately 8,000 adult carers a year with a range of different services, from respite provision, emergency support services to information and advice.
- 3.3 In January 2024 – The Carers Action Plan was published to provide a clear framework to drive improvements for carers in Coventry. A two-year plan set out a

range of actions with the aim of improving the experience of unpaid carers, the delivery of the plan was overseen by the Carers Action Plan Steering Group. The plan was also regularly brought to Adult Social Care Stakeholders Group for on-going contribution and oversight. Three key priorities drove the action plan:

- Empower carers with flexible respite options, ensuring they can take breaks
- Deliver the right support, at the right time, and in the right place
- Maximise the reach of carers assessments to benefit more carers

3.4 The Action Plan has galvanised multi-agency support for carers bringing together cross system support for developing approaches. This has also been aided with a number of new projects being delivered under the Accelerated Reform Fund. Key achievements included:

- Implementation Accelerated Reform Fund projects:
 - My Time – Breaks for Carers
 - Bridgit – Digital Support Tool for Carers
 - Hospital Liaison Support at UHCW
- Joint recommissioning of Carers Support Services
- Developing carers support at UHCW
- CWPT – Triangle of Care – Star 1 – Accreditation
- Carers Money Matters Project
- Carers Counselling Pathway

3.5 The council's real time experience Adult Social Care survey has shown an improvement in carer related experience of Adult Social Care between 2024 and 2025, although it is hard to benchmark these findings with previous years. The results of the Survey of Adult Carers in England will be available in 2026 and will provide important performance indicators, that help understand the experience of carers in the city. Wider benchmarking information will be available late December 2026, allowing us to compare our performance with other local authorities.

4 Proposed Carers Strategy 2026-2031

4.1 To continue the momentum of the plan and to develop a long-term vision, we intend to produce a 5-year multi-agency Carers Strategy, co-producing this with carers and key stakeholders. The strategy will also be accompanied with a live action plan which will be reviewed and added to throughout the strategy lifespan.

5 National Context

5.1 There is no current National Carers Strategy, although there have been previous national strategies and action plans, most recently in 2019. There is no statutory requirement to have a local Carers Strategy in situ, however the Care Quality Commission, as part of their assurance activity specifically require local authorities to share carers strategies and localised plans.

5.2 There are no current envisaged national policy changes to carers support.

5.3 Best practice in relation to supporting carers is available through the National Institute of Care Excellence (NICE), Social Care Institute of Excellence (SCIE), the National

Development Team for Inclusion (NDTi) and Adult Directors of Social Services (ADASS).

- 5.4 Carers UK and the Carers Trust National lead on carer related research and good practice and have several helpful frameworks to bring around developments in carer support, including the Triangle of Care and the No Wrong Doors Memorandum of Understanding.
- 5.5 Local authorities have significant responsibilities for supporting unpaid carers, as set out in the Care Act 2014 and the Children and Families Act 2014. The Health and Care Act 2022 further strengthen these duties by requiring local authorities and Integrated Care Boards to involve carers in commissioning, market shaping, and strategic planning. Developing a locally co-produced carers strategy is an effective way to meet these obligations.

6 Local Context

- 6.1 Supporting carers is at the heart of everything we do in Adult Social Care. It is well known that carers are the most significant layer of prevention between health and social care.
- 6.2 In the 2021 Census, 27,391 people in Coventry identified themselves as having caring responsibilities. We know this is likely to be an underrepresentation of our caring population. Of those 27,391 - 8,391 carers reported to be providing over 50 hours of care.
- 6.3 Carers are often the unsung heroes when it comes to ill-health prevention, preventing hospital admissions and ensuring that our citizens are living their best lives at home. Care provided informally cannot be replicated in the same way as paid for services. A recent research study into the value of unpaid care within the city estimates that carers save the NHS Social Care system £970million per annum, an enormous contribution to our society.
- 6.4 Identification is key to supporting carers, when people take on a caring role it takes time and proactive support to identify the change in role, that is why much of our activity with unpaid carers is around identification and getting to people early in their journey.
- 6.5 In October 2025 Carers support services were recommissioned bringing together a number of grants and contracts under one framework. The Carers Trust Heart of England were the successful provider and a new contract commenced in October 2025.
- 6.6 This contract now aligns with the Young Carers Needs Assessments provided by Carers Trust Heart of England, creating an opportunity for closer integration between both contracts. This will strengthen collaboration, ensure robust support, and enable safe transitions between the two provisions.
- 6.7 Coventry has a long history of supporting carers within the local community having a mixed model of support that includes regulated services which enable carers to have a break and plan for an emergency and a universal service that supports carers with information and advice, training and peer support.
- 6.8 Carers Support Services in Coventry currently receive total funding of £774,731 of which £134,096 is contributed by Coventry and Warwickshire Integrated Care Board

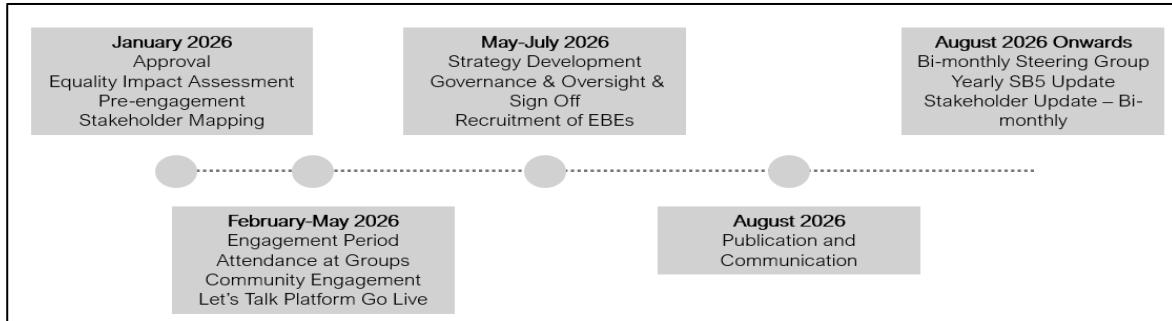
(CWICB). Our current provider of carers services is the Carers Trust Heart of England.

- 6.9 Additional funding in 2024/25 provided through the Accelerated Reform Fund, means a further commitment of funding of £155,500 has been allocated to carer related projects (Bridgit, My Time and Hospital Liaison Project), with funding continuing into 25/26.
- 6.10 Accelerated Reform Funding is short term funding provided by the Department of Health and Social Care. The funding for these projects will start to come to an end in October 2026 so the strategy will need to consider the sustainability and learning from these projects.
- 6.11 Funded carers support is also provided in the form of Adult Social Care individual packages of support, this can come in the form of many different services, such as provision to take breaks, respite provision, day opportunities and home support as the outcome of an assessment of need.

7 Proposed Carers Strategy 2026-2031

- 7.1 To continue the momentum of the plan and to develop a long-term vision, we intend to produce a 5-year multi-agency Carers Strategy, co-producing this with carers and key stakeholders. The strategy will also be accompanied with a live action plan which will be reviewed and added to throughout the strategy lifespan.
- 7.2 Supporting carers is a continuous process, evolving to meet changing needs. We strive to identify carers early and enhance support using best practice and local insight. Every day, new people take on caring roles, roles intensify and change, and others end their caring journey—our work adapts to ensure carers receive the right help at the right time. Supporting carers well, contributes to the One Coventry Plan and health partners approach to tackling inequalities alongside ensuring that Coventry residents are living healthy, fulfilled lives in their communities supported by the people most important to them. As part of our approach to utilising best practice, we are active members of the West Midlands ADASS Regional Carers Leads, sharing best practice across the region.
- 7.3 The Strategy is being developed at a pivotal point, following significant advances in carers' support across the system, and will continue to build on this trajectory and allow time to evaluate the efficacy of actions. The engagement plan will align with our broader Engagement, Involvement and Co-Production Our Approach in Adult Social Care, recognising that we will utilise a range of different ways to engage with Coventry residents to widen participation and ensure that engagement is undertaken in an accessible way.
- 7.4 Key to the strategy development will be detailed and continual engagement with carers and key stakeholders. The strategy will be informed by the voices of Coventry residents with the aim to co-produce the strategy from the outset.

8 Timeline



9 Engagement Plan

9.1 Caring roles are highly individualised, impacted by many different factors, such as support networks, cultural expectations, the longevity of caring, the intensity of a caring role, the loss that might be incurred when caring, such as leaving a job, education or envisaged future plans. Many people do not identify as carers, even when they have caring responsibilities. Key to our engagement activity is a desire to engage with a wide range of different people with caring responsibilities, we wish to expand this engagement outside of the traditional routes of carer engagement, recognising that the topic of unpaid care is a whole population topic and speak to local communities, faith groups, newly arrived communities and seldom heard voices.

10 Who we plan to engage with?

- ❖ Adult Carers
- ❖ Parent Carers
- ❖ Young Carers and Young Adult Carers
- ❖ Carers from the global majority
- ❖ Newly established communities
- ❖ Social workers and practitioners
- ❖ Carers who are in employment
- ❖ Coventry City Council Unpaid Carers Staff Network
- ❖ UHCW – Carers Staff Network
- ❖ People supporting someone with substance misuse issues or alcohol dependency – who might not readily identify themselves as having caring responsibilities
- ❖ Key stakeholders, including Carers Trust Heart of England, CWPT, UHCW, ICB, Dementia Services, CGL and Myton Hospice.

11 Methods of Engagement

- ❖ Face to face engagement will take place throughout February-April 2026, this will be a range of attending carers groups and consulting community groups.
- ❖ A Let's Talk Platform will be created to support continual engagement throughout, with survey activity.
- ❖ A Multi- Agency Steering Group which will follow on from the Carers Action Plan Steering Group - with experts by experience as regular participants

- ❖ Feedback to the “Carers Voice” group facilitated by the Carers Trust Heart of England

12 Existing Engagement Activity

- ❖ SACE – Survey of Adult Carers in England – In October-November 2025 we undertook the DHSC Survey of Adult Carers, a survey which seeks feedback from carers who have received support from Adult Social Care; alongside headline performance indicators, the results can provide important insight into carers’ reported quality of life, the impact services have on their quality of life and their general health and wellbeing. We received 304 responses to the survey from carers who had received a service or assessment from Coventry City Council. The results from this survey are expected in March 2026. The results also provide important benchmarking information later in the year (December 2026).
- ❖ Our Adult Social Care Experience Survey – a real time survey provides insight into carer related satisfaction with Adult Social Care. This is a continual process of receiving feedback following an intervention, assessment or review, the results of the survey allow us to see
- ❖ Carers Voice – An established group run through the Carers Trust Heart of England that aims to ensure that the voice of carers is heard and makes a difference in improving support for carers
- ❖ Adult Social Care Stakeholders Group – A group that meet bi-monthly that oversee activity within Adult Social Care, this group is regularly attended by carers who have an interest in the activity of Adult Social Care
- ❖ State of Caring Survey – An annual national survey conducted by Carers UK which provides important insight into caring trends across the UK

13 Engagement Promotion

- ❖ Carers Bulletin – a monthly bulletin that has 4600 recipients
- ❖ Carers Webpages and Events Information
- ❖ Social Media promotion
- ❖ Bridgit – Online Platform
- ❖ Text promotion utilising Gov Notify
- ❖ Carers Trust Heart of England – Social-Media and newsletters
- ❖ Existing Stakeholder Forums
- ❖ Community Events
- ❖ Dementia Hub
- ❖ Internal unpaid working carers network (Coventry City Council, CWPT, UHCW).

14 Delivery of the Strategy

- 14.1 The Strategy delivery will be overseen by a Multi-Agency Steering Group, meeting bi-monthly.
- 14.2 Experts by experience will be recruited to support the on-going co-production of the strategy.
- 14.3 A live action plan will sit alongside the strategy.

15 Health Inequalities Impact

- 15.1 Supporting carers helps address health inequalities by reducing the physical, emotional, and financial strain they face, ensuring equitable access to health and wellbeing resources for both carers and those they support.
- 15.2 An Equality Impact Assessment will be completed incorporating engagement from the strategy development.

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Carers Strategy & Action Plan Update



Carers Action Plan 2024-26

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Carers Action Plan was a two-year plan that ran from January 2024-December 2025.

Delivered by a multi-agency steering group with a common purpose to improve the lives of carers across the city.

Key Achievements:

- Implementation of 3 Accelerated Reform Fund projects:
 - My Time – Breaks for Carers
 - Bridgit – Digital Support Tool for Carers
 - Hospital Liaison Support at UHCW
- Recommissioning of Carers Support Services
- Developing carers support at UHCW
- CWPT – Triangle of Care – Star 1 – Accreditation
- Carers Money Matters Project
- Carers Counselling Pathway



Who are carers?
Carers can be of any age, ethnicity, or background, with most of us likely to be affected by or have caring responsibilities at some stage in our lives. While this role can be immensely rewarding, it can also significantly impact the carer's life, affecting their own health, wellbeing, and opportunities.

Identify carers
The role of a carer may not be immediately apparent, often perceived simply as assisting a loved one. This support can take various forms, such as practical tasks, personal care, emotional support, advocacy, or financial management. Though each carer's experience is unique, their contribution is invaluable, and the person they care for would struggle without their support.

Support for carers
If you are a carer, you may be entitled to a range of support and benefits to assist both you and the person you care for. This includes:

- **Carers Assessment:** This is a way to discuss your needs as a carer, and the impact this may have on you, with a professional. This can be as a combined assessment with the person you look after, or a separate carers assessment.
- **Carers Allowance:** You could be entitled to a weekly Carers Allowance benefit if you care for someone for at least 35 hours a week and they receive certain benefits.
- Access to support specifically for carers, including respite or replacement care (allowing carers to take a break from the caring role or ensuring the individual receives care in event of an emergency), support groups, information and advice, training and other health and wellbeing support (for example, counselling or group support sessions).



Enhancing support for carers during a hospital stay



Over the course of 2024-25, we worked with UHCW to explore carer experience through the hospital, admission, outpatient appointments, stays and discharge, involving carers in a series of workshops.

During Carers Week 2025 a carer identification card was launched in the hospital, this enables carers to receive practical support such as drinks, meals, extended visiting, provision of beds when staying overnight.

UHCW also created carer webpages bringing together advice and guidance for carers during a hospital stay

We worked with the hospital to enhance carer identification by upscaling our commissioned support for carers within the hospital and recruiting an additional hospital liaison advisors.

This has meant increased presence at UHCW, clearer referral routes for support, regular ward presence, increased working relationships with wards.

My Time – A project delivered through the Accelerated Reform Fund – starting delivering breaks for carers in April 2025. Working with local businesses, hotels, leisure services the scheme broker free opportunities for carers to access, enabling them to take a break.

Key partnerships include Coombe Abbey, Coventry Rugby Club, Slug and Lettuce, Historic Coventry and more recently CV Life and the Albany Theatre.

Carers have told us how meaningful breaks have been and that they have felt valued as a consequence.

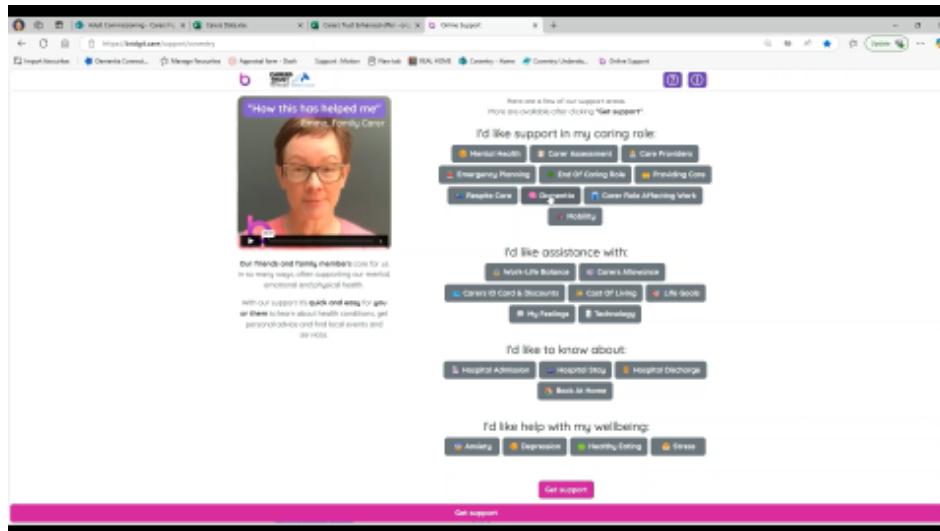


134
Carers have benefitted
from the project since it
started in April 2025

Looking differently at breaks



Digital Solutions to carer identification



Bridgit, an online platform for carers, launched in October 2024.

Up until November 4837 carers have accessed the platform with 6019 self help plans created.

Key Topics, include finding out more about Carers Allowance, returning-back home from hospital and carers assessments.

We have noticed patterns of utilisation outside of office hours and weekends.

We've worked with partners to ensure the platform is well utilised across systems.

Embedding the Triangle of Care



In December, Coventry and Warwickshire Partnership Trust proudly achieved Star 1 of the nationally recognised Triangle of Care Accreditation. This award reflects the trust's commitment to implementing robust policies and procedures that support carers, with a particular focus on enhancing their experience within mental health services.

An award that sets out a clear commitment to supporting carers well by starting with robust audits of inpatient settings and crisis teams, building policies and procedures, raising awareness and recruiting carer champions and adopting systemic change in settings, making sure carers are considered at every stage.

A Carer Experience Lead has also be appointed, a role dedicated to improving experience for carers within the trust.

Recommissioning of Carer Support Services



In 2025 we recommissioned Carers Support Services, bringing a range of grants and contracts together under one contract and aligning this with a wider contract for Young Carers Support. The Carers Trust Heart of England were the successful provider, with a new contract beginning in October 2025 with a 2.5 year contract + 3 years (Completion in October 2031).

Recommissioned services were based on carer engagement with an added focus on:

- Ensuring smaller organisations, specialised or carer grown groups are supported with the creation of a funding pot for groups
- Preventative model of short breaks for people most in need
- Clearer training offer and support
- More focus on carers voice and continual co-production models.

Supporting Young Carers

Long established Young Carers Services in the city by the Carers Trust Heart of England. The service delivers:

- Weekly carers activities and support – run through partnership with Family Hubs
- Young Carers Needs Assessments
- Work with schools to support identification.
- Partnership working with the two Universities – Warwick and Coventry to support Young Adult Carers
- Young Carers Voice
- Transitional pathway for young carers into adult services

Organisational and system commitment to the “No Wrong Doors” Memorandum of Understanding.



Current Carers Services and Funding Arrangements

Carers Support Services

£774,731 (£134,096 funded through CWICB)

Bridgit

£60,000 (Accelerated Reform Funding)

My Time

£60,500 (Accelerated Reform Funding)

Additional ARF – Hospital Liaison Role
(Carers Trust HoE)

£35,000 (Accelerated Reform Funding)

Proposed Carers Strategy 2026-2031

- To continue the momentum of the Carers Action Plan and to develop a long-term vision and plan we aim to produce a 5-year Carers Strategy, delivered by a multi-agency steering group.
- The strategy will take a whole system approach to improving carer experience recognising that improvements to carer support require partnership working
- Wider focus on co-production – engagement with continued involvement and carer representation on steering group, as part of this we will seek to recruit Experts by experience to be consistent members of the group.
- The strategy will enable us:
 - to embed the voices of Coventry residents into a long-term vision for carers
 - inform and develop our commissioned services during the duration of their contract cycle
 - continue the momentum of system led improvement for carers
 - evaluate project support from Accelerated Reform Fund projects and embed learning
 - strengthen council wide and partner approaches to Young Carers

Engagement Plan

Who we plan to engage with?

- Adult Carers
- Parent Carers
- Young Carers and Young Adult Carers
- Carers from the global majority
- Newly established communities
- Social workers and practitioners
- Coventry City Council Unpaid Carers Staff Network
- UHCW – Carers Staff Network
- Key stakeholders, including Carers Trust Heart of England, CWPT, UHCW, ICB, Dementia Services, CGL and Myton Hospice.

Methods of Engagement

- Face to face engagement will take place throughout February-April 2026, this will be a range of attending carers groups and consulting community groups.
- A Let's Talk Platform will be created to support continual engagement throughout, with survey activity.
- A Multi- Agency Steering Group
- Feedback to the “Carers Voice” group facilitated by the Carers Trust Heart of England

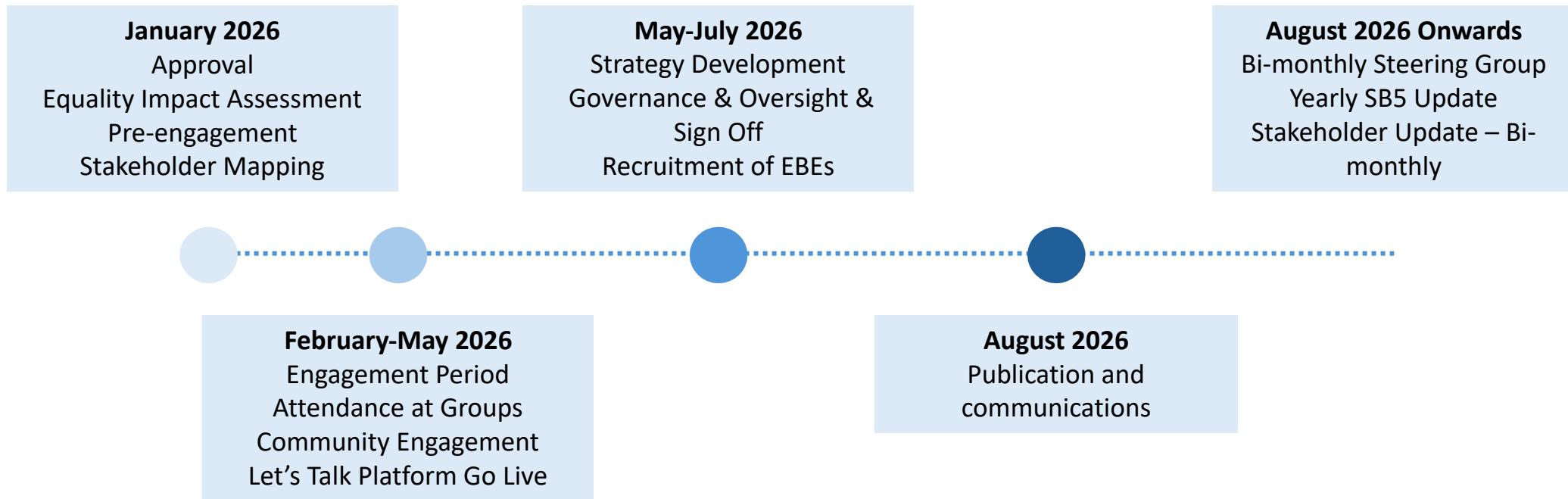
Existing Engagement Activity

- SACE – Survey of Adult Carers in England
- Our Adult Social Care Experience Survey
- Carers Voice – An established group run through the Carers Trust Heart of England
- Adult Social Care Stakeholders Group – A group that meet bi-monthly that oversee activity within Adult Social Care
- State of Caring Survey – An annual national survey conducted by Carers UK

Promotion

- Carers Bulletin
- Carers Webpages and Events Information
- Social Media promotion
- Bridgit – Online Platform
- Text promotion utilising Gov Notify
- Carers Trust Heart of England Existing Stakeholder Forums
- Community Events
- Dementia Hub
- Internal unpaid working carers network

Timeline for Strategy Development



Next Steps

- Intention to complete engagement activity throughout January, including meeting as a multi-agency group, engagement with CWICB
- Carer and key stakeholder engagement to take place during February – May 2026
- Publication of strategy in August 2026
- On-going carer engagement to continue through Steering group and Carers Voice.

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Agenda Item 6

Health and Social Care Scrutiny Board Work Programme 2025/26

Last updated: 12 January 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 12th)
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
Emergency Services Partnerships relating to Health - Ambulance Service / Fire Service / Police
11 March 26
Mental Health
Primary Care
Healthwatch Annual Report (April 26)
1 April 26
Update on The Physical Activity and Sport Strategy
Health of Students
TBC
Digital Access to Health
Integrated Health and Care Delivery Plan
Mental Health
Older People and A&E
Health and care of students in Coventry
Neighbourhood Health Early Adopter Programme
Impact of Climate Change on Health
Safeguarding Adults Annual Report
Disabled Facilities Grant
Trans/Non-binary/Intersex Health
Virtual Beds Update end of 25/26
2026/27
Public Health and Adult Social Care working together on Prevention
Improving Lives – Impact on Adult Social Care
UHCW Performance
Community Pharmacists

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 Transformation Programme Item)	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 12th)	Young person's risky behaviours service	Update on service development before recommissioning	Cllr Caan/ Rachel Chapman

Health and Social Care Scrutiny Board Work Programme 2025/26

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
	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
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: 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

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
	Emergency Services Partnerships relating to Health - Ambulance Service / Fire Service / Police	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, Rachel Danter ICB Area Manager – Matthew Stanton
11 March 26	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
	Primary Care	Update in 12 months' time - 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
	Healthwatch Annual Report (April 26)	To consider the work of Healthwatch and how scrutiny can use their findings	
1 April 26	Update on The Physical Activity and Sport Strategy	Progress of the draft Physical Activity and Sport Strategy to be brought	P Fahy / J Hunt / D

Health and Social Care Scrutiny Board Work Programme 2025/26

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
		back to the Board in the 2025/26 Municipal Year. To include the 6 play zones being delivered across the city and work to encourage older people to be active, as well as link with Public Health and other partner organisations such as Age UK	Nuttall / Cllr Caan
	Health of Students	Link in with the universities	
TBC	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.	Rose Uwins / A Duggal / Caan
	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

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
	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
	Older People and A&E	Update around work undertaken by Age UK of experience of elderly in A&E - 'Corridor Care'	
	Health and care of students in Coventry	Visit to Warwick University for members, health, and care of students in the City	
	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

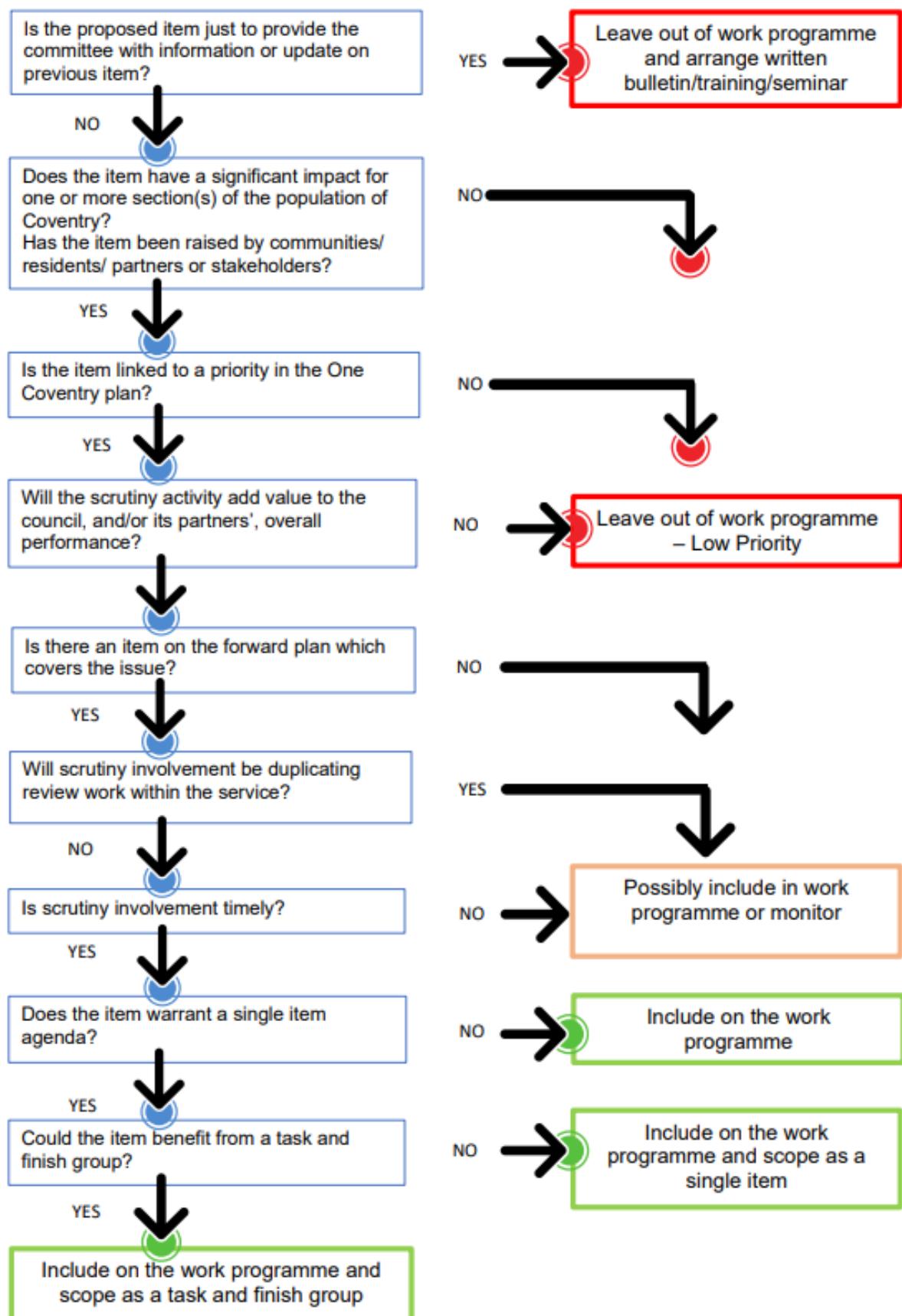
Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
	Virtual Beds Update end of 25/26	Update on the development of Virtual Wards	UHCW/P Fahy / Cllr Bigham
2026/27	Public Health and Adult Social Care working together on Prevention	Picked up during Cabinet Member Priorities - How Public Health and Social Care are working together to prevent ill health.	A Duggal / P Fahy – Cllr Caan / Cllr Bigham
	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	

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
- 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



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