

Bristol, North Somerset and South Gloucestershire (BNSSG)

Integrated Care Partnership Board Meeting

11 September 2025

Council Chamber, Bristol City Hall

Minutes

Attendance list

Partnership Board Leadership Group:

Cllr Jenna Ho Marris (Chair, BNSSG ICP Board and Chair, North Somerset Health and Wellbeing Board)

Cllr John O'Neill (Chair, South Gloucestershire 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)

Dominic Ellison (WECIL/VCSE Alliance)

Mandy Gardner (Voluntary Action, North Somerset)

Fiona Mackintosh (ACFA advice network/VCSE Alliance)

Mark Coates (CEO, Creative Youth Network)

Aileen Edwards (CEO, Second Step/VCSE Alliance)

Council, Constituent Health and Care Organisations:

Sarah Weld (Director of Public Health, South Gloucestershire Council)

Christina Gray (Director of Public Health, Bristol City Council)

Hannah Woodhouse (Executive Director: Children and Education, Bristol City Council)

Michael Richardson (Deputy Director of Nursing and Quality, BNSSG ICB)

Joanne Medhurst (Chief Medical Officer, BNSSG ICB)

Ingrid Barker (Group Chair, Bristol NHS Group)

Barbara Brown (Chair, Sirona Care & Health)

Locality Partnerships:

David Moss (Woodspring & Weston Locality Partnership)

Alison Findlay (South Gloucestershire Locality Partnership)

Joe Poole (Head of Locality Development, BNSSG ICB)

Other attendees:

Liz Small, Corporate Parenting Manager, Bristol

Simon Bone, Strategic Workforce Project Manager, BNSSG ICB

Karl Knill, Head of Service for Corporate Parenting, North Somerset

Petros Careswell, Service Manager for Corporate Parenting, South Gloucestershire

Gemma Self, Programme Director, BNSSG ICB

Naomi Emmerson, Communications Officer, BNSSG ICB

Apologies for absence:

Shane Devlin (Chief Executive Officer, BNSSG ICB)

Matt Lenny (Director of Healthy and Sustainable Communities, including Director of Public Health, North Somerset Council)

Hugh Evans, Executive Director: Adults and Communities, Bristol City Council

Ruth Hughes, (CEO, One Care)

Alun Davies (Voices in the Community/Lived Experience representative)

Rosie Shepherd (Chief Nursing Officer, BNSSG ICB)

Chris Sivers (Executive Director - People, South Gloucestershire Council)

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 10 July 2025

The minutes of the meeting of the previous ICP Board meeting held on 10 July 2025 were confirmed as a correct record, subject to noting that Alison Findlay had sent apologies.

3. Public Forum

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

4. Integrated Care Board (ICB) update

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

Summary of main points raised/noted in discussion of this item:

1. It was noted that Jeff Farrar had been appointed as Chair of the NHS Gloucestershire ICB and BNSSG ICB Cluster. The announcement of the Chief Executive of the cluster was expected within the next few weeks.
2. Work to shape the new cluster organisation was starting and a transition committee had been established. Partners noted the overriding national government decision/context whereby NHS England was being abolished with ICBs nationally also being required to reduce their running costs by 50% during the current financial year.
3. Whilst the indication from the government was that Integrated Care Partnerships (ICPs) were to be abolished, this would require a change to existing legislation. It was noted that

the BNSSG ICP would therefore continue to meet in the meantime, as per the current year's schedule of meetings. Careful consideration was likely to need to be given, as the cluster governance arrangements were shaped, to how a successor partnership arrangement could be facilitated (on the assumption that ICPs were ultimately abolished). It would be important to capture effective ways of working and build on the system partnership arrangements developed since the inception of the ICB and to maintain the proactive approach to equality, diversity and inclusion and to engaging with locality, community, lived experience and VCSE voices.

4. As discussed at the previous meeting, ICB clusters would be focused more specifically moving forwards on strategic commissioning. There would still be a strong commitment to further develop the system approach to improving population health and tackling health inequalities.

5. It was noted that the update report included a link to the 2025/26 Winter Plan, which had been considered at the recent ICB meeting held on 4 September.

5. Health and Wellbeing Board and Locality Partnership 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, highlighted that one of the main discussion items at the most recent meeting of the Board had been around progress of the Healthier Together 2040 approach to date; specifically, the process taken, the outputs identified and the next steps in the journey. The opportunity had also been taken to share emerging thoughts about the future of neighbourhood health and care and how the Healthier Together 2040 approach might support the development of population needs based models of care.

b. North Somerset Health and Wellbeing Board update:

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

c. South Gloucestershire Health and Wellbeing Board update:

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

Cllr John O'Neill, Chair of the South Gloucestershire Health and Wellbeing Board also highlighted that as part of the quarterly joint development sessions on the Joint Local Health and Wellbeing Strategy for the year 1 areas of focus, the Board had recently engaged in a very useful development session on physical activity and healthy weight, and issues around isolation.

d. Locality Partnerships update:

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

Summary of main points raised/noted in discussion of this item:

1. As set out in the update report, draft principles for locality working had been developed.
2. The following key messages had also been highlighted by localities:
 - The importance of continuing to invest in relational infrastructure, evaluation capacity, and leadership development at neighbourhood and locality level.
 - Looking to convene dedicated spaces for partners to explore and define the characteristics of trust and pace in system change, surfacing tensions, testing new ideas, and examining shared principles for change.
 - The importance of ensuring VCSE and community voices are central to governance and delivery.

6. Implementing Corporate Parenting across the BNSSG ICP

The Board considered an update on implementing Corporate Parenting across the BNSSG footprint.

Summary of main points raised/noted in discussion of this item:

1. The Board received a presentation which:
 - shared the corporate parenting context across the BNSSG footprint.
 - highlighted in particular the health challenges for care-experienced children and young people that can affect their whole life course.
 - sought to encourage opportunities for the ICP Board to discuss ways in which they can address challenges and mitigate against long-term health inequalities.
2. It was noted that it was important to recognise the value offered through organisations such as Off the Record in providing mental health support for children and young people, including care leavers.
3. It was acknowledged that it was important to try to maximise job/training/development opportunities and pathways for young people leaving care, and to ensure that they had access to health services, e.g. dental care. There was scope to develop more joined-up approaches as this should be seen as a whole system issue. Appropriate data sharing between health and local authorities could be explored as part of the approach to improved outcomes for children in care and leaving care.

4. The Board members then participated in small group discussions, sharing reflections around the following issues/ questions:

- What does it mean to you to be a good corporate parent?

Data collection

- How robust is your data collection across the life course?
- How do your KPIs enable you to monitor this population across the health landscape?
- How does data strategically inform services you deliver for care-experienced children, young people and adults?

Tailored support and specialist services

- How well equipped are GPs to become the responsible health professional for care leavers at 18?
- What specialist services could you consider putting in place to mitigate these long-term poor outcomes?
- How do your policies enable more appropriate service delivery for care-experienced people? How are your policies being reviewed to ensure impact?

Training and Awareness

- If a young person told their health professional they were a care leaver, would they know what to do?
- How well do your services understand the levels of disproportionality in health outcomes?

At the conclusion of the item, it was agreed that it would be appropriate for a further collaborative discussion to be scheduled on this topic in approx. 6 months time.

7. Healthier Together 2040 – Strategic intentions for working age adults with multiple health needs

The Board considered a report that:

- provided an update on the set of Strategic Intentions for Working Age Adults with Multiple Health Needs as the principles to support the development of a population needs based model of care
- shared the next steps and proposed alignment with the NHS 10-year Plan, The National Neighbourhood Implementation Programme and ICB Strategic Commissioning Priorities.

Summary of main points raised/noted in discussion of this item:

1. It was noted that since the July ICP Board meeting, the following actions had/were taking place:

- a. The 'Design Phase' had been concluded with extensive involvement from system partners and members of the public.
 - b. Outputs from the design phase had been developed into a set of strategic intentions, as set out in the report.
 - c. Working up a plan for alignment with the NHS 10-year Plan, The National Neighbourhood Implementation Programme and ICB Strategic Commissioning Priorities.
2. The continued importance of co-design was stressed, noting that the development of the Strategic Intentions had been underpinned by a strong foundation of engagement across the system. Over the past year, staff, system partners, VCSE organisations, and local communities had been actively involved through surveys, focus groups, interviews, and co-design workshops
3. In terms of future commissioning, some concern was expressed around the importance of not losing the valuable work commissioned through projects at the local level. It was noted that within larger future contracts, it was anticipated that there would be scope for sub-commissioning – the detail of this would need to be worked through carefully, mindful of the contribution at the local level. Within the context of Strategic Intentions and the strategic commissioning role of ICB clusters, it would be important to retain the principles around open conversations and co-design; also to develop the ability to act locally and maintain the locality link and work with VCSE organisations in responding to national issues.

Meeting close: 3.15 pm