



Coventry Health and Well-being Board

Time and Date

9.30 am on Wednesday, 4th March 2026

Place

Diamond Rooms 1 and 2 - Council House, Coventry

Public Business

1. **Welcome and Apologies for Absence**
2. **Declarations of Interest**
3. **Minutes of Previous Meeting**
 - (a) To agree the minutes of the meeting held on 7th January 2026 (Pages 3 - 8)
 - (b) Matters Arising
4. **Chair's Update**

Verbal Update of the Chair
5. **Coventry Neighbourhood Health Programme (NNHIP) - Finalised Neighbourhood Geographies (Pages 9 - 14)**

Briefing Note and Presentation of the Community Clinical Integration and Transformation Lead
6. **Children's Neighbourhood Health (Pages 15 - 18)**

Briefing Note of the Head of Children and Young People's Transformation, NHS Coventry & Warwickshire ICB
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, 24 February 2026

Note: The person to contact about the agenda and documents for this meeting is Caroline Taylor, Governance Services, Email: caroline.taylor@coventry.gov.uk

Membership:

Councillor L Bigham, Councillor K Caan (Chair), Councillor G Duggins, Councillor Mosterman, Councillor P Seaman, A Duggal, P Fahy, A Hardy, L-A Howat, D Howat, P Joyce, S Linnell, M Mumvuri, G Perkins, S Sen, M Stanton and K Viral.

By invitation:

Councillor G Hayre

Public Access

Any member of the public who would like to attend the meeting in person is encouraged to contact the officer below in advance of the meeting regarding arrangements for public attendance. A guide to attending public meeting can be found here: <https://www.coventry.gov.uk/publicAttendanceMeetings>

Caroline Taylor

Governance Services

Email: caroline.taylor@coventry.gov.uk

Coventry City Council
Minutes of the Meeting of Coventry Health and Well-being Board held at 10.00 am
on Wednesday, 7 January 2026

Present:

Members: Councillor K Caan (Chair)
Councillor L Bigham
Councillor B Mosterman
A Cartwright (for S Trickett)
J Hodge (for G Perkins)
D Howat
L Howat
S Linnell
N Murray (for P Joyce)
A Duggal
P Fahy
S Sen

In attendance: VCSE reps: M Smith, E O'Donnell, N Thompson (VCSE reps),
C Quarterman

Employees (by Directorate):

Law and Governance: C Sinclair

Public Health: V Castree, V DeSouza

Apologies: Councillor G Duggins and P Seaman
A Hardy, P Joyce, G Perkins, M Stanton and S Trickett

Public Business

26. Welcome and Apologies for Absence

The Chair, Councillor K Caan, welcomed all attendees to the meeting and introduced the VCSE partners in attendance: Eilis O'Donnell (CV life), Mel Smith (Grapevine) and Natalie Thomson (CRASAC).

27. Declarations of Interest

There were no declarations of interest.

28. Minutes of Previous Meeting

The Minutes of the meeting held on 15 October were agreed and signed as a true record.

Matter Arising:

Minute 19 (Director of Public Health and Wellbeing Update)

In response to a question from Councillor L Bigham on the outcome of a planned evaluation meeting looking at health access for refugees and asylum seekers, the Director of Public Health confirmed that there would be a report available shortly and she would ensure that Councillor Bigham would receive a copy.

29. **Chair's Update**

The Chair, Councillor Caan, updated the Board on the following matters:

- “16 Days of Activism” against Gender-based Violence took place in November and December 2025 and included lighting up in orange City landmarks including Broadgate and the Whittle Arch to symbolise hope for a future free from violence. The 16 Days focussed on the escalating problem of online abuse and its impact, aligning with the broader campaign to end gender-based violence.
- Coventry HIV Fast Track Cities Initiative - In October 2025 the Board confirmed their shared commitment to end HIV Transmission and Stigma. As a follow up to this, a letter from Lily Makurah, Consultant in Public Health, was circulated asking for nominees for a representative to work on this initiative. There was also an invitation to a launch event on 11th February 2026 and Members were encouraged to attend.

30. **Director of Public Health and Wellbeing Update**

The Board received a verbal update of the Director of Public Health and Wellbeing highlighting the following:

- Public Health Awards – these would be reinstated and, in due course, nominations would be sought.
- TB - The number of cases of TB in Coventry were rising, mirroring a national trend, the City Council’s public health team were actively working with NHS colleagues to address the increase.
- Child Poverty – work was ongoing looking at the efficiency of the process for supporting victims of sexual abuse and assault.
- Obesity – Leeds Beckett University were currently leading pilot research in weight management, which could offer significant learning that could inform the City Council’s work on obesity.
- Health and Wellbeing Board Strategy – work was currently ongoing in relation to refreshing the Board’s strategy.

31. **ICB Clustering - Update**

The Board received an update on Coventry and Warwickshire ICB’s clustering with Herefordshire and Worcestershire ICB. Work was progressing and was currently at the end of the first stage of restructuring with announcements of executive directors expected in the coming weeks.

32. Neighbourhood Health

Pete Fahy introduced a presentation detailing the Community Integrator and National Neighbourhood Health Implementation Programme (NNHIP) to describe to the Board the Coventry approach to the implementation of Neighbourhood Health

The presentation included:

- NHS 10 Year Plan, NHSE National Neighbourhood Guidance and Neighbourhood Health Partnership Framework
- Background to the NNHIP
- The issues aimed to address through this programme – Population Management Approach
- Our emerging Neighbourhood Health model
- Implementation progress to date
- Measuring progress
- Next steps

The Purpose:

- To seek ongoing input and leadership from Coventry Health and Wellbeing Board as the Neighbourhood Health Programme develops and specifically sign off of the plan by April 2026, incorporating Better Care Fund.

The Chair thanked all for the detailed presentation and questions were taken on the following:

- National guidance and projections to 2040.
- PHM Stage 1 findings and Coventry cohort analysis.
- Neighbourhood Health Integrated Team (INT) model, community care transformation timeline, and system resource measures.
- Focus on shared digital records and prevention strategies.
- Questions raised about ensuring communities are informed and empowered.
- Emphasis on health equity assessment and representation.

Discussion points:

- Need for true representation and learning from national approaches.
- Integration with children's services.
- Physical hubs alongside virtual models.
- Opportunities for co-location and digital enablers.
- Workforce challenges and importance of collaboration.
- Digital records and shared risk.
- Prevention strategies, green spaces, and early intervention.
- Voluntary Sector – inclusion and role as delivery partners
- How changes would be communicated, including GPs and any services changes
- Mechanisms in place to ensure that all communities were informed and encouraged to contribute so that they could shape the process.

33. **Health Determinants Research Collaboration (HDRC)**

The Board noted a presentation which summarised the work of the HDRC – a collaboration which aimed to reduce unfair health differences in the City by building research capacity. The programme aimed to:

- Strengthen research capacity and capability in local government.
- Conduct research where evidence is lacking.
- Embed a culture of evidence-based decision-making and impact.
- Address wider determinants of health.
- Improve health outcomes and reduce health inequalities.

Benefits of HDRC

- Greater involvement of councils, VCSEs, and residents in research.
- Enhanced skills, knowledge, and experience in conducting and using research.
- Evidence-informed decision-making for complex issues.
- Better outcomes and value for money in new research.

HDRC Support

- Offers research training, evidence reviews, bid writing, evaluations.
- Connects with collaborators for research development.

Additional Points

- Evidence jigsaw slide presented.
- Learning and training opportunities shared.
- Two case studies highlighted.
- Future funding: HDRC 2.0 (2027–2032), expected announcement soon.
- Reflection on past achievements and future goals.

In conclusion, the Board were requested:

- For support in respect of the upcoming bid.
- Align HDRC with wider partner priorities.
- Input to shape HDRC focus areas.

34. **Health and Wellbeing Board Members Headline Updates and Future Work Programme Items**

The Board noted the Work Programme.

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

There were no other items of public business.

(Meeting closed at 11.35 am)

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Coventry City Council

Briefing note

To: Health and Wellbeing Board

Date: 4 March 2026

Title: Coventry National Neighbourhood Health Implementation Programme

1 Purpose of the Note

- 1.1 At the meeting on 7 January, Health and Wellbeing Board agreed to provide oversight of Neighbourhood Health in Coventry. This item is being brought to Board to support them undertaking this role.
- 1.2 Appendix 1 provides information on the finalised geographies for the Neighbourhood Model in Coventry. This model has been endorsed by Primary Care, Coventry Care Collaborative Forum and the Coventry Collaborative Committee.

2 Recommendations

- 2.1 Health and Wellbeing Board are recommended to note the Finalised Geographies for Neighbourhood Model in Appendix 1.

Appendices

Appendix 1 - Coventry National Neighbourhood Health Implementation Programme (NNHIP) - Finalised Geographies for Neighbourhood Model

Victoria Castree
Population Health Policy Officer
Coventry City Council
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Coventry National Neighbourhood Health Implementation Programme (NNHIP)

Finalised Geographies for Neighbourhood Model (for sighting)

March 2026

Justine Richards; SRO

Pete Fahy; CCC Sponsor

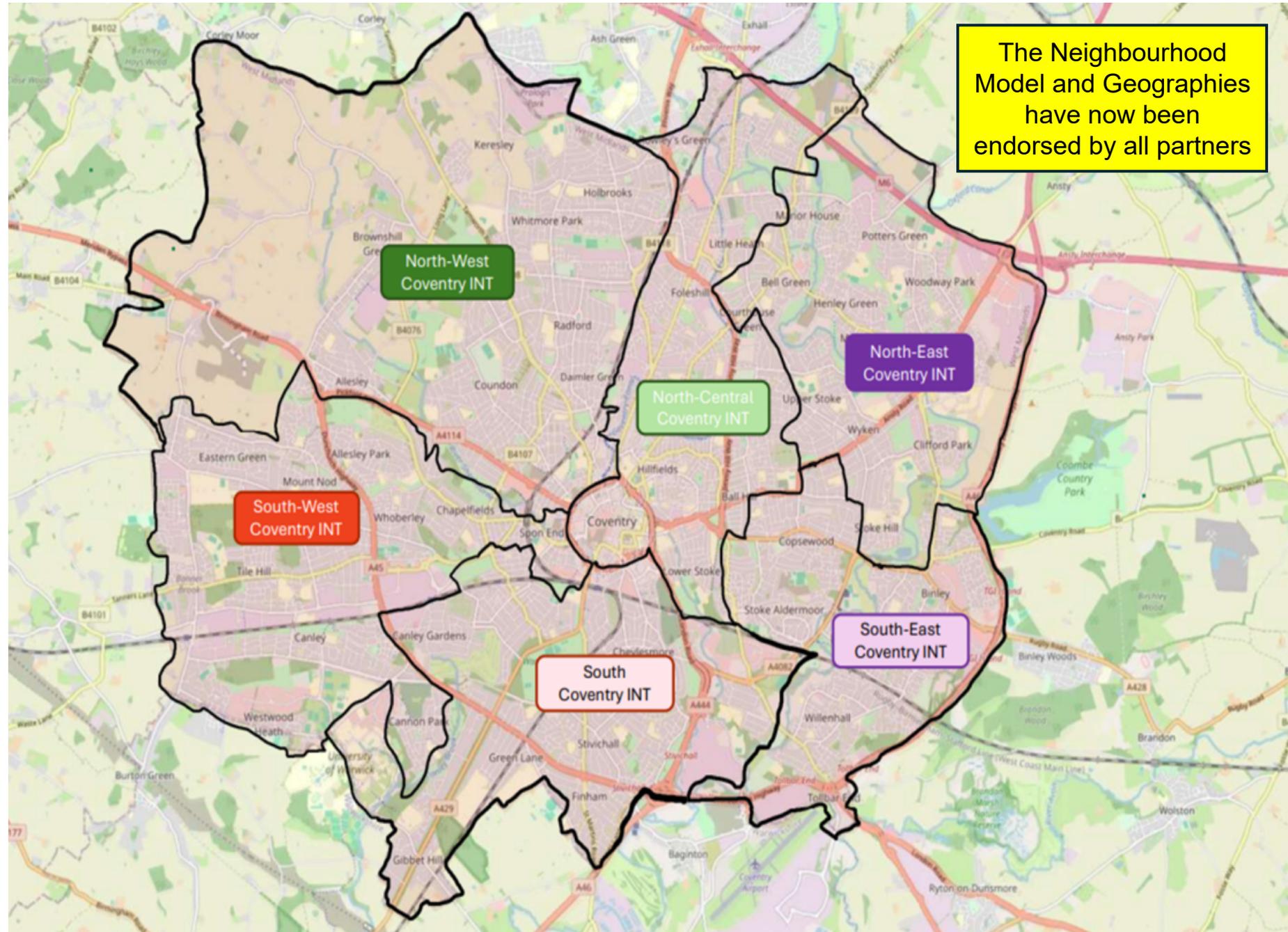
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Neighbourhood Health INT Model for Coventry

There are **39 Neighbourhoods** recognised in the model.

These neighbourhoods are grouped to create **6 INTs** planned for the city:-

- ✓ **North-West Coventry INT**
- ✓ **North-Central Coventry INT**
- ✓ **South-West Coventry INT**
- ✓ **South Coventry INT**
- ✓ **North-East Coventry INT**
- ✓ **South-East Coventry INT**



Updated January 2026 Neighbourhood Alignment

North-West Coventry INT	North Central Coventry INT	South-West Coventry INT	South Coventry INT	North-East Coventry INT	South-East Coventry INT
Keresley & Holbrooks Radford Coundon Allesley Village	Longford Gosford Green Inner Ring Road Foleshill Stoke Heath Hillfields Ball Hill	Mount Nod Eastern Green Tile Hill Village Tile Hill Canley Whoberly and Chapelfields Spon End Allesley Park	Earlsdon & Canley Gardens Cannon Park & Warwick Uni Green Lane & Finham Stivichall Cheylesmore Whitley	Bell Green Wood End Henley Green Potters Green & Woodway Park Walsgrave Wyken	Copesewood & Poets Corner Stoke Park & Stoke Green Stoke Aldermoor Ernesford Grange Binley A45 East Willenhall & 4 closes Willenhall Wood
Care homes 25 Care home beds 708	Care homes 8 Care home beds 147	Care homes 21 Care home beds 659	Care homes 4 Care home beds 101	Care homes 3 Care home beds 74	Care homes 11 Care home beds 395

How did we Decide



Geographically coherent which support travel routes and ease of travel for housebound patients



Recognisable neighbourhoods which exist, and people would reference as where they live



Needs, demographics and PHM population data



Current surgery and PCN alignment trying to map this as far as practicably possible

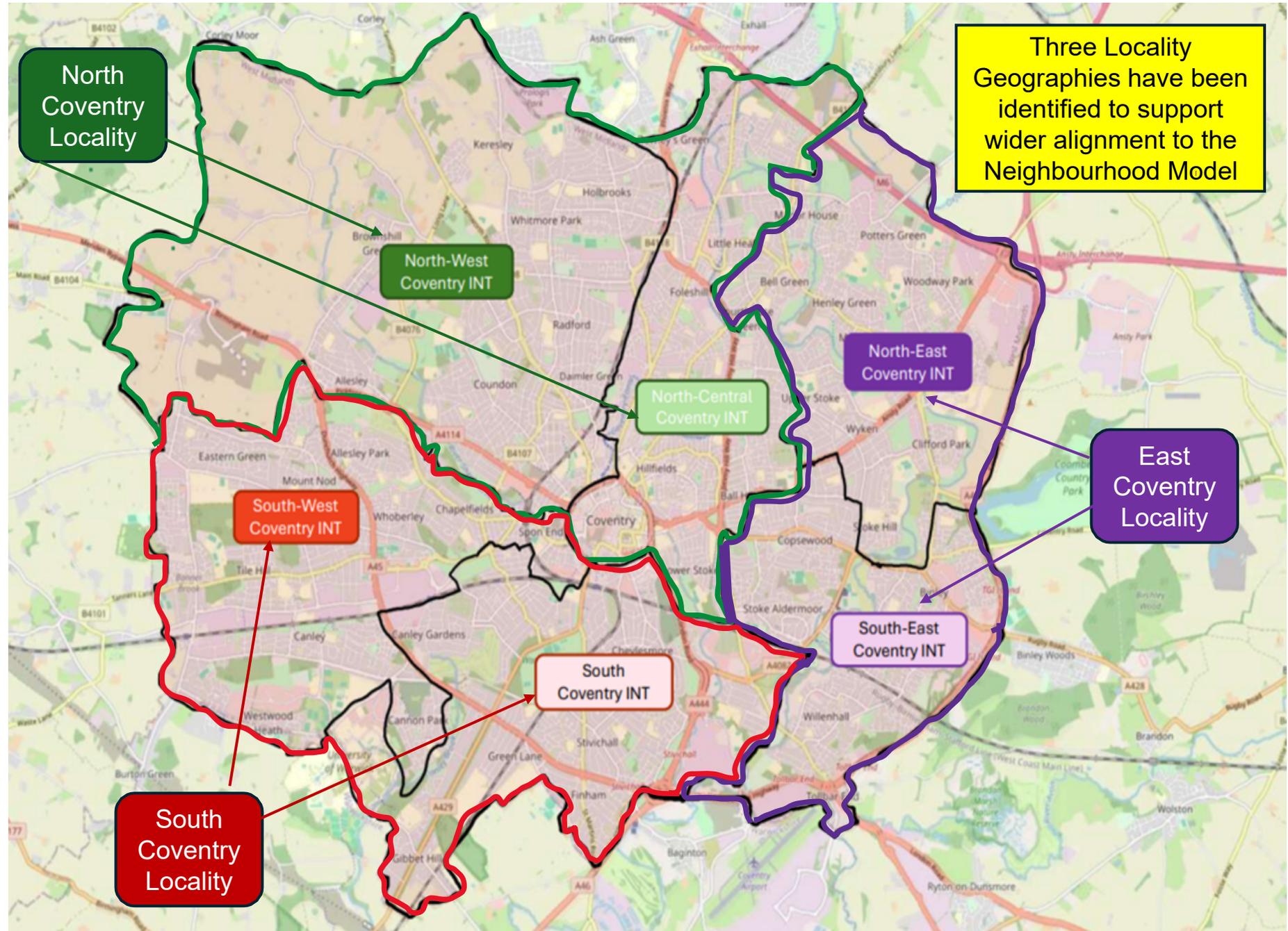


Connections, relationships and existing infrastructure in communities or neighbouring communities.

Neighbourhood Health INT Model for Coventry

There are 3 Localities identified; these cover 2 INTs in each:-

- ✓ North Coventry Locality
- ✓ South Coventry Locality
- ✓ East Coventry Locality





Coventry City Council

Briefing note

To: Health and Wellbeing Board

Date: 4 March 2026

Title: Children's Neighbourhood Health

1 Purpose of the Note

- 1.1 To describe to Coventry Health and Wellbeing Board the Coventry approach to the implementation of Neighbourhood Health for children.
- 1.2 To seek input and leadership from Coventry Health and Wellbeing Board as the children's neighbourhood health programme commences and seek their views as to the possibility of integrating Families First work with the NHS MDT programme.

2 Recommendations

- 2.1 The Board is recommended to consider the opportunity for complementing and aligning with other children's programmes such as the Families First Partnership Programme and wider areas of work such as prevention and to consider possible population(s) of children that a neighbourhood MDT could focus on and suggest which one(s) they feel would benefit most.

3 Information / Background

- 3.1 What is neighbourhood health? While there is no one single definition, neighbourhood health could be described how health and care services and environments work together at the neighbourhood level to improve outcomes, reduce inequalities, and make care more accessible and person-centred.
- 3.2 Neighbourhood health is a key part of government plans for improving outcomes, prevention, shifting resources towards primary and community care and tackling health inequalities. At its core, neighbourhood health should try to happen as locally as possible and build on the strengths of local communities.
- 3.3 Whilst the adult agenda has been asked by the government to develop and implement comprehensive Integrated Neighbourhood Teams (INT) the ask for children is to develop and implement a multi-disciplinary team (MDT). Ideally, an MDT would cover a population of 30,000-50,000, similar to the size of a Primary Care Network (PCN), however local factors may mean smaller or larger footprints and it may be that there is a good rationale to align to the adult INT footprint.
- 3.4 The aims of the neighbourhood MDT are to:
 - Improve quality of life and health and wellbeing of children and families
 - Increase service user satisfaction and increase staff satisfaction
 - Reduce demand on health and care services, thereby improving access for those who need services the most and making the best use of finite resources

- 3.5 Locally, the intention is to design the children’s MDT in such a way that it incorporates a focus on prevention and aims to tackle and reduce health inequalities, thereby supporting the Core20PLUS5 agenda. It will take a population health management approach and explore which populations of children would benefit most from this model.
- 3.6 Groups of more vulnerable children which the MDT could prioritise for targeted support include:
- Children and young people living in poverty – Those from low-income families are more likely to face barriers to adequate healthcare, education, and nutrition. Poverty is also associated with poorer mental health outcomes, reduced academic attainment, and exposure to unsafe or unstable living conditions.
 - Children and young people with Special Educational Needs and Disabilities (SEND) – Individuals with physical, cognitive, or developmental needs may experience additional challenges in accessing appropriate opportunities and services.
 - Children and young people in care – Those in foster placements or residential care are at increased risk of neglect, abuse, and poor mental health. Many have experienced trauma, which can significantly affect their emotional wellbeing and development.
 - Children and young people affected by abuse or domestic violence – Experiencing or witnessing abuse can have long-term impacts on wellbeing, increasing vulnerability to mental health difficulties and emotional harm.
 - Children and young people from minority or marginalised communities – Those from ethnic minority backgrounds, migrant families, or other marginalised groups may encounter barriers to support due to language differences, cultural factors, or discrimination.
 - Children and young people experiencing mental health difficulties – Rates of anxiety, depression, and other mental health conditions are increasing, often linked to factors such as family instability, trauma, or social isolation.
 - Children and young people who frequently attend Accident and Emergency (A&E) services – Frequent attendance may indicate unmet health or social needs and is often associated with chronic health conditions, mental health difficulties, SEND, unstable home environments, socioeconomic disadvantage, or poor nutrition (including obesity and eating disorders).
- 3.7 The selection criteria for the MDT could potentially identify children and young people who meet multiple criteria above, focussing the MDT on the most vulnerable. However, it may be difficult to link data sets to achieve this.
- 3.8 The five core components of the MDT are as follows.
- Case identification

- A monthly triage (may be virtual)
- A monthly direct care clinic (must be in-person)
- Plus:
- *Professional knowledge sharing*
- *Child/family/carer engagement and health promotion*

- 3.9 In terms of health promotion, the MDT provides a valuable opportunity to reinforce key health messages and support positive behaviour change. This may include topics such as physical activity, healthy nutrition, emotional wellbeing and mental health, awareness of substance misuse risks, uptake of vaccinations, and safety and safeguarding.
- 3.10 Once the MDT model has been agreed and it is determined which children the MDT will see, it is expected that appropriate children will be referred into the MDT, discussed first in a virtual triage session, and then from that session a small number will be brought to the in-person clinic for a more thorough assessment. Sharing knowledge and learning amongst professionals is seen as a valuable element of neighbourhood health and health promotion and child, family or carer engagement is also seen as key.
- 3.11 A new Steering Group is being established in Coventry to be the design vehicle which will discuss, debate and propose the MDT model for Coventry. That proposal will then be shared with leaders for consideration and endorsement. Once endorsement has been received, implementation will commence.
- 3.12 The Programme will be keen to maximise use of existing resources and make a positive addition to the existing good neighbourhood health and multi-disciplinary working that is already happening in Coventry. The approach will also be to build on the positive assets already in place and design a model that is sustainable and which works for the local area and local residents.

4 How does this work contribute to delivery of Health and Wellbeing Strategy?

- 4.1 Neighbourhood health in its widest sense aligns to and contributes to the delivery of Coventry's Health and Wellbeing Strategy by:
- ✓ Giving every child the best start in life
 - ✓ Ensuring that the principles of One Coventry, diversity and inclusion are central to the development of the neighbourhood MDT
 - ✓ Prioritising prevention and promotion of wellbeing
 - ✓ Recognising the key role that places and communities play in our health
 - ✓ Using this programme to strengthen communities through collaboration
 - ✓ Designing a model that complements existing initiatives and services, many of which are recognised in the Health and Wellbeing Strategy

5 How does neighbourhood health align to Coventry's Marmot approach?

Neighbourhood health aligns to Coventry's approach and Marmot principles by:

- ✓ Building the resilience and well-being of young children across the social gradient
- ✓ Co-ordinating services, working together to design services which take account of the complexity of people's lives and their overlapping health and social needs.

- ✓ Prioritising prevention and improving future health outcomes through tackling health inequalities and improving access to health and care services
- ✓ Ensuring that schools, families, and communities work in partnership to improve outcomes and level the gradient in health, wellbeing and resilience of children and young people.

<p>Heather Kelly Head of Children and Young People's Transformation</p> <p>NHS Coventry and Warwickshire Integrated Care Board Heather.kelly11@nhs.net</p> <p>Shire Hall Market Place Warwick</p>	<p>Tessa Hewitt Public Health Consultant - Children's Public Health & Life Chances</p> <p>Coventry City Council Tessa.Hewitt@coventry.gov.uk</p> <p>One Friargate Coventry</p>
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