
To: Health and Wellbeing Board

Date: 8 July 2026

Title: Developing the role of Health and Wellbeing Board 2026-2027

1 Purpose of the Note

- 1.1 This briefing note sets out the proposed approach to developing the role of Health and Wellbeing Board and its priorities during 2026-2027.

2 Recommendations

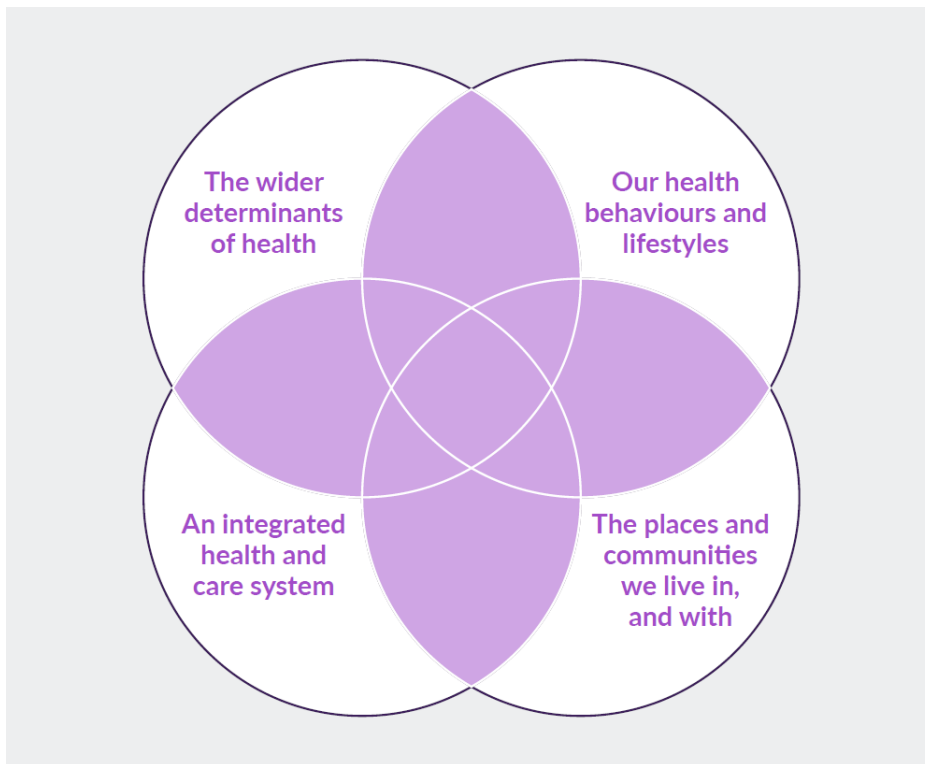
- 2.1 It is recommended that Health and Wellbeing Board
- 1) Note the emerging role of Health and Wellbeing Board in the context of the Neighbourhood Health Framework and Health Bill
 - 2) Approve the continued use of King's Fund Model as the framework for the work of the Health and Wellbeing Board
 - 3) Reflect on the system mapping undertaken based on the King's Fund Model (Appendix 1) and identify gaps to inform Health and Wellbeing Board priorities in 2026-2027

3 Information/Background

- 3.1 In light of the Health Bill, published May 2026, we are seeking clarity about the statutory requirements of the Health and Wellbeing Board. However, it is important that the Board continues to develop its role – both in response to the development session and the emerging leadership role for Health and Wellbeing as set out in the Neighbourhood Health Framework.
- 3.2 The Health Bill retains the statutory requirement for the development of a Joint Strategic Needs Assessment.
- ### **3.3 Joint Strategic Needs Assessment**
- 3.4 The JSNA informs and guides the planning and commissioning of health, wellbeing, and social care services within a local area by collating available insight and data. It provides a snapshot of current and future health and care needs of the local community, considering factors that impact on health and wellbeing from a population health approach, including economic, education, housing, and environmental factors; as well as local assets that can help improve the area and reduce inequalities.
- 3.5 The draft JSNA Citywide profile is on the agenda for Health and Wellbeing Board on 8 July 2026.

3.6 Kings Fund Model

- 3.7 Since 2019, Coventry's Health and Wellbeing Strategies have been framed around the King's Fund population health model.



Taken from *A vision for population health: Towards a healthier future*, The King's Fund, November 2018

- 3.8 The framework provides an opportunity to bring together the relevant strategies and activities across the partnership and for the Board to work with partners to strengthen delivery and accountability around the intersects and connections. It recognises that health is wider than healthcare.
- 3.9 It is proposed that the Board retains this framework as a basis for its work programme and priorities.
- ### 3.10 The opportunities for Health and Wellbeing Board
- 3.11 The strength of the Health and Wellbeing Board lies in its unique position in the system as a partnership board consisting of representatives from across Coventry who can enact and champion change to reduce health inequalities. It is a place for challenge and robust, rigorous discussion and where partnerships can be mobilised. There should be trust and cohesion between the organisations.
- 3.12 The HWBB does not directly deliver activity. Its role is as a convenor, enabler and facilitator. It can hold partners to account to enact change and is a mechanism for unblocking issues which impact on health inequalities. It provides a forum to hold partners to account for their role in delivering change and includes elected members on the Board to provide democratic accountability.
- ### 3.13 JSNA Headlines and System Mapping
- 3.14 The headline issues from the JSNA have been mapped against activity taking place across the City, using the King's Fund model as a framework for this mapping. This will enable the Board to identify priority areas for focus.

3.15 The mapping also includes Marmot Partnership and One Coventry Partnership priorities to ensure joining up across the system and to reduce duplication.

3.16 National Alignment

3.17 Neighbourhood Health Framework

3.18 The [Neighbourhood Health Framework](#) was published in March 2026.

3.19 The Neighbourhood Health Framework is based on priorities to

- Improve people's health and care outcomes, reduce health inequalities and help them stay well at home
- Organise services around the person with more convenient, personalised and joined-up care
- Reduce pressure on more acute services - including hospitals and care homes
- Cut waste and duplication
- Help the NHS deliver against core targets

3.20 The role of Health and Wellbeing Board evolves through this framework, to work alongside ICBs and local authorities to use their shared focus on improving local health outcomes to improve relevant outcomes across adult social care, Best Start in Life and neighbourhood health and integration and to build strong links between neighbourhood health and wider public service reform. However, the final requirements will not be ratified until the Health Bill 2026 is approved.

3.21 The Health Bill 2026

3.22 The Health Bill 2026 is currently going through Parliament. This will result in changes to the health system as it seeks to

- Remove the legal requirement for Integrated Care Partnership and Integrated Care Strategy
- Retain the JSNA, developed by Health and Wellbeing Board
- Ensure the JSNA informs the Neighbourhood Health Plan which replaces the Health and Wellbeing Strategy
- Makes Neighbourhood Health Plans statutory
- Puts a timescale on Neighbourhood Health Plans which will need to be prepared for 2027/28

3.23 Monitoring

3.24 Each Health and Wellbeing Board meeting will focus on a priority and theme.

3.25 It will be an opportunity to review the progress made towards the priority and identify opportunities to strengthen delivery through existing forums. Collective learning and narrative will be used to monitor progress alongside metrics as discussed below.

3.26 The HWB will be monitoring Local Outcome Framework metrics as outlined in the Neighbourhood Health Framework on health and wellbeing, adult social care, Best Start in Life and neighbourhood health and integration.

3.27 HWB will identify local priorities and appropriate monitoring including where they expect to see improvement in future JSNAs.

3.28 Health and Wellbeing Board Development Day

3.29 Feedback from the Health and Wellbeing Board development day, which was held in September 2025, will be taken into account.

3.30 The headlines from the session were

- 1) The HWB focus should be concise, focused and used frequently to improve outcomes. There should be clear expectations, achievements and actions, but flexibility to work within a changing landscape.
- 2) There was agreement that The King's Fund Model was still considered a useful tool for integration
- 3) The need to further develop HWBB into a space for challenge and rigorous discussion, actively feeding insights into decision-making processes.
- 4) There would be benefits across the system for using HWBB to increase the visibility of wider determinants of health, aligned with Marmot principles.
- 5) For HWBB items to have a clear ask of the Partnership to enable robust discussion and outcomes
- 6) Themed Health and Wellbeing Board meetings were seen as good practice, enabling joined-up conversations and showing interconnections across the City.
- 7) It was felt there is a need to embed consistent VCSE representation into the Board and agenda setting
- 8) It was felt improving mechanisms for feeding ground-level insights upwards and input from hard-to-reach communities would improve the function of the Board.
- 9) There are opportunities to strengthen work and alignment with the Care Collaborative
- 10) It would be helpful to understand and map how individual strategies and plans across organisations connect and add value, increasing the opportunity to create links across the system and break down silos.
- 11) There are opportunities to provide clarity between the different and distinct roles of HWBB, Marmot Partnership and scrutiny and how the strategy intersects with other plans and strategies in the system.

3.31 There are opportunities to link in through the VCSE Leadership Alliance Group, Coventry Women's Partnership and Coventry Voice work within NH.

3.32 Next Steps

3.33 The proposed next steps are to seek input from relevant partnership forums, including Marmot Partnership, One Coventry Partnership, Care Collaborative Forum, and VCFSE forums to inform key priorities for the Health and Wellbeing Board.

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

4.1 *Provide a brief description of how this work contributes to the delivery of the [Health and Wellbeing Strategy 2023-2026](#)*

5 How does this work align to Coventry's Marmot approach?

As a Marmot city, Coventry organisations and services work collaboratively to reduce health inequalities by three key areas of action, all of which feature in the development of the Health and Wellbeing Strategy:

- 1) **Focusing on strengthening and improving the conditions in which Coventry residents are born, live, work, grow and age.** Such as good quality homes and jobs, good education, good access to healthcare and green spaces. These are known as the wider determinants of health.
- 2) **Allocation of what resources we have, to be fairly distributed to improve the health of all residents.** This can be done by identifying whose health is good, whose health is the poorest, and everyone else across the gradient in between, allocating resources proportionate to their levels of need.
- 3) **Identifying of work, where action across the Marmot Principles can be taken.**

The eight Marmot Principles are:

1. [Give every child the best start in life](#)
2. [Enable all children, young people and adults to maximise their capabilities and have control over t...](#)
3. [Ensure a healthy standard of living for all](#)
4. [Create fair employment and good work for all](#)
5. [Create and develop healthy and sustainable places and communities](#)
6. [Strengthen the role and impact of ill health prevention](#)
7. [Tackle racism, discrimination and their outcomes](#)
8. [Pursue environmental sustainability and health equity together](#)

Appendices

Appendix 1 – JSNA Headlines mapped against the King's Fund Model

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