

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

Minutes of the meeting held on 4th February 2025 at Wellspring Settlement, BS5 0AX



Figure 1: Illustration of key discussions

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
Mark Graham	Chief Executive – For all Healthy Living	MG
Viv Harrison	Public Health Consultant in Public Health Medicine – Population Health	VH
Katrina Boutin	Medical Director – General Practice Collaborative Board	KB
Anya Mulcahy Brown	Chief Executive - Wellspring Settlement	AMB
Steve Nelson	Chief Executive - Wesport	SN
Deborah El-Sayed	Chief Transformation and Digital Officer BNSSG ICB	DES
Tim Keen	Associate Director of Strategy at North Bristol NHS Trust	TK
Apologies		
Rebecca Dunn	Director of Business Development and Improvement	RD
Kevin Peltonen-Messenger	Chief Executive of The Care Forum	KPM
Matthew Lenny	Director of Public Health – North Somerset	ML
Sarah Nadin	Strategy and Business Development Manager – University Hospitals Bristol and Weston (UHBW)	SN
Rosi Shepherd	Chief Nursing Officer BNSSG ICB	RS
Grace Burns	Public Contributor	GB
Seema Srivastava	Executive Deputy Medical Director - University Hospitals Bristol and Weston	SS
Mary Lewis	Chief Nursing Officer - Sirona Care and Health	ML
Amanda Threlfall	Public Contributor	AT
Samina Baig	Public Contributor	SB
Sarah Weld	Director of Public Health	SW
Lucy Heard	Public Contributor	LH

In attendance		
Cathy Perry (minutes)	Clinical Effectiveness Programme Officer	CP
Zoe Rice	Programme Manager for Population Health BNSSG ICB	ZR
Emma Morgan	CYP Programme Manager BNSSG ICB	EM
Glen Monks	Strategic Lead, Substance Use Transformation Programme	GM
Anne Wray	GP Collaborative Board, Clinical lead for Children	AW
Beth Shirt	Deputy Director of Nursing Bristol Royal Hospital for Children	BS
Andy Newton	ICB Head of Integrated Care	AN
Lauren King	ICB Delivery Support Manager	LK
Alison Mundell	ICB Principal Medicines Optimisation Pharmacist	AM

	Item	Action
1	<p>Welcome</p> <p>Welcome, introductions and apologies were given by chair.</p> <p>No declarations of interest to declare from members in attendance on 4th February 2025</p> <p>Action log agreed as accurate from previous meeting held on 10th December 2024 and actions were updated.</p>	
2	<p>Update on Independent Advisory Group (IAG) on Race Equity</p> <p>JF explained that the role of the group will be to shine a light on race equity and bring this directly into the ICB board. The group will be chaired by TJ and 9 candidates have been interviewed to become members of the IAG.</p> <p>TJ highlighted that the context for race equity continually changes globally and locally. As a group we must continually recognise and critically explore the importance of the systemic issues.</p> <p>JM encouraged the group to reflect on the use of language in this space and the role of language within power structures. Members were encouraged to reflect on their contributions and seek feedback from others to increase awareness.</p>	<p>Action: A deep dive on race equity to be added to the forward planner (CP)</p>

	Item	Action
	The group discussed a future deep dive on race equity, with the suggestion that the Bristol Race and Health Equity group present at a future meeting,	
3	<p>Deep dive topic: Cardiovascular disease (CVD)</p> <p>An update was provided on the development of a new Operational Delivery Group (ODG) for Long Term Conditions, chaired by KB. The group are initially focusing on CVD and then will move onto other Long-Term Conditions.</p> <p>CVD data was presented and the opportunities for improvements were highlighted, specifically in relation to health inequalities. An overview of the planned improvement work was shared.</p> <p>Please see slides circulated with minutes.</p> <p>CVD Equality Objective</p> <p>The ODG shared a draft of the CVD Equality Objective, developed in line with the Public Sector Equality Duty (PSED) requirement. This was shared with the group for the purpose of ratification.</p> <p>Decision: SHIPPH members ratified the draft Equality Objective (see attached slides) subject to:</p> <ul style="list-style-type: none"> • Changes to the language to become more person-centred • A follow up session with the SHIPPH Public Contributors to also seek their approval prior to full ratification. <p>SHIPPH members confirmed that overall, they were comfortable with the proposed approach by the ODG with the following recommendations:</p> <ul style="list-style-type: none"> • A human centred design approach to be adopted • The 5-transformation steps/principles are embedded • Greater emphasis on intersectionality • The approach continues to focus on both population level and specific groups who experience the greatest inequalities <p>Future updates: members requested to receive an annual report/update on progress with improvement work.</p>	<p>Follow up sessions to be arranged with the public contributors to discuss the Equality Objective (ZR/RW)</p> <p>LTC ODG to report back to SHIPPH in February 2026 – to be added to the forward planner (CP)</p>
4	<p>Impact of Core20PLUS5 for Children and Young People in BNSSG</p> <p>AW outlined the Core20PLUS5 approach, and its use in relation to addressing inequalities experienced by children and young people. We will be nationally evaluated by NHS England on how we are using the approach in BNSSG. This includes both with adults and children and young people.</p> <p>Colleagues who have been involved in implementing the approach attended the meeting to share their experiences and details of work</p>	<p>Action: Share Core20PLUS5 for children register of work (EM)</p> <p>Action: Ask Children's HCIG to review differences in child to adult</p>

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	<p>undertaken. The group emphasised that oral health, mental health and asthma were areas we could have impact.</p> <p>Examples of work undertaken provided in the attached slides.</p> <p>Key discussion points:</p> <ul style="list-style-type: none"> • The need for equalities information to run through all information to help us continually consider different access, experience and outcomes in relation to differences, for example protected characteristics. • Opportunity to include more bottom-up work and community voice in our understanding of inequalities. • EM shared that she has developed a register of work undertaken in relation to Core20PLUS5 for Children and Young People and will share this with the group. • Improving oral health for children is a key area and suggested as a future topic for SHIPPH. <p>The group discussed that in BNSSG 16 and 17 year olds are placed on adult hospital wards. It is understood that this may differ to other systems and the reasons for this are unknown. SHIPPH members requested that the Children's Health and Care Improvement Group (HCIG) review this and report back to SHIPPH.</p>	<p>transition ages in relation to adult/children hospital wards in BNSSG and report to SHIPPH in 3 months (JM).</p> <p>Action: Add children and oral health to SHIPPH forward planner (CP)</p>
5	<p>AOB</p> <p>Confirmed meetings will continue to take place twice in-person to once online.</p> <p>Suggestion to include Integrated Neighbourhood Teams as a future agenda item for SHIPPH.</p>	<p>Action: Add Integrated Neighbourhood Teams to SHIPPH forward planner (CP)</p>
<p>Date of Next Meeting 17th April 13.00-15.00 MS teams</p>		