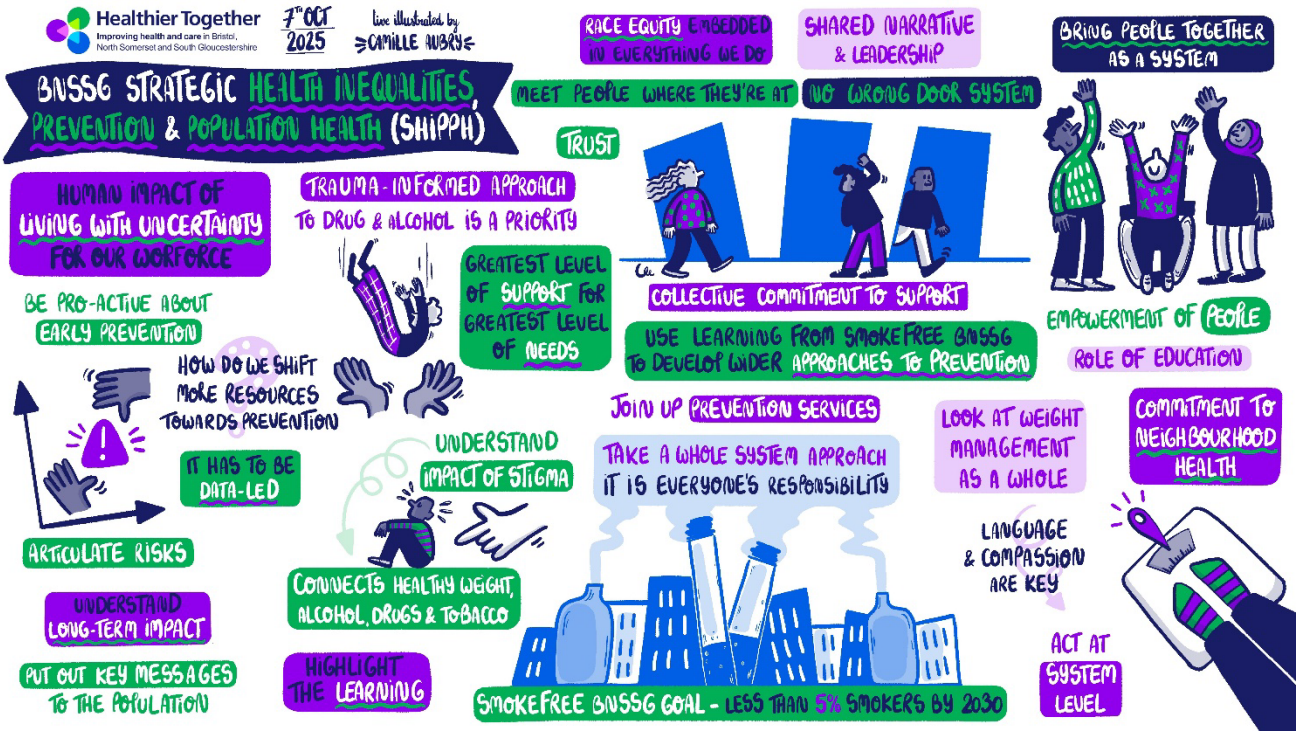
Strategic Health Inequalities, Prevention and Population Health (SHIPPH) Committee

Minutes of the meeting held on 7th October 2025 09:30-11:30 at John Wesley's New Room, Bristol BS1 3JE

Figure 1: Sketch notes of key discussions



Minutes

Present		
Jeff Farrar	Chair of Bristol, North Somerset and South Gloucestershire (BNSSG) and Gloucestershire Integrated Care Boards (ICBs)	JF
Jo Medhurst	Chief Medical Officer, BNSSG ICB	JM
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
Samina Baig	Public Contributor	SB
Grace Burn	Public Contributor	GB
Mark Graham	Chief Executive, For All Healthy Living	MG
Matthew Lenny	Director of Public Health, North Somerset Council	ML
Sarah Weld	Director of Public Health	SW
Steve Nelson	Chief Executive, Wesport	SN
Anne Gachango	Sirona	AG
Tim Keen	Associate Director of Strategy, North Bristol NHS Trust	TK
Apologies		
Deborah El-Sayed	Chief Transformation and Digital Officer, BNSSG ICB	DES
Christina Gray	Director of Public Health, Bristol City Council	CG
Rosi Shepherd	Chief Nurse, BNSSG ICB	RS
Seema Srivastava	Executive Deputy Medical Director, University Hospitals Bristol and Weston (UHBW)	SS
Aishah Farooq	Non-Executive Director, BNSSG Integrated Care Board	AF
Joe Poole	Locality Partnership Director Bristol, BNSSG ICB	JP
Lucy Heard	Public Contributor	LH
Katrina Boutin	Medical Director, General Practice Collaborative Board	KB
Rebecca Dunn	Director of Business Development and Improvement, University Hospitals Bristol and Weston (UHBW)	RB
Viv Harrison	Public Health Consultant Population Health, BNSSG ICB	VH
Tracie Jolliff	Chair for Independent Advisory Group for Race Equity	TJ
Jennifer Bond	Deputy Director Communications and Engagement, BNSSG ICB	JB
In attendance		
Julie Northcott	Deputy Director of Public Health, Bristol City Council	JN
Camille Aubrey	Illustrator	CA
Zoe Rice	Programme Manager for Population Health BNSSG ICB	ZR
Sue Moss	Public Health, Bristol City Council	SM
Samuel Hayward	Consultant in Public Health, North Somerset Council	SH
Debbie Campbell	Chief Pharmacist and Director of Medicines Optimisation, BNSSG ICB	DC
Kate Strong	Programme Manager, Health Inequalities and Prevention team, BNSSG ICB	KS
Miles Jordan	Administrator, Health Inequalities and Prevention Improvement, BNSSG ICB	MJ
Abid Hussain	Service manager, Solutions 4 Health	AH

Leonie Milner (minutes)	Facilitator, Health Inequalities and Prevention team, BNSSG ICB	LM

	Item	Action
1	**Welcome** Welcome, apologies and JF confirmed all actions in the log on track. No declarations of interest declared.	
2	**Update from the Chair and Chief Medical Office on Integrated Care Board changes** **JF provided an update on NHS changes** - Chair and Chief Executive have now been appointed for the cluster of BNSSG and Gloucestershire ICBs: Chair – JF Chief executive – Shane Devlin (SD) - Deputy chairs will chair the two ICB boards and JF will focus on transition committee and forward planning. The two substantive boards will run until the ICBs merge – which is unlikely to happen before 2027. - Clustering will not currently affect the work of this committee but there is a need to think about how SHIPPH looks going forward; clarification that there is not a similar committee to SHIPPH in Gloucestershire. - Noted that as 'strategic commissioners' the ICB will still hold a responsibility for system convening. Commitment to continuing the work of SHIPPH and to values-based leadership. - The transition committee has been meeting bi-weekly and is making progress which will be shared in due course. **JM** reflected on the changes, noting the psychological impact upon staff of the ICB re-structure and uncertainty. **SW** – Question about the status of the ICS strategy and whether during this time, this offers a framework to focus on population health, in addition to the cohort-based approach of Healthier Together 2040.	**JF** – to speak to SD about the status of the ICS strategy.
3	**Deep dive - update on the delivery of the Joint Forward Plan (JFP) commitments for the whole system approaches to:** For discussion and oversight: What progress has been made? What have the benefits to our communities been? What challenges have been faced and what support is needed? **1. Alcohol and drugs:**	**JF and JM** to agree how the themes from this session are fed back to the ICB board with a focus on re-

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	JN and **SM** presented: '*Item 3: SHIPPH Drugs and Alcohol: Key deliverables, Metrics and progress, September 2025'. See report for full details.* Explained challenges and pressures to the workstream over the last 6 months and outlined additional developments that cut across all 5 deliverables: • Developing a 'no wrong door' shared approach and toolkit • Work to better understand the specific needs of women affected by substance use • Embedding a trauma-informed approach – acknowledging the importance of consistency in care and the impact of stigma on healthcare outcomes • Approaching Health and Wellbeing board to secure 'one city' system leadership approach, to focus on holistic need on homeless population – in recognition of the complexities this population faces **Discussion:** • Acknowledgment of this committee's role to provide informed challenge to the board and promote a preventative approach, including the shift of resources towards prevention. • Discussed how to optimise the information that flows to the board in relation to the drug/alcohol plan and progress. There is opportunity to review progress against the commitments set out in the ICS strategy – did we do what we said we would? • Identifying the opportunities in neighbourhood working to both support a preventative approach locally, and to improve joined up data collection between local authority and health services, to enhance strategic commissioning. We need to think about what can be done to demonstrate the interconnectedness of these 3 deep dives today – this may add value when taking plans to the board. **2. Smokefree BNSSG:** **SH** presented slides from: '*Item 3: Smokefree BNSSG update'* and outlined progress around the key JFP deliverables which included: • Campaigns: £2.2M in Swap to Stop funding, implementation of in service offers and 4,872 setting quit dates and 872 quitting via online portal since April • A reduction in Smoking at time of delivery (SATOD) to 5.8% in 2024/25 (575 pregnancies)	profiling spending towards prevention. **SM, ZR, ML** to summarise learning from Smokefree BNSSG to support ICB board discussion about prevention. **ZR** to email JFP system leads with details of this year's planning round. **System leads (SH, JN, SW)** to refresh plans ahead of December SHIPPH meeting, incorporating feedback from today's discussions.

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	• Successful commissioning and hosting of Smokefree representatives, Smokefree Peer Support, and Smokefree Behavioural Science Lead (SW role) • Smoking and ethnicity review started. Key challenges to progress included increasingly complex population need, persisting health inequalities and service capacity. Embracing a whole system, collaborative approach has driven forward JFP commitments at pace. Continued prioritisation of Smokefree BNSSG supports delivery of the NHS 10-year plan, and a shift to prevention. Noted that this is the first prevention 'whole system approach' the ICS came together and worked on – 3 years ago – and shows that continued focus does pay off. **Discussion:** • Consideration of how to optimise the plan's impact at board level. • Important to show the tangible data but also thinking about 'how' we made the progress. Suggestion to capture the conditions for success that have enabled progress. • Joining up prevention services, there is real scope for this; smoking teams and drug and alcohol teams are now integrated in parts of BNSSG – identifying that crossover in skills needed to support both these populations, e.g. behaviour change. • Question about vaping harms, and outline of BNSSG Position Statement on nicotine vaping. • Noted the 'commercial determinants of health' in relation to tobacco and vaping. • Progress is underpinned by investment in the NHS, not just local authority – what can we learn from this and apply to the forthcoming healthy weight work? • Thinking about the prevention intersection – what can we do in schools? **3. Healthy Weight** **SW** updated on the Why Weight? Pledge, which was launched Monday 6th October. • System-wide steering group developed the pledge. • All statutory partners have signed up to the pledge except the ICB. • It was noted that the ICB has not yet signed up as it occurred at a time of instability in the ICB - signing the pledge necessitated a commitment to a set of actions that the ICB was not able to offer at that time. There is intention now to sign up to the pledge. • The terms of conditions for The Why Weight? Pledge community of practice have been drafted.	

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	• An academic partner (NIHR) has been agreed to evaluate the implementation of the pledge. • Discussed the impact of weight stigma, and the opportunity to re-focus an approach away from size and weight and towards eating well and being active. **DC** then presented 'Item 3: Update on Healthy Weight': and provided an overview of Weight Management Services commissioned by the ICB. Specialist weight management services (also known as Tier 3 and Tier 4) for adults: • North Bristol Trust (NBT) – medical and lifestyle weight support, preparing people for weight loss surgery (Tier 3). Face to face and remote appointments. Currently not accepting new referral due to waiting list – hoping to re-open in coming months. • The NBT service also provides weight loss (bariatric) surgery (Tier 4) • Oviva – Tier 3 support - only provided via an App or on the telephone • Nuffield – provides face to face and remote management (Tier 3) and may be being accredited to provide bariatric surgery (Tier 4) **DC** also updated on medicines recommended for use by NICE in the NHS to support weight-loss for adults. There is a statutory requirement for ICB's to fund these. Due to the large number of people who are eligible for the drug and the cost to the NHS, NHS England has set some criteria so that implementation will be phased in over a number of years. **DC** closed by giving an overview of Obesity Pathway Innovation Programme (OPIP): a sum of money available for pathway innovation. The ICS will be making a bid with a focus on areas of inequity – children to adult transition services, people with learning disabilities and those isolated at home, due to living with obesity. The ask of SHIPPH today: • To discuss bringing the primary prevention and secondary healthcare prevention/treatment work together. • Start to plan and model greater holistic pathway/service options for people living with excess weight/obesity. Key discussion points: • Language – planning this model is an opportunity to consider stigmatising language and how to change it. • Health inequalities – people who can afford the weight loss medications are buying them privately, and this may result in worsening health inequalities.	

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	• Evidence-base and data – limited funding and investment in weight management services (especially Tier 1 and 2) so we will need a good evidence base to help define where we focus the money. • There are examples of opportunities for prevention in Tier 1 and 2, in faith-based settings, achieved through joined-up working across the system with VCSE organisations • Community – awareness that discussion is needed around what statutory bodies are responsible for and what should be left to the community. **AW** noted a piece of mapping work undertaken by **KS** to look at what is already available. This may help inform allocation decisions. • Prevention intersection – how can we take what we know from Smokefree and apply it here? Which approaches are transferrable? • Holistic support – the recognition of social care integration and input to support people in a more rounded way, with the multiple contributing factors to living with overweight and obesity • Diversity – ensure representation of diverse communities in upstream engagement around these plans • The group endorsed establishing a group to take forward the Whole System Approach to healthy weight. **Next steps with Joint Forward Plans** **ZR** – explained that a new planning round has started and will require refreshed plans for all 3 areas (Drugs and Alcohol, Smokefree and Healthy Weight). The refreshed plans will come back to SHIPPH for review and approval at the December meeting. Discussion that all 3 deep dives brought out different discussions but have common themes - pervasive stigma and a crossover around upstream prevention.	
4	**Health Inequalities statement** JM presented the slides *Item 4: Understanding healthcare inequalities in BNSSG 2025'* Key points: • Provides an overview, using available data, of current state of healthcare inequalities in BNSSG. • Key areas of concern – the impact of factors such as deprivation, ethnicity, and demographic characteristics upon healthcare outcomes in the BNSSG community.	

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	• This is a first draft and JM requested feedback from the group. This includes consideration of which local metrics we may wish to include. The report has space to add 'what are we doing' about each area of inequality. Health and Care Improvement Groups (HCIGs) will be asked to complete this section. Our responses should be underpinned by principles of proportionate universalism. Key discussion points: • Opportunity for wider collaboration – the ICB has been asked to produce this information as well as NBT and UHBW. There is a slight difference in the metrics and will need to bring that together so that it is mutually supportive. • Reflected that there may be some gaps in actions to address the inequalities and that we should encourage HCIGs to be open about this to offer support and be realistic. • Agreed that in addition to HCIGs, this should be socialised with Health and Wellbeing boards. • Discussed how we use this information to support re-profiling of resources for those in greatest need.	**JM** - bring back statement to SHIPPH once the 'what we are doing' sections have been completed by system groups.
6	AOB **SN** spoke about the positive impact of the VCSE Alliance leadership development programme: a monthly meeting, run by the VCSE alliance. SN described how the group has facilitated genuine shared and distributed leadership. This has supported the development of a shared narrative of how VCSE organisations can be more influential in the health and wellbeing space.	
Date of Next Meeting 12th December 2025		