

Please note: These minutes remain in draft form until the next meeting of the Union Board

**UNION BOARD**  
**MINUTES OF THE VIRTUAL MEETING HELD ON WEDNESDAY 16<sup>TH</sup> MARCH 2021 AT 1.00 PM**

**PRESENT:**

Mark Webb (NEL CCG) (in the Chair)  
Philip Bond (Community Representative, CCG)  
Councillor Cracknell (Portfolio Holder for Health, Wellbeing and Adult Social Care, NELC)  
Councillor Jackson (Leader of the Council, NELC)  
Councillor Lindley (Portfolio Holder for Children, Education and Skills, NELC)

**IN ATTENDANCE:**

Rob Walsh (Chief Executive NELC/CCG)  
Joanne Hewson (Deputy Chief Executive , NELC)  
Stephen Pintus (Director of Public Health, NELC)  
Sharon Wroot (Executive Director Economy, Environment and Resources , NELC)  
Helen Kenyon (Chief Operating Officer, CCG)  
Simon Jones (Assistant Director Law, Governance and Assets, NELC)  
Jan Haxby (Director of Quality and Nursing, CCG)  
Laura Whitton (Chief Finance Officer, CCG)  
Paul Windley (Democratic and Scrutiny Team Manager, NELC)

**1. APOLOGIES**

Apologies for absence from this meeting were received from Dr Melton.

**2. DECLARATIONS OF INTEREST**

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

**3. MINUTES OF THE PREVIOUS MEETING**

The minutes of the meeting of the Union Board held on 2<sup>nd</sup> December 2020 were agreed as a correct record.

**4. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT**

The Union Board received the annual report of the Director of Public Health for North East Lincolnshire, which is a statutory requirement of all designated chief officers for public health. The report focused on inequalities in health and wellbeing outcomes in North East Lincolnshire, as well as highlighting the impact of Covid-19 on these inequalities where this was apparent. Mr Pintus introduced the report and detailed its recommendations.

Mr Bond enquired whether there was an action plan associated with the report, to provide clarity on who was responsible for taking the lead on its recommendations.

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Mr Pintus responded that the report had been carefully constructed to fit in with existing plans and responsibilities. He suggested the need for an inequalities plan but he was confident that all the recommendations had ownership.

The Chair welcomed the report and enquired whether there had been a shift in the way that health inequalities were being tackled.

Mr Pintus responded that some of the key underlying determinants were being tackled but the challenge was ensuring that as much of the emerging economic benefits went into the communities most affected by the inequalities.

RESOLVED –

1. That the recommendations made by the Director of Public Health within the annual report be approved.
2. That it be agreed to widely electronically distribute and promote the Director of Public Health's annual report, with only a small number of hard copies produced.

## **5. INTEGRATED CARE**

The Board received an update from the Chief Executive and the current position following publication of the government's white paper on integrated care.

Mr Walsh commented that the white paper signalled a major change for the NHS and the health and care system locally. Whilst this was an opportunity to build on the integration and partnership working that was well established in North East Lincolnshire, there would also be a number of challenges. Subject to legislation, the Humber Coast and Vale Integrated Care System (ICS) was likely to be the statutory NHS body in the region and CCGs were likely to cease to exist from April 2022. The white paper included a clear duty for collaboration between the NHS and local government, and emphasised the importance of place-based arrangements in support of local decision-making; a principle that was already well established here. Mr Walsh commented on the need to review the current Union arrangements. A review of the Section 75 legal agreement was already underway. Alongside that, a proposition was being developed to shape the future of the local health care system and the crucial role that the local authority would play. He set out the principles that the proposition would be built on. The proposition would be subject to formal sign off by the CCG's governing body and the Council's Cabinet. The aim would be to bring forward proposals for some form of shadow arrangement to emerge before the end of this calendar year.

Councillor Jackson endorsed the direction of travel set out by the Chief Executive.

The Chair felt that, because of the way North East Lincolnshire had previously shaped collaborative arrangements, the proposals presented an opportunity to deliver even more for our local community.

RESOLVED – That the progress to date in response to the Integrated Care White Paper be endorsed and the principles identified be endorsed as the way forward for the development of a proposition to support future health and care arrangements in North East Lincolnshire.

## 6. PUBLIC QUESTIONS

Mr Reekie had submitted questions in advance of this meeting but was unable to attend, so the Chair read the questions on his behalf, as follows:

- How is it envisaged that the North East Lincolnshire place based health and care partnership once formally established will take on board the patient and public voice in determining its priorities?
- Is the intention to retain and appropriately fund the Accord community membership organisation together with the CCG's current engagement team?
- Are any further public accountability measures planned such as the inclusion of lay representatives on the partnership board?

Mr Walsh responded that patient and public involvement and the model established in North East Lincolnshire was something that needed to be built on. As such, this would be a driving principle for the new arrangements and would be looked at as part of those ongoing discussions.

The Chair added that accountability had been a key issue raised during early discussions on the new arrangements. He noted that an Advisory Board, comprising of lay people and elected members, had already been established as part of the ICS arrangements to make sure that the patient's voice was heard. He commented that North East Lincolnshire had led the way in its patient and public involvement and he assured Mr Reekie that, for as long we are shaping the formation of the new arrangements, he could be certain that we would continue to support maintaining that level of engagement.

There being no further business, the Chair closed the meeting at 1.40 p.m.