

Coventry City Council
Minutes of the Meeting of Coventry Health and Well-being Board held at 9.30 am
on Wednesday, 4 March 2026

Present:

Members: Councillor K Caan (Chair)

Councillor L Bigham
Councillor B Mosterman
Councillor P Seaman
A Hardy
Howat
Joyce
Perkins
A Duggal
P Fahy

In attendance: A Cartwright, C Healy, S Trickett, C Waring,

Employees (by Directorate):

Law and Governance: C Sinclair

Public Health: V Castree, V DeSouza

Apologies: Councillor G Duggins
R Bhayat, D Howat, Mumvuri, Sen and Stanton

Public Business

36. Welcome and Apologies for Absence

The Chair, Councillor K Caan, welcomed all attendees to the meeting and introduced and welcomed Crishni Waring and Simon Trickett (ICB) to their first meeting.

37. Declarations of Interest

There were no declarations of interest.

38. Minutes of Previous Meeting

The minutes of the meeting held on 7 January 2026 were agreed and signed as a true record. There were no matters arising.

39. Chair's Update

There was no update.

40. Coventry Neighbourhood Health Programme (NNHIP) - Finalised Neighbourhood Geographies

At the meeting held on 7 January, the Board agreed oversight of Neighbourhood Health in Coventry (Minute 32 refers). The report was presented to support them in undertaking this role.

Appendix 1 of the report provided information on the finalised geographies for the Neighbourhood Model in Coventry. This model had been endorsed by Primary Care, Coventry Care Collaborative Forum and the Coventry Collaborative Committee.

Officers provided an update on the development of the Neighbourhood Model. Members were informed that the model and geographies had now been endorsed by all partners and noted:

- The programme was recognised as a long-term piece of work, but significant progress was being made at pace.
- Primary Care colleagues were fully engaged and supportive of the approach.
- Work was progressing towards the second INT going live, as illustrated through the colour-coded slides.
- INTs were being developed in pairs, reflecting differing levels of local need.
- The model ensured alignment of geographies with Mental Health colleagues, supporting a consistent approach.
- INTs represented one element of the wider neighbourhood model, which would expand to incorporate additional teams over time.
- Further work was required to consider the wider system.

The recommendation as presented was accepted and agreed.

41. Children's Neighbourhood Health

The Board considered a briefing note which described the Coventry approach to the implementation of Neighbourhood Health for children and to seek input and leadership from the Board as the Neighbourhood Health programme commences and seeking views as to the possibility of integrating Families First work with the NHS MDT programme.

The briefing note set out the definition of neighbourhood health, the aims of the neighbourhood MDT and listed the groups of more vulnerable children which the MDT could prioritise for targeted support.

The Board noted a presentation on developing a Neighbourhood Child Health MDT model. The presentation provided examples from other areas, outlined potential areas of focus, and highlighted opportunities for alignment across local services.

Members discussed the importance of improving children's health data, agreeing that better information is needed to understand local need and measure impact. The Board noted significant levels of neurodevelopmental need locally and

emphasised the importance of early intervention, shared learning across agencies, and aligning resources to support the model.

Air quality and wider environmental factors were recognised as key influences on children's health. Ongoing local work to improve outdoor and indoor air quality was noted.

Members stressed the importance of prioritising children and young people, ensuring that the work supports long-term outcomes and addresses wider determinants of health. The Board acknowledged resourcing challenges and the need for further discussion on data availability, system capacity and partnership working.

Future work will include consideration of early intervention data, youth justice contact, and transitions from children's to adult services.

The Board noted the briefing note and presentation and agreed that the presentation slides be circulated to all attendees.

42. **Any other items of public business**

There were no other items of business.

(Meeting closed at 10.30 am)