



## **HEALTH AND WELLBEING BOARD**

**12<sup>th</sup> February 2026 at 2.00pm**

### **Present:**

Councillor Shreeve (in the Chair)  
Councillor Jackson

### **In attendance:**

- Katie Brown (Director of Adult Social Care and Communities)
- Tracey Good (Chief Executive - Centre 4)
- Diane Lee (Director of Public Health)
- Ann-Marie Matson (Director of Children's Services)
- Dr Peter Melton (GP Representative)
- Lucy Wilkinson (Healthwatch NEL)

### **Also in attendance:**

- Zoe Campbell (Senior Scrutiny and Committee Advisor)
- Louise Fadina (Health and Care Programme Director)
- Lindsay Hudson (Acting Consultant in Public Health)
- Carolina Borgstrom (Director for Economy, Environment and Infrastructure)
- Geoff Barnes (Deputy Director for Public Health)
- Charlotte Dring (Assistant Director Housing and Communities)
- Hazel Stevens (Public Health Intelligence Analyst)
- Carrie Durran (Healthwatch NEL)
- Duncan Rossiter (Chief Executive Citizens Advice Bureau)
- Etká Elston (The Roxton Practice)

There were two members of the public and no members of the press present at the meeting.

## **HWBB.28 APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Cracknell, Chief Inspector Booth, Julie Walmsley and Helen Kenyon.

## **HWBB.29     DECLARATIONS OF INTEREST**

There were no declarations of interest made with regard to any items on the agenda for this meeting.

## **HWBB.30     MINUTES**

The Chair explained that he had requested the clarification of the action under HWBB.23 and would feedback at the next meeting.

RESOLVED – That the minutes from the meeting of the Health and Wellbeing Board held on the 4<sup>th</sup> December 2025 be approved as an accurate record.

## **HWBB.31     ITEMS FOR DISCUSSION –**

### **Teenage Conception**

Ms Hudson presented data (up to 2022) showing a slow decline in teenage conception rates, tracking the England average, but North East Lincolnshire remained 7<sup>th</sup> highest in the UK and 2<sup>nd</sup> highest in Yorkshire and Humber. Approximately 3.5 teenage pregnancies occurred monthly, with one-third not progressing. She explained this led to poor outcomes for young parents and children which included lower educational attainment, increased poverty, poor mental health, higher involvement with children's services, and intergenerational cycles. Ms Hudson highlighted that there were gaps in support which included low engagement with antenatal classes.

Ms Matson enquired about leveraging children's social care opportunities and collective capacity, which Ms Hudson confirmed was being discussed with relevant colleagues. Ms Lee noted the release of the new national Healthy Child Programme guidance and highlighted the significant reduction in rates over 25 years (from 78 to 24 per 100,000), while stressing the need for continued collective focus. A suggestion was made to involve medical students in delivering sexual health curriculum in schools, potentially coordinated by a national charity, linking with the "Check Me Out" website.

### **Housing – High Level Strategic Overview**

Mr Barnes highlighted the fundamental importance of housing for public health, noting its transition to local authorities in 2013 due to significant housing environment challenges. He emphasised that poor housing (damp, mould, cold homes, overcrowding, private rental sector issues, safety hazards) significantly impacted on health, contributing to respiratory diseases, mental health issues, and exacerbating social inequalities. Urban Grimsby faced particular challenges with a high proportion of private rental properties, often with absent landlords. Recommendations included improving energy efficiency, strengthening

private rented sector regulation, increasing affordable housing, integrating housing into health policy, supporting families in temporary accommodation, and preventing rough sleeping.

Ms Dring provided an overview of the new North East Lincolnshire housing and homelessness strategies and an overview of the new cross-government Homelessness and Rough Sleeping Strategy.

The Chair noted the comprehensive nature of required changes. He highlighted existing measures such as escalating council tax premiums for long-term empty properties and trials of selective licensing for private landlords, which could be extended borough-wide. He distinguished between homelessness (a significant local authority burden) and rough sleeping (low single/double digits in the borough, supported by charities like Harbour Place). The Chair identified empty homes and the private rental sector as major ongoing challenges. He also noted that housing and homelessness responsibilities were expected to be consolidated under the Transport, Infrastructure and Strategic Housing Scrutiny Panel going forward.

A member cautioned that selective licensing and national reforms could inadvertently force private landlords, particularly smaller ones, out of the market, potentially exacerbating housing issues.

### **Adolescent Lifestyle Survey – bullying**

Ms Stevens presented the board with the findings from the Adolescent Lifestyle Survey (ALS), a confidential and anonymous survey conducted in secondary schools across North East Lincolnshire with 11-16 year olds.

Ms Lee highlighted the stark statistic that 344 pupils were bullied most days and half of those bullied being afraid to go to school. She welcomed the recommendations and suggested exploring resources from Papyrus, a charity focused on child suicide and online bullying, specifically their video "Bedtime Story".

Ms Matson emphasised the triangulation of bullying with non-school attendance, elective home education, and emotional wellbeing. She enquired whether the survey specifically captured children in care (LAC) and stressed the importance of corporate parenting responsibilities. She also advocated for involving children in the development of any anti-bullying plan and confirmed that school-level data could be shared with headteachers and CEO networks.

Ms Stevens confirmed that the survey included a question about having a social worker, allowing for analysis of looked after children (LAC) experiences, which had been shared with officers. Schools already received their own results and a dashboard for comparison.

Dr Melton observed that while social media received significant national attention, the survey indicated that bullying predominantly occurred in

school and out of school in physical environments. He questioned how the Board would take ownership of the report and identify leads for each environment (schools, physical environment via police, virtual environment via digital leads) to ensure actionable outcomes.

The Chair acknowledged the point about social media not being the highest reported environment for bullying. He confirmed that the Public Health team would likely lead on this within the local authority, with the Director of Public Health coordinating efforts. He committed to asking the police to nominate a lead for their involvement.

Ms Dring mentioned existing stakeholder partners like Horizon who could link into these efforts.

Ms Matson cautioned against criminalising children, noting that bullying cycles were complex and often involved perpetrators who were also being bullied. She stressed the need for a supportive, rather than punitive, response.

## RESOLVED

1. That a comprehensive anti-bullying plan (based on the Adolescent Lifestyle Survey data, incorporating awareness campaigns, a whole-school community approach, and a local offer of support for victims and perpetrators) be developed.
2. That the Director of Public Health lead and coordinate the anti-bullying efforts, including linking with existing stakeholder partners (e.g., Horizon) and exploring resources from Papyrus.
3. That the police be formally requested to nominate a lead representative for involvement in the anti-bullying initiatives.
4. That the perspective and input of children in care be central to the development of the anti-bullying plan.

## **HWBB.32 HEALTHWATCH WORK PROGRAMME**

The Board received an update on the Healthwatch work programme for 2026.

The Chair expressed concern about the potential loss of the patient's voice and the coordinated information provided by Healthwatch reports.

A member acknowledged the issue of over-scrutiny in health services and supported simplifying the landscape, noting the volume of audits and inspections.

The Chair felt that Healthwatch provided a unique, independent patient-focused voice, distinct from other scrutiny bodies, offering valuable light-touch insights that informed public health initiatives.

Ms Wilkinson clarified that much of Healthwatch's work was collaborative, initiated by stakeholders seeking to understand patient experiences better, focusing on genuine service improvement rather than just ticking boxes.

The Chair concluded by expressing regret over the government's decision and hoped for a potential deferral of the abolishment of Healthwatch.

RESOLVED – That the update be noted.

### **HWBB.33 PUBLIC HEALTH GRANT**

The Board received a verbal update on the public health grant.

Ms Lee reported that the Public Health Grant stood at £15.8 million, which included other previously separate grants. This represented a 2% uplift, but effectively no real increase due to salary rises. Much of the expenditure was legislated. Further details, including a pie chart of expenditure, would be provided in the meeting notes.

RESOLVED –

1. That the update be noted.
2. That further details, including a pie chart of expenditure, be circulated to Board members.

### **HWBB.34 MARMOT PLACE UPDATE**

The board considered a report noting the progress made in establishing the Marmot Place programme infrastructure.

Ms Hudson reported that the Joint Health and Wellbeing Strategy was unanimously supported by full Council in December 2025. The Marmot contract with the University College London (UCL) was signed this week, formally commencing the two-year programme.

The Chair emphasised the importance of successful engagement leading to tangible action and implementation, noting that Marmot principles would be integrated into all council decisions and Cabinet papers. He acknowledged the ambitious nature of expected outcomes (e.g., addressing deprivation, improving healthy life expectancy) and the need for sustained effort.

RESOLVED – That the report be noted.

## **HWBB.35 UPDATE ON NHS REFORM AND INTEGRATED CARE BOARD**

The board received a verbal update on the impact of the NHS Reforms for local residents and the Integrated Care Board (ICB).

Ms Brown confirmed that the ICB approved the continuation of Section 75 arrangements in North East Lincolnshire and work was underway to develop these arrangements in line with government expectations for neighbourhood health.

The Chair expressed satisfaction that the integrated health and social care system, governed by delegated funding through the Section 75 agreement, had been maintained.

RESOLVED – That the update be noted.

## **HWBB.36 NEIGHBOURHOOD HEALTH PLAN POSITION STATEMENT**

The board considered a report from the Director of Public Health and Director of Adult Social Care seeking approval of the proposed approach and timeline for developing the Interim Strategic Neighbourhood Health Plan by April 2026.

Ms Elston introduced the emerging role of the Health and Wellbeing Board in neighbourhood health, building on existing strong local relationships across healthcare, the voluntary sector, and the council. North East Lincolnshire was uniquely positioned as part of national programmes to advance neighbourhood health at both single neighbourhood and place levels, linking well with Section 75 developments.

The Chair acknowledged this was a new national responsibility for the Board, moving it towards a more operational role, though he stressed the Board's strategic function. He looked forward to the workshop to develop a practical approach and confirmed that this item would remain on future agendas due to its importance.

RESOLVED –

1. That the proposed approach and timeline for developing the Interim Strategic Neighbourhood Health Plan by April 2026 be approved.
2. That the Board attend a session with the Health and Care Partnership on 11<sup>th</sup> March 2026, focussing on developing the interim strategic neighbourhood health plan and the operational plan.

## **HWBB.37 FOR INFORMATION**

The board received the Better Care Fund Plan 2025/2026 Quarter Three Report and the Northern Lincolnshire Health Protection Annual Report for information.

RESOLVED –

- 1) That the submission of the Better Care Fund (BCF) Quarter 3 Report plan to NHS England on the 30<sup>th</sup> January 2026 be noted.
- 2) That the Northern Lincolnshire Health Protection Annual Report be noted.

There being no further business the meeting was closed at 3.45 p.m.