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DATE: 21 March 2018

To: Members of the
HEALTH AND WELLBEING BOARD

Councillor David Jefferys (Chairman)
Councillor Robert Evans (Vice-Chairman)
Councillors Ruth Bennett, Stephen Carr, Mary Cooke, Ian Dunn, Judi Ellis, Angela Page and Diane Smith

London Borough of Bromley Officers:

Janet Bailey	Director: Children's Social Care
Stephen John	Director: Adult Social Care
Dr Nada Lemic	Director: Public Health

Clinical Commissioning Group:

Dr Angela Bhan	Chief Officer: Bromley Clinical Commissioning Group
Harvey Guntrip	Lay Member: Bromley Clinical Commissioning Group
Dr Andrew Parson	Clinical Chairman: Bromley Clinical Commissioning Group

Bromley Safeguarding Adults Board

Lynn Sellwood	Independent Chair: Bromley Safeguarding Adults Board

Bromley Safeguarding Children Board:

Jim Gamble QPM	Independent Chair: Bromley Safeguarding Children Board

Bromley Voluntary Sector:

Linda Gabriel	Healthwatch Bromley
Colin Maclean	Community Links Bromley

A meeting of the Health and Wellbeing Board will be held at Bromley Civic Centre on **THURSDAY 29 MARCH 2018 AT 1.30 PM**

MARK BOWEN
Director of Corporate Services

Copies of the documents referred to below can be obtained from http://cds.bromley.gov.uk/

AGENDA

1 APOLOGIES FOR ABSENCE

2 DECLARATIONS OF INTEREST

3 MINUTES OF THE MEETING OF HEALTH AND WELLBEING BOARD HELD ON 8TH FEBRUARY 2018 (Pages 1 - 10)

4 QUESTIONS BY COUNCILLORS AND MEMBERS OF THE PUBLIC ATTENDING THE MEETING

In accordance with the Council's Constitution, questions to this Committee must be received in writing 4 working days before the date of the meeting. Therefore please ensure questions are received by the Democratic Services Team by 5.00pm on Friday 23rd March 2018.

5 FALLS TASK AND FINISH GROUP INTERIM REPORT (Pages 11 - 24)

6 INFANT MORTALITY IN BROMLEY (Pages 25 - 32)

7 BROMLEY THIRD SECTOR ENTERPRISE AND BROMLEY WELL (PRESENTATION) (Pages 33 - 36)

8 SOCIAL ISOLATION - UPDATE ON LOCAL AND NATIONAL INITIATIVES (Pages 37 - 40)

9 UPDATE ON DELAYED TRANSFERS OF CARE PERFORMANCE (VERBAL UPDATE)

10 BUILDING A BETTER BROMLEY COMMUNICATIONS GROUP UPDATE (VERBAL UPDATE)

11 CHAIRMAN'S ANNUAL REPORT (Pages 41 - 42)

12 HEALTH AND WELLBEING BOARD INFORMATION ITEMS

The information items comprise:

a HEALTHWATCH BROMLEY REPORT: "LET'S TALK ABOUT SEX" - CHILDREN AND YOUNG PEOPLE'S SEXUAL HEALTH AND HEALTHY RELATIONSHIPS IN THE LONDON BOROUGH OF BROMLEY (Pages 43 - 62)

13 WORK PROGRAMME AND MATTERS ARISING (Pages 63 - 74)

14 DATE OF NEXT MEETING

1.30pm, Thursday 7th June 2018
1.30pm, Thursday 19th July 2018
1.30pm, Thursday 27th September 2018
1.30pm, Thursday 15th November 2018
1.30pm, Thursday 31st January 2019
1.30pm, Thursday 21st March 2019

15 ANY OTHER BUSINESS

16 LOCAL GOVERNMENT ACT 1972 AS AMENDED BY THE LOCAL GOVERNMENT (ACCESS TO INFORMATION) (VARIATION) ORDER 2006 AND THE FREEDOM OF INFORMATION ACT 2000

The Chairman to move that the Press and public be excluded during consideration of the items of business listed below as it is likely in view of the nature of the business to be transacted or the nature of the proceedings that if members of the Press and public were present there would be disclosure to them of exempt information.

Items of Business	**Schedule 12A Description**
17 INTEGRATED COMMISSIONING BOARD MINUTES PART 2 (EXEMPT) INFORMATION To Follow	Information relating to the financial or business affairs of any particular person (including the authority holding that information)

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HEALTH AND WELLBEING BOARD

Minutes of the meeting held at 1.30 pm on 8 February 2018

Present:

Councillor David Jefferys (Chairman)
Councillor Robert Evans (Vice-Chairman)
Councillors Ruth Bennett, Ian Dunn and Judi Ellis

Stephen John, Director: Adult Social Care
Dr Nada Lemic, Director: Public Health
Dr Angela Bhan, Chief Officer: Bromley Clinical Commissioning Group
Harvey Guntrip, Lay Member: Bromley Clinical Commissioning Group
Dr Andrew Parson, Clinical Chairman: Bromley Clinical Commissioning Group
Linda Gabriel, Healthwatch Bromley
Colin Maclean, Community Links Bromley

38 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Stephen Carr, Councillor Mary Cooke, Councillor Angela Page and Councillor Diane Smith.

Apologies for absence were also received from Janet Bailey, Jim Gamble and Lynn Sellwood.

Apologies for lateness were received from Councillor Judi Ellis.

39 DECLARATIONS OF INTEREST

Harvey Guntrip declared that he was a Lay Member of the Bromley Safeguarding Adults Board.

40 MINUTES OF THE MEETING OF HEALTH AND WELLBEING BOARD HELD ON 30TH NOVEMBER 2017

RESOLVED that the minutes of the meeting held on 30th November 2017 be agreed.

41 QUESTIONS BY COUNCILLORS AND MEMBERS OF THE PUBLIC ATTENDING THE MEETING

No questions had been received.

42 UPDATE ON FALLS TASK AND FINISH GROUP (LBB)

The Chairman was pleased to welcome Professor Cameron Swift, a world expert on falls and a member of the NICE Falls Clinical Guideline Group and Quality Standards Advisory Committee and Dr Laura Austin Croft, Public Health Speciality Registrar to the Board to provide an update on the Falls Task and Finish Group.

A paper recommending that a Falls Task and Finish Group be convened to investigate the number and types of falls affecting Bromley's older population had been considered at the meeting of the Health and Wellbeing Board on 7th September 2017 where it had also been agreed that Professor Cameron Swift be approached to chair the investigation. A range of work had subsequently been undertaken to scope the review, including initial data analysis and it was proposed that the Task and Finish Group focus on assessing falls practice in Bromley including collaborative working by health and social care partners.

Professor Cameron Swift advised Members that the review would be informed by the strong evidence base available around falls, and that the Task and Finish Group would bring together all stakeholders to identify how to develop falls practice in the current climate of closer integration between health and social care. A Board Member highlighted the potential for the work on falls to link in with Integrated Care Networks. Another Board Member recognised that loss of confidence following a fall was a key issue in supporting people to regain their independence.

The Chairman requested that the Falls Task and Finish Group provide an interim report to the next meeting of the Health and Wellbeing Board on 29th March 2018.

RESOLVED that the update be noted.

43 PRIMARY CARE COMMISSIONING UPDATE (CCG)

An update on Primary Care Commissioning was provided to the Board by Dr Angela Bhan, Chief Officer: Bromley Clinical Commissioning Group and Dr Andrew Parson, Clinical Chairman: Bromley Clinical Commissioning Group.

Following the withdrawal of Care Quality Commission registration from two partners of a General Practice in Orpington, a caretaking arrangement had been put in place to sustain continuity of care for the practice's patients and avoid destabilising neighbouring General Practices. It was expected that the caretaking arrangement would be in place for approximately 18 months during which time a longer term strategy would be agreed. Good progress had been made in establishing two Health and Wellbeing Centres within the Borough with building works on the shell of the Orpington Health and Wellbeing Centre nearing completion and discussions underway to develop a joint approach to the proposed Bromley Health and Wellbeing Centre.

The Clinical Chairman: Bromley Clinical Commissioning Group was pleased to announce that co-production work to engage communities in developing the future

of Bromley wellbeing services continued. This included the future design of emotional wellbeing and health services for children and young people, for which a questionnaire had been provided to children and young people across the Borough with over 2,000 responses already received. A series of Bromley Co-production Community Fun Day events would be held on 14th-16th February 2018, and Board Members were invited to become involved and to promote the events through their local networks.

RESOLVED that the update be noted.

44 INTEGRATED COMMISSIONING BOARD WORK PROGRAMME (CCG/LBB)

Report CSD18039

The Board considered the work programme and draft Terms of Reference for the Integrated Commissioning Board.

The Integrated Commissioning Board had been jointly established between the Local Authority and Bromley Clinical Commissioning Group to lead on all jointly commissioned and integrated activity, replacing the Joint Integrated Commissioning Executive and Integrated Health and Social Care Board and combining the functions of both. The work programme for the Integrated Commissioning Board had been compiled following a series of discussions with leaders and senior commissioning colleagues across both partner organisations, and draft Terms of Reference had also been developed.

In response to a query from a Member, the Interim Director: Programmes (LBB) confirmed that the Bromley Clinical Commissioning Group and Local Authority would work closely to develop jointly commissioned and integrated activity, and that any proposed course of action would have to be agreed through the Governance process of both organisations before being progressed.

In considering the Integrated Commissioning Board's work programme, the Vice-Chairman asked for clarification on Action 4.2 within Theme 4: Care Homes, which requested work be undertaken on a Local Authority strategy to procure a nursing home in the Borough. The Interim Director: Programmes reported that this action related to developing a basic business case to explore whether the proposal was feasible and that there were no plans to progress to a more in-depth investigation at this stage.

The Chairman highlighted the Health and Wellbeing Board's accountability for a number of areas within the Integrated Commissioning Board's work programme and requested that the minutes of the Integrated Commissioning Board be provided to future meetings of the Health and Wellbeing Board as a Part 2 (Exempt) item. It was also requested that a Part 1 (Public) report outlining the work of the Integrated Commissioning Board be provided to the Health and Wellbeing Board at six monthly intervals.

RESOLVED that the Health and Wellbeing Board endorse the work programme and Terms of Reference for the Integrated Commissioning Board.

45 MENTAL HEALTH STRATEGIC PARTNERSHIP UPDATE (CCG)

An update on the Mental Health Strategic Partnership was provided to the Board by Harvey Guntrip, Lay Member: Bromley Clinical Commissioning Group who advised Members that mental health continued to be an area of key focus and would be discussed in relation to a number of agenda items at the meeting.

RESOLVED that the update be noted.

46 UPDATE ON DELAYED TRANSFER OF CARE PERFORMANCE (LBB/CCG)

Report CSD18036

The Board considered a report providing an update on Delayed Transfers of Care.

At the meeting of Health and Wellbeing Board on 30th November 2017, it had been reported that the average Delayed Transfer of Care for the beginning of October 2017 was 3.13 beds per day, which represented a significant improvement on the previous month and on the same period in 2016. Discharge performance at the Princess Royal University Hospital had continued to improve month on month, even despite significant winter pressures. Between August and December 2017, a total of 937 bed days had been saved with 374 bed days in December alone, which was the equivalent of an additional ward of 12 beds made available during one of the most pressured months of the year. There continued to be an ongoing issue with national published data which varied significantly from locally reported performance. Following the escalation of this concern to NHS England, a new process had been introduced and national published data would now be provided to the Director: Adult Social Care for sign-off prior to publication, which was expected to resolve the issue.

In considering a query raised by the Vice-Chairman in relation to the Winter plan, the Director: Adult Social Care explained that the use of community equipment supported timely discharge from hospital. The Local Authority had agreed a contribution of £600k towards the £1.2M Community Equipment Contract for 2017/18 with no further cost liabilities, and this was monitored closely by the Local Authority's Contract Team. A Member underlined the need to monitor the recuperation of patients following hospital discharge, and the Director: Adult Social Care confirmed that a robust assessment process was in place to ensure all former patients received support through an appropriate discharge model.

RESOLVED that the update be noted.

47 HEALTHY WEIGHT BROMLEY: CHILDREN AND YOUNG PEOPLE UPDATE - DECEMBER 2017 (LBB)

Report CSD18037

The Board considered a report providing an update on the current position on childhood obesity in Bromley and outlining different programmes and initiatives addressing the problem.

The level of childhood obesity in Bromley was one of the lowest in London; however it had been identified by the National Childhood Measurement Programme that the percentage of children in Bromley schools who were obese doubled between the first year and last year of primary education. In 2016/17 over 20% of children in Reception year were identified as being obese which increased to 31% in Year 6. The prevalence of obesity was far more apparent in deprived wards in the borough and it had been identified that vulnerable children were significantly more at risk of childhood obesity than the general population. A number of initiatives were in place to support a healthy weight for Bromley children including the promotion of breastfeeding, the Healthy Schools London Scheme, Bromley School Games, and cycle training through Bromley's Road Safety Unit. A Healthy Early Years' Programme was being developed across parts of London which could be introduced in Bromley if successful. The Local Authority had recently participated in a London-wide Childhood Obesity Thematic Review which had identified a whole system approach as the best way forward to help children manage a healthy weight in London.

In considering the update, the Chairman emphasised the importance of working holistically to promote healthy lifestyles, and was working with the Portfolio Holders for Environment and Education, Children and Families to develop cross-Portfolio workstreams, such as the increased use of parks. Measures had been incorporated into Bromley's draft Local Plan to restrict planning permission in establishing new businesses near schools in the A3 (Café/Restaurant) and A5 (Takeaway) categories, and a sugar levy on the soft drinks industry would come into force on 1st April 2018 with the funds raised expected to contribute towards healthy lifestyles programmes for children and young people.

A Board Member underlined that a 'whole family' approach was needed in promoting healthy lifestyles. Another Member suggested that schools should focus on teaching pupils how to prepare simple, healthy meals. With regard to infant health, a Member commented that measures to promote the benefits of breastfeeding should include mixed feeding which could help some women to sustain breastfeeding for longer. In relation to this, another Member suggested that a programme should be developed to support parents and carers with weaning their infant, which was a key transition point.

The Chairman requested that further updates on progress to deliver Healthy Weight Bromley: Children and Young People be reported to the Health and Wellbeing Board on a six monthly basis.

RESOLVED that the update be noted.

48 BETTER CARE FUND 2017/18 PERFORMANCE UPDATE (LBB)

Report CSD18038

The Board considered an update on the performance of the Better Care Fund 2017/18 up to the end of December 2017, including expenditure and activity levels.

The Better Care Fund was a programme spanning the NHS and the Local Authority which aimed to join up health and care services to support people to manage their own health and wellbeing and live independently in their communities for as long as possible. Developed by the Local Authority and Bromley Clinical Commissioning Group, Bromley's Better Care Fund 2017-19 Local Plan had been endorsed by the Health and Wellbeing Board at its meeting on 7th September 2017 and formally approved by NHS England on 27th October 2017. The Better Care Fund allocation for Bromley for 2017/18 was £22.1M which was being used to fund a number of locally agreed schemes including additional capacity for Reablement Services, the Dementia Universal Support Service, Health Support for Care Homes and Extra Care Housing and Early Intervention and Self-Management schemes to support people to maintain their independence in the community for longer. Schemes providing carer support services and community equipment were also funded and the Local Authority and Bromley Clinical Commissioning Group would continue to work towards the increasing integration of health and social care.

In response to a query from the Vice-Chairman, the Director: Adult Social Care confirmed that the plan for Bromley Healthcare to take over the delivery of the Reablement Service was not now going ahead, but that service provision going forward would not be affected. Work was underway with key partners and service users to identify how the Reablement Service could be best delivered in future.

Another Member queried whether there were issues around recruiting qualified staff to the Reablement Service. The Director: Adult Social Care reported that work was ongoing to ensure the right measures were in place to attract and retain qualified social care staff, including flexible working and continuous professional development, although social care remained a challenging area in which to recruit high quality staff due to competition from other providers and seasonal work. The Chairman underlined the need to work in partnership with social care providers to support the recruitment and retention of skilled social care staff, including EU Nationals who might be uncertain about their right to work in the UK.

RESOLVED that the report be noted.

49 APPROVAL OF THE JOINT STRATEGIC NEEDS ASSESSMENT 2017 (LBB)

Report CSD18036

The Board received a presentation from Helen Buttivant, Consultant in Public Health on the draft Joint Strategic Needs Assessment 2017.

The Local Authority and NHS Primary Care Trusts had a statutory requirement to produce a Joint Strategic Needs Assessment which aimed to develop an understanding of the current and future health and wellbeing needs of the population to support the setting strategic priorities in the short and longer term and to inform local commissioning across health and social care. The Bromley Joint Strategic Needs Assessment 2017 explored factors affecting health and wellbeing of the Bromley population which had identified a number of key issues including the increasing population as well as specific issues around infant mortality, the prevalence of diagnosed depression and concerns around the rates of self-harm, suicide and drug misuse across the Borough. It was proposed that a comprehensive evaluation of the Bromley Joint Strategic Needs Assessment be undertaken to review the structure, process and outcomes of the report to ensure it was fit for purpose and capable of answering the complex commissioning questions of the future. The Joint Health and Wellbeing Strategy would also be reviewed concurrently to this evaluation to inform the publication of a refreshed strategy later in the year.

In considering the report, the Chairman identified the common links between some of the key concerns highlighted in the Joint Strategic Needs Assessment including mental health issues, drug misuse and alcoholism. Another Member noted the issue of so-called “legal” highs which were a significant concern, particularly in relation to the 15-24 year age group which had an estimated prevalence of drug misuse that was higher than the London and National averages. The Member underlined the importance of ensuring families were aware of the dangers of drug misuse, and additional information relating to legal highs would be provided to Members of the Health and Wellbeing Board following the meeting.

In discussion, Members expressed concerned around the increase in infant mortality rates during the past two years and requested that further analysis be undertaken to explore this issue in more detail, with the outcome of this analysis to be reported to the next meeting of the Health and Wellbeing Board on 29th March 2018.

The Director: Public Health announced that the Joint Strategic Needs Assessment Steering Group would be holding a workshop on 16th April 2018 to consider the proposed review of the Bromley Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy, and that all Board Members were invited to attend. A Member suggested that mental wellbeing be included as a key theme for the future Joint Strategic Needs Assessment model.

The Chairman led Members in thanking Helen Buttivant for her presentation which is attached at Appendix A.

RESOLVED that:

1) **The draft Joint Strategic Needs Assessment 2017 be approved.**

2) **An evaluation of the Bromley Joint Strategic Needs Assessment be undertaken to review the structure, process and outcomes of the provision of the Joint Strategic Needs Assessment; and,**

3) **A review of the Joint Health and Wellbeing Strategy be undertaken to inform the development of a new strategy later in 2018.**

50 PHARMACEUTICAL NEEDS ASSESSMENT (LBB)

The Board received a presentation from Vanessa Lane, Director: Webstar Lane on the draft Pharmaceutical Needs Assessment and the Pharmaceutical Needs Assessment Supplementary Statement.

The Pharmaceutical Needs Assessment recorded the assessment of the need for pharmaceutical services within a specific area which was required for NHS England to consider applications to open a new pharmacy, move an existing pharmacy or to commission additional services from a pharmacy. The Health and Wellbeing Board had established the Pharmaceutical Needs Assessment Steering Group to oversee the development of the new Pharmaceutical Needs Assessment and a public consultation had also been undertaken between October and December 2017. The updated Pharmaceutical Needs Assessment proposed minor changes in existing provision of NHS Pharmaceutical Services and set out a vision for future provision of Community Pharmacy as High Street Neighbourhood Clinics that would offer a combination of NHS, social care and privately funded clinical services. The Health and Wellbeing Board was requested to approve the draft Pharmaceutical Needs Assessment and the Pharmaceutical Needs Assessment Supplementary Statement.

The Chairman led Members in thanking Vanessa Lane for her presentation which is attached at Appendix B.

RESOLVED that the Pharmaceutical Needs Assessment and the Pharmaceutical Needs Assessment Supplementary Statement be approved.

51 BUILDING A BETTER BROMLEY COMMUNICATIONS GROUP: INTERIM UPDATE (LBB)

An interim update on the Building a Better Bromley Communications Group was provided to the Board by Susie Clark, Communications Executive.

The Building a Better Bromley Communications Group had been established to support the delivery of the Borough Officers' Strategic Partnership Forum priority areas, including those relating to health. Work was underway with Public Health to develop a communications plan for the key messages of the Joint Strategic Needs Assessment, which could include fact sheets. Communications with schools had also been reviewed, following which a twice-weekly circular had been introduced. Increased use was being made of social media to communicate key initiatives, particularly to young people.

In considering the update, the Chairman underlined the importance of continuing to promote positive messages to Bromley residents and requested press releases be issued to highlight recent work by the Board relating to social isolation in

Bromley, positive measures on living healthily and the Falls Task and Finish Group.

RESOLVED that the update be noted.

52 WORK PROGRAMME AND MATTERS ARISING

Report CSD18002

The Board considered its work programme for 2017/18 and matters arising from previous meetings.

A number of items were added to the forward rolling work programme for the Health and Wellbeing Board as outlined below:

- Falls Task and Finish Group Interim Report (March 2018)
- Presentation on Bromley Third Sector Enterprise and Bromley Well (March 2018)
- Outcome of Review into Infant Mortality Rate (March 2018)
- Integrated Commissioning Board Update (September 2018, and at 6 monthly intervals)
- Healthy Weight Bromley: Children and Young People Update (September 2018, and at 6 monthly intervals)
- Integrated Commissioning Board Minutes (standing Part 2 (Exempt) item: all meetings)

RESOLVED that the work programme and matters arising from previous meetings be noted.

53 ANY OTHER BUSINESS

There was no other business.

54 DATE OF NEXT MEETING

The next meeting of the Health and Wellbeing Board would be held at the earlier time of 1.00pm on Thursday 29th March 2018.

55 LOCAL GOVERNMENT ACT 1972 AS AMENDED BY THE LOCAL GOVERNMENT (ACCESS TO INFORMATION) (VARIATION) ORDER 2006 AND THE FREEDOM OF INFORMATION ACT 2000

RESOLVED that the Press and public be excluded during consideration of the items of business listed below as it was likely in view of the nature of the business to be transacted or the nature of the proceedings that if members of the Press and public were present there would be disclosure to them of exempt information.

56 EXEMPT MINUTES OF THE MEETING OF HEALTH AND WELLBEING BOARD HELD ON 30TH NOVEMBER 2017

RESOLVED that the minutes of the meeting held on 30th November 2017 be agreed.

The Meeting ended at 1.45 pm

Chairman

Report No.
CS18134

London Borough of Bromley

Decision Maker:	**HEALTH AND WELLBEING BOARD**
Date:	**29th March 2018**
Title:	**FALLS TASK AND FINISH GROUP INTERIM REPORT**
Contact Officer:	Dr Laura Austin Croft, Public Health Specialty Registrar Public Health team, Bromley Council Tel: 020 8461 7781 E-mail: laura.austincroft@bromley.gov.uk
Ward:	Borough-wide

1. Summary

1.1 This paper presents an interim report of the Falls Task and Finish Group, convened to ensure that falls prevention work in Bromley is meeting the evidence based standards as described by NICE (Quality Standard 86).

1.2 The interim report covers what we know to date about falls epidemiology in the borough in, our evaluation approach going forward, a timetable for delivery and early indications of areas requiring further exploration.

2. Reason for Report going to Health and Wellbeing Board

2.1 A proposal for a falls task and finish group was put forward to the February 2018 Health and Wellbeing Board meeting. It was agreed that an interim report, updating the Health and Wellbeing Board and approach and progress, would be pesented at the March 2018 meeting.

3. SPECIFIC ACTION REQUIRED BY HEALTH AND WELLBEING BOARD AND ITS CONSTITUENT PARTNER ORGANISATIONS

None. This report is for information.

Please note partners and organisations involved in this project in the interim report.

Health & Wellbeing Strategy

1. Related priority: Falls prevention supports a health and well-being theme of the strategy to improve the quality of life and well-being of those with specific needs.

Financial

Not applicable at this stage.

Supporting Public Health Outcome Indicator(s)

The following Public Health Outcome Indicators are supported through this work:

2.24 Emergency hospital admissions due to falls in people aged 65 and over
4.14 Hip fractures in people aged 65 and over

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4. COMMENTARY

4.1 Falls Prevention System Review: Interim Report

This interim report aims to provide the Bromley Health and Well-being Board with information on the approach to the service review in addition to information on what we know to date. This takes place by covering the following:

- The importance of focusing on falls prevention in Bromley.
- What we know in terms of falls occurrence in Bromley and what makes a difference in terms of falls prevention.
- The services and pathways in place to support falls prevention.
- The role of a Task and Finish group to drive the system review.
- The system review approach with reporting timetable and framework for delivery.
- A stakeholder engagement log with interim findings.

4.2 Why are we focusing on falls prevention?

4.3 The National Institute of Clinical Excellence (NICE) estimates that around a third of all people aged 65 years and over fall each year (estimated at 19,082 people in Bromley) increasing to half of those aged 80 and over (estimated at 8,577 people in Bromley[1]). Bromley's population is relatively old in comparison to other London boroughs. In terms of future need, the population aged 65 or over is expected to increase by 42% (82,500) by 2035[i]. This will increase the overall number of falls for older people.

4.4 Many falls have serious consequences including distress, pain, injury, loss of confidence, loss of independence and premature death[ii]. Most falls do not result in serious injury, but approximately one in five falls require medical attention[iii]. In addition, recurrent falls are estimated to occur in 60-70% of people who fall[iv].

4.5 Each year, approximately 5% of older people living in the community who fall experience a fracture or need hospitalisation[vvi]. The most common significant injuries due to falls are fractures, most commonly of the hip and femur, with it estimated that approximately 95% of hip fractures occur as a result of falls[vii].

4.6 This is an important area for prevention as there is a good evidence base that certain interventions when delivered consistently and effectively can prevent some falls, improving health outcomes and quality of life for older people and savings to health and care services[viii].

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[1] Interim 2015-based demographic projections, long term migration scenario, GLA 2017 https://data.london.gov.uk/dataset/interim-2015-based-population-projections/resource/af57691d-fcbf-4839-8a6c-181c1dd2f9df

5. What we know to date: data analysis and the evidence base

5.1 Analysis of data

5.2 Routine data analysed at this stage includes:

- Emergency hospital admission data due to fall injuries – 65 years plus
- Hip fractures in people aged 65 years plus
- London Ambulance Service falls dispatch data to residential homes and public settings
- London Ambulance Service falls dispatch data for GPs practices and care homes

5.3 Key themes from the data include:

a) In general, Bromley's rates for emergency hospital admissions for falls are below the national and London average. However, when focusing on absolute numbers, Bromley is the second highest London borough for this indicator (owing to the large number of older people in its population).

b) The highest emergency hospital admission rate is for the 80 plus age group, where it is close to the regional and national rate. The data shows an increase in the rate of men being admitted to hospital as a result of falls since 2010/11 in Bromley.

c) Bromley's hip fracture rates for the over 65 years plus (another falls indicator) has been decreasing over the past four years. Its rate is lower than the national rate, but higher than the London rate for men and women.

d) 20% of the London Ambulance Service (LAS) call out workload in Bromley appears to be falls related incidents (excluding falls from height). There is a slight increase in call outs for falls over the past two years (March 2015 to March 2017) and the majority of call falls outs result in referral to hospital (approximately 60%). Bromley wards with a higher proportion of older people tend to have a higher number of LAS fall incident call outs.

e) It is harder to establish how many LAS call out incidents relate to falls in terms of attending GP or care home settings. From the data available, they are approximately responsible for 45% and 11% of call outs respectively. Further data for care homes is currently being obtained to help improve this analysis, including which care homes have the greatest number of call outs.

5.4 How can we make a difference? The evidence base

5.5 The below summarises the evidence base in terms of preventing the occurrence and impact of falls:

a. Understanding risk factors

There are a number of known risk factors for falling. Individual risk factors include muscle weakness, poor balance, visual impairment, polypharmacy, low BMI, visual impairment and specific conditions (such as arthritis, diabetes, depression, cardiovascular and neurological causes, Benign paroxysmal positional vertigo (BPPV),

high alcohol consumption etc.)[ix] External risk factors include hazards in the environment, including the home and outdoors.

b. Routinely identifying people vulnerable to falling and referring to appropriate intervention(s)

Literature agrees that routine identification of those most vulnerable to falling allows interventions to be targeted to best effect[x]. NICE recommends that risk of falls should be assessed at least once per year in all people aged 65 or over[xi]. This can be through active case finding, for example home visits, assessments in care home settings etc. Those over 65 who fall and attend A&E and those involved in ambulance call-outs who are not transferred to hospital have both been identified opportunistically as high-risk groups where appropriate intervention has been shown in randomised controlled studies substantially to reduce both subsequent falls, hospital admissions and health and social care costs compared with controls over subsequent 12-month follow-up.

c. Development of a multifactorial intervention.

Evidence shows that risk assessment followed by appropriate interventions for falls prevention (also known as a multifactorial intervention) reduced the rate of falls by 24%[xii]. A systematic and individualised approach to assessment and intervention is needed, including a careful diagnostic review and corresponding tailored intervention, commonly within the context of a defined specialist falls service[xiii], involving appropriate partnership working between primary care and clinical gerontology. In addition to addressing specific causes, referral for strength and balance training, home hazard assessment and safety interventions, vision assessment and medication review are all common components of the multidisciplinary response required.

5.6 Falls prevention services in the borough

5.7 These services will be described in more detail as part of the review but are summarised below to give an indication of what is available to patients at risk of falls in the borough in addition to where risk assessments take place. These services also link to each other, for example a Fracture Liaison Nurse based at the PRUH works closely with the Bromley Falls and Fracture Prevention Service.

5.8 Bromley Falls and Fracture Prevention Service

5.9 Bromley's Falls Service is run by Bromley Healthcare and can be referred into by health and social care professionals. It provides support for people who have fallen or are identified at risk of falling, involving a risk assessment and multifactorial care plan. Clinics operate across the borough and assessment can take place in a person's home if required.

5.10 Integrated Care Networks:

a) Frailty pathway

This includes a 38 bed facility at Orpington hospital, with input from medical, nursing, therapy and social staff and voluntary services. The unit helps prepare patients to leave hospital and move back to independent living. A consultant Gerontology hotline for GPs allows patients to be admitted directly to these wards.

b) The Proactive Care Pathway

Began in October 2016 and supports patients on a monthly basis to be identified on the basis of where they need more preventative help. Trigger signs may include deteriorating nutrition, mental health needs and/ or a recent history of falls. A community matron assesses the patient (including for fall risk) then develops a care plan, discussed at a Multidisciplinary Team meeting (MDTs). The Pathway includes a Memorandum of Understanding between secondary care, primary care and voluntary sector services and is being evaluated by the Health Innovation Network.

5.11 Bromley Council Community Occupational Therapy Service

5.12 Referral to this service takes place through the adult early intervention centre. The Occupational Therapy team will undertake a falls assessment and can provide advice, low cost equipment and can refer for more intensive support if required (such as to the Bromley Falls and Fracture Prevention Service).

5.13 What will be achieved through a Task and Finish Group?

5.14 The purpose of the Falls Task and Finish Group is to consider falls prevention work in Bromley against the evidence based standards as described by NICE (QS86). This includes assessing how well collaboration is taking place across primary, community (including care homes) and secondary healthcare services and social care providers.

5.15 Objectives of the group are to:

- To evaluate existing prevention services against good practice guidelines, using NICE Quality Statements introduced in 2017as a guide whilst also taking into account the working arrangements for the local area. The Quality Statements are as follows:

Statement 1: Older People are asked about falls when they have routine assessments and reviews with health and social care practitioners, and if they present at hospital.

Statement 2: Older people at risk of falling are offered a multifactorial falls risk assessment.

Statement 3: Older people assessed at being at increased risk of falling have an individualised multifactorial intervention.

- Help describe the current system that is in place in terms of falls prevention, leading to potential recommendations for areas for improved collaborative working and/ or investment.

5.16 The review focuses on falls amongst older people (aged 65 years old and above) taking place outside of a hospital setting. A fall is defined as an unintentional or unexpected loss of balance resulting in coming to rest on the ground or an object below knee level.

5.17 The Task and Finish Group is a time limited group that will meet to agree and discuss the draft report and its recommendations in May 2018, with smaller group meetings taking place before May. This acknowledges the diary challenges in organising large group meetings in a short time scale.

5.18 The group is also made up of two tiers: a strategic oversight group and an operational group. This uses the different individuals involved across sectors in a time efficient way in addition to supporting discussions around collaboration at an operational level.

5.19 The chair oversees the group, working with the Bromley public health team which provides a leadership and coordination role.

5.20 The group will close on completion of the task, which is anticipated to be at the end of May 2018.

5.21 A summary of the structure of the group is provided below:

Strategic group

Key role: Review evidence from the evaluation and agree any additional actions required to help meet current guidance. This includes agreeing final recommendations for the report.

Membership:

Professor Cameron Swift (Chair)
Dr Nada Lemic, Director of Public Health, Bromley Council
Dr Ruchira Paranjape, Principal Clinical Director, Bromley Clinical Commissioning Group
Dr Aza Abdullah, Consultant Physician, Princess Royal University Hospital
Sonia Colwill, Director of Quality, Governance and Patient Safety, Bromley Clinical Commissioning Group
Graham MacKenzie, Director of Integration and Transformation, Bromley Clinical Commissioning Group (tbc)

Operational group

Key role: Help draw together the final report including input into the report recommendations to put forward to the strategic group. This includes discussing best approaches for collaborative working.

Membership:

Katherine Rowlands, Falls Coordinator, Bromley Healthcare
Leah Bancroft, Senior Occupational Therapist, Bromley Council
Wendy Norman, Head of Contract Compliance and Monitoring, Bromley Council
Katherine Gausden, Lead Falls Practitioner, PRUH and Orpington Hospital
Debbie Hutchinson, Director of Nursing, Kings College Hospital
Jenni Gilbert, Quality Manager, Bromley CCG

Both groups will seek the views of additional expert stakeholders where relevant that can provide intelligence in terms of current or future falls prevention work.

Assessment of current falls work through an evaluation framework based on NICE quality standards

Evaluation frameworks have been developed for each service involved in falls prevention work to provide a systematic approach to discussions with different stakeholders. These are based on the NICE quality standards.

Intelligence gathered when completing the evaluation frameworks are helping to inform a stakeholder action log – see Appendix A.

Reporting framework and timetable for delivery

Tasks		Deadline	Next steps
1.	Initial scoping work including desk top review of evidence and analysis of routine data sources, in addition to consultation with Falls Expert Professor Cameron Swift.	8 February 2018	Verbal update provided to the Health and Well-being Board
2.	Meetings with key service sector leads to help - Review services to date - Identify membership of a strategic group - Identify membership of an operations group	Feb to March 2018	
3.	Interim report produced for the Health and Well-being Board, covering: - A short needs assessment on falls in Bromley. - The approach to a falls prevention system review. - Any expected outcomes that can be reported at this stage.	20 March 2018	Discussion at the Health and Well-being Board on 29/3/18.

4.	Further data analysis to help understand trends and variability in service delivery, including: - Referral rates to the Bromley Falls and Fracture Prevention service, analysed by time trend and by referral route. - Emergency admission data in terms of subsequent patient pathway. - London Ambulance Service call outs to care homes. This will be accompanied by discussions with key stakeholders to draw up recommendations for action.	March to April 2018	
5.	Group meeting of Falls Prevention Task and Finish Group. - Review evaluation work - Agree any recommendations for action and how best to take these forward.	May 2018	
5.	Final report to present to the Bromley Health and Well-being Board.		7 June 2018 (tbc) HWWB Board

6. IMPACT ON VULNERABLE PEOPLE AND CHILDREN

6.1 This work will support the routine identification of older people with a recent history of falls in order to take preventative action.

7. FINANCIAL IMPLICATIONS

7.1 Any recommended initiatives as a result of the review will be subject to appropriate business case preparations and approvals at the appropriate stage.

8. IMPLICATIONS FOR OTHER GOVERNANCE ARRANGEMENTS, BOARDS AND PARTNERSHIP ARRANGEMENTS, INCLUDING ANY POLICY AND FINANCIAL CHANGES, REQUIRED TO PROCESS THE ITEM

8.1 This project provides a focus for joint working between the London Borough of Bromley and Bromley Clinical Commissioning Group.

Non-Applicable Sections:	Legal implications, Comment from the Director of Author Organisation
Background Documents: (Access via Contact Officer)	Not Applicable.

APPENDIX A

Bromley Falls Prevention Task and Finish Group - Stakeholder engagement action log March 2018

Partner area	Key Findings	Actions	Who's involved?	Outcome measure(s)
Bromley primary care	Falls risk assessment supported by primary care electronic system (Emis). The Proactive care pathway (working across Bromley)]supports patients on a regular basis to be identified where they need more preventative help, including questions on falls. This then leads to a holistic assessment of the patients across different services. Secondary care can play an important role in helping identify patients that require a multidisciplinary team (MDT) assessment, for example by highlighting this need on discharge notes.	Assess if there is variability amongst Bromley GP practices in terms of making referrals to the falls prevention service. Help build awareness amongst secondary care practitioners of the different referral points in place in the borough that can support more complex patients.	Dr Ruchira Paranjape, Principal Clinical Lead, Bromley Clinical Commissioning Group	Consistent GP referral rates to community falls service. Secondary care helping case find patients requiring MDT support.

Bromley secondary care	It may be useful to further examine if the PRUH emergency department is sufficiently 'falls aware'. May also be useful to build awareness in the NHS Trust of which community services are available to refer to in terms of concerns regarding falls and complex needs.	Further exploration as to how people who present at the emergency department are assessed for falls risk, for example is there a falls proforma in place and/ or a falls register? Emergency admission falls data that can be analysed in terms of patient pathways? Look at falls prevention services referral data in terms of where referrals are coming from in relation to secondary care.	Dr Aza Abdulla,	Referral rates to falls prevention services from different parts of the Trust and in line with expected rates. Secondary care helping identify patients requiring holistic assessment.
Bromley CCG – Quality	Service provider reports highlight: - Concern by secondary care that there are many re-admissions for patients with recurrent falls. - Bromley Healthcare has developed a falls audit tool in line with NICE guidelines, with an audit on prevention and assessment of risk of falls due for reporting.	Follow up re admission concerns with secondary care. Enquire about status of falls audit. Look at commission standards for falls prevention against NICE guidance.	Jenni Gilbert, Quality Manager, Bromley Clinical Commissioning Group Sonia Colville, Clinical Commissioning Group	CCG commissioning specification is in line with NICE recommendations/ best practice evidence.

Bromley Occupational Therapists team	There is no routine means of asking or recording about falls status at the initial contact stage of the service (adult early intervention centre). Perception that routine assessment for risk of falls could be carried out more widely in social care. For OT practitioners there is no written procedure that someone needs a falls risk assessment. There is overlap between the OT service and the Bromley Healthcare service, which is currently being discussed between the two services. There is no known training in place to support asking older people about falls as part of assessments and reviews.	Discuss with operational group practical ways to support more consistency in terms of routine assessments, for example: - Required fields on electronic referral and assessment forms. - Developing a falls procedure for the OT team. - Looking at what training may be required to support routine assessments of falls across relevant parts of social care (potentially provided by Bromley Healthcare?)	Leah Bancroft, Senior Occupational Therapist	Questions regarding recent fall history for adults over 65 years of age takes place at the adult early intervention centre prior to an OT referral. All relevant social care staff are aware about how to ask questions about recent falls history and how to refer into community prevention services.

Bromley Care Home programme	Equipment is in place in care homes and extra care scheme homes to provide assistance after falls to reduce the need for external assistance (camel and elk mangers). The majority of care homes do not have physiotherapy or OT support on site. Need to consider how actions around care homes sits alongside the Care Home Programme Board.	Consider the falls review against the terms of reference for the Care Home Programme Board. Potential actions: - Analyse London Ambulance Service (LAS) data with number of falls call outs per care home. - Approach care homes with a high number of falls to talk to them about what they do/ what may help in terms of prevention. - Consider how training on falls prevention can be incorporated into other regular training (such as First Aid) for care home practitioners.	Wendy Norman, Head of Contract Compliance and Monitoring, Bromley Council	Falls prevention system review final report to inform the roll out of the Care Home Programme Board.

END NOTES

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[i] Population aged 65 and over projected to 2035, POPPI, last accessed December 21, 2017, www.poppi.org.uk version 10.0

[ii] *Interventions for preventing falls in older people living in the community.* **Gillespie LD, Robertson MC, Gillespie WJ et al.** 2012 (9), Cochrane Database of Systematic Reviews, p. CD007146.

[iii] *Interventions for preventing falls in older people living in the community.* **Gillespie LD, Robertson MC, Gillespie WJ et al.** 2012 (9), Cochrane Database of Systematic Reviews, p. CD007146.

[iv] *Exercise and falls prevention in older people.* **Skelton, DA.** 2007; 9(1):, CME Geriatric Medicine, pp. 16-21.

[v] **National Institute for Health & Care Excellence (NICE).** *Costing statement. Falls: assessment and prevention of falls in older people. Clinical Guideline 161.* s.l. : National Institute for Health & Care Excellence (NICE), 2013.

[vi] **National Institute for Health & Care Excellence (NICE).**. *Falls in older people. Quality Standard 86.* s.l. : National Institute for Health & Care Excellence (NICE), 2017.

[vii] **National Institute for Health & Care Excellence (NICE).** *Costing statement. Falls: assessment and prevention of falls in older people. Clinical Guideline 161.* s.l. : National Institute for Health & Care Excellence (NICE), 2013.

[viii] **Public Health England.** *Falls and fractures: consensus statement and resources pack.* London : Public Health England, 2017.

[ix] **Public Health England.** *Falls and fractures: consensus statement and resources pack.* London : Public Health England, 2017.

[x] **Public Health England.** *Falls and fractures: consensus statement and resources pack.* London : Public Health England, 2017.

[xi] —. Falls - risk assessment. NICE Clinical Knowledge Summary. [Online] January 2014. [Cited: 8 February 2018.] https://cks.nice.org.uk/falls-risk-assessment#!scenario.

[xii] Gillespie LD, Robertson MC, Gillespie WJ, Sherrington C, Gates S, Clemson LM, et al. Interventions for preventing falls in older people living in the community. In: Cochrane Database of Systematic Reviews [Internet]. John Wiley & Sons, Ltd; 2012. Available from: onlinelibrary.wiley.com/doi/10.1002/14651858.CD007146.pub3/abstract

[xiii] **National Institute for Health & Care Excellence (NICE).** *Costing statement. Falls: assessment and prevention of falls in older people. Clinical Guideline 161.* s.l. : National Institute for Health & Care Excellence (NICE), 2013.

Report No.
CS18130

London Borough of Bromley

Decision Maker:	**HEALTH AND WELLBEING BOARD**
Date:	**29th March 2018**
Title:	**INFANT MORTALITY IN BROMLEY**
Contact Officer:	Dr Jenny Selway, Consultant in Public Health Medicine Public Health, Tel: 020 8313 4769 E-mail: jenny.selway@bromley.gov.uk
Ward:	Borough-wide

1. Summary

1.1 The 2018 JSNA showed an increase in infant mortality rates in Bromley.

2. Reason for Report going to Health and Wellbeing Board

2.1 It is possible that the Infant Mortality Rate in Bromley really is rising and that the recent increase represents a significant change in life chances of babies born in Bromley.

2.2 However there are several reasons to conclude that this is not currently a significant problem:

- The variations due to small numbers of infant deaths in Bromley;
- The recent data on infant deaths in Bromley which indicate that numbers are falling again
- The evidence from comparison with statistical partners that the deaths in infancy in Bromley are still very low.

2.2 Infant mortality is kept under close scrutiny by the Public Health team as part of health surveillance, and also by the multi-agency Child Death Overview Panel who scrutinise every child death in Bromley. Details of every case have been pulled together in a report to the Child Death Overview Panel and also the Serious Case Review Subgroup of the Bromley Safeguarding Children Board.

3. SPECIFIC ACTION REQUIRED BY HEALTH AND WELLBEING BOARD AND ITS CONSTITUENT PARTNER ORGANISATIONS

None. This report is for information.

Health & Wellbeing Strategy

1. Related priority: Not Applicable

Financial

1. Cost of proposal: No Cost:

2. Ongoing costs: No Cost:

3. Total savings: Not Applicable:

4. Budget host organisation: Not Applicable

5. Source of funding: Not Applicable

6. Beneficiary/beneficiaries of any savings: Not Applicable

Supporting Public Health Outcome Indicator(s)

Yes:

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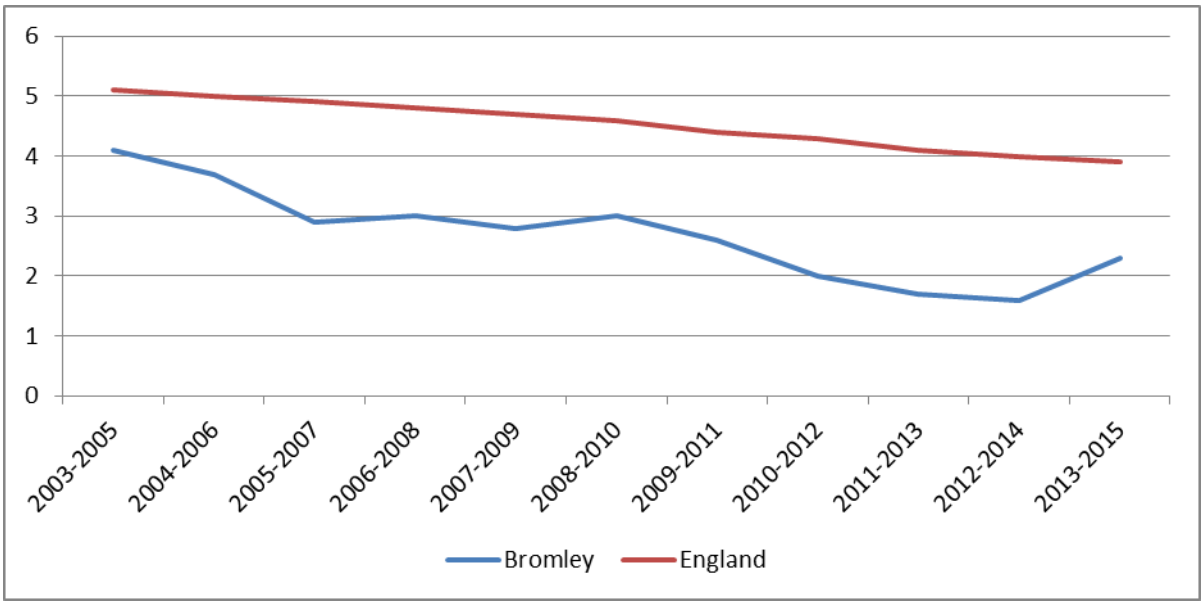
4. COMMENTARY

4.1 Infant deaths[1] in Bromley 2008-2018

4.2 Deaths of infants in the first year of life, as demonstrated by the infant mortality rate, continues to be lower in Bromley than the rate for all England. This rate has been falling for many years before a recent upturn (Figure 1).

Figure 1. Infant Mortality Rate trend in Bromley and England, 2003-2015.

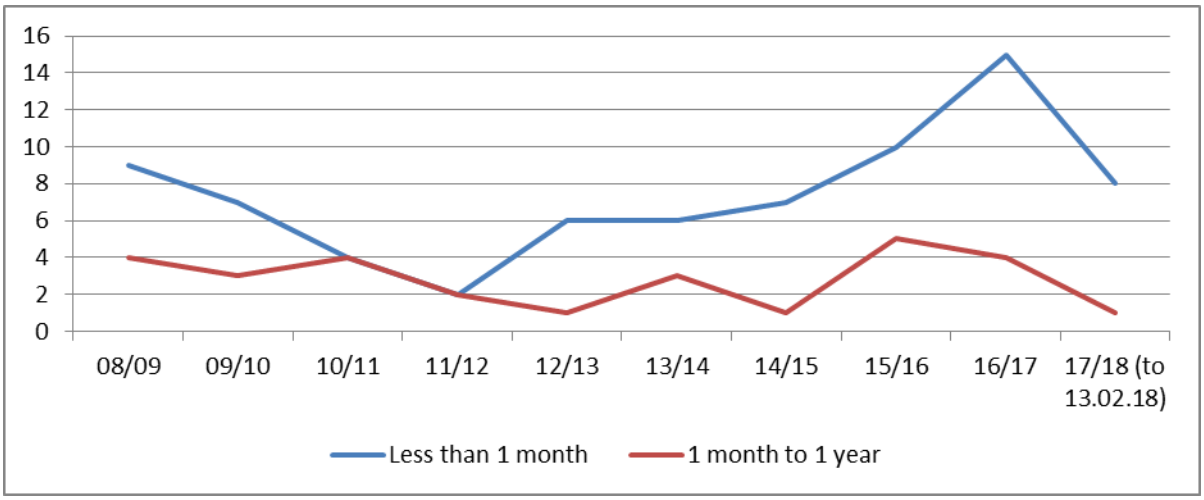


4.3 Infant mortality can be divided into neonatal mortality rates (deaths under 28 days) and post-neonatal mortality rates (deaths between 28 days and 1 year).

4.4 Deaths occurring during the first 28 days of life in particular are considered to reflect the health and care of both mother and newborn and are often largely caused by perinatal and biologic conditions (endogenous causes).

4.5 In contrast, post-neonatal deaths are more likely to be linked to non-perinatal conditions such as injuries and socio-environmental causes (exogenous causes).

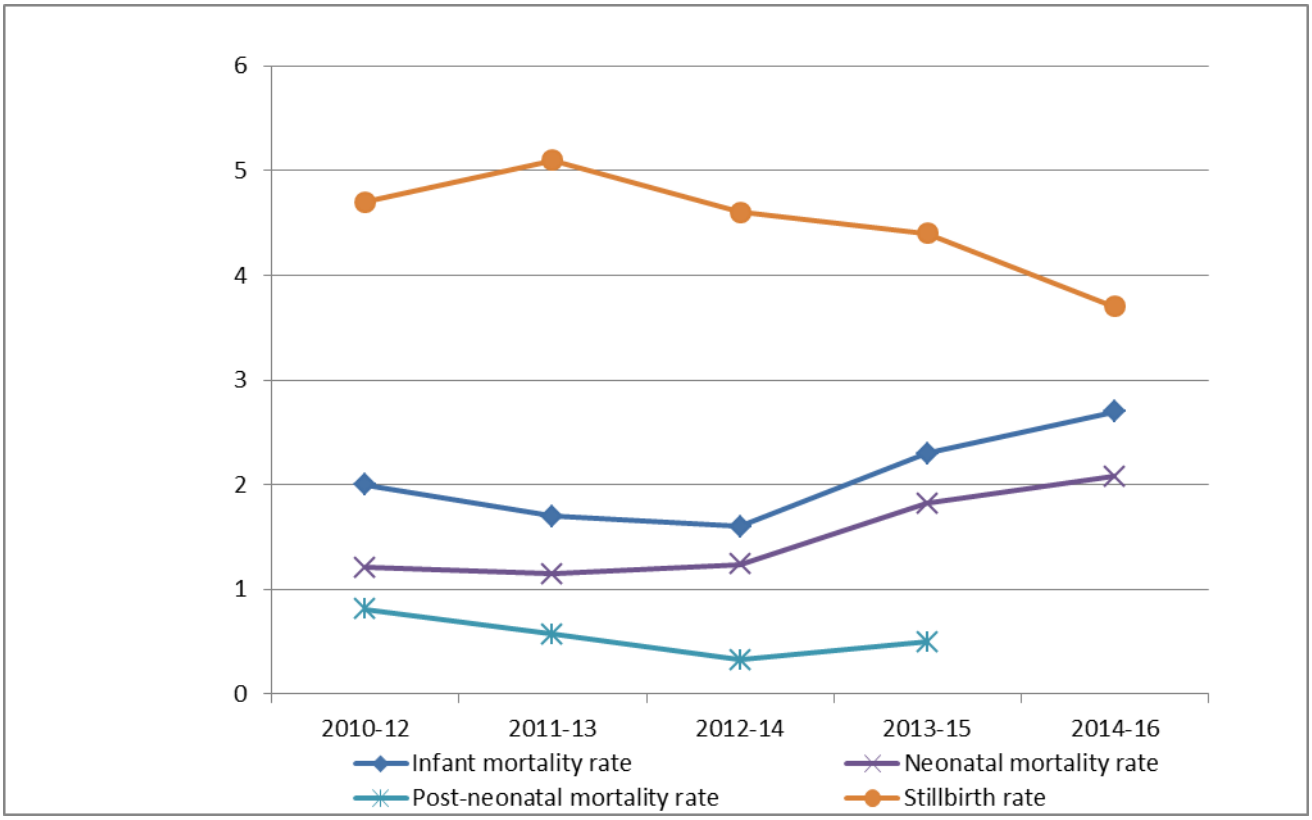
Figure 2. Number of neonatal and post-neonatal deaths, Bromley, 2008-2018



[1] Definitions of infant mortality, neonatal mortality, post-neonatal mortality and stillbirths in Appendix A

4.6 Figure 2 shows the actual number of deaths in Bromley to mid-February 2018. This shows not only that the number of infant deaths in Bromley is very low, but also that it appears to have reduced again recently. The small number of deaths are the reason for analysis using pooled data over three years rather than annual data.

Figure 3. Analysis of infant deaths and stillbirths 2010-2016 using rolling three year averages



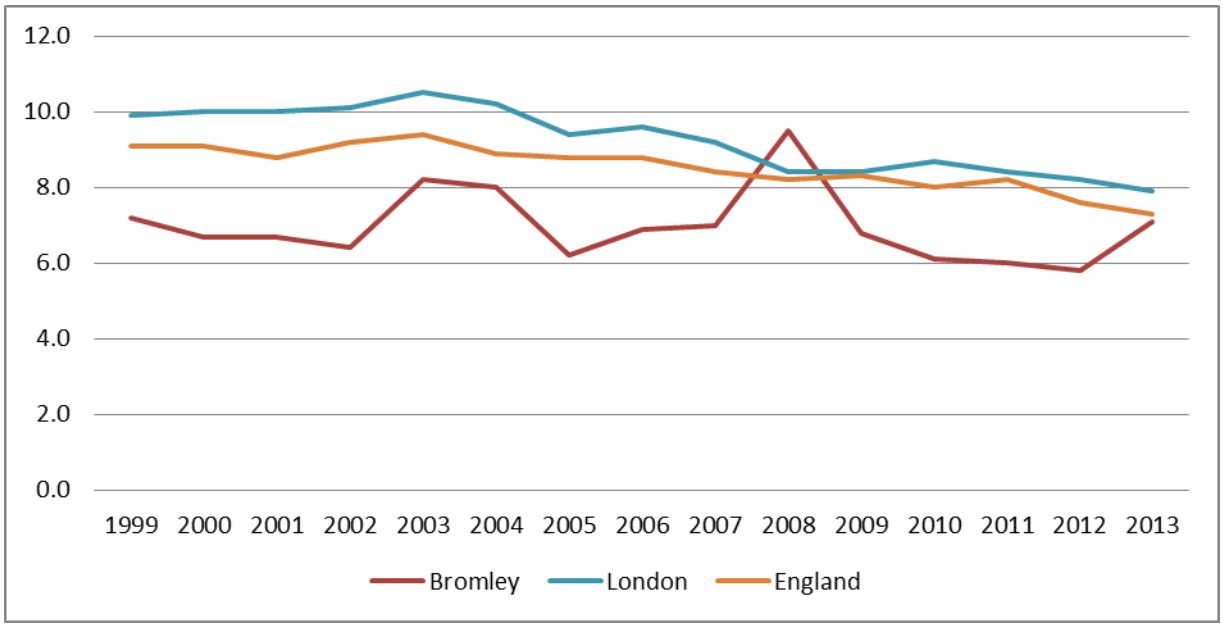
4.7 Figure 3 does indicate that the increase in infant mortality rates shown in Figure 1 is largely due to neonatal mortality.

4.8 However it is interesting to note the falling stillbirth rate which mirrors the rising neonatal mortality rate.

4.9 There is potential overlap between the descriptors “stillbirth” and “neonatal death”. If a newborn baby shows any sign of life it should be described as a neonatal death rather than a stillbirth. In practice, it may be classified as a stillbirth rather than a neonatal death, especially if the baby is very premature.

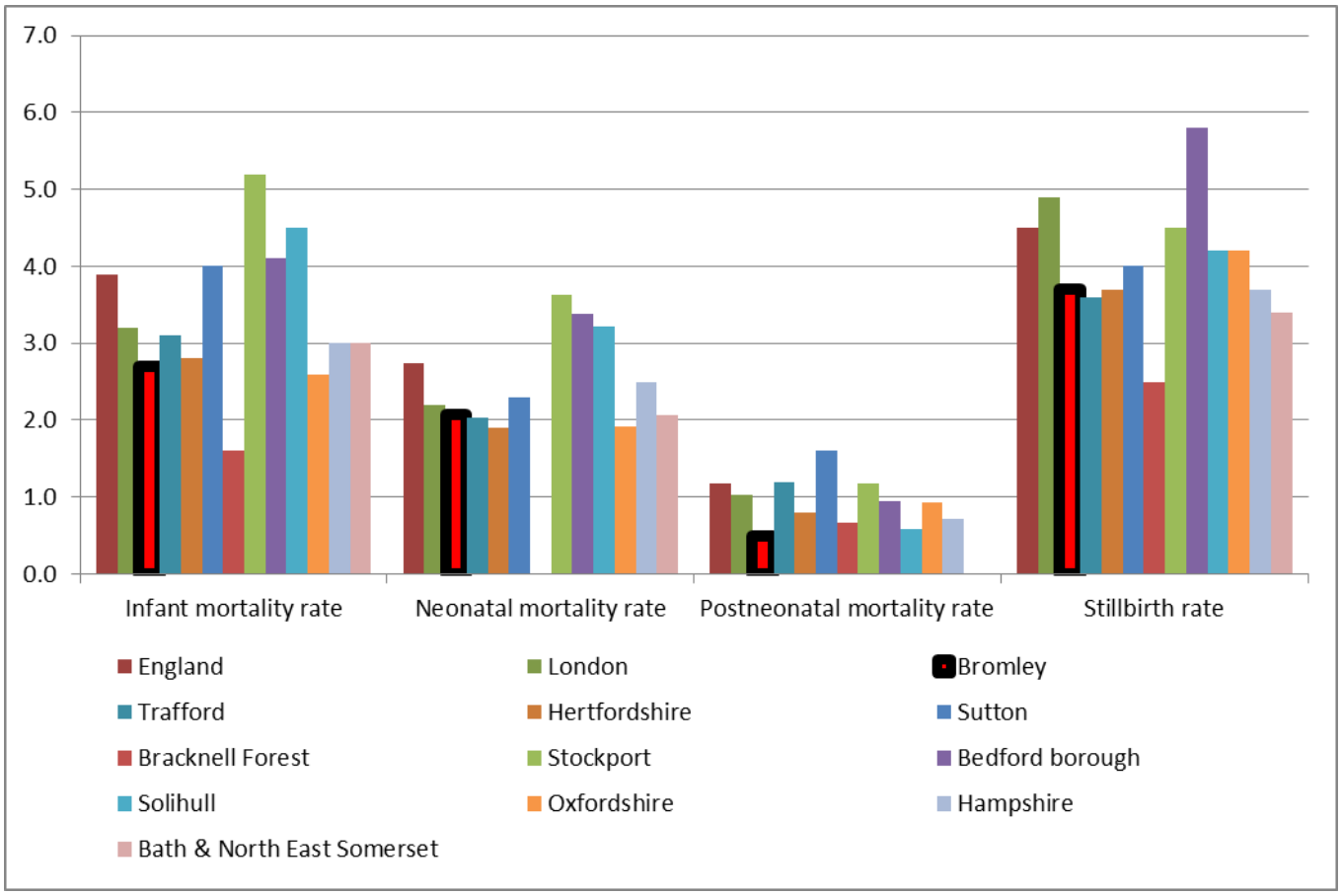
4.10 A combined analysis of stillbirth and neonatal deaths together is published by Public Health England. Figure 4 shows the long term trends of this combined indicator. As expected there is more variability in the Bromley rates because of small numbers. However the overall picture is that the combined rate is below the rate for England and London, which would be expected for Bromley. What it is not possible to say at the moment is whether the recent upturn is a short-term change as in 2008 or a general trend.

Figure 4. Combined neonatal and stillbirth rates, Bromley, London and England, 1999-2013.



4.11 Another key analysis to interpret a possible rise in infant mortality rates is to compare all infant mortality measures with statistical partners for health across England. The measures in Figure 5 all relate to the period 2014-16 apart from the post-neonatal measure which is currently only available for the period 2013-15.

Figure 5. Infant mortality measures compared to health statistical partners



4.12 Figure 5 shows that Bromley still compares very favourably with similar areas for all measures of infant mortality.

5. IMPACT ON VULNERABLE PEOPLE AND CHILDREN

5.1 At a national level, infant mortality is higher in deprived and vulnerable populations. There are too few deaths to identify whether this is the case in Bromley.

6. COMMENT FROM THE DIRECTOR OF AUTHOR ORGANISATION

6.1 Infant mortality rate (deaths occurring in the first year of life) is a fair reflection of the health of a population generally and as such is routinely monitored both locally and nationally. The Public Health team analyses the data and considers potential cause of any variations in the infant mortality as presented in this paper. Every child death is also scrutinised by the Child Death Overview Panel. Both processes provide assurance to the Council that appropriate action is taken if necessary.

Non-Applicable Sections:	Financial and Legal Implications, and Implications for other Governance Arrangements, Boards and Partnership Arrangements, including any Policy and Financial Changes Required to Process the Item
Background Documents: (Access via Contact Officer)	Not Applicable.

APPENDIX A

DEATH RATES IN BROMLEY AND COMPARATORS

	Period	England	London	Bromley	Trafford	Hertfordshire	Sutton	Bracknell Forest	Stockport	Bedford borough	Solihull	Oxfordshire	Hampshire	Bath & North East Somerset
Infant mortality rate	2014-16	3.9	3.2	2.7	3.1	2.8	4.0	1.6	5.2	4.1	4.5	2.6	3.0	3.0
Neonatal mortality rate	2014-16	2.74	2.20	2.08	2.04	1.90	2.30		3.63	3.38	3.22	1.92	2.50	2.07
Post-neonatal mortality rate	2013-15	1.18	1.03	0.50	1.20	0.80	1.60	0.67	1.18	0.94	0.59	0.93	0.72	
Stillbirth rate	2014-16	4.5	4.9	3.7	3.6	3.7	4.0	2.5	4.5	5.8	4.2	4.2	3.7	3.4

Source: PHE Fingertips. Some data missing for neonatal and post-neonatal mortality rates

Definitions of terms used:

- Infant mortality rate: Infant deaths under 1 year of age per 1000 live births
- Neonatal mortality rate:The number of deaths under 28 days, per 1,000 live births.
- Post-neonatal mortality rate:The number of deaths between 28 days and 1 year, per 1,000 live births.
- Stillbirth rate: Rate of stillbirths (fetal deaths occurring after 24 weeks of gestation) for all maternal ages occurring in the respective calendar years per 1,000 births.
- Neonatal mortality and stillbirths: The number of stillbirths and deaths under 28 days, per 1,000 live births and stillbirths

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Report No.
CS18131

London Borough of Bromley

Decision Maker:	**HEALTH AND WELLBEING BOARD**
Date:	**29th March 2018**
Title:	**BROMLEY THIRD SECTOR ENTERPRISE/BROMLEY WELL**
Contact Officer:	Colin Maclean, Chair, BTSE/Chief Executive, Community Links Bromley Toni Walsh, Partnership Manager, BTSE Tel: 020 8315 1903 E-mail: colinm@communitylinksbromley.org.uk
Ward:	Borough-wide

1. Summary

1.1 Bromley Third Sector Enterprise (BTSE) provides a single point of access to the voluntary, community and social enterprise sector to benefit the health and wellbeing of residents in Bromley. It was developed in response to the 'Out-of-Hospital' strategy, is recognised as a 'Provider' within Integrated Care Networks and is jointly commissioned by the Council and the CCG to deliver the 'Bromley Well' service.

2. Reason for Report going to Health and Wellbeing Board

2.1 To inform the Health and Wellbeing Board and its constituent partner organisations about the formation and work of Bromley Third Sector Enterprise and Bromley Well.

3. SPECIFIC ACTION REQUIRED BY HEALTH AND WELLBEING BOARD AND ITS CONSTITUENT PARTNER ORGANISATIONS

None. This report is for information.

Health & Wellbeing Strategy

1. Related priority: BTSE and Bromley Well provide interventions which support the following priorities: Diabetes Hypertension Obesity Anxiety and Depression Dementia Supporting Carers Not Applicable

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Financial

1. Cost of proposal: Not Applicable:

2. Ongoing costs: Not Applicable:

3. Total savings: Not Applicable:

4. Budget host organisation: Not Applicable

5. Source of funding: Not Applicable

6. Beneficiary/beneficiaries of any savings: Not Applicable

Supporting Public Health Outcome Indicator(s)

Yes

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4. COMMENTARY

4.1 Evolution and Development

4.2 Bromley Third Sector Enterprise (BTSE) came into existence in 2016. There have been three phases of development over the past two years. The first was the engagement of six Core Members (Age UK B&G; Bromley and Lewisham Mind; Bromley Mencap; Carers Bromley; Citizens Advice Bromley; and Community Links Bromley) by the Bromley Clinical Commissioning Group (CCG) in the development of the 'Out-of-Hospital Strategy', the Integrated Care Networks programme and the pilot project for the Proactive Care Pathway for the Elderly Frail. In order to be recognised as a single 'Provider', the 6 organisations came together and formed Bromley Third Sector Enterprise (BTSE) as an un-constituted body. Once BTSE was recognised as a 'Provider', two specific interventions were developed (and funded by the CCG) through the pilot project:

- Care Navigators (led by Age UK B&G)
- Social Prescribing (led by CLB)

4.3 Funding for these projects started in late-2016 and was initially for the length of the pilot i.e. one year. Further funding has now been confirmed through the multi-speciality provider Alliance Agreement to deliver community-based integrated care priorities.

4.4 The second intervention hosted by BTSE is the Dementia Support Hub, led by Bromley and Lewisham Mind and with sub-contracting arrangements with Age UK B&G.

4.5 The third phase relates to the 'Primary and Secondary Intervention Service' contract, co-commissioned by Bromley Council and the CCG. In January 2017, BTSE was selected as the preferred provider and worked intensely to co-design this new service with commissioners. In August 2017, the contract was formally awarded to BTSE and the new service – branded *Bromley Well* – went live on 2 October 2017. This is a 5 year contract subject to successful review after 3 years.

4.6 BTSE has built a strong external reputation in a relatively short period of time and is proud of the services that we can and do offer. Much of last year was focused on developing, mobilising and implementing the new Bromley Well service. This has involved immense efforts to embed the service with partner organisations as well as raise awareness across Bromley's diverse communities. We will aim to continue to mature these relationships based on aligning our work with partner strategies and focusing on longer-term outcomes.

4.7 Strategic Aims

4.8 The following are the Strategic Aims which guide all that BTSE does:

- To provide a single point of access to voluntary and community sector services to benefit the health and wellbeing of residents in the London Borough of Bromley and surrounding areas;
- To carry on activities which benefit the coordinated provision of health and wellbeing services, including as part of an integrated care network in Bromley; and
- To carry on activities which benefit the wellbeing of residents and communities in Bromley.

4.9 Governance

4.10 In October 2017, Bromley Third Sector Enterprise CIC Limited was formally registered. BTSE is a Community Interest Company limited by guarantee registered in England and Wales. Its registered office is at Community House, South Street, Bromley. The BTSE governance framework includes a Memorandum and Articles of Association, along with a Member Agreement from which the following are the key points:

- The Core Members agreed to work together to deliver services that will improve the health and wellbeing of the people of the London Borough of Bromley and surrounding areas, and agreed to achieve this through a new joint venture as a community interest company.
- Each of the Core Members are local voluntary and community sector organisations in the London Borough of Bromley and surrounding areas.

4.11 BTSE therefore brings further added value through its governance structure as a social enterprise, enabling it to demonstrate strong understanding of local needs; being effective in its collaborative efforts; and being able to bid for and leverage resources into the borough.

4.12 Associate Members

4.13 While the model has been developed with specific members (previously recognised by the Council as its 'strategic partners') at its core, BTSE has sought to be inclusive of other key VCOs which could add value and bring reach, diversity and specialisms. In order to achieve this, an Associate Membership model was developed with an open invitation to apply. There are now 16 approved Associate Members.

4.14 Bromley Well

4.15 Bromley Well seeks to provide a seamless service that supports Bromley residents to stay both emotionally and physically well, avoid or delay the use of health and social care services and remain independent. The service pathways offered which link with the JSNA, include comprehensive support for Older People, support for people with their Mental Wellbeing, support for people with Long Term Health Conditions and Carers Support Services. Other service pathways support people with Learning Difficulties and Physical Disabilities as well as an Employment and Education pathway which is helping to break down the barriers to employment, education and volunteering. The service is also providing Support to the VCSE Sector and co-ordinates volunteering across the Bromley Well service as well as providing impartial information, advice and guidance on other social determinants of health such as housing, debt and employment which are crucial to a person's wellbeing. The Bromley Well service is sub-contracting three other local VCSE organisations including Bromley Y and Advocay for All, two of BTSE's Associate Members.

4.16 Bromley Well has developed a strong brand and identity which has, and is, being used to promote the service to health and social care professionals and Bromley residents in a variety of ways. The building of relationships across other local networks has led to the development of some significant pieces of partnership working:

- GP Practices including running weekly LTHC drop-ins
- Oxleas – work with service user group members
- Mytime Active – working together to enable Bromley Well Mental Wellbeing service users to have discretionary rate access to Mytime Active venues
- Community Impact Days (Police) – involvement of LTHC team in CI days
- Fire Service and Fire Safety Visits signposting local people to Bromley Well Service
- The Glades and the Walnuts Shopping Centres

4.17 Bromley Well has quickly established itself across the borough in its first five months and is providing active support to over 2,000 local people.

Non-Applicable Sections:	Impact on Vulnerable People and Children, Financial and Legal implications, Implications for Other Governance Arrangements, Boards and Partnership Arrangements, including any Policy and Financial Changes, required to Process the Item, and Comment from the Director of Author Organisation
Background Documents: (Access via Contact Officer)	Not Applicable.

Report No.
CS18132

London Borough of Bromley

Decision Maker:	**HEALTH AND WELLBEING BOARD**
Date:	**29th March 2018**
Decision Type:	Non-Urgent Non-Executive Non-Key
Title:	**SOCIAL ISOLATION – UPDATE ON LOCAL AND NATIONAL INITIATIVES**
Contact Officer:	Denise Mantell, Strategic & Business Support Tel: 020 8313 4113 E-mail: denise.mantell@bromley.gov.uk
Chief Officer:	Ade Adetosoye OBE, Deputy Chief Executive & Executive Director: ECHS
Ward:	Borough-wide

1. Summary

1.1 The Health and Wellbeing Board received a report on the Connecting Bromley campaign at its meeting in November 2017. The report outlined the resources that had been created both on Bromley MyLife and in hard copy to enable individuals, families, neighbours and front-line professionals to access activities and services to help alleviate or prevent social isolation among Bromley residents. The report was also able to provide initial information about those accessing the resources on-line. This report updates the Board on the promotion of the Connecting Bromley campaign, local intelligence on social isolation among Bromley residents as well national and local plans to address this issue.

2. Reason for Report going to Health and Wellbeing Board

2.1 In November the Health and Wellbeing Board asked that a further report be made to update on work being undertaken relating to social isolation in Bromley.

3. SPECIFIC ACTION REQUIRED BY HEALTH AND WELLBEING BOARD AND ITS CONSTITUENT PARTNER ORGANISATIONS

3.1 Members of the Health and Wellbeing Board are asked to:

i) Note the continued promotion of the Connecting Bromley campaign and local intelligence about social isolation.

ii) Consider how the Board and its members can work within communities in Bromley to prevent and alleviate social isolation and its impact on individual's health, wellbeing and safety.

Health & Wellbeing Strategy

1. Related priority: The prevention and alleviation of social isolation relates to a number of priorities within the Health & Wellbeing Strategy.

Financial

1. Cost of proposal: No Cost:

2. Ongoing costs: No Cost:

3. Total savings: Not Applicable:

4. Budget host organisation: Not Applicable

5. Source of funding: Not Applicable

6. Beneficiary/beneficiaries of any savings: Not Applicable

Supporting Public Health Outcome Indicator(s)

Yes

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4. COMMENTARY

4.1. Social isolation can affect a number of vulnerable groups such as the elderly, people with physical disabilities, learning disabilities or mental ill-health, young parents and care leavers without a local support structure. Carers can also be impacted especially when they are caring many hours a week. Social isolation can impact on an individual's physical and mental wellbeing as well as leaving them at greater risk of abuse.

4.2. Further evidence of the impact of loneliness and social isolation was given in the report by the All-Party Parliamentary Group on Hunger, *Hidden hunger and malnutrition in the elderly* – January 2018, which identified it as one of the three underlying causes of malnutrition.

Promoting Connecting Bromley

4.3. Following the intial campaign to launch Connecting Bromley a news release was issued in December. It had a focus on those who do not have family and friends to spend time with during the Christmas period, advertising the resources on Bromley MyLife about befriending schemes and the directory of activities. In conjunction with this, an item was included in the pre-Christmas email to residents. A second news release and email is being sent out in April highlighting that people who live alone and have difficulty getting out need to have contact with others all the time and not just when crisis situations such as the recent bad weather and lack of water supply occur.

4.4. The impact of the email going directly to over 50,000 residents can be seen with the spike in visits to the social isolation pages when it was distributed. Despite it being immediately before Christmas there were 639 visits to the social isolation pages.

Local Levels of Social Isolation

4.5. The Adult Social Care Survey and Survey of Adult Carers in England continues to provide information about how socially isolated people who use adult social care and their carers are. The last three surveys have shown that the following considered themselves to have only some social contact or are socially isolated. This shows that those receiving social care state that they have higher levels of social isolation and not enough contact with others than nationally. Although lower than figures national figures nearly half of carers of those receiving social care state they are socially isolated or do not have enough social contact.

	Adult Social Care Survey 2016/17		Adult Social Care Survey 2015/16		Carers Survey 2016/17	
	Bromley	England	Bromley	England	Bromley	England
Have some social contact, but not enough	15.8%	15.9%	18.2%	16.3%	33.8%	48.3%
Have little social contact and feel socially isolated	6.6%	5.7%	6.2%	4.3%	11.3%	16.2%
Total	22.4%	21.6%	24.4%	20.6%	45.1%	64.5%

4.6. Local authorities have the opportunity to include questions of local interest to the national survey and this year one of the questions Bromley included was about the Connecting Bromley campaign in November 2017. The question was directed to those living in the community and asked about individuals' awareness and use of the resources produced for the campaign. The Adult Social Care Survey 2017/18 concluded on 9 March and local headline data from the survey for the social isolation and Connecting Bromley questions will be tabled at the Board's meeting.

Looking Forward

4.7. During 2018 a new strategy aimed at older people and those approaching old age is being developed. One of its main themes will be prevention and wellbeing and, as part of this agenda, the issue of social isolation will be prioritised. The development of the strategy will be able to build on the work already undertaken to promote activities and services which can prevent or alleviate loneliness and social isolation. Engagement with older people will be taking place during the summer to develop the strategy and ways in which its priorities can be addressed.

4.8. The impact of loneliness and social isolation continues to be highlighted in the media. In January 2018 the Prime Minister appointed a minister for loneliness with a remit to work with the Jo Cox Commision on Loneliness, businesses and charities to highlight the issue and create a cross-cutting national strategy later this year. The publication of this strategy will continue to raise the issue of social isolation and give it prominence in the same way that the Prime Minster's Challenge on Dementia did.

Intergenerational Work

4.9 As part of the original action plan resulting from the Adult Services Stakeholder Conference a meeting was held with the Bromley Youth Council to discuss their attitude to working with older people and how to make it easier. As a result of this meeting members of the Bromley Youth Council are intending to volunteer with local charities during the summer and spend time working with older people.

5. IMPACT ON VULNERABLE PEOPLE AND CHILDREN

5.1 Vulnerable people and children are more likely to be abused if they are socially isolated. Social isolation can also have an impact on an individual's physical health and their wellbeing. The resources developed as part of the Connecting Bromley campaign will help partner organisations and individuals find local support which can help prevent social isolation for adults and so reduce its impact.

Non-Applicable Sections:	Financial and Legal Implications, and Comment from the Director of Author Organisation.
Background Documents: (Access via Contact Officer)	Not Applicable.

Health and Wellbeing Board
Chairman's Annual Report

Chairman: **Cllr. David Jefferys**
Vice-Chairman: **Cllr. Robert Evans**

The Health and Wellbeing Board met four times in 2017/18.

Areas of work that have been explored include the Iris Project (Identification and Referral to Improve Safety) in Bromley, a review of Winter Health and Social Care services and the development of Bromley's Homelessness Strategy. The Board continues to engage with a wide range of voluntary sector partners including receiving a presentation on the work of the Bromley Third Sector and Bromley Well.

The Board has considered a range of work related to the health and wellbeing of children and young people including health support to school-aged children, childhood obesity, the Vulnerable Adolescent Strategy and the Bromley Safeguarding Children Board's annual report. Infant mortality has been investigated by the Board following its identification as a key issue in the Joint Strategic Needs Assessment 2017, and the Board has also received a presentation on the Local CAMHS Transformation Plan 2017/18.

Work has been undertaken to consider how the Better Care Fund and Improved Better Care Fund can best be used to support the development of sustainable adult social care services. The significant improvement in Delayed Transfer of Care Performance has been closely monitored. Regular updates have been provided on Dementia Services and new initiatives from across the Borough have been reviewed. The new Pharmaceutical Needs Assessment and Supporting Statement as well as the Joint Strategic Needs Assessment 2017 have been approved. The Board has also represented Bromley's interests at a regional level, including providing a response to the consultation on the London Health Inequalities Strategy and the Chairman's attendance at a range of national and regional groups and forums.

Having identified falls as an area of concern for the Borough's older population, the Board has convened the Falls Task and Finish Group which is being chaired by Professor Cameron Swift, a world expert on falls and a member of the NICE Falls Clinical Guideline Group and Quality Standards Advisory Committee with the aim of developing a collaborative approach to falls across health and social care partners. The Board has also championed and promoted the key issue of social isolation culminating in the highly successful November 2017 Campaign to support increased social inclusion.

There has been a continued emphasis on partnership working within the Health and Wellbeing Board which has representation from a range of key partners including the Local Authority, Bromley Clinical Commissioning Group, Bromley Safeguarding Adults Board, Bromley Safeguarding Children Board and Bromley Voluntary Sector.

In light of all these achievements, I would like to thank the commitment and hard work of Board Members, key partners and Local Authority Officers in continuing to support and provide challenge to this wide-ranging work programme which is key to improving the quality of health and wellbeing provision across Bromley.

Councillor David Jefferys
Chairman, Health and Wellbeing Board

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Let's Talk About Sex

Bromley

Children and Young People's Sexual Health and Healthy Relationships in the London Borough of Bromley

healthwatch Bromley

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Contents

What is Healthwatch Bromley?

Healthwatch Bromley is one of 152 local Healthwatch organisations that were established throughout England in 2013, under the provisions of the Health and Social Care Act 2012. The dual role of local Healthwatch is to champion the rights of users of health and social care services and to hold the system to account for how well it engages with the public.

The remit of Healthwatch Bromley as an independent health and social care watchdog is to be the voice of local people and ensure that health and social care services are safe, effective and designed to meet the needs of patients, social care users and carers.

Healthwatch Bromley gives children, young people and adults in Bromley a stronger voice to influence and challenge how health and social care services are purchased, provided and reviewed within the borough.

Healthwatch Bromley's core functions are:

1. Gathering the views and experiences of service users, carers, and the wider community,
2. Making people's views known,
3. Involving locals in the commissioning process for health and social care services, and process for their continual scrutiny,
4. Referring providers of concern to Healthwatch England, or the CQC, to investigate,
5. Providing information about which services are available to access and signposting,
6. Collecting views and experiences and communicating them to Healthwatch England,
7. Working with the Health and Wellbeing board in Bromley on the Joint Strategic Needs Assessment and Joint Health and Wellbeing strategy (which will influence the commissioning process).

Strategic Drivers

Healthwatch Bromley's role is to support the voices and views of the local community and to ensure their opinions are taken into account when services are commissioned.

Healthwatch Bromley (HWB) engaged with the local community and spoke to people of all ages and backgrounds to ask them what they believed should be the priorities for Children and Young people for HWB to investigate in the upcoming year. It was evident from feedback received that young people's Sexual Health services and understanding of healthy teenage relationships was a major contender for HWB to create a piece of work around.

Children and Young People's attitudes to sexual health and healthy teenage relationships have been at the forefront of the media for the last few years. From popular soaps to newspaper articles and reports, there has been a spotlight on issues such as sexting, underage sex and controlling relationships.

HWB was keen to gather the thoughts and views of the young people of Bromley around such subjects and also to raise awareness about issues such as sexting laws and sexual health. HWB were also interested in discovering young people's experiences with sexual health clinics in the borough.

Bromley has a population of 309,392 people, with children and young people under the age of 20 years making up 24.2% of the population.[1]

Although the rate of sexually transmitted infections (STIs) overall is lower in Bromley than nationally, young people, between the ages of 15 and 24 years, in Bromley continue to have the highest rates of new STIs.[2]

Regarding sexual health, there are seven sexual health clinics across the borough, currently only one offers a dedicated service to under 25's, this is Bromley Y which is situated in central Bromley.

HWB set out to speak to as many young people as possible in a bid to identify the gaps in sexual health services, knowledge and raise awareness.

This engagement was undertaken to gain a wider understanding and appreciation of the young people of Bromley's attitudes and experiences toward sexual health and healthy relationships, in the hope that it would raise awareness around the services that are available, the laws around sex and healthy teenage relationships. To do this we focused on:

- Understanding the laws around sex, sexting and pornography.
- Identifying who young people go to when seeking relationship advice.
- Getting feedback on sexual health services in the borough, including staff attitudes.
- Identifying the percentage of young people who have sent or received explicit pictures/messages.

This report presents the findings that emerged through our engagement. The recommendations that are provided, were led by the young people themselves and are included to support decision making and commissioning of services for them.

This report will be shared with the Bromley Health and Wellbeing Board, the schools and organisations that participated, the Bromley Clinical Commissioning Group (CCG), the Care Quality Commission (CQC), Public Health Bromley, NHS England and Healthwatch England, The London Borough of Bromley's Children and Young People Senior Commissioning Manager and the Voluntary and Community Sector.

1 *Public Health England Child Health Profile-Bromley 2016*

2 *Bromley JSNA 2016*

Methodology

This report documents the findings of the research, which took place from December 2016 to February 2017. Every secondary school in Bromley was invited to take part in the study which comprised of a workshop entitled Teenage Kicks. HWB also created an online survey collecting information and opinions about sexual health services. Furthermore, Healthwatch engaged with under 25's in local sexual health clinics. This report aims to identify areas of success in the current system and suggest areas where services could improve. Also, it aims to recognise what young people understand about the laws around consent, sexting and pornography.

This report will be split into three main sections incorporating the findings from the following; Teenage Kicks workshops, an online survey and sexual health clinic engagement.

The first section contains the findings from the Teenage Kicks workshops. These were between 50 minutes to an hour long. The workshops were split into six sections which consisted of the following:

1) **Society's Views on Men and Women:** This section involved a word game that asked the young people to shout out the first thing that came into their head when they heard the words "man" and "woman".
2) **The Right Time:** The age of consent was explored, including if the young people believed that the legal age should be raised or lowered.
3) **Biggest Concerns:** This area looked at what young people felt their peers were most concerned about. Depending on the size of the group, the young people either had an open discussion or placed stickers on posters depicting issues such as Peer Pressure, Friendship, Relationships and Sex and Body Image
4) **Sexting:** This section looked at the definition of sexting, what the legalities are, revenge porn and the long-term impact of sharing explicit images.
5) **Control and Abuse:** Depending on the size of the group, the participants either spoke about what they considered to be control and abuse in a relationship or wrote on flip charts which was then shared with the rest of the group.
6) **Pornography:** This part looked at who watches pornography, how it can affect people's lives and the laws around owning extreme pornography.

The second section explores the online survey. This comprised of various questions around sexual health and was available via Survey Monkey for three months. It was filled out by 40 individuals. The final part of the report includes the findings from the sexual health clinics engagement.

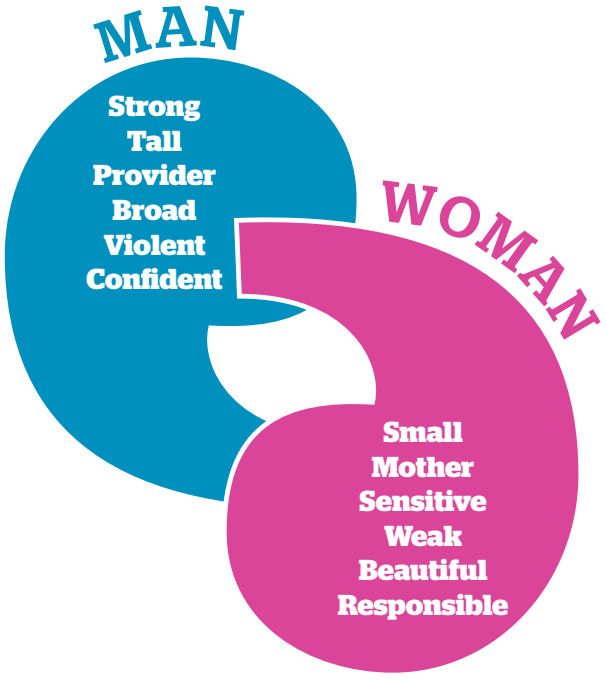
Summary of Findings

Teenage Kicks Workshops

300 responses were gathered during the course of the workshops.

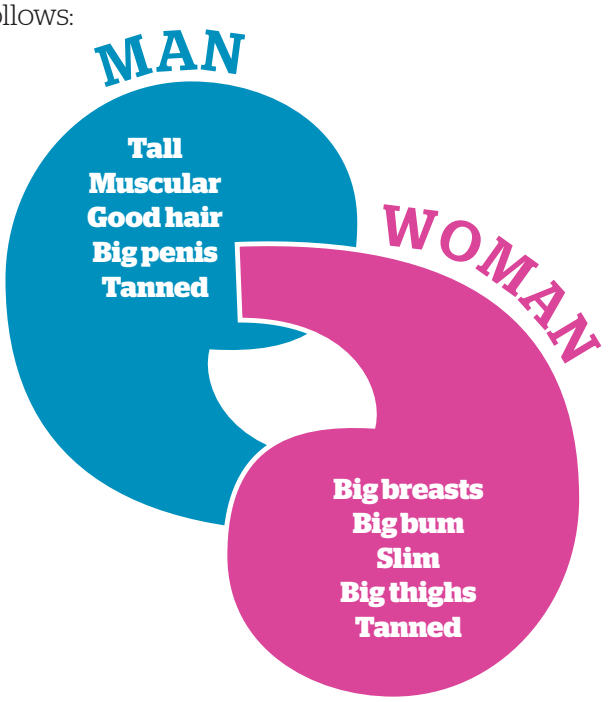
As previously mentioned, the workshops were split into six sections. We tried to make these as interactive and interesting as possible. A PowerPoint presentation was used throughout, flip chart paper was used in some sections and the young people were encouraged to share their views and opinions as much as possible. It was made clear at the start of the session that the students should not use names when discussing events and that we should respect each other's opinions.

The first section was entitled Society's Views on Men and Women: This asked the young people what kind of words came into their minds when they heard the words "man" and "woman". The participants conjured up such words as:



Although most of the young people agreed that the descriptions are stereotypical, they believed that this is the way that society views men and women.

The young people were also asked to describe what they consider the ideal man and woman look like, although many different variations were created, the most popular descriptions were as follows:



This followed a discussion on the media and how a lot of the celebrities who are in the spotlight are often airbrushed in photos or have had cosmetic work. In short, the young people were made aware that the perfect man or woman generally does not exist. The importance of personality was also discussed.

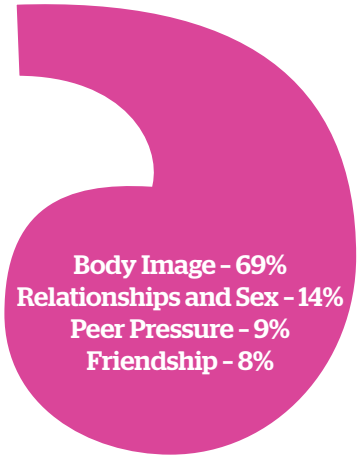
The second section explored the age of consent. When asked what the legal age of consent for sexual intercourse in the UK is, the majority of young people correctly stated 16, but there was also a number of young people who believed otherwise. Alternative suggestions included 18, 15 and "don't know".

The young people then discussed if they agreed with this law. Some of the participants believed that the age should be raised. The reason they gave for this is that most young people are still in school at sixteen and run the risk of falling pregnant. However, the majority were happy with the age of consent being 16, whilst a minority suggested that the age should be lowered. Reasons given for this response were "they are going to do it anyway" and one participant proposed that young people would be more likely to seek contraceptive advice if they knew they weren't breaking the law by having sex.

Teenage Kicks

The next part of the workshop looked at the biggest concerns of young people. The four topics that were chosen were **Friendship**, **Peer Pressure**, **Relationships and Sex** and **Body Image**. The young people were asked to pick which heading they believed was most concerning to their peers.

The results are as follows:



A discussion then followed aiming to understand why the young people had selected the topics.

Body Image – With the majority of votes (69%), Body Image was seen as the biggest concern for young people. A number of young female participants suggested that due to social media, there is a huge pressure on them to look a certain way. Big boobs, small waist and a big bottom were most mentioned. Young men also expressed that they were under pressure to look a certain way.

Relationships and Sex – This topic gained 14% of the vote, Relationships and Sex proved to be the second biggest concern. Many of the young people said that they chose this topic as it appears to be in the forefront of most young people's minds.

Peer Pressure – Peer Pressure was the third biggest concern with 9% of the vote. One young person explained "I feel that peer pressure covers all four topics. We can be pressured into sex, into looking a certain way, as well as other things, that is why I chose peer pressure."

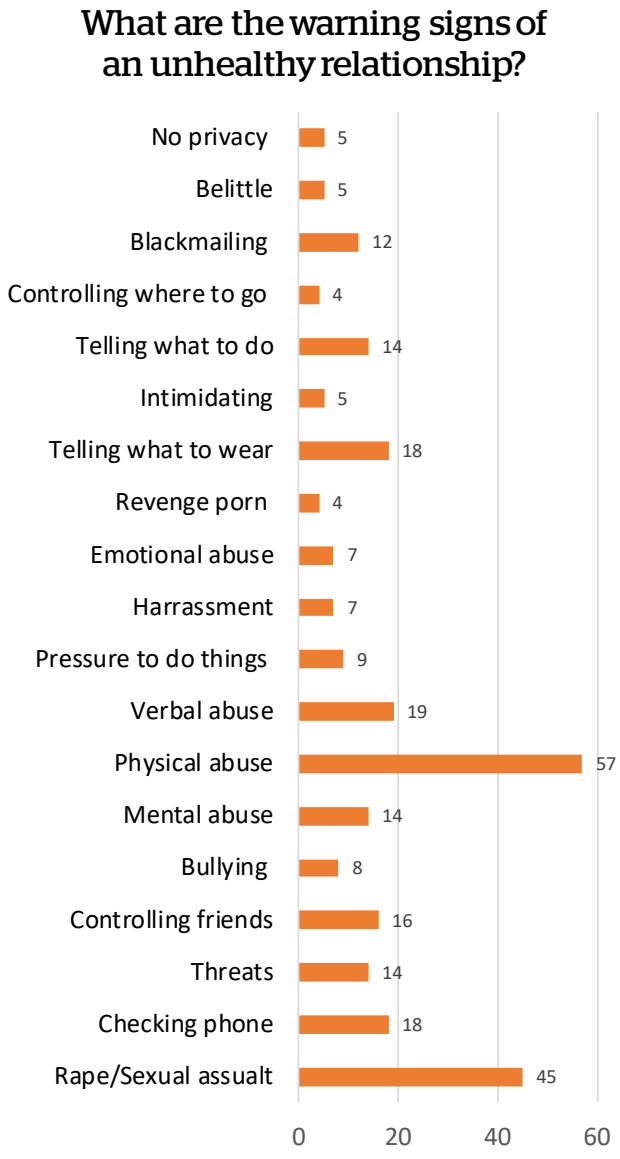
Friendship – The least chosen category with 8% was friendship. Although the young people agreed that friendships are important, they didn't really consider it as a concern.

Part four of the workshop explored "sexting". This section involved asking the young people what they believed "sexting" is. The general consensus seemed to be that sexting is "sending nudes". A definition published by the NSPCC was shared with the young people:

It was then discussed with the young people what the implications of sexting could be. This included exposure, future employers/universities being made aware of the pictures as well as friends and family members. Revenge porn was also discussed as was the accompanying new law that was passed in 2015 which states that: *sharing a sext without the subject's permission in order to cause them distress is illegal and the perpetrator can face legal action.*

It was also pointed out that sharing such images can result in third parties getting into trouble. The general laws around sexting were also covered, with many young people not being aware that in order to send a sext, they must be 18. Many young people asked why they were allowed to consent to sex at 16, but could not legally send a sext until they were 18. It was explained that sexting is classed as pornography and that any involvement in pornography requires the subject to be 18 and over.

Control and Abuse was the fifth topic covered in the workshop. The participants were asked what they perceived as being unhealthy in relationships.

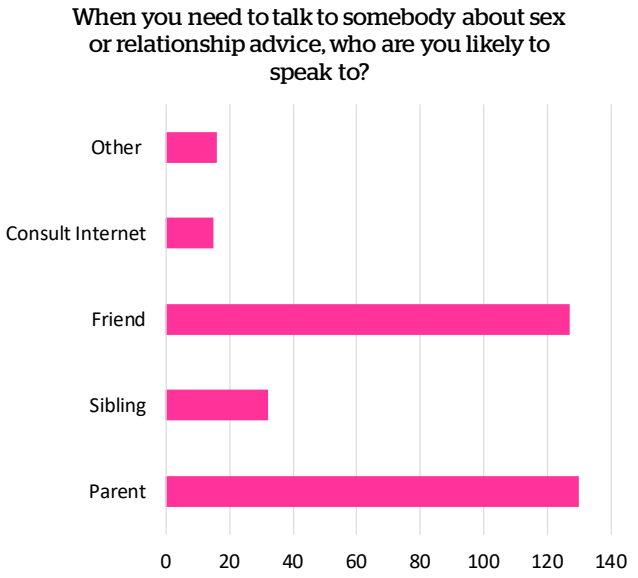


As we can see from the results, the areas which yielded the most responses were physical abuse (57) and rape/sexual abuse (45). Although emotional abuse was named by only 7 people, it is important to note that various other titles can correspond with this such as belittling (5),

mental abuse (14) and various others. A discussion then followed looking at the signs of unhealthy relationships and knowing when there is a problem. For example, it was explained that it is perfectly acceptable to enquire where somebody is and if they got home safely, but there may be bigger issues if this evolves to harassment, with someone persistently asking their partner to prove where they are, who they are with and what they are doing. It was also pointed out that an abuser in a relationship can be either gender, with female-on-male domestic abuse on the rise. It was also discussed that men are twice as likely not to come forward if they are in an abusive relationship[3] . It was discussed why men are less likely to come forward if they are in an abusive relationship. The young people believe this is because men are expected to be tough and it could be embarrassing for them. It was made clear that men being abused is just as serious as a woman being abused and we should support anyone who is in a difficult situation.

The final part of the workshop focused on the subject of pornography. This included the laws around owning extreme pornography including bestiality, necrophilia and child pornography, what to do if such images or videos are shared with the young people and how watching pornography can be addictive. It was discussed how some young people use pornography as their sex education and that this can lead to unrealistic expectations.

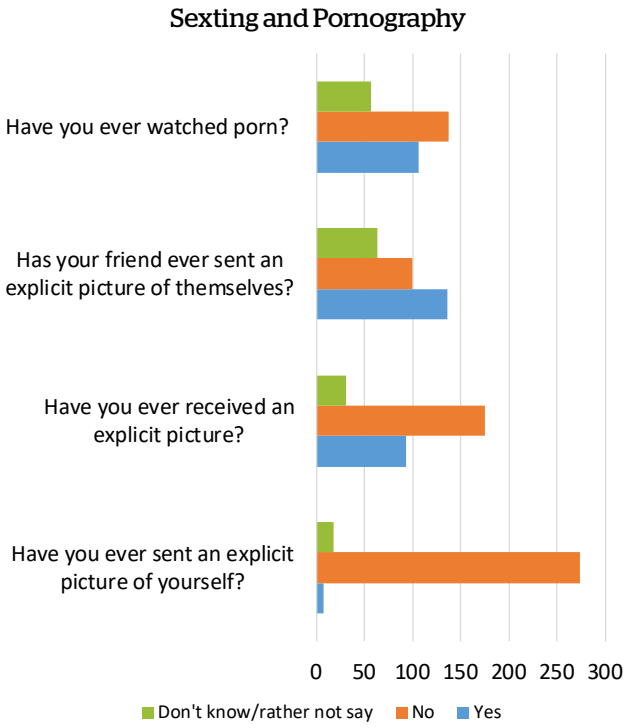
Every young person who took part in the Teenage Kicks workshop was asked to fill in an anonymous questionnaire which asked various questions relating to sexting, pornography and relationship advice. The charts below reveal the answers that were collected from 300 young people.



As we can see from the above chart, talking to their parents was the most popular option yielding 41% of the vote with "friend" coming a close second with 40%. Responses in the "other" option included "nobody" and various other relatives such as cousins, aunts and uncles.

The next three questions were related to sexting and pornography.

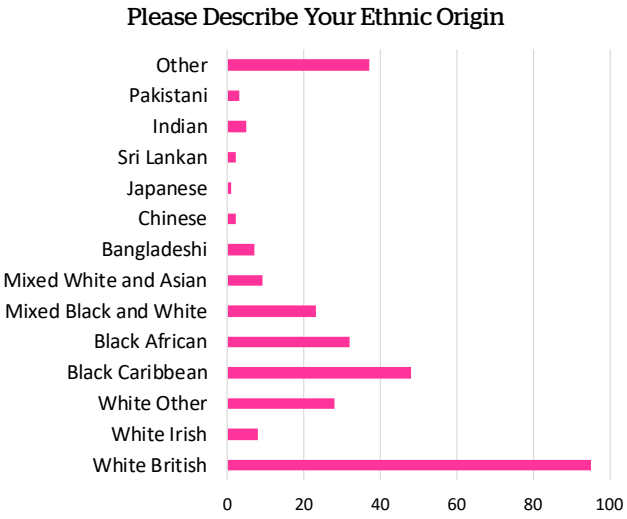
3 *http://new.mankind.org.uk*



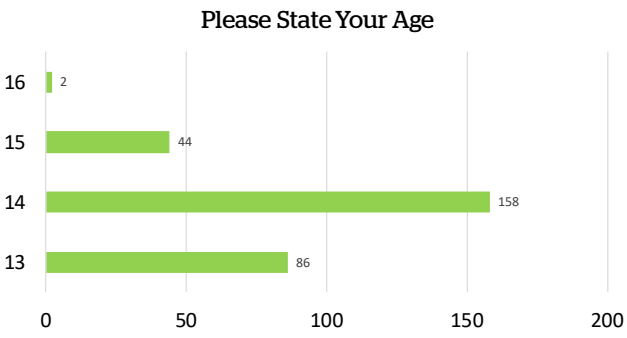
It is interesting to see that although a very small number of young people (8) admitted to sending sexts, 94 said they had received them and 136 claimed that their friends have sent them. This suggests that the number of young people sending sexts are more likely to be higher than recorded. We believe that many of the young people were loath to admit to sending and receiving sexts as they realise that it is illegal, but judging by the conversations that went on during the workshops, this is something that is regularly occurring.

Demographics of workshop participants

68% of the young people involved in the Teenage Kicks workshops identified as male with the remaining 32% identifying as female. In addition to this, 91% of young people classed themselves as heterosexual, 3% bisexual, 1% homosexual and 5% other. 94% said they had no disability with 6% considering themselves to have some form of disability. The chart below states the ages and ethnic origins of participants.



The top three most identified ethnic origins were White British (32%), Black Caribbean (16%) and "other" (12%).



54% of participants were aged 14 with 30% aged 13, a further 15% were 15 years old with the remaining 1% aged 16.

Online Survey Results

The Survey Monkey was live for three months and was publicised via our e-Bulletins, website and social media. Various questions were asked and comments about sexual health clinics were collected. You can see from the responses below that the data suggests mixed sentiments regarding local sexual health clinics.

I think that they dealt with me very well. I didn't feel that they were judging me.

Staff were rude, the waiting area made me feel uncomfortable and no clear information was given prior to arriving.

They were helpful and gave good information. However I was still unsure of the options.

I felt like the staff were judging me for going on the contraceptive pill.

The staff were welcoming and they didn't judge me.

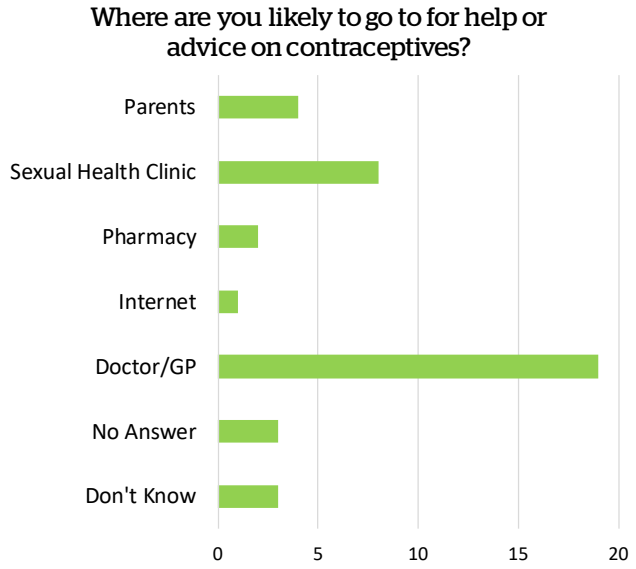
They made me feel at ease.

Usually a very helpful, friendly service. Sometimes can be a bit cold/ feel judged

Waiting area not young people friendly and incorrect information given, ended up going out of borough.

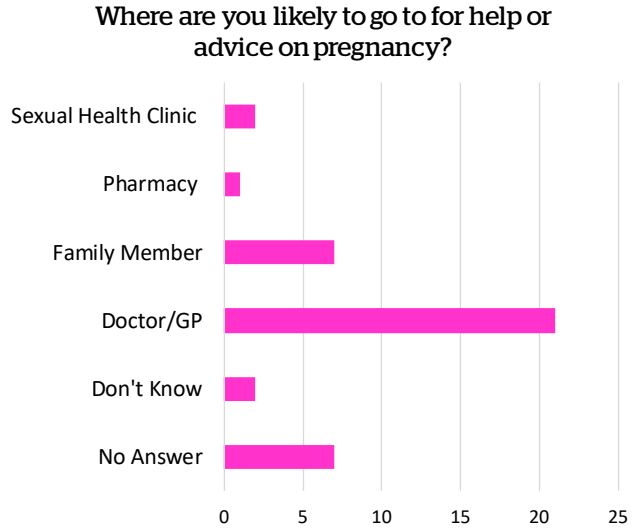
Sensitive staff who helped my situation.

The respondents were asked that if in the future, if they needed to seek help regarding contraceptives, pregnancy or STI's, where would they go. The answers are as follows:

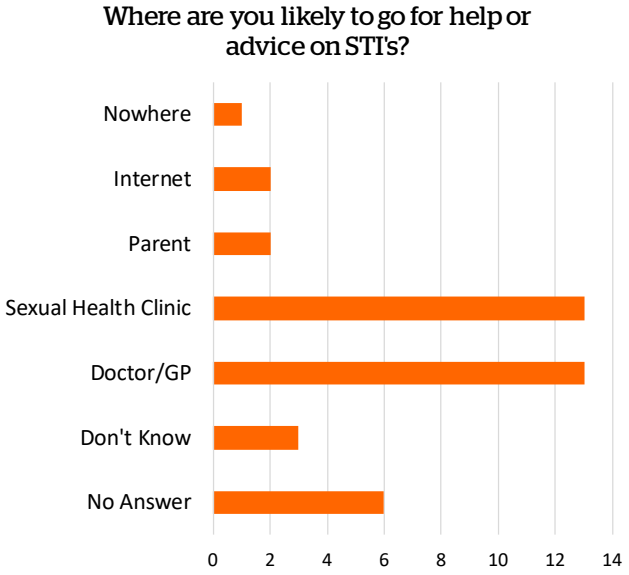


As we can see from the above chart, the GP surgery was the most popular with the sexual health clinic coming second.

In regards to pregnancy help and support, once again the GP was most popular, with talking to a family member being the second most popular.

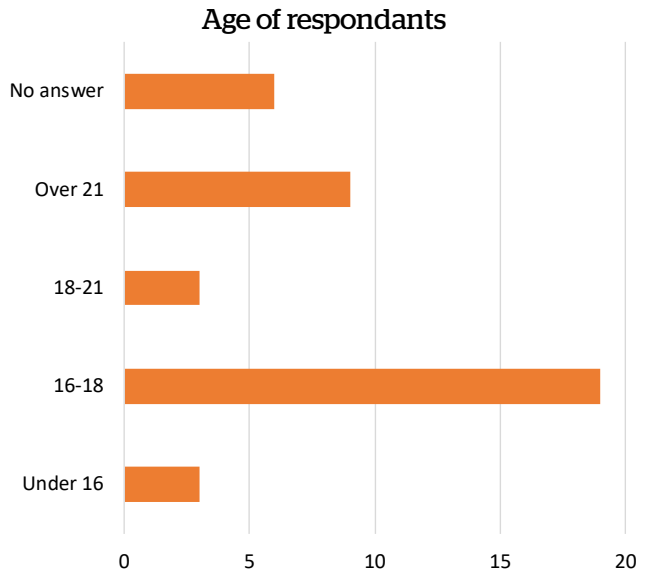


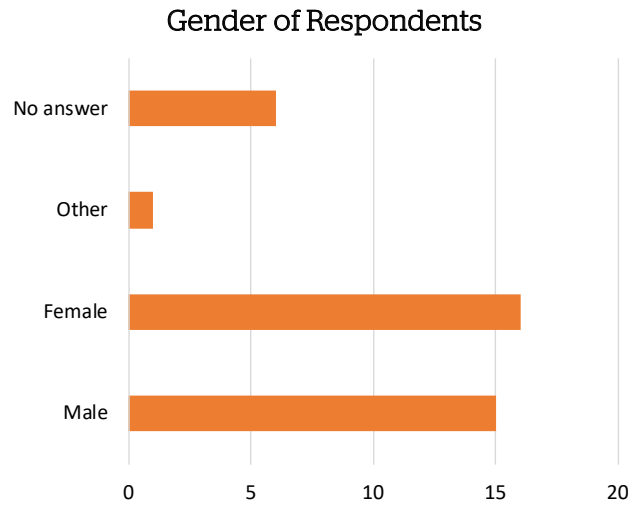
In this section concerning sexually transmitted infections, it is interesting to note that there is a large surge of young people who say they would use a sexual health clinic as opposed to visiting the GP for contraceptives and pregnancy advice.



Demographics of online respondents

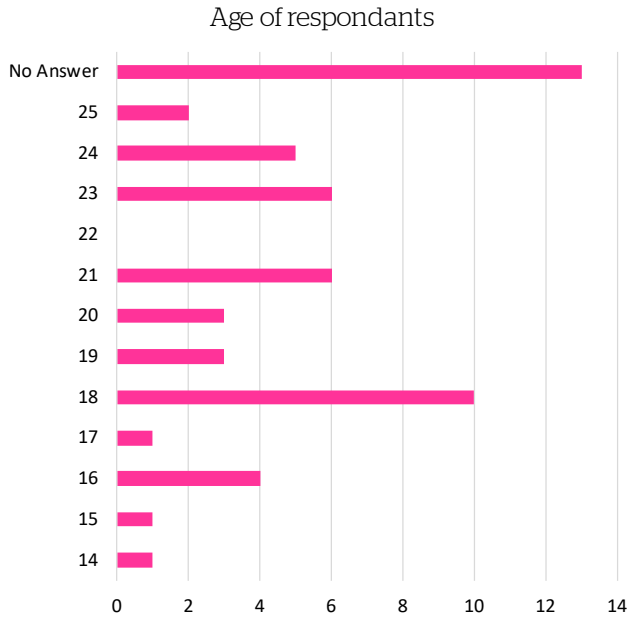
The online results were largely made up from 16-18 year olds (47%) with a nearly equal split of genders.





Sexual Health Clinic Engagement

In February 2017, Healthwatch placed questionnaires and comment boxes in two sexual health clinics in Bromley for two weeks. The clinics we chose were Bromley Y, as this is a sexual health clinic dedicated to under 25's and The Beckenham Beacon, as this clinic is open two days a week. Across both clinics, 55 under 25's filled out the survey. The chart below provides a breakdown of ages.

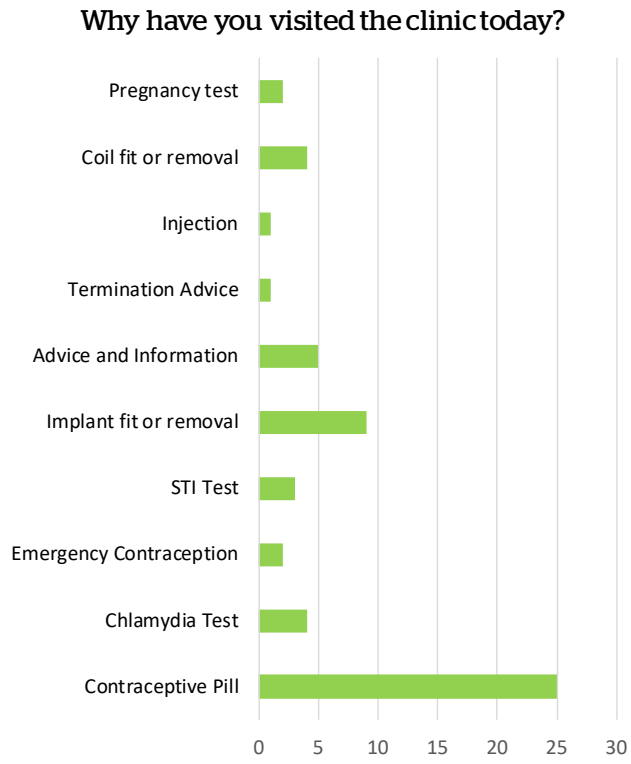


71% of the participants were female, 5% were male, 2% identified as non-binary and 22% chose not to answer. In addition to this, 75% of the young people surveyed classed themselves as heterosexual, 4% were bisexual with the remaining 22% choosing not to answer.

51% of the young people surveyed at the clinics identified as White British, with 11% identifying as Mixed Race, 7% White other, 5% as Black British, 2% as White Irish and 2% as Asian. The remaining 22% chose to not answer.

Feedback

The 55 young people that answered the survey disclosed that they had visited the clinic for various reasons. For 48% of them, they were attending the clinic for the first time. The chart indicates the reason for their visit.



The above chart indicates that the majority of young people were visiting the clinics in order to obtain contraception.

Most feedback was positive, with the only issues being waiting times, lack of signage and one young person (aged 14)who said that she felt judged when she visited the clinic for a pregnancy test.

Waiting rooms were seen as clean and welcoming and it was commented on that this made the patients feel comfortable. Staff attitudes were considered excellent with nurses being described as "informative", "friendly", "trustworthy", "helpful", "professional" and "reassuring". Furthermore, 54 out of 55 respondents scored nurses as 'very helpful' The young people were asked to score their overall visit to the clinic on a scale of 1-10. Aside from three people who did not answer, all other results were scored at eight and above, with 65% of young people giving top marks.

Conclusions and Recommendations

It has become clear of late that sexting, pornography and healthy relationships are a big focus in the media. A recent article published by the BBC reported that Plan International UK claims 75% of people think the impact of porn should be a compulsory part of the curriculum, while 7% oppose the move. Furthermore, 71% of people wanted pupils to get lessons on sexting[4]. With this is mind and looking at the feedback forms and comments from the local young people, Healthwatch Bromley are in agreement that such subjects should be taught to young people – and not necessarily just to the older age groups. It is important to educate young people about the repercussions of sexting, pornography and healthy relationships before they reach the age where they are likely to be sexually active.

Lots of young people complimented the fact that Bromley has a dedicated sexual health clinic for under 25's at Bromley Y. However, this is only one clinic that caters specifically for young people in the whole of Bromley. In light of this, it may be useful to have more of these specialised clinics around the borough.

Although the majority of feedback uncovered from the sexual health clinics was positive, there was one young person who said she felt "judged". It is prudent that staff are fully trained in knowing how to treat young people, as they are often the first point of contact.

The large majority of young people that we spoke to were also unaware of the C-Card scheme (which provides free condoms to 13 to 24 year olds) In accordance with the above, Healthwatch Bromley provides the following recommendations:

- **Healthy teenage relationships, including information, laws and consequences around sexting and pornography should be taught to all school age children. This is something that should be compulsory and not just a "one-off" lesson.**
- **Specialised under 25's sexual health service should be available borough wide.**
- **Young people to have a choice in who delivers their sex education.**
- **All staff at sexual health clinics should be trained in signposting and how to give respectful advice. This is especially important for receptionists who are often the first point of contact.**
- **School staff to be trained on how to deliver sessions around sensitive issues and trained on how to spot students in unhealthy relationships and offer the appropriate signposting.**
- **The C-Card scheme to be advertised more widely so that young people know that it is available and how to access it.**

Acknowledgements

Healthwatch Bromley would like to thank all the people that took part in this project including the students and staff from Harris Academy Beckenham. We would also like to thank the staff from the Bromley Y and Beckenham Beacon Sexual Health Clinics.

[4] http://www.bbc.co.uk/news/education-39096100

healthwatch Bromley

Appendix 1: Questionnaire

Teenage Kicks Survey
This survey is anonymous. The information given will be used by HWBL in order to obtain an understanding of young people's experiences, views and thoughts

Q1) When you need to talk about sex or need relationship advice, who are you most likely to speak to?

Parent ☐
Sibling ☐
Friend ☐
Consult Internet ☐
Other (Please State) ☐

☐

Q2) Have you ever sent an "explicit" picture of yourself via social media or text/email?

YES ☐
NO ☐
RATHER NOT SAY ☐

Q3) Have you ever received an "explicit" picture?

YES ☐
NO ☐
RATHER NOT SAY ☐

Q4) Do you know if a friend of yours has ever sent an "explicit" picture to somebody?

YES ☐
NO ☐
DON'T KNOW ☐

Q5) Have you ever watched porn?

YES ☐
NO ☐
RATHER NOT SAY ☐

Q6) Do you have any views or ideas that you would like to express regarding what we have talked about today?

☐

Q7) How did you find the session today?

Very useful. I learned/ contributed a lot. ☐
Somewhat useful. I learned/ contributed some things. ☐
Not at all useful. I didn't learn or contribute anything. ☐

Monitoring Information

I would describe my ethnic origin as:

WHITE

White British ☐ White Irish ☐

White other ☐

BLACK OR BLACK BRITISH

Black Caribbean ☐ Black African ☐

MIXED

White and Black Caribbean ☐

White and Black African ☐

White and Asian ☐

ASIAN

Indian ☐ Pakistani ☐

Bangladeshi ☐ Chinese ☐

Sri Lankan ☐ Japanese ☐

Other (Please state) ☐

Do you consider yourself to have a disability?

Yes ☐ No ☐

PLEASE STATE YOUR AGE:

GENDER:

Female ☐

Male ☐

Other ☐

How would you describe your sexuality:

Heterosexual (straight) ☐

Homosexual (Gay/Lesbian) ☐

Bisexual ☐

Asexual ☐

Other (Please State) ☐

Please state which borough you live in

Many Thanks for completing this survey!

Let's Talk About Sex Bromley

Children and Young People's Sexual Health and Healthy Relationships in the London Borough of Bromley

First published April 2017

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community waves

healthwatch Bromley

Report No.
CSD18050

London Borough of Bromley

Decision Maker:	**HEALTH AND WELLBEING BOARD**
Date:	**29th March 2018**
Decision Type:	Non Urgent Non-Executive Non-Key
Title:	**MATTERS ARISING AND WORK PROGRAMME**
Contact Officer:	Kerry Nicholls, Democratic Services Officer Tel: 0208 313 4602 E-mail kerry.nicholls@bromley.gov.uk
Chief Officer:	Mark Bowen, Director of Corporate Services
Ward:	N/A

1. Reason for report

1.1 The Health and Wellbeing Board is asked to review its Work Programme and to consider progress on matters arising from previous meetings of the Board.

2. RECOMMENDATION

2.1 The Health and Wellbeing Board is requested to review its Work Programme and to consider matters arising from previous meetings, indicating any changes required.

Impact on Vulnerable Adults and Children

1. Summary of Impact: Not Applicable

Corporate Policy

1. Policy Status: Existing Policy: As part of the Excellent Council workstream within Building a Better Bromley, the Health and Wellbeing Board should plan and prioritise its workload to achieve the most effective outcomes.
2. BBB Priority: Excellent Council

Financial

1. Cost of proposal: No Cost
2. Ongoing costs: Not Applicable
3. Budget head/performance centre: Democratic Services
4. Total current budget for this head: £335,590
5. Source of funding: 2017/18 revenue budget

Staff

1. Number of staff (current and additional): 8 posts (6.87 fte)
2. If from existing staff resources, number of staff hours: Maintaining the Board's work programme takes less than an hour per meeting

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Legal

1. Legal Requirement: None.
2. Call-in: Not Applicable. This report does not involve an executive decision

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Procurement

1. Summary of Procurement Implications: None.

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): This report is intended primarily for the benefit of members of this Board to use in controlling their work.

Ward Councillor Views

1. Have Ward Councillors been asked for comments? Not Applicable
2. Summary of Ward Councillors comments: Not Applicable

3. COMMENTARY

3.1 The Matters Arising table updates Board Members on "live" matters arising from previous meetings wand is attached at **Appendix 1**.

3.2 The Health and Wellbeing Board's Work Programme is attached at **Appendix 2**. Meetings are scheduled to be held approximately two weeks after Bromley Clinical Commissioning Group Board meetings to facilitate the feedback mechanism from the Bromley Clinical Commissioning Group to the Health and Wellbeing Board. In approving the Work Programme, Board Members will need to be satisfied that priority issues are being addressed in line with the priorities set out in the Board's Health and Wellbeing Strategy and Terms of Reference which were approved by Council in April 2013.

3.3 Dates of Meetings and report deadline dates are provided at **Appendix 3**.

3.4 The Constitution of the Health and Wellbeing Board is provided at **Appendix 4**.

3.5 The updated Glossary is provided at **Appendix 5**.

Non-Applicable Sections:	Impact on Vulnerable Adults and Children and Policy/Financial/Legal/Personnel Implications
Background Documents:	Previous matters arising reports and minutes of meetings.

Health and Wellbeing Board

Matters Arising/Action List

Agenda Item	Action	Officer	Notes	Status
Minute 51 8th February 2018 Approval of the Joint Strategic Needs Assessment 2017	Members requested press releases be issued regarding recent work of the Board relating to social isolation in Bromley, positive measures on living healthily and the Falls Task and Finish Group.	**Susie Clark**	This work was in progress.	**In progress**
Minute 49 8th February 2018 Building a Better Bromley Communications Group: Interim Update	Members requested that information relating to so-called "legal" highs be provided to Members of the Health and Wellbeing Board following the meeting.	**Dr Nada Lemic / Helen Buttivant**	A briefing on 'New Psychoactive Substances' was provided to Board Members following the meeting.	**Completed**
Minute 11 7th September 2017 Scoping Paper for Falls and Task and Finish Group	Members resolved that a task and finish group be convened to produce a summary report with recommendations for future action. The Chairman agreed to write formally to Professor Cameron Swift to see if the Professor would agree to Chair the Group.	**Dr Nada Lemic/ Laura Austin Croft** **Chairman**	Work on the task and finish group was progressing and an interim report would be provided to the Board meeting in March 2018. Professor Cameron Swift had kindly agreed to chair the Group.	**Ongoing** **Completed**
Minute 10 7th September 2017 Delayed Transfer of Care Performance	Members resolved that the Health and Wellbeing Board receive regular updates on Delayed Transfer of Care performance locally and progress made against plans to reduce delayed transfers	**Ade Adetosoye/ Jodie Adkin/ Dr Bhan**	This has been noted and the matter has been factored into the work plan and future agendas.	**Ongoing**

APPENDIX 2

HEALTH AND WELLBEING BOARD
WORK PROGRAMME

7th June 2018	
Final Findings of JSNA Evaluation	Helen Buttivant
Health Support to School Age Children: Update	Dr Jenny Selway
Community Detox Pathway (Alcohol) Pilot: Outcome	Mimi Morris-Cotterill
Winter Review	Dr Angela Bhan (CCG)
Improved Better Care Fund Projects: Winter Resilience 2017/18	Stephen John
Integrated Commissioning Board Minutes – Part 2 (Exempt) Item	Graham Mackenzie/Paul Feven
Update on DToC Performance	Jodie Adkin/Ade Adetosoye
Falls Task and Finish Group: Final Report	Dr Nada Lemic/Dr Laura Austin Croft
Update on Sexual Health– to include London Council's Briefing dated Feb 18	Mimi Morris-Cotterill
Better Care Fund Performance Update	Jackie Goad
Work Programme and Matters Arising	Kerry Nicholls
Emerging Issues (standing opportunity: every meeting)	HWB members to contact Board Secretary with any emerging matters for discussion.
July 2018	
Integrated Commissioning Board Minutes – Part 2 (Exempt) Item	Graham Mackenzie/Paul Feven
Update on DToC Performance	Jodie Adkin/Ade Adetosoye
Falls Task and Finish Group: Final Report	Dr Nada Lemic/Dr Laura Austin Croft
Better Care Fund Performance Update	Jackie Goad
Work Programme and Matters Arising	Kerry Nicholls
Emerging Issues (standing opportunity: every meeting)	HWB members to contact Board Secretary with any emerging matters for discussion.
September 2018	
Better Care Fund Performance Update	Jackie Goad
Update on DToC Performance	Jodie Adkin/Ade Adetosoye
Integrated Commissioning Board Update	Graham Mackenzie/Paul Feven
Integrated Commissioning Board Minutes – Part 2 (Exempt) Item	Graham Mackenzie/Paul Feven
Healthy Weight Bromley: Children and Young People Update	Dr Nada Lemic
Promoting Exercise	Dr Nada Lemic
Work Programme and Matters Arising	Kerry Nicholls
Emerging Issues (standing opportunity: every meeting)	HWB members to contact Board Secretary with any emerging matters for discussion.
November 2018	
Bromley Communications and Engagement Network – Activity Report	Folake Segun (Healthwatch)
Bromley Safeguarding Children's Board Annual Report	Jim Gamble/Joanna Gambhir
Integrated Commissioning Board Minutes – Part 2 (Exempt) Item	Graham Mackenzie/Paul Feven
Local CAMHS Transformation Plan	Daniel Taegtmeyer (CCG)

Update on DToC Performance	Jodie Adkin/Ade Adetosoye
Better Care Fund Performance Update	Jackie Goad
Work Programme and Matters Arising	Kerry Nicholls
Emerging Issues (standing opportunity: every meeting)	HWB members to contact Board Secretary with any emerging matters for discussion.
February 2019	
Primary Care Commissioning Update	Dr Angela Bhan or Dr Andrew Parson
Better Care Fund Quarter 3 Performance Report	Jackie Goad
Integrated Commissioning Board Minutes – Part 2 (Exempt) Item	Graham Mackenzie/Paul Feven
Update on DToC Performance	Jodie Adkin/Ade Adetosoye
Better Care Fund Performance Update	Jackie Goad
Chairman's Annual Report	Councillor David Jefferys
Work Programme and Matters Arising	Kerry Nicholls
Emerging Issues (standing opportunity: every meeting)	HWB members to contact Board Secretary with any emerging matters for discussion.
April 2019	
Better Care Fund Performance Update	Jackie Goad
Update on DToC Performance	Jodie Adkin/Ade Adetosoye
Work Programme and Matters Arising	Kerry Nicholls
Integrated Commissioning Board Update	Graham Mackenzie/Paul Feven
Integrated Commissioning Board Minutes – Part 2 (Exempt) Item	Graham Mackenzie/Paul Feven
Healthy Weight Bromley: Children and Young People Update	Dr Nada Lemic
Emerging Issues (standing opportunity: every meeting)	HWB members to contact Board Secretary with any emerging matters for discussion.

Unprogrammed Outstanding Items:
Developing a System Wide Mental Health Strategy/Mental Health Act (Harvey Guntrip)
Mental Health Strategic Partnership Update (Harvey Guntrip)
Elective Orthopaedic Centres (CCG)
Health and Wellbeing Strategy (Dr Nada Lemic)
Healthwatch Project on Young People's Views on Sexual Health and Gender Identity (Folake Segun)
Implementation of Personal Health Budgets (LBB)
Improvements in Services for Dementia Suffers (LBB/CCG)
Recommendations from the Falls Task and Finish Group (Dr Nada Lemic/Dr Laura Austin Croft)
FGM Update (Mimi Morris-Cotterill)

APPENDIX 3

DATES OF MEETINGS AND REPORT DEADLINE DATES

The Agenda for meetings MUST be published five clear days before the meeting.

Report Deadlines are the final date by which the report can be submitted to Democratic Services. Report Authors will need to ensure that their report has been signed off by the relevant chief officers before submission.

Date of Meeting	Report Deadline (3.00pm)	Agenda Published
Thursday, 7th June 2018	Tuesday, 29th May 2018	Wednesday, 30th May 2018
Thursday, 19th July 2018	Tuesday, 10th July 2018	Wednesday, 11th July 2018
Thursday, 27th September 2018	Tuesday, 18th September 2018	Wednesday, 19th September 2018
Thursday, 15th November 2018	Tuesday, 6th November 2018	Wednesday, 7th November 2018
Thursday, 31st January 2019	Tuesday, 22nd January 2019	Wednesday, 23rd January 2019
Thursday, 21st March 2019	Tuesday, 12th March 2019	Wednesday, 13th March 2019

A link to the agenda is emailed to the Board on the publication date. Hard copies are available on request.

Questions
Questions from members of the public to the meeting will be referred directly to the relevant policy development and scrutiny (PDS) committee of the Council, or to other meetings as appropriate, at the next available opportunity unless they relate directly to the work of the Board.

A list of the questions and answers will be appended to the corresponding minutes.

Minutes
The minutes are drafted as soon as possible after the meeting has finished. They are then sent to officers for checking. Once any amendments have been made, they are sent to the Chairman, and once he has cleared them, they are sent, in draft format, to Members of the board. Please note that this process can take up to two weeks.

The draft minutes are then incorporated on the agenda for the following meeting and are confirmed.

APPENDIX 4

LONDON BOROUGH OF BROMLEY
HEALTH & WELLBEING BOARD

Constitution

(11 Elected Members, including one representative from each of the two Opposition Parties; the two statutory Chief Officers (without voting rights); two representatives from the Clinical Commissioning Group (with voting rights); a Health Watch representative (with voting rights) and a representative from the Voluntary Sector (with voting rights). The Chairman of the Board will be an Elected Member appointed by the Leader. The quorum is one-third of Members of the Board providing that elected Members represent at least one half of those present. Substitution is permitted. Other members without voting rights can be co-opted as necessary.

1. Providing borough-wide strategic leadership to public health, health commissioning and adults and children's social care commissioning, acting as a focal point for determining and agreeing health and wellbeing outcomes and resolving any related conflicts.

2. Commissioning and publishing the Joint Strategic Needs Assessment (JSNA) under the Health and Social Care Act.

3. Commissioning and publishing a Joint Health & Wellbeing Strategy (JHWS) – a high level strategic plan that identifies, from the JSNA and the national outcomes frameworks, needs and priority outcomes across the local population, which it will expect to see, reflected in local commissioning plans.

4. Receiving the annual CCG commissioning plan for comment, with the reserved powers to refer the CCG commissioning plan to the NHS Commissioning Board should it not address sufficiently the priorities given by the JSNA.

5. Holding to account all areas of the Council, and other stakeholders as appropriate, to ensure their annual plans reflect the priorities identified within the JSNA.

6. Supporting joint commissioning and pooled budget arrangements where it is agreed by the Board that this is appropriate.

7. Promoting integration and joint working in health and social care across the borough.

8. Involving users and the public, including to communicate and explain the JHWS to local organisations and residents.

9. Monitor the outcomes and goals set out in the JHWS and use its authority to ensure that the public health, health commissioning and adults and children's commissioning and delivery plans of member organisations accurately reflect the Strategy and are integrated across the Borough.

10. Undertaking and overseeing mandatory duties on behalf of the Secretary of State for Health and given to Health and Wellbeing Boards as required by Parliament.

11. Other such functions as may be delegated to the Board by the Council or Executive as appropriate.

APPENDIX 5

GLOSSARY OF ABBREVIATIONS – HEALTH & WELLBEING BOARD

Acute Treatment Unit	(ATU)
Antiretroviral therapy	(ART)
Any Qualified Provider	(AQP)
Autistic Spectrum Disorders	(ASD)
Behaviour, Attitude, Skills and Knowledge	(BASK)
Better Care Fund	(BCF)
Black African	(BA)
Body Mass Index	(BMI)
British HIV Association	(BHIVA)
Bromley Clinical Commissioning Group	(BCCG)
Bromley Safeguarding Children Board	(BSCB)
Cardiovascular Disease	(CVD)
Care Programme Approach	(CPA)
Care Quality Commission	(CQC)
Children & Adolescent Mental Health Service	(CAMHS)
Child Sexual Exploitation	(CSE)
Chlamydia Testing Activity Dataset	(CTAD)
Clinical Commissioning Group	(CCG)
Clinical Decision Unit	(CDU)
Clinical Executive Group	(CEG)
Clinical Leadership Groups	(CLG)
Common Assessment Framework	(CAF)
Community Learning Disability Team	(CLDT)
Community Psychological Services	(CPS)
Delayed Transfer of Care	(DTOC)
Director of Adult Social Services	(DASS)
Director of Children's Services	(DCS)
Disability Discrimination Act 1995	(DDA)
Dispensing Appliance Contractors	(DAC)
Emergency Hormonal Contraception	(EHC)
Essential Small Pharmacy Local Pharmaceutical Services	(ESPLPS)
Female Genital Mutilation	(FGM)
Florence – telehealth system using SMS messaging	(FLO)
Health & Wellbeing Board	(HWB)

Health & Wellbeing Strategy	(HWS)
Health of the Nation Outcome Scales	(HoNOS)
Hypertension Action Group	(HAG)
Improved Better Care Fund	(IBCF)
Improving Access to Psychological Therapies programme	(IAPT)
Improvement Assessment Framework	(IAF)
In Depth Review	(IDR)
Integrated Care Network	(ICN)
Integration Transformation Fund	(ITF)
Intensive Support Unit	(ISU)
Joint Health & Wellbeing Strategy	(JHWS)
Joint Integrated Commissioning Executive	(JICE)
Joint Strategic Needs Assessment	(JSNA)
Kings College Hospital	(KCH)
Local Medical Committee	(LMC)
Local Pharmaceutical Committee	(LPC)
Local Pharmaceutical Services	(LPS)
Local Safeguarding Children's Boards	(LSCB)
Long Acting Reversible Contraception	(LARC)
Mental Health Champion	(MHC)
Multi Agency Planning	(MAP)
Medicines Adherence Support Service	(MASS)
Medicines Adherence Support Team	(MAST)
Medium Super Output Areas	(MSOAs)
Men infected through sex with men	(MSM)
Mother to child transmission	(MTCT)
Multi-Agency Safeguarding Hubs	(MASH)
Multi-Agency Sexual Exploitation	(MASE)
National Chlamydia Screening Programme	(NCSP)
National Institute for Clinical Excellence	(NICE)
Nicotine Replacement Therapies	(NRT)
National Reporting and Learning Service	(NRLS)
Nucleic acid amplification tests	(NATTS)
Patient Liaison Officer	(PLO)
People living with HIV	(PLHIV)
Pharmaceutical Needs Assessment	(PNA)

Policy Development & Scrutiny committee	(PDS)
Primary Care Trust	(PCT)
Princess Royal University Hospital	(PRUH)
Proactive Management of Integrated Services for the Elderly	(ProMISE)
Public Health England	(PHE)
Public Health Outcome Framework	(PHOF)
Quality and Outcomes Framework	(QOF)
Quality, Innovation, Productivity and Prevention programme	(QIPP)
Queen Mary's, Sidcup	(QMS)
Speech and Language Therapy	(SALT) or (SLT)
Secure Treatment Unit	(STU)
Serious Case Review	(SCR)
Sex and Relationship Education	(SRE)
Sexually transmitted infections	(STIs)
South London Healthcare Trust	(SLHT)
Special Educational Needs	(SEN)
Summary Care Record	(SCR)
Supported Improvement Adviser	(SIA)
Sustainability and Transformation Plans	(STP)
Tailored Dispensing Service	(TDS)
Unitary Tract Infections	(UTI)
Urgent Care Centre	(UCC)
Voluntary Sector Strategic network	(VSSN)
Winterbourne View Joint Improvement Programme	(WVJIP)

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