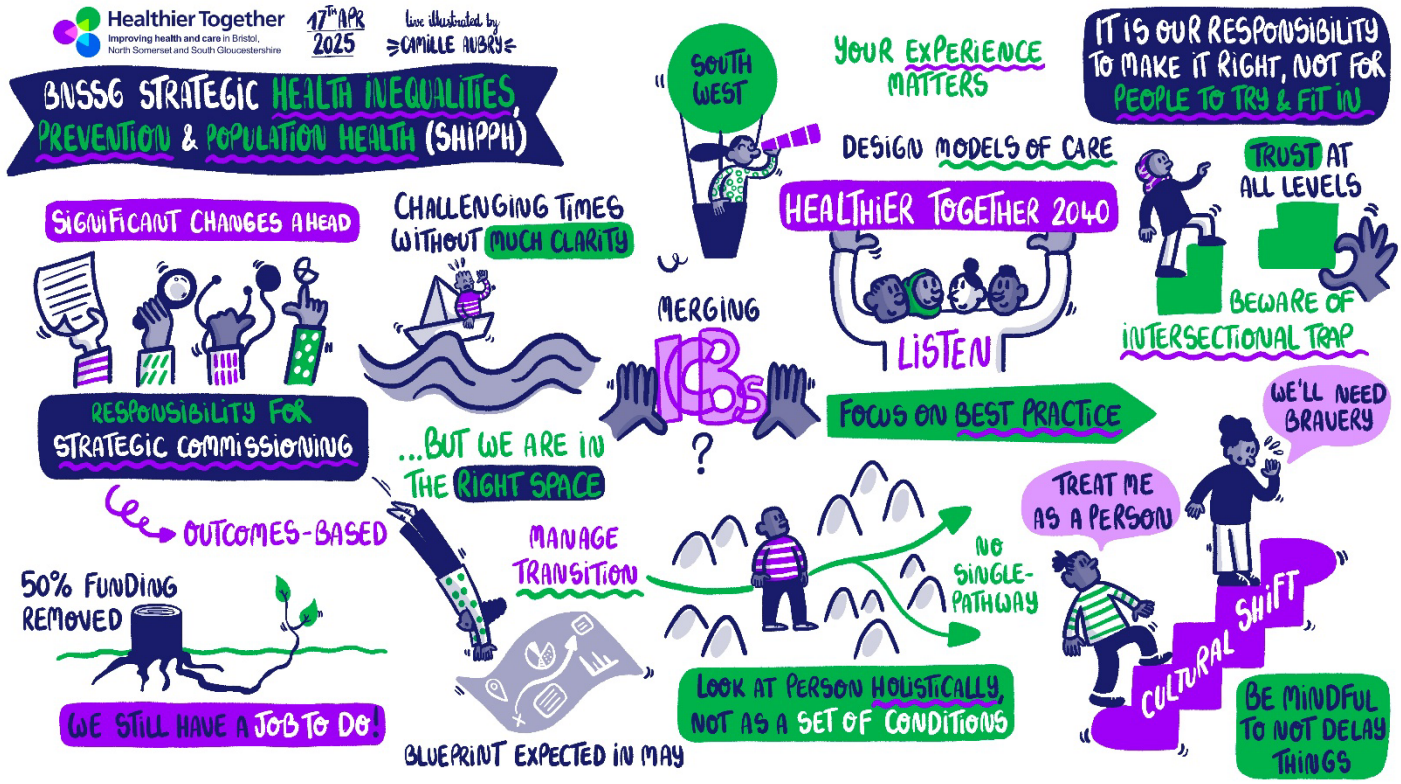
Strategic Health Inequalities, Prevention and Population Health (SHIPPH) Committee

Minutes of the meeting held on 17th April 2025 on MS Teams 13.00-15.00

Figure 1: Sketch notes of key discussions - 17th April 2025



Minutes

Present		
Jeff Farrar	Chair of Bristol, North Somerset and South Gloucestershire (BNSSG) Integrated Care Board ICB	JF
Jo Medhurst	Chief Medical Officer BNSSG ICB	JM
Adwoa Webber	Head of Quality and Clinical Excellence BNSSG ICB	AW
Tracie Jolliff	Chair for Independent Advisory Group for Race Equity	TJ
Christina Gray	Director of Public Health – Bristol	CG
Joe Poole	Locality Partnership Director – Bristol	JP

Viv Harrison	Public Health Consultant in Public Health Medicine – Population Health	VH
Seema Srivastava	Executive Deputy Medical Director – University Hospitals Bristol and Weston (UHBW)	SS
Steve Nelson	Chief Executive - Wesport	SN
Deborah El-Sayed	Chief Transformation and Digital Officer, BNSSG ICB	DES
Lynn Gibbons	Consultant in Public Health, South Gloucestershire Council	LG
Sarah Nadin	Strategy and Business Development Manager – University Hospitals Bristol and Weston (UHBW)	SN
Matthew Lenny	Director of Public Health, North Somerset Council	ML
Seema Srivastava	Executive Deputy Medical Director - University Hospitals Bristol and Weston	SS
Aishah Farooq	Non-Executive Director, BNSSG Integrated Care Board	AF
Jennifer Bond	Deputy Director of Communications and Engagement, BNSSG ICB	JB
Amanda Threlfall	Public Contributor	AT
Lucy Heard	Public Contributor	LH
Apologies		
Tim Keen	Associate Director of Strategy at North Bristol NHS Trust	TK
Grace Burns	Public Contributor	GB
Mark Graham	Chief Executive, For All Healthy Living	MG
Mary Lewis	Chief Nursing Officer - Sirona Care and Health	ML
Amanda Threlfall	Public Contributor	AT
Sarah Weld	Director of Public Health	SW
Rosi Shepherd	Chief Nurse – BNSSG ICB	RS
Anya Mulcahy-Bowman	Chief Executive – Wellspring Settlement	AM-B
Mark Graham	Chief Executive – For All Healthy Living	MG
Samina Baig	Public Contributor	SB
In attendance		
Daisy Gregg (minutes)	Trauma Informed Senior Project Officer	DG
Zoe Rice	Programme Manager for Population Health BNSSG ICB	ZR
Gemma Self	Programme Director – Healthier Together 2040	GS
Simon Bailey	Strategy and Planning Co-ordinator, BNSSG ICB	SB

William Hensher	Project Manager, Healthier Together 2040	WH

	Item	Action
1	**Welcome** Welcome, apologies and updates on actions given by chair.	
2	**Update from Chair and Chief Medical officer** **JF** provided an update on the recent restructure announcements for Integrated Care Boards (ICBs) and the abolition of NHS England which is to be subsumed by the Department of Health. A 'blueprint' model describing the new functions of ICBs is expected to be released in early May. **JM** discussed the shift towards strategic commissioning and what this might entail. This includes commissioning and contracting based on outcomes rather than process metrics. It is anticipated this will include the inclusion of patient-reported and carer-reported outcomes and experiences. **CG** made the group aware that as NHS England is being merged with Department of Health and Social Care, colleagues within the Office of Health Improvement and Disparity are also in scope of these changes. **CG** highlighted how important individual local authority health and wellbeing boards will be in maintaining place-based relationships. **SN** observed a disconnect on the restructure of ICBs possibly requiring organisations to work across a wider footprint regionally whilst government emphasising a need to move towards more local, community-based care. **SN** highlighted that it would be beneficial to be mindful of combined authorities and think about where those boundaries might be useful in how we provide health care to our community. **JF** and **JM** reiterated that committee members will be kept updated as these changes progress.	**JF and JM to keep SHIPPH updated on NHS changes.**
3	**Healthier Together 2040** **GS** provided a brief overview of Healthier Together 2040 which is currently set to be the population health strategy for BNSSG. There have been four core population groups identified. The ICB board has agreed to initially focus on individuals with multiple health needs who are caregivers and/or workers. An evidence review for this cohort was shared ahead of the meeting, and members were asked to offer their expertise, advice and experience as Healthier Together 2040 moves into the next phase of development.	**GS to share themes from today's discussion with the System Executive Group (SEG)** **Follow up session for**

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	Insights from data, evidence and community voices for understanding working-age adults affected by multiple long-term conditions highlighted the following for BNSSG: • 5,200 individuals live with three or more long-term physical and/or mental health issues • 38,000 people are in broader risk groups • Most of this group are in their 50s and 60s, with half living in disadvantaged areas • Cohort is expected to increase by 50% in next 15 years Committee members entered into four breakout rooms and were asked to consider: • What opportunities do we have through this process that we must grasp? • What worries you? • How could approaches to health equity be strengthened as we move into the design phase of HT 2040? **Key themes from discussions** **1. What opportunities do we have through this process we must grasp?** • Understanding where health resource sits. This should be considered beyond GPs and medical sector as our health economy should move beyond the traditional optics to include wealth of knowledge within voluntary, community and social enterprises. • Identifying the needs of global majority including our black and brown minority ethnic public and patients. • Working age cohort and hospital discharge on a scale that is manageable. Transition from hospital to home and thinking about role of different organisations within this process. • Ensuring race equity and equality is embedded. There is an opportunity here to ask how we are going to make sure this adds value to race equity and equality. • Need to consider: how will this work add value, and for whom? What will the lasting legacy of this work be? **2. What worries you about the approach?** • We need to listen to populations, carers and patients and avoid developing a medical-centric or organisation-centric strategy. • The need to ensure the strategy creates conditions and culture which enables people to engage meaningfully. • Long-term view is needed however important to acknowledge one size does not fit all. 'Treat me as a person, not a set of conditions.'	**HT2040 to be scheduled for SHIPPH agenda in October 2025.**

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	• Questions about timing and whether this is the right time to progress the work. Concern in moving forward at this point and engaging large numbers of staff when the system is in a state of flux whilst also recognising the growing population need for this, and importance of not delaying planned work. • Suggestion to change the language, e.g. in relation to public and expert Discussed links between this work and Integrated Neighbourhood Teams (INTs). **DE-S** is due to discuss INTs with the System Executive Group soon and offered to share an update on this work with SHIPPH. **JF** acknowledged the significant work that has gone into Healthier Together 2040, and the challenges that this kind of work involves.	
4	**Reflective check-out** The group reflected on discussions today, noticing that as the group has developed, members are increasingly sharing different opinions, and that this feels non-hierarchical. This was seen as a positive development by all.	
Date of Next Meeting **19th June 2025, 10.00-12noon**		