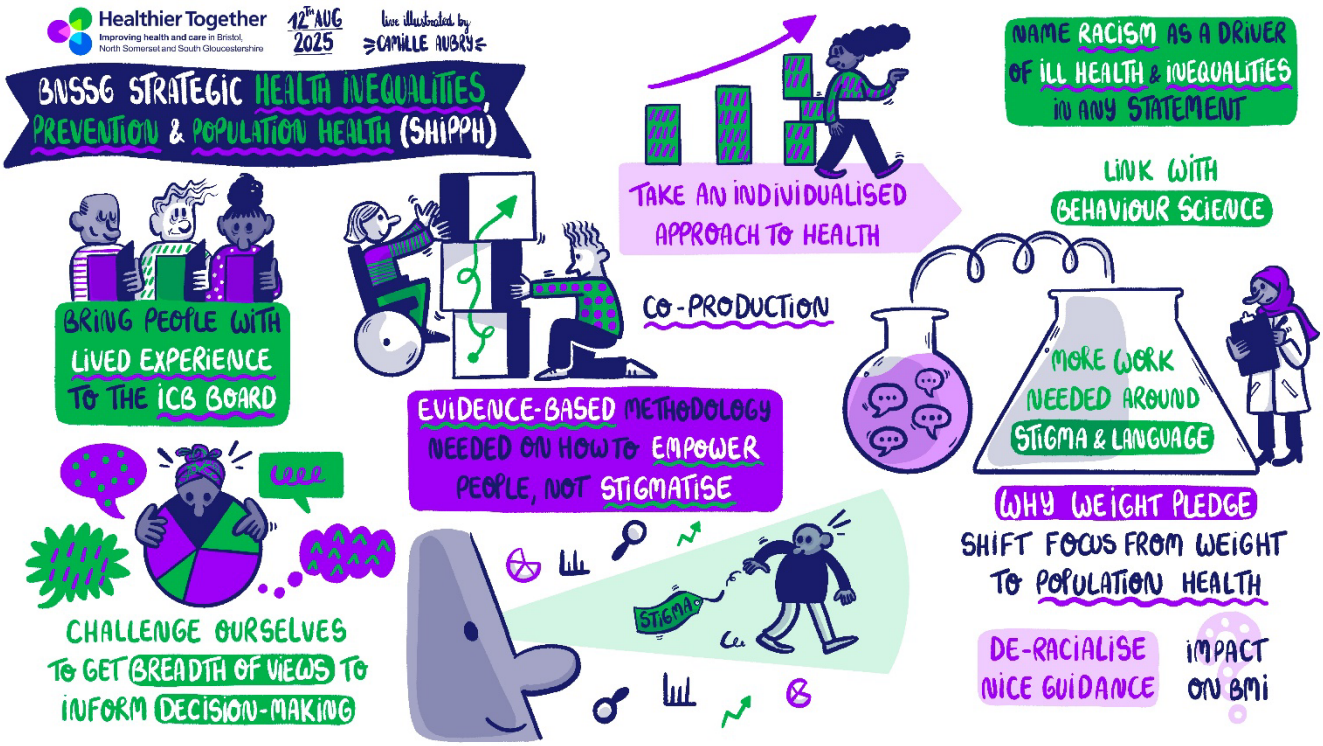
# Strategic Health Inequalities, Prevention and Population Health (SHIPPH) Committee

## Minutes of the meeting held on 12th August 2025 09:30-11:30 on MS Teams.

---

**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 |
| Abid Hussain | Solutions 4 Health | AH |
| 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 Burn | Public Contributor | GB |
| Katrina Boutin | Medical Director, General Practice Collaborative Board | KB |
| Lucy Heard | Public Contributor | LH |
| Hayley Macleod | Health Visitor, Sirona | HM |
| Mark Graham | Chief Executive, For All Healthy Living | MG |
| Matthew Lenny | Director of Public Health, North Somerset Council | ML |
| Rebecca Dunn | Director of Business Development and Improvement, University Hospitals Bristol and Weston (UHBW) | RB |
| Sarah Weld | Director of Public Health | SW |
| Seema Srivastava | Executive Deputy Medical Director, University Hospitals Bristol and Weston (UHBW) | SS |
| Tracie Jolliff | Chair for Independent Advisory Group for Race Equity | TJ |
| Tim Keen | Associate Director of Strategy, North Bristol NHS Trust | TK |
| Viv Harrison | Public Health Consultant Population Health, BNSSG ICB | VH |
| **Apologies** | | |
| Camille Aubrey | Illustrator | CA |
| Jennifer Bond | Deputy Director Communications and Engagement, BNSSG ICB | JB |
| Jo Medhurst | Chief Medical Officer, BNSSG ICB | JM |
| Christina Gray | Director of Public Health, Bristol City Council | CG |
| Rosi Shepherd | Chief Nurse, BNSSG ICB | RS |
| Samina Baig | Public Contributor | SB |
| Zoe Rice | Programme Manager for Population Health BNSSG ICB | ZR |
| **In attendance** | | |
| David Moss | Locality Director – One Weston and Woodspring, BNSSG ICB | DM |
| Emma Sidebotham | Public Health Registrar, Bristol City Council | ES |
| Ruth Whateley (minutes) | Programme Manager (Health Inequalities and Prevention BNSSG ICB) | RW |

| | | |
|---|---|---|
| Sally Hogg | Public Health Consultant, Bristol City Council | SH |
| Sarah Amos | Public Health Specialist, South Gloucestershire Council | SA |

| | Item | Action |
|---|---|---|
| 1 | **Welcome**<br>Welcome, apologies and JF clarified all actions in the log on track<br>No declarations of interest declared | |
| 2 | **Update from the Chair on NHS changes**<br>**JF –** provided an update on the changes to ICBs. The South West has now split into three clusters:<br>• BNSSG and Gloucestershire<br>• Cornwall and Devon<br>• Somerset, BANES and Dorset<br>Currently recruiting for a chief executive and then a transition committee will be stood up and we can then start to merge committees such as SHIPPH. The two substantive ICB boards will run until the ICBs merge.<br>The chair for BNSSG and Gloucestershire has been appointed, waiting on formal announcement. Aiming for deputy chairs to chair the two ICB boards and the chair will focus on forward planning.<br>Opportunity in this process to think about how to commission services most effectively for our communities. Committed to continuing the work of SHIPPH and to values-based leadership.<br>Clarification that Gloucestershire does not have a similar committee to SHIPPH and has strengths around primary care. More engagement with Gloucestershire is required to understand the committees needed.<br>MG – endorsed maintaining values-based leadership approach. Later would like an explanation of the different NHS procurement processes.<br>KB – good to understand primary care work Gloucestershire and structures. GPCB and LMC have connected to their counterparts already.<br>JF – the discussion around functions that stay in the ICB or move to region is live. There are risks to these changes that need to be worked through. Encouraged public health colleagues to feed into discussions. | |
| 3 | **Deep dive: Locality Partnerships - update on the use of Health Inequalities funding**<br>DM presented slides '*6. Health Inequalities and Evaluation_ Localities. SHIPPH August 2025",* requesting assurance around how the money has been spent and feedback for improvement.<br>Additional points:<br>• Percentage allocation of funds was based on population need. | |

| | Item | Action |
|---|---|---|
| | • Learning that small pots of funding can have a big impact through Voluntary Community and Social Enterprise (VCSE) organisations.<br>• The way the money was deployed was different given the involvement of communities in shaping the work and the need for flexibility.<br>• In North Somerset localities funding was pooled between providers.<br>• Want to explore with SHIPPH this new way of working and how we evaluate (highlighted theory of change, patient activation measures, system enablers, lived experience and co-design, real time learning, neighbourhood health metrics, and qualitative methods).<br><br>Discussion:<br><br>• DES - highlighted the opportunity to link locality evaluation work with the integration index and consider how we design digital infrastructure to support this work e.g. primary care EPR system.<br>• Discussion about if the ICB board is well informed and able to support locality decision making. Suggestion to bring people with lived experience to the board and the balance with board business.<br>• Clarification this health inequalities funding was ICB ring fenced for localities (from JM delegated budget) and recurrent for three years. Recommendation that in designing neighbourhood health and integrated health organisations (IHOs) SHIPPH helps mitigate risks that this work is lost. Same applies to locality proactive care funding.<br>• SW – would like to see more clearly how the funding links to addressing need in local areas (e.g. link to local authority Joint Strategic Needs Assessments). Advocate for the ICB executives having leads for place and embedding place in decision making.<br>• JF – will recommend a board seminar for how we look at neighbourhood health and build on localities work.<br>• TJ – using an intersectional racial lens noticed barriers on slide 3 don't include racism and this is important for evaluation e.g. racism in relation to emotionally based school avoidance. Need to systematically build this into localities work and theories of change.<br>• JF – point on racism prompts the need to challenge ourselves to get a breadth of views to inform decision making. Evidence can mean different things e.g. academic research, patient voice, data etc.<br>• Discussion around better involvement of acutes and general practice in locality working. Opportunities through the Bristol hospital groups, connecting VCSE outreach with primary care, directives on neighbourhood health, and acutes likely to lead ICOs.<br>• RD – shift in leadership and increased appetite in acutes about integrating with neighbourhoods and prevention.<br>• MG – reflected a £1m investment can have a big impact on a local level and in creating culture change in the system. Ask that through the NHS changes we keep valuing different voices and thinking.<br>• SW – advocate that primary care engagement needs to improve in BNSSG, funding to enable that and learning from Gloucestershire. | **DM** – link with Nick Hassey about the index and DES about digital.<br><br>**JF and DES** – link with ICB execs and the board about mitigating risks.<br><br>**JF** – speak to execs about board seminar<br><br>**DM** – will feed back points on racism at LP collaborative meeting. |

| | Item | Action |
|---|---|---|
| | • Clarification that ICOs can form with any organisation as the lead, not just acutes. There seems to be national support for acutes to lead ICOs and there have been positive local conversations with acutes. | |
| 4 | **Update on the Why Weight Pledge**<br><br>SHIPPH Why Weight update 12.8.pptx<br><br>ES presented slides, referencing SH and SA involvement.<br><br>Additional points:<br><br>• Changed from Healthy Weight Declaration to Why Weight Pledge, due to the declaration being a branded term by external organisation Food Active. New name also meant to shift the focus to population health not weight per se.<br>• E-learning has been developed to introduce concepts around complexity of weight and weight stigma.<br>• Developing a language guide and system wide communications toolkit e.g. covering use of the term weight and challenges to this.<br><br>Discussion:<br><br>• Discussion around the involvement of the public in this programme. ES clarified there is public representation in the steering group, in a focus group, and they are working closely with Health Weight HIT's PPIE group. Planning a public campaign around weight stigma and planning to co-produce it with people with lived experience. LH - noted weight is a divisive subject and to think about *"doing with not doing to"*.<br>• GB - question around BMI being used as an evaluation tool and how this is problematic from an inequalities perspective.<br>• ES - agrees we need to be considerate of this and explore what the definition of healthy weight means. However BMI is a national measure we have to use based on NICE guidelines and is more helpful at a population level. Will caveat and reflect nuance around BMI in their work. Highlighted we need to take an individualised approach to health.<br>• AC - will be taking forward the Why Weight pledge of Sirona.<br>• SS - the pledge has been presented to health equity delivery group at UHBW. Community partners including African Voices partnership spoke about stigma around weight in specific racialised groups. Race Health Observatory are now working with NICE on de-racialising their guidance, interesting to see how this will impact BMI. Important to have voices form racialised groups in any co-production.<br>• ML - suggest we sharing learning across different areas of work on how we empower and note stigmatising people e.g. specialist behavioural science working on smoke free. Methodology maybe helpful for different topics so we're evidence based. | |

| | Item | Action |
|---|---|---|
| | • SW – have moved a long way with this work. Looking to commission more work around stigma and language and linking in behaviour science, will take up ML offer.<br>• JF – recommend the pledge keeps feeding into the SHIPPH as many people here sit on the ICB board and ICP.<br>• DM - in the Teams chat offered support through localities for the pledge. | |
| 5 | **AOB**<br>• RW – highlighted Healthier Together 2040 update was provided in the email circulated with papers before the meeting.<br>• SW - directors of public health and JM have been working on an inequalities statement for the ICB and want to bring it to a future SHIPPH meeting.<br>• TJ – suggested a principle that names racism as a driver of ill health and inequalities should be built into any statement or future working. | TJ – to feed into inequalities statement |
| **Date of Next Meeting**<br>7th October, in person location TBC | | |