

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

27 February 2025

The Bordeaux Room, Bristol City Hall, College Green, Bristol, BS1 5TR

### **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), Alun Davies (Voices in the Community/Lived Experience representative), Kay Libby (Chief Executive, Age UK Bristol, VCSE Alliance representative working with older adults), Mark Coates (CEO, Creative Youth Network), Aileen Edwards (CEO, Second Step/VCSE Alliance), Dominic Ellison (WECIL / VCSE Alliance), Mandy Gardner (Voluntary Action, North Somerset)

Council, Constituent Health and Care Organisations: Sarah Weld (Director of Public Health, South Gloucestershire Council), Matt Lenny (Director of Healthy and Sustainable Communities, including Director of Public Health, North Somerset Council), 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: Stephen Beet (Chair, South Bristol Locality Partnership), Kirstie Corns (South Gloucestershire 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:** Claire Rees (Public Health Principal, South Gloucestershire Council), Gemma Self (Programme Director HT 2020), Simon Bailey (Strategy and Planning Coordinator, HT 2040), Charlotte Cadwallader (Public Health Registrar, South Gloucestershire Council), Sally Hogg, Consultant in Public Health, Bristol City Council / Emily Moseley, Public Health Registrar, Bristol City Council

#### **Apologies for absence:**

Shane Devlin (Chief Executive Officer, BNSSG ICB), Sarah Truelove (Deputy Chief Executive, BNSSG ICB), Fiona Mackintosh (ACFA advice network/VCSE Alliance), Ruth Hughes, (CEO, One Care), John Martin (CEO, South Western Ambulance NHS Foundation Trust



#### 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 28 November 2024

The minutes of the meeting of the previous ICP Board meeting held on 28 November 2024 were confirmed as a correct record subject to noting that (in relation to the North Somerset Health and Wellbeing Board update), the inquiry day referred to (with input from other local authorities and partners) had been focused on housing and health.

#### 3. Public Forum

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

#### 4. Health and Wellbeing Board 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 the most recent meeting of the Board had been held on 26 November – this had been a a joint development session with the One City Children and Young People's Board focused on children's health issues

#### b. North Somerset Health and Wellbeing Board update:

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

In addition to the points highlighted in the update, Cllr Jenna Ho Marris highlighted the following changes taking place at North Somerset Council:

- Matt Lenny had been appointed as the Council's Director of Healthy and Sustainable Communities, including Director of Public Health.
- The Council would be recruiting a new Chief Executive as Jo Walker was leaving to take up a new role as Chief Executive of Gloucestershire County Council.
- The government had increased North Somerset Council's housing target to build 23,805 new homes over 15 years, representing a significant increase from the previous target. North Somerset would be updating its Local Plan with a view to identifying new areas for development and would be reaching out for input across the health sector.



#### 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) additionally advised that South Gloucestershire's Local Plan would shortly be the subject of public consultation; the plan included a focus on seeking the development of increased levels of affordable housing.

He also highlighted that the Board would be holding a development session on 24 March on the Joint Local Health and Wellbeing Strategy 2025-29.

#### 5. Integrated Care Board (ICB) update

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

The following points were highlighted by Jeff Farrar, Chair of the ICB:

- 1. New neighbourhood health guidelines 2025/26 had recently been issued by NHS England. This would be a key focus for the ICB Board for the year ahead.
- 2. The ICB, reflective of the national picture, continued to face significant financial challenges and would need to deliver further savings in the coming year.
- 3. Sarah Truelove would be leaving her role as Deputy Chief Executive and Chief Financial Officer of the BNSSG ICB to take up the role of Chief Executive of NHS Gloucestershire ICB.

#### 6. Healthier Together 2040 progress update

The Board considered a report providing an update on Healthier Together (HT) 2040.

Summary of main points raised/noted:

1. It was noted that from now until September, HT2040 would be focusing on the first prioritised population group, a working age population with multiple long-term conditions. This comprised approximately 5,200 people and was the cohort driving the third greatest demand on urgent health services as well as high use of community and primary care, yet experiencing poor outcomes from their 50s. HT2040 was trialling a population health approach to investigate, in depth, the underlying causes of challenges faced by this small but high-need population. By focusing on this group first, the aim was to gain a comprehensive understanding of their needs and the broader factors contributing to their health and wellbeing.



- 2. In terms of next steps, it was noted that through April and May, a series of workshops/expert events would be held to discuss the key findings from the evidence review.
- 3. In discussion, partners were broadly supportive of the approach and methodology being employed in taking forward this next phase of the project.
- 4. It was suggested that trauma should be included as a consideration, in light of the trauma informed pledge signed up to by partners.
- 5. In terms of the engagement through expert groups, it was suggested that adult social care should be involved. It was also suggested that police engagement should be sought. Provider involvement would also be important.
- 6. It was suggested that it would be useful for detail to be shared on the key assumptions behind the evidence review.
- 7. It was noted that this work would ultimately inform decisions on future priorities. It was noted that this work was being progressed in the context of the government's agenda and amidst rising demand for services but also with an acknowledgment that, reflecting the national position, the way in which health and care services are delivered must change. Opportunities and different interventions to support people in different ways in the future was a key part of this.

The Board noted the update, noting that regular updates would continue to be brought to each meeting as a standing item.

#### 7. Why Weight? Pledge for creating Healthier Places Together

The Board considered a report setting out plans for a system-wide healthy weight pledge.

- 1. Sally Hogg and Emily Moseley presented the report, highlighting the following:
- a. The 'Why Weight? Pledge for Creating Healthier Places Together' was a commitment to creating environments where everyone has access to the ability to eat well, feel well, and be active.
- b. The key goal was to make a collective, system-wide commitment across all Healthier Together organisations in BNSSG to improve the health and wellbeing of our communities.
- c. This was an action set out in the BNSSG Joint Forward Plan and an agreed delivery priority for the Strategic Health Inequalities, Prevention, and Population Health Committee of the ICB.
- d. It was highlighted that people living in our most deprived areas have less access to the conditions needed to enable a healthy life, with ethnic minority groups disproportionately affected. This drives higher rates of obesity and widens health inequalities, so the intention was to prioritise work that addressed these disparities.



- e. The aim was to pursue a 'considerate' approach, recognising the complex causes of obesity and focusing on systemic change rather than blaming individuals for becoming obese.
- f. The pledge itself had been developed and co-produced by a steering group established in September 2024, including representation from all statutory ICS partners, as well as VCSE and lived experience representatives.
- 2. Following the report presentation, Board members indicated general support for the proposal and raised the following main points:
- a. It was suggested that in discussions about committing to the pledge, each organisation should seek to identify champions to promote positive actions around healthy weight.
- b. It was acknowledged that health care services (and accessibility to these services) that support people in achieving healthy weights require significant improvement.
- c. Whilst noting the process that had seen the development of the 'Why weight?' branding of the pledge, it was acknowledged that it would be important, through onward communications, to highlight that the pledge was essentially focused on healthy weight.
- d. It was important to recognise that healthy weight should also be seen in the context of helping people who may be underweight or have eating disorders, i.e. as well as the issue of tackling obesity.
- e. Noting that the pledge included 10 categories of commitment, it was suggested that in adopting the pledge, each organisation should also look to identify very specific and practical actions that they would commit to delivering in support of the pledge commitments. It would also be important to develop and share best practice.
- f. Concern was raised about the continued challenge to population health generally presented by the preponderance of fast-food outlets, noting that this was a long standing national issue.

At the conclusion of the discussion, the Board agreed to support the proposals to commit to whole-system approach to healthy weight as set out in the report, and specifically agreed:

- 1. To support the Why Weight? Pledge and commit to its implementation across the ICS, noting that in the first phase it was anticipated that implementation will be through the three local authorities, NHS trusts, the ICB, VCSE organisations and general practice providers, with wider partners included in the next phase of implementation.
- 2. To recommend implementation of the Why Weight? Pledge be overseen at Board level by a named senior lead within each organisation, and that all partners seek to agree to it by 1 September 2025.



#### 9. ICP Board forward agenda plan

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

#### 10. Locality Partnership review

Note: After the in-public meeting was concluded, the Board considered a closed item which summarised ICP Board member organisation responses to the final report and recommendations of the review of the role of Locality Partnerships in BNSSG, and set out a recommendation to align Locality Partnership development with the anticipated developments at both national and local level.

Following discussion, the ICP Board agreed to support the following recommendations:

- 1. To create time and space for our System to align Locality Partnership development with anticipated developments at national and local level including:
- NHS 10-Year Health Plan
- Neighbourhood Health Guidelines
- The Fuller Stocktake and development of Integrated Neighbourhood Teams
- The BNSSG Healthier Together 2040 approach
- 2. Take an outcomes-based approach to define the function, role and responsibility of System (1), Local Authority (3), Place and Neighbourhood (6) including Primary Care Networks (20) and the emerging Integrated Neighbourhood Teams.
- 3. Draw on national and local work already undertaken to design such a framework, including:
- The NHS Confederation & PPL Literature Review on Neighbourhood Working (August 2024)
- The NHSE, LGA & BNSSG ICB Functions Mapping and Decision-Making framework (July 2022)
- The BNSSG ICS proposed functions of System, Place and Neighbourhood (LP review September 2024).
- 4. To request the BNSSG ICB Board to mobilise the next steps.