Healthier Together
Improving health and care in Bristol, North Somerset and South Gloucestershire

Bristol, North Somerset and South Gloucestershire (BNSSG) Integrated Care Partnership Board Meeting

24 April 2025

Meeting room 1, Bradley Stoke Active Lifestyle Centre, Fiddlers Wood Lane, Bradley Stoke BS32 9BS

Minutes

Attendance list

Partnership Board Leadership Group:
Cllr John O'Neill (Chair, BNSSG ICP Board and Chair, South Gloucestershire Health and Wellbeing Board)
Cllr Jenna Ho Marris (Chair, North Somerset Health and Wellbeing Board)
Cllr Stephen Williams (Chair, Bristol Health and Wellbeing Board)
Jeff Farrar (Chair, BNSSG Integrated Care Board (ICB))

Community and VCSE Voices:
Rebecca Mear (CEO Voscur/VCSE Alliance)
Mark Graham (CEO, For All Healthy Living Centre)
David Smallacombe (CEO, Care and Support West)
Kay Libby (Chief Executive, Age UK Bristol, VCSE Alliance representative working with older adults)
Dominic Ellison (WECIL/VCSE Alliance)
Mandy Gardner (Voluntary Action, North Somerset)
Fiona Mackintosh (ACFA advice network/VCSE Alliance)

Council, Constituent Health and Care Organisations:
Matt Lenny (Director of Healthy and Sustainable Communities, including Director of Public Health, North Somerset Council)
Hayley Verrico (Director – Adult Social Services & Housing)
Joanne Medhurst (Chief Medical Officer, BNSSG ICB)
Chris Sivers (Executive Director - People, South Gloucestershire Council)
Ingrid Barker (Chair, UHBW NHS Foundation Trust & NBT NHS Trust)
Barbara Brown (Chair, Sirona Care & Health

Locality Partnerships:
Kirstie Corns (South Gloucestershire Locality Partnership)
David Moss (Woodspring & Weston Locality Partnership)
Alison Findlay (South Gloucestershire Locality Partnership)
Sharron Norman (Chair, North & West Bristol Locality Partnership)
Huda Hajinur (Chair, Inner City & East Locality Partnership)
Joe Poole (Head of Locality Development, BNSSG ICB)

Other attendees:
Sally Hogg (Consultant in Public Health, Bristol City Council)
Adele Vowles (Senior Public Health Specialist, Bristol City Council)
Trudi Oak, Senior Business Planning & Development Manager, AWP NHS Trust
Karen Llewellyn (Bristol Health Partners)

Apologies for absence:
Shane Devlin (Chief Executive Officer, BNSSG ICB)
Sarah Truelove (Deputy Chief Executive, BNSSG ICB)
Ruth Hughes, (CEO, One Care)
Stephen Beet (Chair, South Bristol Locality Partnership)
Alun Davies (Voices in the Community/Lived Experience representative)
Mark Coates (CEO, Creative Youth Network)
Sarah Weld (Director of Public Health, South Gloucestershire Council)
Aileen Edwards (CEO, Second Step/VCSE Alliance)
Rosie Shepherd (Chief Nursing Officer, BNSSG ICB

1. Welcome & Introductions

The Chair welcomed all present to the meeting and led introductions from attendees.

2. Minutes of previous ICP Board meeting held on 27 February 2025

The minutes of the meeting of the previous ICP Board meeting held on 27 February 2025 were confirmed as a correct record.

3. Public Forum

It was noted that no public forum items had been received for this meeting.

4. ICB update

The written update, as included in the agenda papers for the meeting, was noted.

Summary of main points raised/noted in discussion of this item:

1. Jeff Farrar highlighted the following points:

a. As per recent government announcements, NHS England was to be abolished. ICBs nationally were also required to reduce their running costs by 50% during the 2025/26 financial year. This 50% cut was on top of the 30% reduction already delivered, as required by the government in 2023.

b. Given the scale of the further cost reduction required, the BNSSG ICB would not be viable in its current form. Discussions would be progressed as a matter of urgency across ICBs covering the south-west region on the response to the situation. It was anticipated that ICB structures would need to be reviewed, most likely resulting in organisational 'join-up' or mergers to create a smaller number of ICBs with larger geographical footprints.

c. It was likely that the future role of ICBs would be focused more specifically on strategic commissioning.

d. The restructure of ICBs would inevitably result in a review of ICP structures.

2. It was noted that ICB structure changes would need to be progressed at pace in order to deliver the required cost reductions to the set timescale. The ICB was committed to transparency and would share as much information as possible with partners as decisions on structure were taken and implemented.

3. Notwithstanding the structural changes, it was noted that there would still be a firm commitment to further develop the system approach to improving population health and tackling health inequalities.

4. It was suggested that organisations represented within the ICP should take the opportunity to lobby government about seeking improved alignment between and, where appropriate, coterminous geographical boundaries/footprints in relation to health and local authority governance structures.

5. It was noted that unless there was a change in statutory requirements, the ICB would retain its statutory safeguarding responsibilities. The ICB was also committed to maintaining its proactive approach to equality, diversity and inclusion and to maintaining its partnership with community, lived experience and VCSE voices.

5. Health and Wellbeing Board and Locality Partnership updates

a. Bristol Health and Wellbeing Board update:

The written update, as included in the agenda papers for the meeting, was noted.

Cllr Stephen Williams, Chair of the Bristol Health and Wellbeing Board, also highlighted that on 23 April, the Board had engaged in a development session on the Joint Local Health and Wellbeing Strategy

b. North Somerset Health and Wellbeing Board update:

The written update, as included in the agenda papers for the meeting, was noted.

Cllr Jenna Ho Marris, Chair of the North Somerset Health and Wellbeing Board also highlighted that North Somerset's refreshed Joint Health and Wellbeing Strategy 2025-2028 and action plan had now been published.

c. South Gloucestershire Health and Wellbeing Board update:

The written update, as included in the agenda papers for the meeting, was noted.

The Chair (in his capacity as Chair of the South Gloucestershire Health and Wellbeing Board) also highlighted that a development session had been held recently on the Joint Local Health and Wellbeing Strategy 2025-29. The strategy had been developed in collaboration with partners and the development session had taken place during a formal 8-week period of stakeholder engagement to gather views on the draft.

d. Locality Partnerships update:

The written update, as included in the agenda papers for the meeting, was noted.

Summary of main points raised/noted in discussion of this item:

1. It was noted that the BNSSG Locality Partnership Collaborative had been actively planning their approach to formal reporting of Locality Partnerships' work into the respective Health and Wellbeing Boards, and subsequently into the ICP Board. It was felt that this formal reporting line presented an opportunity to move beyond traditional reporting formats and include innovative and creative ways to demonstrate impact and celebrate community achievements.

2. The approach to reporting would include case studies demonstrating positive local / community impacts. At this point in the meeting, a video was viewed highlighting positive engagement across the VCSE sector and communities within the South Bristol Locality Partnership.

3. The suggested approach to reporting was supported although it was noted it would also be important to ensure ongoing engagement with local stakeholders as part of this reporting process. It was agreed generally that it would be important to demonstrate and showcase successful community outcomes and experiences, and to listen to local voices, perspectives and insight.

6. Damp, Mould and Fuel Poverty Toolkit

The Board considered a report providing an update on and raising awareness of work in Bristol to develop a Damp, Mould and Fuel Poverty Toolkit for health, care and VCSE staff working across Bristol, North Somerset and South Gloucestershire. The ICP Board was asked to review and provide feedback on the Toolkit and to support implementation across the BNSSG health and care system.

Summary of main points raised/noted in discussion of this item:

1. The Damp, Mould and Fuel Poverty Toolkit had been co-developed by a Bristol task and finish group which included representation from health, housing and Voluntary, Community and Social Enterprise (VCSE) staff.

2. It was noted that this work recognised how the environmental conditions in which people live have an impact on their health and wellbeing, including having a home safe from harm. The aim was to take a 'making every contact count' approach to signpost and support people in accessing support for damp, mould and/or fuel poverty issues, and to support action to deliver on the 5 opportunities identified within the Bristol, North Somerset and South Gloucestershire ICS System Strategy:
- Tackling inequalities.
- Strengthening the building blocks of good health and wellbeing - Commitment 4: "actively identifying people whose health and wellbeing is at risk due to cold or poor-quality homes and helping them to access support".
- Preventing illness and treating people earlier.
- Working alongside communities to support healthy behaviours.
- Managing conditions better once people were ill.

3. The toolkit specifically aimed to:
- Support staff in identifying people at risk of/experiencing damp, mould and fuel poverty.
- Increase recording of damp, mould and fuel poverty in health systems.
- Support staff in responding to concerns identified, including increased signposting and referrals into fuel poverty advice, and increased confidence to provide simple housing signposting.

4. The toolkit was designed to be a resource for use by staff working across the health and care system and could be used flexibly depending on the role.

5. It was suggested that these issues were relevant across the local authority and wider housing sector and details about this work could be usefully shared with housing associations.

6. The work taken forward on developing the toolkit was welcomed and partners generally agreed that it would be important to collectively raise awareness of this work, noting the related impacts, and potential for collaborative approaches across the health and housing sectors.

7. Progress update: Integrated Care System All Age Mental Health Strategy Pledge for creating Healthier Places Together

The Board considered an update setting out progress in taking forward the ICS all age mental health strategy pledge for creating healthier places together.

Summary of main points raised/noted in discussion of this item:

1. The progress update was generally welcomed. Partners were reminded that the strategy has 6 ambitions:
- Holistic care for people of all ages.
- Prevention and early help, in the right place and as early as possible.
- Quality treatment, closer to home, so people can stay well in their communities.
- A sustainable mental health system.
- Reduction of health inequalities by improving equity of access to services.
- An inclusive, trauma-informed and stable workforce across the system.

2. A clear governance structure was in place to oversee the strategy implementation plan.

3. In response to questions, further detail was outlined on the work and achievements so far in relation to holistic care. This included ensuring that people with serious mental illness could access an annual physical health check, with follow-up, and developing an intensive community mental health action plan to ensure provision was in place across BNSSG for those individuals who would benefit from a more assertive outreach approach to engage them in treatment in community services and reduce risk of harm.

4. It was noted that further detail was available on specific metrics that would be used to assess success against the 6 strategy ambitions.

5. In relation to the aim of reducing health inequalities, it was noted that this included improved reach to diverse communities through targeted support for marginalised groups.

8. ICP Board forward agenda plan

The Board noted the latest update of the forward agenda plan.

Meeting finish: 4.20 pm