

## **HEALTH AND WELLBEING BOARD**

Minutes of the meeting held at 1.30 pm on 8 October 2015

### **Present:**

Councillor David Jefferys (Chairman)

Councillors Ruth Bennett, Ian Dunn, Robert Evans,  
William Huntington-Thresher, Angela Page and  
Pauline Tunnicliffe.

Dr Nada Lemic, Director of Public Health

Dr Angela Bhan, Chief Officer - Consultant in Public Health  
Harvey Guntrip, Lay Member

Dr Andrew Parson, Clinical Chairman

Annie Callanan, Independent Chair - Bromley Safeguarding  
Children Board

Ian Dallaway, Chairman, Community Links Bromley

Linda Gabriel, Healthwatch Bromley

### **Also Present:**

Jackie Goad (Chief Executive's Department), Richard Hills  
(Education, Care & Health Services), Stephen John (Education,  
Care & Health Services), Denise Mantell (Education, Care &  
Health Services), Dr Agnes Marossy (Bromley Health Authority)  
and Doug Patterson (Chief Executive's Department) Carolyn  
Piper (Education, Care and Health Services) and Vanessa  
Reeves (IMPOWER Consulting Ltd)

### **1 APOLOGIES FOR ABSENCE**

Apologies were received from Cllr Diane Smith.

### **2 DECLARATIONS OF INTEREST**

Cllr Pauline Tunnicliffe declared an interest as a foster carer for Bromley Council.

### **3 MINUTES OF THE MEETING HELD ON 9th JULY 2015**

The minutes of the meeting held on 9<sup>th</sup> July 2015 were agreed.

### **4 QUESTIONS FROM COUNCILLORS OR MEMBERS OF THE PUBLIC ATTENDING THE MEETING**

Three questions for written response were submitted by Ms Susan Sulis from the Community Care Protection Group.

The questions and the answers were tabled to Members of the Board at the meeting.

The answers have been emailed to Ms Sulis post meeting, and will be attached as an appendix to the minutes when they are published.

## **5 WINTERBOURNE VIEW RECOMMENDATIONS UPDATE**

A brief verbal update on the Winterbourne View recommendations was provided by Mr Stephen John—the Assistant Director for Adult Social Care.

He informed the Board that the number of placements had reduced from 8 to 5. CPA (Care Programme Approach) care plans had been arranged for three of the placements, and were being developed for the other two placements.

No questions were raised concerning the update.

**RESOLVED that the verbal update on the Winterbourne View recommendations be noted.**

## **6 PRIMARY CARE CO COMMISSIONING VERBAL UPDATE**

Dr Angela Bhan informed the Board that a third meeting had recently been convened between the Bromley CCG Board, and six other CCG Boards. These Boards had been set up to look at issues concerning Primary Care Co-Commissioning in South East London. The meetings were very useful, but it was not always the case that all the issues and questions raised could be answered immediately. The focus at the last meeting of the CCG Board was on examining issues around governance. NHS England were still in overall charge of the primary care co commissioning process, but it was the aim to devolve more involvement to the CCG's.

Another matter that was discussed at the last joint CCG Board meeting was an overview of winter resilience schemes. The CCG Boards also looked at how Primary Care Hubs could be developed, and at developing closer links with pharmacies and getting them more involved in the treatment of minor ailments.

Dr Bhan informed the Board that a review of GP contracts was underway. She explained that there were two types of GP contract and these were PMS (Personal Medical Services) contracts and GMS (General Medical Services) contracts. In Bromley, the contract split was roughly 50:50. PMS contracts were being looked at to see if they were delivering value for money. It was now the case that CCG's could be involved in GP contract reviews. The objective of the contract reviews was to try and ensure not only value for money, but that everyone had access to equitable primary care offerings. It was also noted that Bromley CCG had set up an internal primary care commissioning group that would represent Bromley CCG at the meetings with the other 6 CCG Primary Care Commissioning Boards.

**RESOLVED that the verbal update on Primary Care Co-Commissioning be noted.**

**7 INTEGRATION UPDATE--THE BROMLEY OUT OF HOSPITAL TRANSFORMATION PROGRAMME**

The Bromley Out of Hospital Transformation Programme update was given by Dr Angela Bhan, and Ms Vanessa Reeves from IMPOWER Consulting Ltd attended to answer any questions. Dr Bhan stressed the importance of moving forward with plans for developing joint commissioning strategies between LBB and with the CCG. It was noted that a final report on this matter had now been completed and should be available shortly.

Dr Bhan informed the Board that in Bromley, there was currently a poor level of health and social care integration, combined with inadequate secondary and tertiary integration. Demand was rising, and problems were compounded by increased longevity, chronic disease, and high levels of physical disability and learning disability in the Borough. She stated that the rising pressures on health care demand meant that by 2020 there was projected to be a £72.3m funding gap. What was required was “Transformation” to “break the lock” and to break the historical issues that had brought about the current situation which was a dysfunctional cycle.

Dr Bhan felt that it was important that analytical work undertaken by all relevant parties, incorporating the JSNA (Joint Strategic Needs Assessment) findings, work undertaken by GP’s, hospitals, and the Health and Wellbeing Board, should be joined up. Dr Bhan stated that it was clear from research and engagement sessions that the health and social care system needed to be proactive, co-ordinated for people and professionals, and that the system needed to be more accessible. Dr Bhan outlined the outcomes that LBB and the CCG would be looking to achieve with respect to the Integrated Care Networks. These would be consistent health and care outcomes across quality, safety, value for money, and in terms of performance. Within each ICN (Integrated Care Network), providers would be incentivised individually and as part of the network to deliver their contributions. It was hoped that the significant change of focus and redirecting of financial incentives would be the catalyst required to successfully implement the new model of care.

The Board heard that it was anticipated that there would be three ICN’s operating in the Borough. The ICN model had three layers. The core would consist of an ICN Hub of 15 GP practices, and around this inner “core” would be two other supporting layers. The first of these two supporting layers would consist of a Case Management Team. The CMT would work to target patient groups and needs, and develop and manage the implementation of the care plans. They would also help with the issue of “accessibility” in aiding both professional and the public to access the most appropriate care. The “outer layer” of an ICN would consist of a “Borough Wide Specialist Offer” that would be responsible for providing and enabling services on a borough wide basis. The success of the ICN’s would depend on effective leadership.

Dr Bhan mentioned that the ICN's in Bromley would need to develop a preventative culture and approach; this would apply to primary prevention, secondary prevention and tertiary prevention. She also felt that it was important for there to be more involvement from community groups and from the voluntary sector, and that community pharmacists would be commissioned to provide a wide range of services under the new system. Cllr Ruth Bennett commented that it was key that one named person be allocated as a Coordinator and to have overall responsibility for project implementation.

Cllr Dunn asked:

1. Was it anticipated that the March 2017 target date be realised?
2. What would be the Governance around the change programme?
3. Was there a local example to observe?

Teresa Reeves (IMPOWER) responded that the improvement plan and the governance structure was being discussed by the local authority and the CCG. She stated that it was the case that robust governance arrangements would be established and that care networks would be guided by a Steering Group, and that local residents would be involved. With respect to the March 2017 deadlines, it was too far into the future to confirm if the deadline would be met. LBB and the CCG would be better placed to confirm this at the end of the financial year. In terms of local examples that could be observed, it was the case that a local example had not yet been fully established. However it was the case that there were certain areas where a rollout had taken place; one such area was Solihull, and it was hoped that Bromley would be able to learn from this example.

The Chairman commented that LBB and Bromley CCG were setting the way forward, and asked when a final decision would be made? Dr Bhan answered that it may not be prudent to speak of a "final decision", but rather to think of the process as a journey that we were all moving forward on. Where we were at currently was in effect the next stage on from "local care networks". Dr Bhan expressed the view that as far as ICN's were concerned, all involved were on "a direction of travel" rather than focusing on making one big and final decision at the end of a process.

The Chief Executive for LBB, Mr Doug Patterson, informed the Board that the local authority were involved in discussions concerning the integration programme and that this was a matter that Cllr Robert Evans was bringing to the Cabinet. He stated that if the current plans went ahead, LBB would be investing in the region of £60m-£70m into the integration programme for social care projects. Because of this, LBB would require a significant input around how plans would be developed and implemented, and it was important that Members were aware of this.

Cllr Robert Evans wondered if the new system would bring cost savings, and if there would be a shift of money into local services. He was also concerned about the possible creation of a new level of bureaucracy. Dr Andrew Parsons

stated that the aim of ICN's were to encourage new ways of working, and that it was envisaged that money would be siphoned out to the local community.

Dr Bhan felt that savings would be made by encouraging prevention and by moving people out of hospital sooner. Dr Bhan assured that the focus would be on what was right for LBB, and that there was no cause for concern in terms of creating another level of bureaucracy.

Cllr William Huntingdon Thresher wondered if GPs were fully signed up to deliver to the required timescales. Dr Bhan responded that this was not easy as GPs had different ways of working, and sometimes these patterns were difficult to change. However, Dr Bhan remained hopeful, and consultations were ongoing.

Mr Ian Dallaway noted the importance of the voluntary and community sector and suggested that they unite and map assets. He suggested that they could join together to form a community based Care Board. This could possibly become a steering group or possibly the main steering group.

The Chairman welcomed the report and the update provided by Dr Bhan. He stated that a series of important steps were being taken forward and that the Board would be updated in December 2015. Any views and recommendations going forward would be welcomed.

**RESOLVED that the Bromley Out of Hospital Transformation Programme update be noted and that the Board be kept informed of future developments.**

## **8 HEALTHWATCH BROMLEY ANNUAL REPORT**

The update on the Healthwatch Annual Report 2014—2015 was given by Linda Gabriel.

Ms Gabriel informed the Board that the GP Access report that Healthwatch had presented previously, was now being scrutinised by the CCG, and there would be a report back to the HWB on the CCG analysis in due course. Healthwatch were planning to visit independent living facilities in the near future, and would report back to the CCG and to the HWB. There were also plans in the pipeline to visit pharmacies.

Ms Gabriel updated the Board concerning "Engagement", and it was noted that Healthwatch currently had nearly 1000 Twitter followers and a bi weekly bulletin that was received by nearly 350 members. Service users were able to influence Bromley CCG's revised Urology plan through comments received from Healthwatch focus groups and surveys, and several focus groups had been held regarding Kings Hospital Trust, asking for local feedback and intelligence.

The Board noted that reports capturing children's views on health services in the borough had been used by the CCG to inform their Young People's Strategy. In the twelve months to the end of March 2015, Healthwatch signposted 260 people to health and social care that matched their requirements and helped local people to find GPs and dentists, explained the complaints procedure and answered

questions around data, opening times and catchment areas. Healthwatch also published a health and social care signposting directory and distributed this throughout the borough.

Concerning “Enter and View,” between 2014-2015 Healthwatch conducted Enter and View visits to 9 care homes and spoke to over 80 residents. The reports identified a general level of satisfaction within the homes, although discharge procedure and protocol was identified as an area for improvement.

Ms Gabriel concluded with Healthwatch’s priorities for the coming year:

It was explained to the Board that from April 2015, Healthwatch had received a three year contract to deliver services in Bromley.

Due to winning a bid, Healthwatch were now delivering services in the London Borough of Lewisham. As an organisation, Healthwatch was now representing the views of over half a million people.

There was going to be a renewed focus on Children and Young People and Mental Health for the coming financial year

**RESOLVED that**

**(1) the update on the Healthwatch Bromley Annual Report be noted**

**(2) feedback would be provided to the Board in due course after the CCG had examined the GP Access report.**

**9 BROMLEY SAFEGUARDING CHILDREN'S BOARD ANNUAL REPORT AND BUSINESS PLAN--VERBAL UPDATE**

The update concerning the Bromley Safeguarding Children’s Board was provided by the Chairman, Annie Callanan.

A BSCB Development Day was held on 6<sup>th</sup> July to agree core functions of the Board, to develop and agree the business plan and next steps for the Board. Board members agreed a ‘Statement of Purpose’ and identified areas for improvements which included the formation of sub groups. Existing sub groups would continue to meet, and four new subgroups had been created which were:

- Vulnerable Children
- Communications
- Policy and Practice
- Human Resources

Members heard that the Business Plan 2015-18 had been agreed by the Board and has incorporated priorities identified at the Development Day. Priority areas are: board resilience; service responses; community engagement; learning and improvement; responses to safeguarding concerns.

Finally Ms Callanan informed the Board that the BSCB were seeking ways to forge better links with the local community, and would therefore be holding future meetings in community settings.

Cllr Pauline Tunnicliffe was concerned about the issue of missing children and asked what more could the local authority do to assist the Police? Ms Callanan responded that this was a difficult problem that required plans and communication across the sector to try and resolve. One option was to make the return interview process more effective. She also expressed the view that managers should explain figures in narratives and be held to account as appropriate.

**RESOLVED that:**

**(1) the update on the Bromley Safeguarding Children's Board Annual Report be noted.**

**(2) the written report to be presented to the Board at the next meeting.**

**10 JSNA UPDATE REPORT 2015**

The JSNA update was provided by Dr Agnes Marossy, Consultant in Public Health. The JSNA update report was brought to Members to update the Board with progress on the 2015 JSNA, and to ask the HWB to consider the process for agreeing the in depth areas for future analysis. Dr Marossy stated that she would present a final draft to the Board before the December 2015 deadline for publication.

It was expected that the JSNA report would be instrumental in the formulation of the HWB Strategy and Priorities. This being the case, Dr Marossy reminded members what the current in depth areas were, and how they had been selected:

- Areas for which Bromley was an outlier on the Public Health Outcomes Framework e.g. excess winter deaths, statutory homelessness.
- Areas of concern for the CCG (population in care homes)
- Populations of importance to Bromley, which had not been considered in depth before (older people's health)
- Areas of concern to LA commissioners (vulnerable young people).

Members of the Health and Wellbeing Board were asked to consider whether this approach was acceptable as a way forward, or whether some other approach should be instituted.

The Chairman suggested that Members reflect on the issues and provide comments either by email to Dr Marossy, or at the next meeting being arranged for December. Cllr Angela Page felt that it would be a good idea to prioritise the care home issue, as it was important that good care in care homes be established, and then the benefits of this would spread.

It was agreed that the JSNA should reflect the Transformation Programme, and should support the HWB Strategy.

**RESOLVED that**

**(1) the JSNA update report be noted**

**(2) Members reflect on the current process for agreeing the in depth areas for the future and feedback to Dr Marossy**

**(3) a draft JSNA document be disseminated to Members for agreement before the December 2015 publication deadline**

**11 HEALTH AND WELLBEING BOARD STRATEGY REVIEW--VERBAL UPDATE**

Dr Nada Lemic addressed Members and stated that the HWB Strategy would be based on the JSNA which was a factual and “living” document. It was not expected that there would be any change in priorities.

The Board agreed that the Strategy be finalised at a future date, after sight of the draft JSNA document and further updates from the HWB working groups.

**RESOLVED that the HWB Strategy be finalised after sight of the draft JSNA and updates from the HWB working groups.**

**12 SHORTAGE OF GP PROVISION IN BROMLEY TOWN CENTRE--VERBAL UPDATE**

A verbal update was given on this matter by Dr Angela Bhan.

Dr Bhan informed the Board that NHS England and Bromley CCG were in discussions concerning this matter. Dr Bhan expressed the view that Bromley Town Centre was not a large area that was under doctored, but that this could change in the future if the population increased.

It was revealed that NHS England were in discussions with the Dysart Surgery in Bromley to see if they could provide extra capacity and services if funding as made available. This was ongoing and the long term issues had not been resolved. The Chairman would inform the Ward Councillors of the discussion.

Cllr Ruth Bennett drew attention to the two new GP Practices that were in operation at Trinity Village. She wondered if they would be able to provide extra capacity. Dr Bhan replied that this was something that may be possible for the future, but that the practices in question would not be able to do this currently.

It was accepted that no firm answers were available at the meeting, and that the matter be kept on the agenda.

**RESOLVED that the matter be noted and brought back to the HWB for an update in the future when more information was available.**



### **13 QUESTIONS ON THE INFORMATION BRIEFINGS**

There were no questions on the Information Briefings.

### **14 UPDATES FROM THE HWB WORKING GROUPS**

Individual updates follow in the sub sections.

#### **15 Obesity Sub Group Update**

The Obesity Sub Group update was provided by Cllr Angela Page, who expressed thanks to Carolyn Piper and Dr Agnes Marossy for all of the hard work that they had contributed to the success of the Obesity Sub Group.

The Board were reminded that obesity was one of four of the current HWB Strategy priorities for 2015. It was the case that Bromley had the third highest prevalence of excess weight in London, and that 65% of the population of Bromley was classed as overweight. The Healthy Weight Forum had evolved from the work of the Obesity Sub Group, and was a Partnership Working Group. The purpose of the HWF was to explore and implement interventions to address obesity in Bromley, where multiple stakeholder action was required.

The HWF had made 4 recommendations:

- (1) A Healthy Weight Pathway should be established
- (2) Local planning policy should be supported to consider healthy weight environments
- (3) A Healthy Weight Communications Plan should be developed and delivered
- (4) Options should be explored to see how healthy food education and cooking sessions could be delivered

Cllr Page informed Members that the HWF would be meeting in November, and would be looking to pull everything together and to raise awareness.

Mr Harvey Guntrip and Annie Callanan expressed the view that LBB should consider imposing a “sugar tax”, following the example set by Brighton and Hove Council.

**RESOLVED that the Obesity Sub Group update be noted.**

#### **16 Diabetes Sub Group Update**

The Diabetes Working Group update was given by Cllr Ruth Bennett who informed the Board that the proposed meeting of the working Group that had been scheduled for September 2015, failed to take place. She noted that there was some overlap with the Obesity Sub Group, but there were also differences. It was

important to impact hard to reach groups and to look at education around health lifestyle and healthy eating.

Dr Agnes Marossy informed Members that a Diabetes Prevention Pilot had been running in Bromley for the last 6 months with 117 participants. This was a new initiative and part of a national programme. It was encouraging so far, and there were now a significant number of individuals who were no longer at risk of diabetes as a result. It was the case that the National Diabetes Programme was gathering pace, and Bromley was part of a joint bid across South London to be one of the early sites for the National Diabetes Prevention Programme. Provision of the National Programme would be funded centrally.

The Chairman enquired if modelling could be undertaken to see how much health and social care expenditure might be saved over a 5 year period as a result of introducing such a programme. It was noted that some cost benefit analysis had been undertaken.

The Chairman thanked Cllr Bennet and Dr Marossy for their updates.

**RESOLVED that the Diabetes Sub Group updated be noted, and that the Board be updated in due course concerning developments with the Bromley and the National Diabetes Programme.**

#### **17 Dementia Sub Group Update**

The Dementia Sub Group Update was provided by Cllr William Huntington Thresher.

He updated the Board that there was going to be a meeting of the Dementia Action Alliance during the week following the HWB meeting. He advised the Board that LBB would be hosting a Dementia Conference on 25<sup>th</sup> November 2015. The Dementia Sub Group had not met recently. It was the aim of all concerned to create a Dementia friendly society. He was of the opinion that work had not yet impacted on the acute sector.

Dr Bhan stated that BCF Funding had been allocated to Dementia Services in Bromley, and that a new Dementia Hub was being developed. This would improve the quality of life for all concerned; the new Hub would provide advice and support services, an information worker, and support and activity groups. The work would ensure that the correct landscape of services was in place to deal with the expected growth in the number of people suffering from the condition.

**RESOLVED that the Dementia Sub Group update be noted.**

#### **18 Children and Adolescent Mental Health Sub Group Update**

It was noted that the previous Lead for the Children and Adolescent Mental Health Sub Group (Cllr Judith Ellis) was not available to update the Board.

The Board heard that a new bid for a CAMHS Transformation Project had been

submitted to NHS England. If this bid was successful, then it would facilitate the development of plans and priorities for the next five years. A report concerning this would come to the HWB in due course.

**RESOLVED that:**

**(1) a report be submitted to Members in due course concerning the bid for funding to transform CAMHS services.**

**(2) in view of the discussion on this report, Members to consider whether a new Lead be appointed, and a new constitution be drafted for the Children and Adolescent Mental Health Sub Group.**

**19 DEVELOPMENT OF THE HEALTHY WEIGHT FORUM FINDINGS**

It was noted that this matter had been covered previously in the items dealing with the Diabetes and Obesity Sub Groups.

**20 WORK PROGRAMME AND MATTERS ARISING**

Members noted the Work Programme, and the Matters Arising report.

**21 ITEMS FOR THE NEXT AGENDA**

It was noted that at the next meeting there would be a presentation from MIND concerning the Bromley Working for Wellbeing Service.

It was also noted that the full report from the Bromley Safeguarding Children's Board would be presented at the next meeting.

**22 ANY OTHER BUSINESS**

The Chairman noted that the Board was not due to meet again until February 2016, and suggested that a meeting be held in December 2015 prior to this. The suggested date was December 8<sup>th</sup> 2015.

**23 CONFIRMATION OF NEXT MEETING**

*Post meeting note: the date of the next meeting of the Health and Wellbeing Board has been confirmed as December 8<sup>th</sup> 2015 at 9.00am.*

**Questions to the HWB from the Community Care Protection Group**

The Meeting ended at 3.45 pm

Chairman

*Health and Wellbeing Board*  
*8 October 2015*

COMMUNITY CARE PROTECTION GROUP PUBLIC QUESTIONS TO 8<sup>TH</sup> OCTOBER 2015 BROMLEY HEALTH AND WELLBEING BOARD FOR WRITTEN RESPONSE.

Questions were submitted by Ms Susan Sulis, Secretary, Community Care Protection Group.

Question 1

Context:

**PROGRESS ON THE 2015 JOINT STRATEGIC NEEDS ASSESSMENT: AGREEING IN-DEPTH AREAS FOR THE NEXT JSNA.**

Reports repeatedly identify poor health outcomes in Bromley wards which suffer deprivation, and *'the aim of the JSNA' is to produce 'interventions that will achieve better outcomes and reduce inequalities'*.

**Specific Question:**

**(a)What are the 'interventions that will reduce inequalities'?**

**(b)Where do they appear in the JSNA and Health and Wellbeing Strategy?**

**ANSWER:**

The quote from the JSNA update paper in full is as follows:

*The aim of the JSNA is to deliver an understanding of the current and future health and wellbeing needs of the population over both the short term (three to five years), and the longer term future (five to ten years) to inform strategic planning commissioning services and interventions that will achieve better health and wellbeing outcomes and reduce inequalities.*

i.e. the JSNA informs the commissioning of interventions to improve health and reduce inequalities through highlighting the needs.

The definition of commissioning starts with identifying need – which is the role of the JSNA.

In the JSNA, the main causes of morbidity and mortality are described, together with the health needs of vulnerable populations, so that commissioners can identify which conditions need to be addressed with interventions.

## Question 2

Context:

### **OBESITY SUB-GROUP ACTION PLAN 2015/16: IDENTIFYING GAPS IN PROVISION**

*'65% of Bromley's population are either overweight or obese, which represents 205,820 adults', and '25.6% of Bromley's population do less than 30 minutes of activity per week'.*

**Specific Question:**

**What provision is there to enable people to maintain weight-loss by long-term medical referral exercise sessions or exercise support groups/clubs?**

ANSWER:

**Information on Exercise programmes available in Bromley are listed here; <http://bromley.mylifeportal.co.uk/exercise.aspx>**

I have detailed the specific exercise **referral programmes** currently available.

#### **1. Exercise referral programme – Called Fresh Start:**

This programme promotes physical activity as a treatment for existing medical conditions. A referral is received from a Healthcare Professional to refer sedentary patients with one or more existing medical conditions (specific medical conditions are included) to an exercise programme that promotes long term adherence to physical activity.

The aim of the programme is to prescribe the most appropriate exercise prescription for a patient's medical condition whilst maximising patient choice and motivation. The exercise specialist will assess the patient and refer them to the most appropriate exercise mode dependent on medical condition and preference.

The programme consists of 12 supervised sessions where a trained exercise specialist devises an individual exercise programme in the gym. There is a choice of morning, afternoon, and weekend sessions at the following venues:

- **The Walnuts Leisure Centre,**  
Lych Gate Road, Orpington, BR6 0TJ
- **The Spa at Beckenham,**  
Beckenham Road, Beckenham, BR3 4PF

#### **2. Health Walks**

There are 9 weekly walks available. Distances and locations vary to suit individual needs.

### **3. Cycling on Prescription**

Individual cycle training followed by led rides are available in the borough for people who have been referred by a health professional.

### **4. Primetime Active Life Scheme (aged 60+)**

A variety of exercise classes and sports activities are available for the over 60s. Anyone can take part, but GPs regularly recommend this programme. A timetable is available so the patient can choose the best activity at a time and day to suit their schedule. If they are aged 60+, they will be offered a subsidised rate for the activities they choose to take part in and can pay for the activities on a pay as you go basis, or they can have subsidised

### **5. Men's Active Lifestyle Club:**

This is a programme of activities specifically targeted at men aged 50+. Specifically designed classes and activities including golf tuition, gym sessions, circuit classes and water confidence sessions are available. The first 6 sessions of activity are free of charge and following these sessions they are offered discounted on-going activities.

### **6. MEND**

MEND supports children in Bromley who are above a healthy weight to become fitter and healthier and includes fun family activities, information and games to help lead healthier lives. Children have the opportunity to get more active with a variety of physical activities and games. There is also the opportunity to share tips and challenges about healthy eating for the whole family, with other parents in an open, supportive environment.

### **7. Pro-Active Bromley**

Pro-Active Bromley is the strategic sport and physical activity network for Bromley which provides a governance structure and actively promotes activities in the borough for children and young people, adults and older adults. View the strategic framework here; <https://sites.google.com/a/pro-activesouthlondon.org/pro-activebromley/about-us/our-strategy>

### **Support groups / clubs**

- **Outdoor gym facilities in Bromley (x 2) -** [http://www.bromley.gov.uk/info/200073/parks\\_and\\_open\\_spaces/788/outdoor\\_gyms](http://www.bromley.gov.uk/info/200073/parks_and_open_spaces/788/outdoor_gyms)
- **Green Gyms (x3) -** <http://www.tcv.org.uk/london/green-gym-london/bromley-green-gym>
- **Mytime Active** – have a range of activities / facilities and classes to support residents and families in Bromley. They also offer a community smalls grants scheme for community groups that want to start / fund their own activities.
- 'Door step' partnership activities hosted by Mytime Active which engage 16-25 years old in sport.
- There are a variety of other classes in Bromley – we sign post all partners to update the Get Active London database so anyone anytime can find local activities. <http://www.getactivelondon.com/>

- Cycling – New Bromley Cycling strategy ([http://www.bromley.gov.uk/downloads/download/688/cycling\\_strategy\\_draft](http://www.bromley.gov.uk/downloads/download/688/cycling_strategy_draft)) promotes;
  - New safer cycle routes and other infrastructure
  - Discounted/subsidised bicycles
  - Cycle parking provision – workplaces – residential – on street – at key locations e.g. Parks
  - Cycling programmes and initiatives.

Question 3a

Context:

**OBESITY SUB-GROUP ACTION PLAN 2015/16: HEALTHY WEIGHT INDICATORS MAPPING BY WARD.**

**This chart shows that the 5 most deprived wards have the greatest incidence of obesity. Bromley needs a strategy to address this.**

**Specific Question:**

**Will the HWB consider?**

**(a) how people suffering food poverty e.g. using foodbanks, can get access to fresh healthy food?**

ANSWER:

Bromley hosts two Foodbanks that mainly handout tinned fruit and vegetables and occasional fresh fruit and vegetables.

<http://bromley.mylifeportal.co.uk/search/searchresults.aspx?new=true&query=foodbanks>

Question 3b

Context:

**initiatives using ‘social prescribing’ for weight-loss and exercise sessions?**

ANSWER:

**Bromley Healthcare Live Well Assessments:**

This is a FREE lifestyle advice service for any adult living, working or studying in Bromley, or registered with a Bromley GP who falls outside the criteria for an NHS Health Check. The service is designed to be very easy to access; it focuses on residents who are less likely to visit primary care. It performs targeted



outreach assessments in the 5 wards experiencing the highest levels of deprivation in Bromley.

The Live Well assessment helps residents to understand how lifestyle, and the choices made, can affect health. The assessment helps residents to identify and monitor their own health and personal risk factors. It performs 8 checks highlighting areas where lifestyle changes could be made, giving the opportunity to discuss concerns, find information and where appropriate, be signposted to other specialist services to maintain good health such as weight loss initiatives (Weight Watchers and Slimming World are available on prescription in Bromley) and exercise sessions such as Fresh Start.

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