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

Minutes of the meeting held on 9th December 2025 09:30-11:30 at Trinity Centre (Graffiti Room) Bristol, BS2 0NW

Figure 1: Sketch notes of key discussions

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
Adwoa Webber	Head of Quality and Clinical Excellence, BNSSG ICB	AW
Anne Gachango	Head of Equity and Health Inclusion Service, Sirona	AG
Mark Graham	Chief Executive, For All Healthy Living	MG
Steve Nelson	Chief Executive, Wesport	SN

Julie Northcott	Deputy Director of Public Health, Bristol City Council	JN
Lucy Heard	Public Contributor	LH
Anne Gachango	Head of Equity and Health Inclusion Service, Sirona	AG
Tim Keen	Associate Director of Strategy, North Bristol NHS Trust	TK
Viv Harrison	Public Health Consultant Population Health, BNSSG ICB	VH
Peter Thomson	Associate Medical Director, Sirona	PT
Apologies		
Deborah El-Sayed	Chief Transformation and Digital Officer, BNSSG ICB	DES
Christina Gray	Director of Public Health, Bristol City Council	CG
Philip Clatworthy	Consultant Stroke Neurologist and Honorary Senior Clinical Lecturer, North Bristol Trust (NBT)	PC
Christina Gray	Director of Public Health, Bristol City Council	CG
Seema Srivastava	Executive Deputy Medical Director, University Hospitals Bristol and Weston (UHBW)	SS
Tracie Jolliff	Chair for Independent Advisory Group for Race Equity	TJ
Joe Poole	Locality Partnership Director Bristol, BNSSG ICB	JP
Rosi Shepherd	Chief Nurse, BNSSG ICB	RS
Amanda Threlfall	Public Contributor	AT
Sarah Weld	Director of Public Health	SW
Rebecca Dunn	Director of Business Development and Improvement, University Hospitals Bristol and Weston (UHBW)	RB
Matthew Lenny	Director of Public Health, North Somerset Council	ML
Katrina Boutin	Medical Director, General Practice Collaborative Board	KB
Grace Burn	Public Contributor	GB
In attendance		
Sally Hogg	Consultant in Public Health, Bristol City Council	SHo
Tom Allport	Consultant Community Paediatrician and Researcher at University of Bristol	TA
Camille Aubrey	Illustrator	CA
Zoe Rice	Programme Manager for Population Health BNSSG ICB	ZR
Samuel Hayward	Consultant in Public Health, North Somerset Council	SH
Ruth Whateley	Health Inequalities and Prevention team, BNSSG ICB	RW
Leonie Milner (minutes)	Facilitator, Health Inequalities and Prevention team, BNSSG ICB	LM

Minutes

	Item	Action
1	**Welcome**	

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	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** • Executive consultation on the new structure has begun and will continue into Jan / Feb 2026 • Voluntary redundancy (VR) scheme has opened for all staff to apply this week – the treasury has agreed and allocated funds for this • Projected numbers of job loss between BNSSG and Gloucestershire ICB is expected between 175-300 • ICBs new role going forward will be 'strategic commissioning' - JM to speak on this later in the agenda • Reducing health inequalities remains a central pillar of the new structure • SHIPPH committee to continue whilst the transition of merging with Gloucestershire ICB occurs – the function will still be needed – more clarity expected in the new year about its format moving forward **A recent good example of strategic commissioning** **JF** discussed the work that was recently presented at the ICB board, around the CVD equality objective. The aim of the work was to improve the treatment of hypertension in Black African and Black Caribbean populations, and JF commended the model used by RW, citing it as a good example of strategic commissioning moving forward. **RW**, who led the work, outlined the process and principles that underpinned this: • Work underpinned by co-production guidance and action learning • Start with population health data • Meaningfully involve members of the public and VCSE with lived or learned experience • Create an open and safe space, building trust, mutual respect and equality within the group • Quoracy within the working group – the majority of the group needed to be people with Black African or Black Caribbean heritage, in order to be quorate • Triangulate published evidence and population health data *with* the group's insights	JF and JM – continue to update SHIPPH on organisational changes.

	Item	Action
	• Produce a simple and clear report summarising the groups findings and ICB commissioning recommendations • Present the report, *together* at the ICB board **JM** re-enforced support for this approach and commented on the impact of having the group present at the board. Other members of the SHIPPH committee, who attended the board, shared the positive impact it had on them personally, how it resonated. Discussion occurred around the need to re-dress the balance of quantitative data (numbers) with qualitative data (people's stories / experiences) moving forward, to understand our population more deeply, and address those needs - and health inequalities - more effectively.	
3	**Find your village: first 1001 days peer support for migrant communities – Tom Allport, Consultant Community Paediatrician and Researcher at University of Bristol.** *Purpose: for information/awareness* **TA** outlined the pilot studies undertaken to support migrant populations in Bristol using peer support. The pilot was called 'Find your Village'. Key messages included: • Spiral of disadvantage and inequality build from pre-birth – significance of support during the first 1001 days of life • Atomised / fragmented society can be an extra challenge • Peer / social support is crucial – central to the pilot • Connectedness to pathways of wellbeing throughout life makes a positive impact • Lots of principles suggested in this pilot for migrant heritage communities are based on generalisable to other communities (feedback from South Bristol) • Bristol feels like a hotbed of innovation when it comes to peer support – examples from Covid and recent green social prescribing examples given Full information was sent to board members ahead of today's meeting. **TA's** question SHIPPH members: *How can the learning from Find Your Village inform work to tackle health inequalities and the shift towards prevention and neighbourhood health?* Discussion between SHIPPH members regarding the landscape of commissioning, funding in the community and peer support: • Inconsistent, non-recurrent funding – unpredictable and challenging	**JM** will consider establishing a working group to look at a strategic commissioning approach around peer support.

	Item	Action
	• Currently it forces groups to compete, rather than support one another • Peer support interventions are cost-effective, and can meet outcomes **JF** noted that approximately 65% of ICB funding is spent on acute care and re-enforced that a strong evidence-base is needed to re-align funding to prevention in the community. **SH** gave examples peer support with a strong evidence-base to come out of North Somerset; substance-use services, breast-feeding support. Discussion around some of the challenges with outcomes-driven commissioning. **JM** suggested forming a working group to define what a strategic commissioning approach for peer support looks like and what actions we may look at over time (see action). Principles of proportionate universalism (the greatest resource for the greatest need) in relation to this process were acknowledged. **Discussion** relating specifically to TA's question: • The passion is apparent, but approach must be clearer • Define terminology: a need to be more specific around who the audience is – currently quite broad: 'communities with migrant heritage' • Joined up working: Consider linking in with work in Weston with children, young people and families – opportunities outside of the NHS • Evidence-base: Consider the evidence-base commissioners are requiring; there is evidence for peer support – what may be required is something telling us about the risks so that an informed decision can be made – 'evidence-informed' • The value of bringing such projects to SHIPPH, to seek assurance and guidance	
4	**Review and approval of Medium-Term Plans (MTP) for:** - Healthy Weight - Smokefree BNSSG - Alcohol and drugs *Purpose: for sign-off* Plans were circulated to SHIPPH members ahead of the meeting with request to read in advance and be ready to discuss/approve. **Healthy Weight**	**ZR** – co-ordinate the submission of finalised MTPs to the ICB planning team.

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	SHo summarised the work undertaken as per the MTP, a busy year for Healthy Weight work with a whole systems approach and a forthcoming ICB-led working group. The Why Weight Pledge has been rolled out – AWP yet to sign but now have plans to do so. BNSSG ICB yet to sign also – see detail in October 2025 minutes. The ICB-led working group has an aim of triangulating population health data, system knowledge and lived experience to improve services for those living with obesity in BNSSG. **SHo** acknowledged the prevention intersection – keenness to work towards prevention as a whole, with drug and alcohol and smokefree work. **Discussion:** • Ongoing system-wide question around whether the tier model is effective in meeting individual needs • The importance of working across pathways and lived experience to understand how we can make improvements via the next financial model • Getting the right balance of lived experience input – hearing people's voices • Obesity Pathways Innovation Programme (OPIP) bid submitted by the ICB – awaiting decision **Smokefree BNSSG** **SH** summarised the work undertaken as per the MTP which included detail on data and insights work, the Tackling the Tobacco Dependency (TTD) Programme, and procurement of the Smokefree Peer Support service. NHSE Regional team have introduced a new charter - looking for system-wide sign up to raise general awareness and show commitment. **JM** agreed with the commitment and intended cultural shift but concerned about the associated reporting requirements as these duplicate those already in place locally through the Smokefree Alliance. Resolved that we can look to sign-up to the charter and will offer our existing plans and progress reports rather than create new/duplicative processes. **Discussion:** • Update from **TK**, recording smoking status is now mandatory in all NBT outpatient services and will feed into data platform • Ongoing considerations around vaping agenda, led by Local Authorities	

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	Alcohol and drugs **JN** summarised the work undertaken as per the MTP which included data and connectivity, work in primary care to connect digital records, a Dual Diagnosis (co-occurring substance use and mental health needs) 'round table' scheduled for January and a business case regarding equitable provision for hospital based alcohol care in the acutes - awaiting the outcome. **Discussion:** • Considering the interaction of chronic pain within dual diagnosis discussions / developments **ZR** question asked on behalf of **AT** (who sent apologies): How will lived experience feature in all plans? **JN** in relation to drug and alcohol work, strategy has been written by people with lived experience. This will continue moving forward. **Agreement by all members present to approve the three MTPs** – ZR to follow up to complete process (see action).	

5.	**NHS England Strategic Commissioning Framework – Jo Medhurst, Chief Medical Office, BNSSG ICB** *Purpose: overview and discussion around recently released commissioning framework for ICBs* One page summary sent to members of the committee ahead of this meeting – please see for reference. Find the full framework here. **JM** presented a set of slides which covered the policy context, definition, approach and enablers of strategic commissioning for ICBs. • Context: The Strategic Commissioning Framework follows on from recent publications related to healthcare; the 10-Year Health Plan for England, Model Blueprint and Medium-Term Planning Framework • The Strategic Commissioning Framework is ICB specific and relates to 'the how' • Strategic commissioning is a continuous, evidence-based approach to improve population health and reduce inequalities • Fosters cross-sector collaboration and integrates data-driven insights ensuring sustainable, efficient, and high-quality healthcare delivery • Using population health data to improve population health and reduce inequalities is not technically a 'new' approach	**JM** Update on key milestones relating to strategic commissioning at next SHIPPH meeting

	• Four stage approach; understanding the context, developing long-term strategy, delivering the strategy and evaluating impact • Key enablers; system leadership and partnerships, data analytics and technology, user involvement and co-design and intelligent payor function • Strategic commissioning operates across scales from Neighbourhood level to pan ICB **JM** went onto summarise anticipated timeline / key milestones for Strategic Commissioning in ICBs: • January 2026: Strategic commissioning capability toolkit issued to support ICBs in building necessary skills • January- March 2026: ICBs are expected to complete integrated needs assessments and develop five-year population health strategies and improvement plans. • March 2026: ICBs to have completed a baseline assessment against the framework • April 2026: Strategic commissioning development programme launched to support ICBs with developing their skills • March 2027: Evaluation and intelligent payor function in place Discussion: • Acknowledgement of the pace at which this is moving • Refreshed population needs assessment based on / supported by work already undertaken, including Our Future Health • Using insights from the 5-year population health strategies could support re-aligning funds towards prevention • Quality control element of the work is least understood at present – further clarity needed and likely to emerge over time • The need to be more creative – less rigid – in the payor function; no significant change in the other enablers • 'Neighbourhood health' and how it links in with commissioning across scales needs defining further – ambiguity between neighbourhood level and place level • VCSE sector – moves between working at place and the entire system – different interpretations of neighbourhood health **JF** noted that as this re-organisation around this framework develops into 2026, it will be brought back for conversation (see action)	
6.	**AOB** Invites have now been sent for the following SHIPPH meetings in 2026: Tuesday 10/2/26 – 1100-1300 – MS Teams Tuesday 21/4/26 – 1100-1300 – In person	

	Tuesday 23/6/26 – 1100-1300 – In person	

Date of Next Meeting

10th February 2026