

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

Minutes of the meeting held on 19th June 2025 10.00-12.00 at
The Courts, Creative Youth Network

Figure 1: Sketch notes 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
Amanda Threlfall	Public Contributor	AT
Anne Gachango	Head of Equity and Health Inclusion Service, Sirona	AG
Deborah El-Sayed	Chief Transformation and Digital Officer, BNSSG ICB	DES

Grace Burns	Public Contributor	GB
Joe Poole	Locality Partnership Director Bristol, BNSSG ICB	JP
Katrina Boutin	Medical Director, General Practice Collaborative Board	KB
Lucy Heard	Public Contributor	LH
Mark Graham	Chief Executive, For All Healthy Living	MG
Tracie Jolliff	Chair for Independent Advisory Group for Race Equity	TJ
Tim Keen	Associate Director of Strategy, North Bristol NHS Trust	TK
Seema Srivastava	Executive Deputy Medical Director, University Hospitals Bristol and Weston (UHBW)	SS
Apologies		
Anya Mulcahy-Bowman	Chief Executive, Wellspring Settlement	AM-B
Aishah Farooq	Non-Executive Director, BNSSG Integrated Care Board	AF
Jennifer Bond	Deputy Director Communications and Engagement, BNSSG ICB	JB
Kevin Peltonen-Messenger	Chief Executive, The Care Forum	KPM
Mary Lewis	Chief Nursing Officer, Sirona Care and Health	ML
Matthew Lenny	Director of Public Health, North Somerset Council	ML
Sarah Weld	Director of Public Health	SW
Rosi Shepherd	Chief Nurse, BNSSG ICB	RS
Samina Baig	Public Contributor	SB
Steve Nelson	Chief Executive, Wesport	SN
Viv Harrison	Public Health Consultant Population Health, BNSSG ICB	VH
Christina Gray	Director of Public Health, Bristol City Council	CG
In attendance		
Camille Aubrey	Illustrator	CA
Miles Jordan	Team Administrator BNSSG ICB	MJ
Oliver Watson	Joint Chief Operating Officer, Bristol Health Partners	OW
Matt Freeman	Research Portfolio Support, BNSSG ICB	MF
Paul Roy	Associate Director for Research, BNSSG ICB	PR
Ruth Whateley (minutes)	Programme Manager (Health Inequalities and Prevention BNSSG ICB)	RW
Zoe Rice	Programme Manager for Population Health BNSSG ICB	ZR

	Item	Action
1	Welcome	

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	<p>Welcome, apologies and updates on actions given by chair.</p> <p>No declarations of interest declared</p> <p>Reviewed action log</p>	<p>ZR – to distribute HT2040 update to the group</p>
2	<p>Update from Chair and Chief Medical officer</p> <p>JF – provided an update on the changes for Integrated Care Boards (ICBs). A proposal to cluster Gloucestershire and BNSSG ICBs has been put forward covering a 1.9 million population. Colleagues are awaiting a decision from national teams.</p> <p>Once cluster arrangements are agreed, it is expected that a transitional ICB board will be created, with a Chair and Chief Executive appointed.</p> <p>JM – shared reflections from NHS Confed in Manchester. There is still commitment around health inequalities and prevention. A clear focus on creating integrated neighbourhood teams and the 10 year plan.</p> <p>As ICBs focus on strategic commissioning, it is likely providers will have a greater role in driving and convening system work. Recommended to the group we do some thinking around this and how we build on the trusting relationships and strong partnerships that have been created.</p> <p>TK – flagged it is a good time to talk to the new NBT/UHBW executive group about provider roles in system working.</p> <p>Concerns around provider capacity to pick up additional work from ICBs with no extra funding.</p>	
3	<p>Deep dive: Digital healthcare and health equity</p> <p>DES presented slides '6. <i>Item 3 BNSSG SHIPPH Digital inclusion June 2025</i>' included watching Healthcare in the digital age: A new era of inequality? Elizabeth Blackwell Institute, Public Lecture 2025</p> <p>Considering Trish Greenhalgh's research findings on digital healthcare and health inequalities:</p> <ul style="list-style-type: none"> • What areas does this lead SHIPPH to seek assurance around? • What might the priority areas be? • What kind of assurance questions should SHIPPH ask about digital healthcare? <p>Discussion around the complexity of human behaviour, psychology and use of digital technology. Specific mention of:</p> <ul style="list-style-type: none"> • "People that 'can't' and people that 'won't' use digital" and the ethics of incentivising use of digital. • The need to avoid stereotypes and the nuance of who and how people use digital. 	

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	<ul style="list-style-type: none"> Digital inequalities are invisible and we can make assumptions. <i>"If something doesn't affect you it doesn't exist"</i> That we need a more personalised approach for a proportion of the population (80% majority vs 20% mentioned). How we support staff digital capability Perverse incentives to push digital innovation. Strategic decisions to meet population need are needed. Concerns around mistrust within racially minoritised communities and how digital solutions can compound mistrust. Is there an option for a minimal race equity policy standard within the Minimum Digital Living Standard? Consideration of the <i>'people behind the digital tools'</i> and the behaviours certain tools facilitate or prevent. <p>Concepts and models mentioned:</p> <ul style="list-style-type: none"> Learning from work on accessibility. Including how people want to be communicated with, having different options – one size doesn't fit all. The concept of 'digital carers', where we are supporting people to use digital for healthcare purposes. 'VCSE colleagues who can translate between different systems e.g. bridge into digital processes and systems. <p>Recommended questions we can use to seek assurance:</p> <ul style="list-style-type: none"> To what extent are you relying on digital? To what extent have you considered inequalities and equity in this digital offer (including race equity)? What might the unintended consequences be? e.g. for carers, racially minoritised communities. <p>Agreed that there is a need to work this through in detail and that SHIPPH has a role in paying attention to and seeking assurance around digital inequalities.</p>	
4	<p>Seeking advice from SHIPPH: The future of the diverse Research Engagement Network (REN)</p> <p>MF, OW, PR presented slides relating to supporting paper <i>'2. Item 4 Research Engagement Network (002)'</i>.</p> <p>Key areas of advice sought:</p> <ol style="list-style-type: none"> What is your advice on developing an equitable and effective governance model for the REN? Improving support for racially minoritised, lived experience public contributors – ideas of where to seek further advice on this? Through the lens of health equity and prevention, what do SHIPPH members see as the pros and cons of long term 	

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	<p>commitments vs open competitions in supporting research inclusion?</p> <p>General discussion around the use of evidence in decision making in the system, are we asking the right research questions and the importance of co-production in research. PR - highlighted lots of work happening in this area such as Impact Accelerator Unit.</p> <p>TJ – asked about how structural inequity may have been built into the REN and what the links with the South West Race Equity Research Network are. OW – highlighted there is lots of commonality in membership. The REN is local to BNSSG.</p> <p>JM – recommended using the innovation, adaptive and governance spaces framework to work through the answers to the questions posed.</p> <p>AW – concerned about question 2 and that public contributors are not having a good experience. Question whether any of our partners have used model that we can learn from.</p> <p>SS - antiracism champions at NBT received support from racial trauma clinical psychologists. There is a connection that can be made here for advice.</p> <p>LH – raised the value of public contributors and financial remuneration.</p> <p>Recommend the group come back and present following further reflection and invite other members of the REN.</p>	<p>JF – to take forward discussion with ICB board about how research is being used in decision making.</p> <p>PR & OW to use the innovation, adaptive, governance framework to further think through the development of REN and return to SHIPPH for further discussion, including other members of REN.</p>
5	<p>Reflective check out</p> <p>Reflections around this being a creative space, from “<i>transactional to transformational</i>”, trying to do things differently. Metaphor of the forest – looking for the spaces between the trees, the negative spaces where inequalities lie.</p> <p>A space to bring in views we don’t capture elsewhere. Refreshing for colleagues with all the current NHS changes.</p> <p>Discussed balancing this with assurance focused discussions, including around the prevention areas of smokefree, alcohol and drugs and healthy weight.</p>	
6	AOB	
<p>Date of Next Meeting Tuesday 12th August, to be held on MS Teams</p>		