



HEALTH AND WELLBEING BOARD

16th July 2026 at 2.00pm

Present:

Councillors, Grice, Henderson, N.Oliver

In attendance:

- Helen Kenyon (Place Director – Integrated Care Board)
- Claire Jacobs (Chief Inspector Humberside Police)
- Ann-Marie Matson (Director of Children's services)
- Helen Phillips (Director of Commissioning, Northern Lincolnshire, ICB)
- Becky Volans (Hull CVS)
- Lucy Wilkinson (Healthwatch NEL)

Also in attendance:

- Geoff Barnes (Deputy Director of Public Health)
- Zoe Campbell (Senior Scrutiny and Committee Advisor)
- Chris Cook (Senior Public Health officer)
- Louise Fadina (Navigo)
- Tracey Good (Centre 4)
- Lindsay Hudson (Public Health Registrar)
- Helen Johnson (Scrutiny and Committee Advisor)
- Adam Johnston (Neighbourhood Health Programme Manager)
- Nic McVeigh (Assistant Director Adult Services)
- Amy Quickfall (Navigo)
- Laura Sherburn (Neighbourhood Health Programme Coach)

One member of the public and no members of the press were present

HWBB.1 APPOINTMENT OF CHAIR

RESOLVED – That Councillor N. Oliver be appointed as the Chair of the Health and Wellbeing Board for the municipal year 2026/27.

COUNCILLOR N. OLIVER IN THE CHAIR

HWBB.2 APOLOGIES FOR ABSENCE

Apologies for absence were received for this meeting from Duncan Rossiter, Michelle Carrington, Alistair Smith, Julie Walmsley, Diane Lee, Katie Brown and Sarah Everest.

HWBB.3 DECLARATIONS OF INTEREST

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

HWBB.4 MINUTES

RESOLVED – That the minutes from the meeting of the Health and Wellbeing Board held on the 12th February 2026 be approved as an accurate record.

HWBB.5 ACTIONS FROM PREVIOUS MEETINGS

The Board reviewed the actions from the previous meeting.

Ms Hudson gave a brief update on the Best Start in Life item and confirmed that a further update would be brought to the next board meeting on how various initiatives were being integrated, followed by a future update on achieved outcomes. Ms Hudson added that a huge amount of work was happening across the Children's and Young Persons' agenda. The recent refresh of Growing Stronger Together had strengthened this further, alongside wider work to ensure that children and young people were a golden thread running through the Joint Health and Wellbeing Strategy and the wider work of the system.

Ms Hudson provided an update on the exploratory work being carried out on the anti-bullying action plan. Current activities included universal actions, for example Anti-Bullying Week, exploratory work which included reviewing school websites for policy alignment and current practises, and the analysis of ALS (Adolescent Lifestyle Survey) data to give a useful baseline and identify effective school practises. Next steps involved developing recommended actions based on national guidance and local needs, which would then follow a consultation with young people before being presented back to the board.

RESOLVED –

1. That the updates be noted.
2. That an update on how various Best Start in Life initiatives were being integrated be received at the next meeting of this Board, followed by a future update on achieved outcomes.
3. That an update on Anti-Bullying actions be reported back to this Board.

HWBB.6 REVIEW OF TERMS OF REFERENCE/MEMBERSHIP

The Board considered the updated terms of reference/membership of the Health and Wellbeing Board for 2026/27. Ms Hudson asked that the board review the draft terms of reference (TOR) and its membership as there had been some significant changes.

Ms Matson agreed that the Children and Young People's Strategic Board should remain within the Health and Wellbeing Board's TOR subject to a review of its own. It was suggested that the board receive the report bi-annually.

With regards to the membership review, it was noted that the Board's statutory membership was elected members, Healthwatch, Directors of Children's Services, Adults, and Public Health. A discussion was initiated to identify any missing members, especially in light of changes around neighbourhood health. Members were invited to recommend suggestions for any missing members to the board.

Ms Hudson gave an update on Healthwatch's future with regard to the parliamentary bill introduced in May 2026 to abolish Healthwatch and transfer its functions to other parts of the health system, with no additional funding stating that Healthwatch contracts were in place until March 2027. However, uncertainty remained around potential placement of Healthwatch functions (within trusts or Integrated Care Boards). The board wished that the role of Healthwatch and representation on the board be revisited once parliamentary process had provided more clarity and for this to be brought to the next meeting.

Ms Hudson noted that this was Ms Kenyon last meeting and acknowledged Helen's significant contributions to health and care integration in North East Lincolnshire since 1999, particularly her dedication to the community.

RESOLVED –

1. That board members be invited to review and make suggestions on this board's TOR and provide suggestions for membership.
2. That the board receive the Children and Young People's Strategic Board report bi-annually.
3. That Healthwatch's role and representation on the board be revisited at a future meeting, likely around November, once parliamentary processes provided more clarity.

HWBB.7 INTEGRATED CARE BOARD/SECTION 75 UPDATE

The Board considered a report giving an update on the proposed changes to the Section 75 arrangements and a verbal update on the Integrated Care Board (ICB).

Ms Kenyon provided the board with a detailed update on the ICB's history and strengths around collaborative working.

A report was presented detailing proposed changes to Section 75 arrangements. The complexity of the changes were highlighted, noting that while some aspects remained the same, significant shifts were intended.

With effect from 1st April 2026 local control of Adult Social Care finances were transferred from the ICB to the Local Authority. The combined value of the Section 75 agreement remained the same at £230.2million. As a result, 16 staff transferred from the ICB to the Local Authority to enable the continuation of duties and statutory responsibilities in terms of adult social care while still allowing staff to carry out associated responsibilities on behalf of the NHS.

Ms Kenyon reiterated that it was not the end of joint working and there was more to do, for example, discussions between Public Health and the NHS around preventative work, and around the digital agenda. Even though there were significant changes, the ethos was still the same.

A request was made for the board to receive a clear definition of 'completion' of the change programme to enable the board to track progress and ensure a safe landing of the changes.

RESOLVED –

1. The report and verbal update be noted.
2. That the board receive an update from the (ICB) on the position of the changes highlighting what actions were still outstanding and timelines for completion.

HWBB.8 JOINT HEALTH AND WELLBEING STRATEGY, AND MARMOT PLACE UPDATE

The board considered a report from the Director of Public Health on the progress of the Joint Health and Wellbeing Strategy and progress towards becoming a Marmot Place.

Mr Cook clarified the progress of the Joint Health and Wellbeing Strategy and the journey to becoming a Marmot Town. Highlighting that the approach focused on "proportionate universalism" – providing universal services but scaling resources and delivery based on need, using a health equity lens. Examples included:

- Sporting expansion targeting those facing highest barriers.
- Embedding employment opportunities directly into efforts to increase good nutrition in preschool children.
- Collaborative community screening initiatives.
- Developing "playful places" like children's exploration maps in deprived areas.

Mr Cook assured members that funding had been secured for staffing, training, and the partnership with University College of London (UCL). Coventry's success had been achieved by reducing local health gaps despite significant funding cuts by objectively aligning existing resources. Internal training pathways were being developed within the council, with plans to roll out refined training across the wider place.

The proposed Marmot structure placed the Health and Wellbeing Board at the top, followed by an advisory board, steering group, and a specific focus group with an online Health Equity Network space being developed. The project was currently in the coordination phase and would run for another year, with the goal of permanently embedding the framework into local operating systems. Board members were encouraged to actively consider health equity in all their work.

A launch conference was being arranged to showcase local good practise.

The potential use of artificial Intelligence (AI) in Marmot work was discussed in which current council policy allowed tools like Co-Pilot to simplify documents for public consumption, it was noted that specific project ideas would be needed for AI application in Marmot, given the varied approaches. While there were investments in AI capability the current approach was to focus on achieving outcomes and then leveraging appropriate tools, rather than leading with AI as a solution. It was suggested that future discussions on AI should be framed through a digital lens with digital expertise involved.

Concern around limited digital references in neighbourhood health papers was shown highlighting digital inequity and the need to think digitally working rather than just using technology.

Councillor Henderson asked for caution against using "pilot", suggesting phase one/two to imply long-term commitment was a better use of terminology and emphasised on moving from universalism to sustainable budgeting and embedding Marmot principles within portfolios notably around planning. Additional critique of the term hard to reach was referenced by a member who advocated to engaging communities on their terms.

RESOLVED –

1. That the report be noted.
2. That the Board members be encouraged to actively consider health equity in all their work.

HWBB.9 HEALTH AND CARE PARTNERSHIP UPDATE

The Board received a presentation on the Health and Care Partnership (HCP) where Ms Kenyon advised on how the HCP brought providers

together to discuss service delivery and breakdown of organisational barriers and silos to create a more connected and seamless service.

The importance of digitalisation and the need for systems to be in place for face to face interaction were highlighted by Ms Kenyon. The high-level strategic plan showed how the drive to self-care and independence where possible. Utilising Apps were appropriate, supporting care in people's homes and communities so care was as individual as possible and specialist end of life care. The goal was to have less people in hospital and more being treated in the community and that the hospital had a strong role by having specialist input and getting teams working together with GP's and secondary care.

Ms Kenyon alighted to the partners involved, key people required and the priorities and values of the HCP along with its alignment with the Marmot principles. The aim was to look at someone as an individual by supporting their needs holistically additionally, looking at the other side by making sure people had the best start in life, looking at social interaction alongside education, diet, nutrition, exercise, and vaccinations.

Ms Fadina presented the board with the achievements of the HCP for 2025/26 and ongoing work for 2026/27 advising that their annual review, once completed, would be disseminated to the board, Ms Fadina highlighted that neighbourhood health was a major focus and had been chosen as one of the 43 national sites on the neighbourhood national implementation programme which was a great achievement. The team were working closely with Ms Matson's team around children and young people incorporating the growing stronger together framework and were halfway through the five-year mental health strategy which had been internationally recognised for its design. The workforce programme supported the health care sector to upskill staff and advise on career paths.

Ms Fadina updated the board on the co-production of a health and care passport for people suffering with illnesses such a dementia, explaining that when a patient accessed health care services they were able to tell you what they needed in a dignified and personalised way and that although the ambition would be for a digital approach, patients of North East Lincolnshire were asking for a simple piece of paper very much like the old paper driving license rather than a digital approach. The initial pilot of 200 passports was now being expanded due to its success.

A member highlighted an issue around how residents co-ordinate numerous local service areas with many experiencing services which were often disconnected and hard to navigate, Ms Fadina advised that their approach was to create multidisciplinary working to make the system easier. Ms Kenyon highlighted the Single Point of Access (SPA) which was contactable via telephone and could sign post patients to suitable services although it was felt that this area needed to be strengthened to help reduce patients automatically going to hospital.

RESOLVED –

1. That the update be noted.
2. That the HCP annual report be disseminated to the board once available.

HWBB.10 COMMUNITY PLANS UPDATE

The board considered a report on progress across Community Plans highlighting how a community-led approach was beginning to build trust and strengthen partnerships.

Ms Quickfall presented to the board on the progress of community plans, which focused on six main areas: housing, work, transport, community, environment, and health and well-being and stated the plans aimed to understand local opportunities and barriers. Ms Quickfall highlighted the progress made in the four priority wards of East Mash, West Marsh, Sidney Sussex and South. Plans influenced domestic disease policies, playful places initiatives, smoking cessation efforts, and with the engagement of Lincoln University in general health and significant work ongoing in transport transformation. Examples of this work include:

- West Mash: Reaching out to faith groups and women's groups.
- Sidney Sussex: Addressing deprivation, low tree coverage, transport links, contacting schools and colleges.

It was hoped that access to continued funding would enable the expansion of community plans in areas such as Heneage, Croft Baker, Freshney and Park wards. The aim was to have a community plan for each ward within North East Lincolnshire.

RESOLVED – That the report be noted.

HWBB.11 NEIGHBOURHOOD HEALTH

The Board considered a report from the Director of Adult Services on Neighbourhood Health and progress towards its implementation locally.

Mr Johnstone provided an update which covered both national and local priorities for integrated care, population-based care, prevention, and digital transformation. Digital interoperability was a key focus, with the area being one of six NHS sites piloting work to utilise informal data and improve system collaboration. Objectives included reducing inequality, improving outcomes, aligning principles across major workstreams, and scaling integrated delivery models.

Priorities for 2026/27 included:

- Setting foundations for system leadership.

- Developing a neighbourhood health plan by March 2027, endorsed by the Health and Wellbeing Board.
- Supporting the Marmot strategy.

Local Progress included:

- Population Management: Identifying individuals and bringing multi-agency teams (GPs, social care, health services) together to support them based on "what matters to them".
- Interoperability Pilot: Workshops highlighted the complexity of current systems and working towards better integration of tools.
- Neighbourhood Health Centre: Funding was secured for the first centre in West Marsh, with extensive community feedback informing its development (covering health, space access, transport, dentistry).
- Expression of Interest (EOI): An EOI for a Trailblazer and Social Investment Fund was being finalised, potentially leading to a 6-month project and future social investment.

RESOLVED – That the report be noted.

HWBB.12 FOR INFORMATION

The board received the Better Care Fund Plan 2026/2027 and Quarter Four report.

RESOLVED –

1. That the submission of the Better Care Fund (BCF) Quarter 4 Report plan to NHS England on the 18th May 2026 be noted.
2. That the 2026/27 Better Care Fund Plan be approved.

HWBB.13 FORWARD PLAN

The Board considered the forward plan for future meetings.

RESOLVED - That the forward plan be circulated to all board members along with the Terms of Reference.

There being no further business the meeting was closed at 4:10 p.m.