

Coventry City Council
Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at
11.00 am on Wednesday, 21 January 2026

Present:

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

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

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

Employees (by Directorate)

Adult Social Care G Borro, N Byrne

Law and Governance E Jones, C Taylor

Public Health A Duggal

Apologies: Councillors F Abbott and G Hayre

Others Present: A Cartwright, ICB

Public Business

28. Declarations of Interest

There were no Declarations of Interest.

29. To agree the minutes of the meeting held on 17th December 2025

The minutes of the meeting held on 17th December 2025 were agreed and signed as a true record.

There were no matters arising.

30. Matters Arising

Further to Minute 25 – UHCW Performance, the Board noted a Briefing Note which included recommendations was sent to the Cabinet Member for Public Health, Sport and Wellbeing.

31. Access to Dentistry and All Age Oral Health

The Board received a Briefing note and verbal presentation of the Chief Integration Officer, Integrated Care Board (ICB) and the Director of Public Health and Wellbeing, Coventry City Council, which provided an update on the current state, performance and strategic direction of dental services in Coventry and Warwickshire. It outlined the types and distribution of dental services, highlighted strong contract performance and recovery to pre-pandemic activity levels, and detailed recent initiatives such as increased urgent care appointments, incentive schemes for urgent dental care, targeted investments to address inequalities, and workforce support measures.

Dental health surveys had been carried out in the UK since 1968. Every 2 years an Adult Oral Survey was carried out in England. The latest survey was carried out in 2023 and was published in December 2025. The survey was carried out in addition to the Child Dental Health Survey and ad hoc surveys such as oral health in care homes. The survey used a representative sample of adults in England aged 16 and over and used a questionnaire and oral examination in the participant's own home to evaluate their oral health. The examination included 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.

The findings were as follows:

- Over 21% of adults had at least one tooth with obvious decay.
- A total of 93% of dentate adults had one or more signs of gum disease.
- 7% of dentate adults were experiencing current dental problems including pain, which was more likely in people that last visited the dentist more than 5 years ago. Nearly 21% of adults had one or more potentially urgent conditions
- 51% of the respondents reported that the usual reason for dentist attendance was for a check-up and almost 65% of adults reported going to the dentist at least once in a 2 year period.
- 35% of adults reported going to the dentist less frequently or only when they had problems with teeth or dentures. This had increased in recent years.
- 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%)

Health inequalities impact

Dental access in Coventry was uneven, with areas like Central and East facing the greatest deprivation and highest rates of dental disease. Targeted investments and programs were being directed to these priority areas to improve access and reduce oral health inequalities.

The planned reforms to the NHS dental contract were expected to further reduce barriers to care, improve workforce retention and ultimately help decrease oral health inequalities. Despite strong overall performance, the Coventry &

Warwickshire ICB acknowledged that further work was needed to address and reduce inequalities in access to dental services.

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.

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 more deprived areas.

The Cabinet Member for Public Health, Sport and Wellbeing, Councillor K Caan, welcomed the update regarding dental services in Coventry, which he said had become a challenging due to years of underinvestment which had caused a decline in oral health of the population. It was noted some treatments offered abroad were cheaper than parts of the dentistry service in the UK and he called for further transparency of the treatments offered abroad. The Cabinet Member advised inequalities continued to be driven forward with ongoing work with GP's and dentists to ensure the most vulnerable communities received support so they did not require greater intervention later on. The Cabinet Member referred to communities who may not routinely visit the dentist, praising health professionals who support and encourage these communities to visit the dentist.

The Cabinet Member for Adults, Councillor L Bigham, welcomed the information regarding dentistry, suggesting more emphasis should be placed on other health issues when oral health is poor, in particular, in areas of inequality in the city.

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

- An additional 30,000 units of dental activity had been commissioned in the priority areas of Coventry east and an additional 6,000 in Coventry west.
- There were limits as to what could be commissioned as some dentistry was a contractual requirement and the ICB were reliant on providers accepting and undertaking NHS work over private work.
- The ICB was currently funded to provide dentistry to 56% of the population.
- Patients travelling abroad for dentistry treatments either undertook services not provided on the NHS or undertook standard dental work, which the ICB were investigating.
- The ICB were undertaking work on population health data regarding how health conditions linked to each other.
- A number of local schemes to retain the dentistry workforce including a workforce training hub, a dental golden hello scheme and learnings from exit interviews, were in place.
- A team from the ICB was in place to work with newly arrived communities in the city to encourage dental visits.
- Practices could choose whether or not to take on additional units of dental activity. In some cases, in order to increase their dental activity, additional staff would be required.

- A degree in dentistry is carried out at university and paid for by the student. Post graduate qualifications were paid for by the NHS depending upon speciality.
- Dental cosmetic procedures were not covered by the ICB.
- Practices could set their own prices for any dental work which fell outside of the national contract.
- NHS dentistry could be accessed anywhere and patients were able to change dentist at any point if they wished.
- The ICB commissioned standard NHS dental care from practices along with more specialist dental services and secondary care services where patients would see a consultant.
- The NHS no longer provides dentistry in mobile units at schools. Some school work was undertaken eg. toothbrushing schemes, but not in mobile units. Family Hubs and health visitors provided oral health advice to parents.
- The ICB had communication plans to promote different services including how to access emergency dental services.

The Cabinet Member for Public Health, Sport and Wellbeing, Councillor K Caan, welcomed the valuable discussion, suggesting writing to the Health Minister relaying the Boards concerns.

The Board requested:

- Further information on the knock effect of poor oral health issues.
- Ways in which health visitor support and intervention could be expanded.
- Production of a newsletter explaining dentistry in Coventry to newly arrived residents from abroad.
- Information on the rising costs of dentistry.

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

1. Note the findings of the report in Appendices 1 and 2.
2. The Cabinet Member for Public Health, Sport and Wellbeing to write to the Minister for Health explaining SB5's concerns, seeking answers to the Board's suggested changes in access to dentistry and all age oral health and requesting a meeting to discuss the Boards concerns prior to May 2026.

32. Carers Strategy - Engagement and Planning Overview

The Board received a Briefing Note and presentation providing an update of Coventry's development of a 5 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.

The Cabinet Member for Adult Services, Councillor L Bigham, in thanking officers for the strategy, congratulated the Adult Social Care teams on their enthusiasm and determination, in particular by providing as much support to carers as possible. Councillor Bigham also welcomed advancements in technology which allowed isolated carers to get online and belong to a carers network.

The Deputy Cabinet Member for Adult Services, Councillor D Toulson welcomed the Strategy and the support provided for carers across the city.

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

- The importance of carers voice being essential for ensuring unpaid carers felt valued.
- Adopting a 'soft approach' to caring responsibilities involving language that emphasises human connection.
- Engaging with partners for the early identification of unpaid carers, who often do not recognise themselves as such.
- The importance of influencing all partners to support carers before they reach carer breakdown.
- Support mechanisms for carers in newly arrived communities.
- Ward based engagement with people who don't realise they are carers.

The Board requested the following information:

- Inclusion and impact of carer voice and case studies when the Carers Strategy returns to SB5.
- Ward Councillors to be utilised to communicate the Carers Strategy.
- Officers to work with certain communities in Coventry to focus on the description of a carer to ensure caring responsibility support.

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

- 1. Endorse the engagement and delivery plan to inform a new Carers Strategy 2026-2031**
- 2. Provide any feedback as part of the development of the new Carers Strategy that is currently being developed.**

33. Work Programme and Outstanding Issues

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

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

- Healthwatch Annual Report – February 2026 meeting.
- Emergency Services Partnerships relating to Health – Ambulance Service/Fire Service/Police – March 2026 meeting.

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

There were no other items of public business.

(Meeting closed at 12.45 pm)