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**To: Health and Wellbeing Board**

**Date: 4 March 2026**

**Title: Children's Neighbourhood Health**

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## **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.

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