

## **HEALTH AND WELLBEING BOARD**

Minutes of the meeting held at 1.30 pm on 19 July 2018

### **Present:**

Councillor David Jefferys (Chairman)

Councillors Marina Ahmad, Graham Arthur, Yvonne Bear, Mary Cooke, Judi Ellis, Keith Onslow, Colin Smith and Diane Smith

Dr Nada Lemic, Director: Public Health  
Carol Whiting, Head of Service for Safeguarding and Care Planning East

Lynn Sellwood, Independent Chair: Bromley Safeguarding Adults Board

Mark Cheung, Programme Director, Integrated Care Services: Bromley Clinical Commissioning Group

Harvey Guntrip, Lay Member: Bromley Clinical Commissioning Group

Dr Andrew Parson, Clinical Chairman: Bromley Clinical Commissioning Group

Colin Maclean, Community Links Bromley  
Barbara Wall, Healthwatch Bromley

### **Also Present:**

Councillor Peter Fortune (Portfolio Holder for Children, Education and Families)

## **17 APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Robert Evans, Paul Feven and Stephen John.

Apologies for absence were also received from Janet Bailey and Dr Angela Bhan, and Carol Whiting and Mark Cheung attended as their respective substitutes.

## **18 DECLARATIONS OF INTEREST**

Councillor David Jefferys declared that he had recently attended the London Youth Games as a guest of Mytime Active, although this is already listed in the Members' Declaration of Interests. The Chairman drew Members' attention to the success of the Bromley Youth Team in winning the Youth Games 2018, and securing a third successive top team position. He had written on behalf of the Board to congratulate the team, coaches and managers.

**19 MINUTES OF THE MEETING OF HEALTH AND WELLBEING BOARD HELD ON 7TH JUNE 2018**

**RESOLVED** that the minutes of the meeting held on 7<sup>th</sup> June 2018 be agreed.

**20 QUESTIONS BY COUNCILLORS AND MEMBERS OF THE PUBLIC ATTENDING THE MEETING**

No questions had been received.

**21 MYTIME ACTIVE: HEALTH AND WELLBEING INITIATIVES (PRESENTATION)**

The Board received a presentation from Matthew Eady, Regional Manager (Bromley and South), Helena Taylor, London Regional Manager: Child Weight Management and Prevention Services, Debra Weekes, Mytime Partnerships Manager and Ann Wilbourn, Primetime Manager, Mytime Active on health and wellbeing initiatives being delivered by Mytime Active.

Mytime Active was a social enterprise that aimed to improve people's wellbeing, regardless of their stage of life. Mytime Active offered a wide range of provision across the Borough including fitness and leisure activities as well as breakfast and after school clubs, and had established a Wellbeing Hub at the Spa Leisure Centre that aimed to support people of all ages and fitness levels to improve their wellbeing through becoming more active, eating healthily, developing a more positive approach to life and socialising with others. Key initiatives included Primetime which was a scheme supporting older people to become more active and participate in social events. A number of programmes were available to children and young people including swimming, soft play and the London Youth Games, and programmes to promote healthy lifestyles were also available to children and young people and their parents. Targeted initiatives available to specific groups of young people included sports and music programmes delivered via MyFuture, Arts Train and Bromley Y, and a free leisure offer and training and apprenticeship programme for children looked after.

The Portfolio Holder for Children, Education and Families was pleased to note the variety of universal and targeted Mytime Active programmes available to children and young people, and emphasised the close working links between the Local Authority and Mytime Active, which included representation on the Local Authority's Corporate Parenting Board.

In response to a question from the Chairman regarding Mytime Active's work in reducing social isolation, the Primetime Manager advised the Board that the Primetime scheme was promoted as widely as possible to encourage more older people to become involved including via the volunteers programme, advertising at community events and presentations to residents' associations and other community groups. A Board Member reported that the Bromley Safeguarding Adults Board had identified older men as being more vulnerable to social isolation and was developing a project to address this vulnerability. The Regional Manager

(Bromley and South) confirmed that Mytime Active undertook a range of work with older men including a nationally recognised programme encouraging older men to participate in golf, and would be pleased to link in with this project. A Board Member announced that as part of Jo Cox's legacy, a £20M fund had been made available to charities and community groups to support groups to understand the impact of their work and share best practice about how to prevent loneliness. Charities would be able to apply for a grant from the Building Connections Fund until the end of December 2020, and this represented an opportunity for Bromley-based charities and community groups to undertake further work to address social isolation in the Borough.

In response to a question from a Member, the Regional Manager (Bromley and South) advised that the Mind, Exercise, Nutrition... Do it! (MEND) obesity prevention and treatment programme for children and young people delivered in schools by Mytime Active took a whole-school approach that involved every child, and that individual children and young people identified as needing additional support were referred to appropriate support services. Mytime Active also undertook workforce training in relation to the Healthy Lifestyles Programmes that was primarily targeted at staff working with children and families but could be expanded to Local Authority staff if appropriate. The Regional Manager (Bromley and South) confirmed that work was underway to identify sustainable funding models for Mytime Active's Healthy Lifestyles Programmes in the longer term, which could include the use of Pupil Premium funding.

Several Members commented that Mytime Active's programmes offered a preventative service that reduced pressures on health and social care services, and asked that the activities offered by Mytime Active be optimally communicated to residents.

*Action Point: The Communications Executive to review how the activities of Mytime Active were highlighted to residents and provide an update to the next meeting of Health and Wellbeing Board on 27<sup>th</sup> September 2018 on the actions taken.*

The Chairman led Board Members in thanking Matthew Eady, Helena Taylor, Debra Weekes, and Ann Wilbourn for their excellent presentation which is attached at Appendix A.

**RESOLVED that the presentation be noted.**

## **22 FALLS PREVENTION SYSTEM REVIEW: FINAL REPORT AND RECOMMENDATIONS**

### **Report CS18159**

The Board considered the final report of the Falls Task and Finish Group.

The Falls Task and Finish Group was convened by the Health and Wellbeing Board to investigate the number and types of falls affecting Bromley's older

population and consider falls prevention work in Bromley, including assessing the level of collaboration across primary, secondary, community and social care providers. The review was chaired by Professor Cameron Swift and a range of work had been undertaken including data analysis to establish falls epidemiology in the Borough and meetings with primary, secondary, community and social care partners. The final report of the Falls Task and Finish Group presented a number of recommendations including improving data management and systems, data sharing to identify a strategy to reduce falls in the Borough, increased case identification and referrals to prevention services, workforce development and collaboration across services. It was proposed that the final report of the Falls Task and Finish Group be presented to the Integrated Commissioning Board and that a Bromley Joint Working Group be established to take forward the recommendations of the review within a specified timescale.

In considering the report, a Member stressed the high number of locums and agency staff within primary care and underlined the importance of ensuring that General Practitioners and healthcare organisations were made aware of the support services available to encourage falls referrals. Another Member noted the value of information sharing between health agencies. Mark Cheung, Programme Director: Integrated Care Services, Bromley Clinical Commissioning Group suggested that the proposals reflected the move towards increasingly integrated service models between key health partners, and that there was a need to remove artificial divides between health and social care services. Another Board Member highlighted that the cohort most vulnerable to falls was often reluctant to engage with services until the point of crisis, and that key messages around falls prevention should be conveyed in different ways, such as via residents' associations or community publications. A number of private companies provided health and social care support to Bromley residents and these companies should also be made aware of falls prevention work in Bromley. Another Member suggested that the built environment of care homes be assessed to minimise the risk of falls by care home residents.

A Board Member recognised the link between falls and loss of confidence and noted that this could lead to increased risk of social isolation. From a safeguarding perspective, domestic abuse could also be a causative factor of falls in some cases and partners should be made aware of this.

Members requested that regular updates be provided to the Health and Wellbeing Board to ensure that the recommendations of the Falls Task and Finish Group were delivered in a timely way. To support this, the Programme Director: Integrated Care Services, Bromley Clinical Commissioning Group agreed to act as Lead Officer for this workstream and an update on the Falls Task and Finish Group would be included as part of the regular update to the Board on the work of the Integrated Commissioning Board.

*Action Point: Regular updates to be provided to the Health and Wellbeing Board on the implementation of the recommendations of the Falls Task and Finish Group including written updates to be scheduled for 6 and 12 months.*

The Chairman led Members of the Health and Wellbeing Board in thanking

Professor Cameron Swift and Laura Austin-Croft for the excellent work that had been undertaken in driving forward the Falls Task and Finish Group, as well as all the primary, secondary, community and social care partners who had contributed towards the review, and suggested that the report be prepared for academic publication.

**RESOLVED that:**

- 1) The final report of the Falls Task and Finish Group be approved; and,**
- 2) The report be presented to the Integrated Commissioning Board, with a proposal that a Bromley Joint Working Group be established to take the recommendations forward within a specified timescale. This would include a prioritisation process to enable identified recommendations to be taken forward over the next 12 months.**

**23 CHILDREN'S JOINT STRATEGIC NEEDS ASSESSMENT  
(PRESENTATION)**

**Report CSD18160**

The Board received a presentation from Dr Jenny Selway, Consultant in Public Health on the draft Children's Joint Strategic Needs Assessment 2018.

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 of strategic priorities in the short and longer term and to inform local commissioning across health and social care. The Children's Joint Strategic Needs Assessment 2018 explored factors affecting health and wellbeing of children and young people in Bromley and had identified a number of key issues including health, mental health, social and lifestyle issues of parents and carers, a reduction in some protective factors including breastfeeding and immunisation rates, and health, mental health, social and lifestyle issues of children and young people including childhood obesity, substance misuse and mental health and wellbeing issues such as self-harm. It was proposed that the findings of the Children's Joint Strategic Needs Assessment 2018 contribute towards the new Joint Health and Wellbeing Strategy in 2018.

In considering the report, the Chairman was concerned to note the findings in relation to substance misuse. The Consultant in Public Health Medicine confirmed that schools had a number concerns around substance misuse by young people and that work would be undertaken with schools to further explore this issue. The Chairman suggested that the Bromley Youth Council be approached to contribute towards this exploration. Another Member noted that previous work by the Bromley Youth Council had identified a 'disconnect' between young people and the police, and that it was important to support young people to build good relationships with the police. A Board Member commented that in his personal experience as a General Practitioner, young people were often referred to support services before the involvement of primary care services but General Practitioners

should be made aware of emerging health issues for children and young people in the Borough, as well as the full range of support available.

The Chairman noted that the findings of the Children's Joint Strategic Needs Assessment would contribute towards the Draft Health and Wellbeing Strategy that would be considered at the next meeting of Health and Wellbeing Board on 27<sup>th</sup> September 2018 along with a number of other items relating to the health and wellbeing of children and young people.

The Chairman led Members in thanking Dr Jenny Selway for her presentation which is attached at Appendix B.

**RESOLVED that:**

- 1) The draft Children's Joint Strategic Needs Assessment 2018 be approved; and,**
- 2) The findings of the Children's Joint Strategic Needs Assessment 2018 feed into a new Joint Health and Wellbeing Strategy in 2018; in particular the Board highlighted the need for the strategy to address the issues of childhood obesity, adolescent mental health, misuse of drugs and the anxieties over violence.**

**24 CHAIRMAN'S UPDATE ON CHILDHOOD OBESITY (VERBAL UPDATE)**

The Chairman gave an update on work underway to explore the key issue of childhood obesity. This included a meeting that had been arranged with Mr Ashish Desai, Consultant Paediatric Surgeon, King's College Hospital NHS Foundation Trust in August 2018. Mr Desai would be attending the next meeting of the Health and Wellbeing Board on 27<sup>th</sup> September 2018 to lead a discussion on childhood obesity.

**RESOLVED that the update be noted.**

**25 EVALUATION OF THE COMMUNITY ALCOHOL PATHWAY PILOT PROGRAMME**

**Report CS18161**

The Board considered the findings of an evaluation of the Community Alcohol Pathway Pilot Programme and proposals to mainstream the Community Alcohol Pathway.

The Community Alcohol Pathway had been designed to address the increasing prevalence of harmful alcohol consumption in Bromley, improving the low treatment rates for alcohol users and supporting closer working between primary care and the specialist substance misuse treatment service. Delivered by Change Grow Live, the current provider of substance misuse services for adults and young people, the five month Pilot Programme commenced in January 2018 and was

delivered at three General Practitioners Surgeries comprising Broomwood Surgery, Elm House Surgery and Cator Medical Centre. During the course of the pilot, 36 clients had been referred to the Community Alcohol Pathway, with 27 clients completing the assessment process. Of those clients completing the assessment process, 13 had been identified as drinking at harmful and hazardous levels, 11 of which had engaged with treatment with 9 successfully completing treatment and reducing their alcohol consumption to safe drinking levels. 14 clients who had completed the assessment process had been identified as drinking at dependent levels and were referred for structured treatment at the substance misuse service with 11 clients still engaged in treatment via Harm Reduction Groups or Pre-Detox Groups. The Community Alcohol Pathway had been included in the specification for the new contract for the Adult Substance Misuse Service and it was planned to use the findings of the Pilot Programme to inform the mobilisation of the new contract.

The Assistant Director: Public Health underlined the importance of raising public awareness of the harmful effects of substance misuse.

A Board Member noted that delivering the Pathway via General Practitioners Surgeries had reduced the stigma of accessing substance misuse services and that community-based services were often easier to access for service users. The Board Member emphasised the need to ensure better coverage of the scheme across the Borough, and the Assistant Director: Public Health confirmed that work was underway to identify and establish a number of Community Alcohol Pathway hubs across the Borough.

**RESOLVED that:**

- 1) The findings from the evaluation of the Community Alcohol Pathway Pilot Programme be noted; and,**
- 2) The Community Alcohol Pathway be supported and promoted amongst partners.**

**26 WINTER REVIEW**

**Report CS18163**

Mark Cheung, Programme Director: Integrated Care Services, Bromley Clinical Commissioning Group presented an evaluation of £628k of services commissioned to provide additional capacity and help manage increased seasonal demand during Winter 2017/18.

The Bromley Clinical Commissioning Group had commissioned a range of schemes that enhanced and provided additional capacity for key health services during Winter 2017/18. The commissioned schemes were targeted towards admission avoidance, patient flow and primary care, and included a Community Matron resource, packages of care and emergency placement support and an additional Discharge Coordinator to reduce Delayed Transfers of Care. Investment had also been made in Urgent Care Centres to maximise the efficiency

of primary care services which had been supplemented by an increased number of General Practitioner home visits, with 274 patients visited in their own home as at the end of January 2018. There had been a significant increase in attendance of health services during Winter 2017/18, and although performance had not met national standards it had been higher than in previous years and showed a considerable improvement in responsiveness and recovery rates. Work was underway to identify learning from Winter 2017/18 that could benefit future planning, and this was likely to include earlier planning and mobilisation of schemes and the use of existing service provision to develop an integrated urgent and emergency care system in the community to reduce the need for hospital-based care and support.

In considering the update, the Portfolio Holder for Adult Care and Health Services noted that increased demand for health services did not just impact the Christmas period, which was why many winter services had been designed to run until the end of April each year.

In response to a question from the Chairman, the Programme Director: Integrated Care Services, Bromley Clinical Commissioning Group confirmed that the Bromley Clinical Commissioning Group's response to managing the health impact of the recent heatwave was set out in its Adverse Weather Response Plan. The Bromley Clinical Commissioning Group worked closely with key partners to ensure the right measures were in place to address health issues caused by a sustained period of hot weather. The Director: Public Health reported that the Local Authority had established a system by which messages and advice from Public Health England was provided to all care homes and domiciliary care providers across the Borough.

**RESOLVED that the update be noted.**

## **27 BETTER CARE FUND 2017/18 - Q4 PERFORMANCE UPDATE**

### **Report CSD18038**

The Board considered an update on the performance of the Better Care Fund 2017/18 up to the end of March 2018, 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 7<sup>th</sup> September 2017 and formally approved by NHS England on 27<sup>th</sup> 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 considering the report, the Chairman underlined the need to raise public awareness of the positive impact of schemes funded by the Better Care Fund. Revised performance data for Bromley Well for the period of October 2017 to March 2018 that had been included in the report at Paragraph 4.29 would be provided to Board Members following the meeting.

Board Members were advised that future performance updates on the Better Care Fund and Improved Better Care Fund would be presented in a joint report.

**RESOLVED that the report be noted.**

## **28 WORK PROGRAMME AND MATTERS ARISING**

### **Report CSD18094**

The Board considered its work programme for 2018/19 and matters arising from previous meetings.

A number of items were added to the forward rolling work programme for the meeting of Health and Wellbeing Board on 27<sup>th</sup> September 2018 as outlined below:

- Bromley Local CAMHS Transformation Plan
- Draft Health and Wellbeing Strategy

A number of existing items on the forward rolling work programme for the Health and Wellbeing Board were also rescheduled.

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

### **A NEW THEMES FOR HEALTH AND WELLBEING BOARD WORK PROGRAMME 2018/19 (DISCUSSION ITEM)**

The Chairman led Board Members in considering new themes to be added to the Health and Wellbeing Board Work Programme 2018/19.

**RESOLVED that the Health and Wellbeing Board Work Programme 2018/19 be updated to reflect Members' comments.**

## **29 ANY OTHER BUSINESS**

There was no other business.

**30            DATE OF NEXT MEETING**

The next meeting of the Health and Wellbeing Board would be held at 1.30pm on Thursday 27<sup>th</sup> September 2018.

The Meeting ended at 3.50 pm

Chairman

# mytimeactive

Health & Wellbeing Board  
July 2018



HWB July 2018

## Our Promise

Helping  
people in our  
communities  
to get more  
out of life.



HWB July 2018

mytimeactive

# Who we are

We are a social enterprise on a single-minded mission to improve wellbeing for the people in our communities regardless of what stage they are in their life



HWB July 2018

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# Mytime Active in Bromley

**Biggin Hill Memorial Library & Pool**  
Biggin Hill Memorial Library & Pool, Church Road, Biggin Hill, Kent, TN10 3JH

**Darriek Wood Swimming Pool**  
Darriek Wood Swimming Pool, Leazes Avenue, Orpington, Kent, BR6 9EW

**The Pavilion**  
The Pavilion, 100 North Street, Bromley, Kent BR1 3P

**The Spa at Beckenham**  
The Spa at Beckenham, 28 Beckenham Road, Beckenham, Kent, BR3 4PH

**Walnuts Leisure Centre**  
Walnuts Leisure Centre, Lyth Lane Road, Orpington, Kent, BR6 2JL

**West Wickham Leisure Centre**  
West Wickham Leisure Centre, Station Road, West Wickham, Kent, BR1 2PW

**Barnehurst Golf Course**  
Barnehurst Golf Course, 100 Barnehurst Road, Barnehurst, Kent, DA7 6JL

**Bromley Golf Centre**  
Bromley Golf Centre, 100 Bromley Road, Bromley, Kent, BR1 2PW

**Cobtree Manor Park Golf Course**  
Cobtree Manor Park Golf Course, Cobtree Manor Park, Cobtree, Kent, ME11 2JL

**High Elms Golf Course**  
High Elms Golf Course, High Elms Road, Orpington, Kent, BR6 2JL

**Orpington Golf Centre**  
Orpington Golf Centre, 100 Orpington Road, Orpington, Kent, BR6 2JL

**Beckenham Public Hall After school and breakfast club**  
Beckenham Public Hall, 4 Bromley Road, Beckenham, Kent, BR3 5JL

There's a lot to enjoy with mytimeactive



**Crofton Hall**

**The Great Hall**

**Alexandra breakfast club**

**Beckenham breakfast and after school club**

**Darriek Wood breakfast and after school club**

**Edgobury breakfast and after school club**

**Kent House after school club**

**St Mark's breakfast and after school club**

**St Vincent's after school club**

**Shortlands breakfast and after school club**

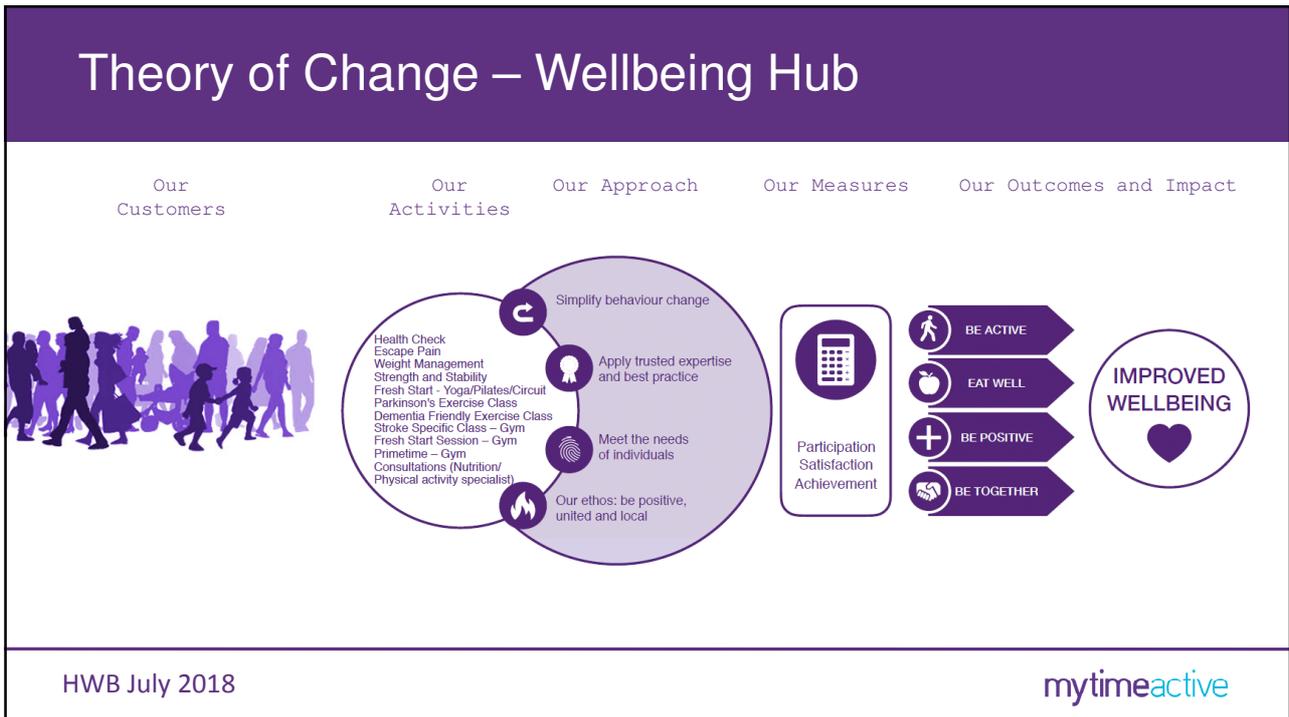
**Unicorn breakfast and after school club**

Guide to our services

- POOL
- ADULT LESSONS
- CHILD LESSONS
- YOGA
- CLASSES
- CHILDREN'S PARTIES
- NETBALL
- SOFT PLAY
- WORKING
- HOLIDAY CAMP
- LIBRARY
- CHURCH
- SOFT
- ADULT AND JUNIOR GOLF
- LESSONS
- FOOTBALL
- WINDSURFING
- SOFT PLAY PACKAGES
- FOOD AND DRINK
- EVENTS
- WINE TASTING
- BREAKFAST CLUB
- AFTER SCHOOL CLUB

Bromley Plan

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## Older People - Background

National Picture	Physical activity levels reduce with age
Local Picture	Ageing population, social isolation
Mytime Active	Limited programme for older people in 2007 and less than 100 members aged 60+
Sport England	Initial funding for development:- <ul style="list-style-type: none"> <li>Staffing resource</li> <li>Activity and programming</li> <li>Partnerships</li> <li>Primetime Buddies</li> </ul>

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## Primetime in 2018



Click to  
watch

- Dedicated Primetime staffing resource
- 85 weekly activity sessions for older people
- 2,736 members – annual growth since 2008
- 650,000 attendances pa from people aged 60+
- 24 volunteer Primetime Buddies
- Annual programme of social events
- Strong partnership, e.g. Bromley Dementia Action Alliance
- Continued development – activity choice & community outreach

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## Impact of Primetime

### Data from a Primetime survey shows:-

- 👍 59% of Primetime customers are likely to recommend friends or colleagues to Primetime.  
(This figure compares with a health and fitness sector average of 21%).
- 🚶 74% have increased their level of activity since joining Primetime
- 📅 58% have attended for more than 3 years
- 🗓 84% said it was very likely they would still be attending Primetime in 6 months time

### Data from a project targeting older men:-

- 🏃 47% of men improved their wellbeing measures
- ⊕ 90% now achieve the Chief Medical Officer's physical activity guidelines and do at least 1 x 30 mins of physical activity per week

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## Social events reduce isolation and loneliness

*"Primetime has been such a positive part of our lives over the last four and a half years. We are continually grateful for the pleasure it has brought us and this is through the relationships with both the instructors and our fellow members"*

Primetime member Bill 2018



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## Leisurecare - four pathways to wellbeing

Be active

Eat well

Be positive

Be together



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## Children & Young People - core

- **Get Active in swimming**
  - 7,100 participants weekly
- **School swimming**
  - 85 schools
- **Buzz Zone**
  - 3 soft play facilities
- **Childcare**
  - Ofsted registered before & after school clubs
- **London Youth Games**
  - Team Bromley Champions



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## Children & Young People - targeted

- **MyFuture**
  - community sports programme
- **ArtsTrain**
  - creative music project
- **Bromley Y**
  - “Try 5” developed for 35 young people
- **Children Looked After**
  - leisure offer developed - free membership for 0-18 year olds
  - Care leavers - training, apprenticeships & employment



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## Children & Young People – Healthy Lifestyles Programmes

- **Mend Mums- Post Natal**
- **Mend Group Programmes:**
  - 2-4 years
  - 5-7 years
  - 7-13 years
  - Teens
- **MEND in Schools – whole school approach**
- **Workforce training**



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**Thank You**  
**Any questions?**

Matt Eady: [matthew.eady@mytimeactive.co.uk](mailto:matthew.eady@mytimeactive.co.uk)

Ann Wilbourn: [ann.wilbourn@mytimeactive.co.uk](mailto:ann.wilbourn@mytimeactive.co.uk)

Debra Weekes: [debra.weekes@mytimeactive.co.uk](mailto:debra.weekes@mytimeactive.co.uk)

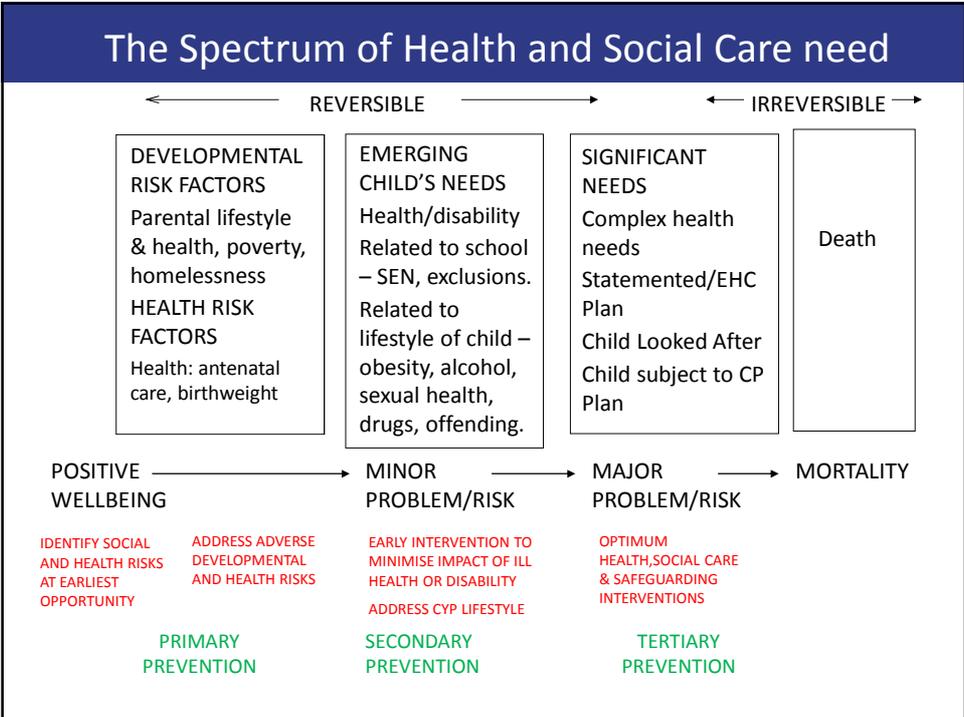
Helena Taylor: [helena.taylor@mytimeactive.co.uk](mailto:helena.taylor@mytimeactive.co.uk)

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# Children's Joint Strategic Needs Assessment

June 2018  
Dr Jenny Selway  
Consultant in Public Health Medicine



## Structure of the JSNA

- Demography of CYP in Bromley
- Risk factors associated with poorer outcomes
- Emerging needs in CYP in Bromley
- Established needs in CYP in Bromley
  - Health and lifestyle issues
  - Mental health issues
  - Education issues
  - Social issues

## Demography of CYP in Bromley

- The main growth in the child population is now the 11-18 age group.
- Net migration into Bromley schools has reduced.
- The Black African population is the fastest growing BAME group.
- Under-recording of the Gypsy Traveller population makes pro-actively addressing the needs of this population difficult.

## Risk factors associated with poorer outcomes in children

### 1 Health and lifestyle issues of parents

- parental illness or disability
- issues in the period leading up to and around birth
- drug misuse
- parent at risk of alcoholism

### 2 Mental health of parents

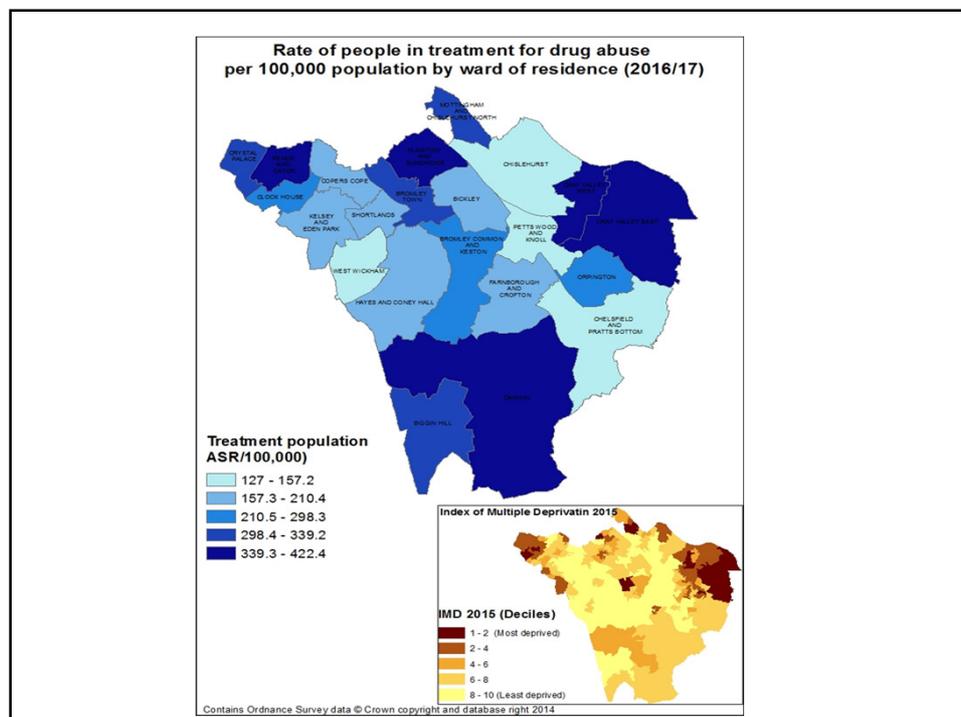
- perinatal mental health
- parental depression

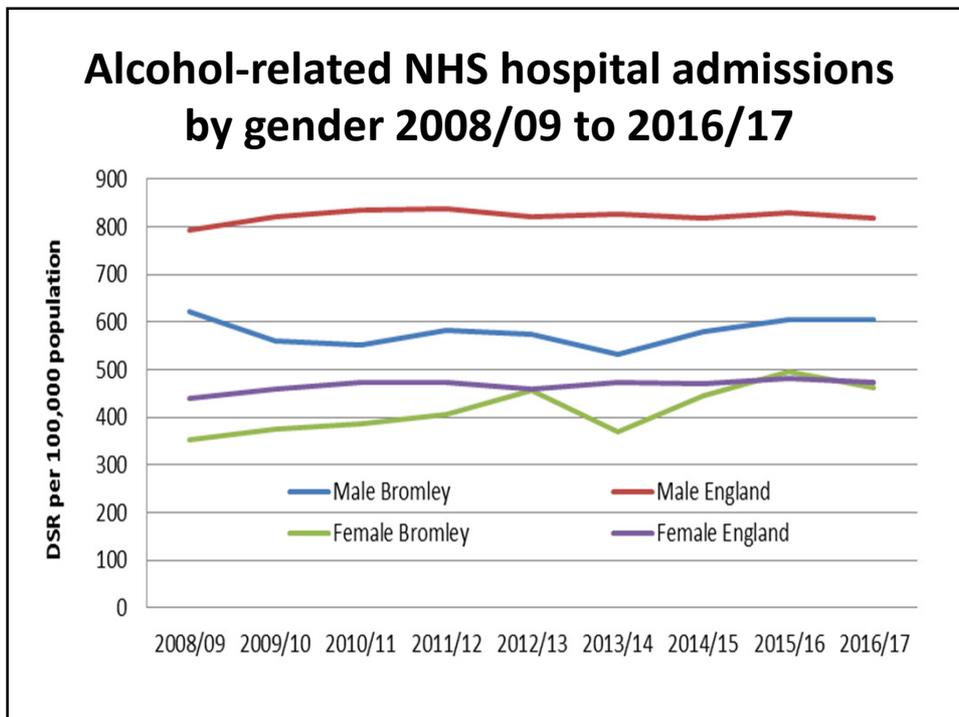
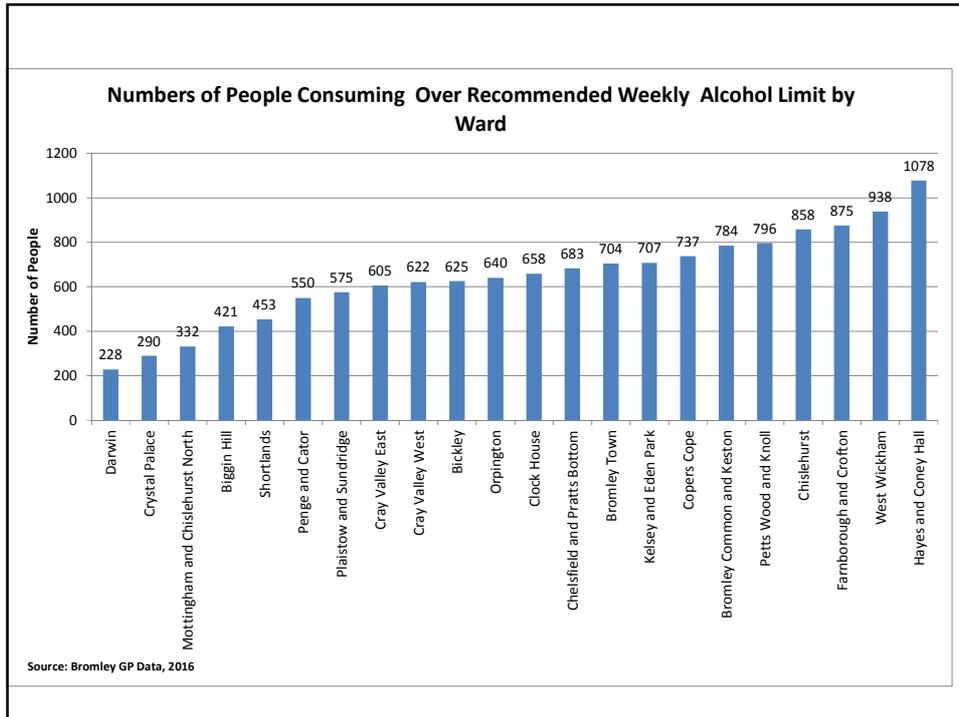
### 3 Social issues of parents

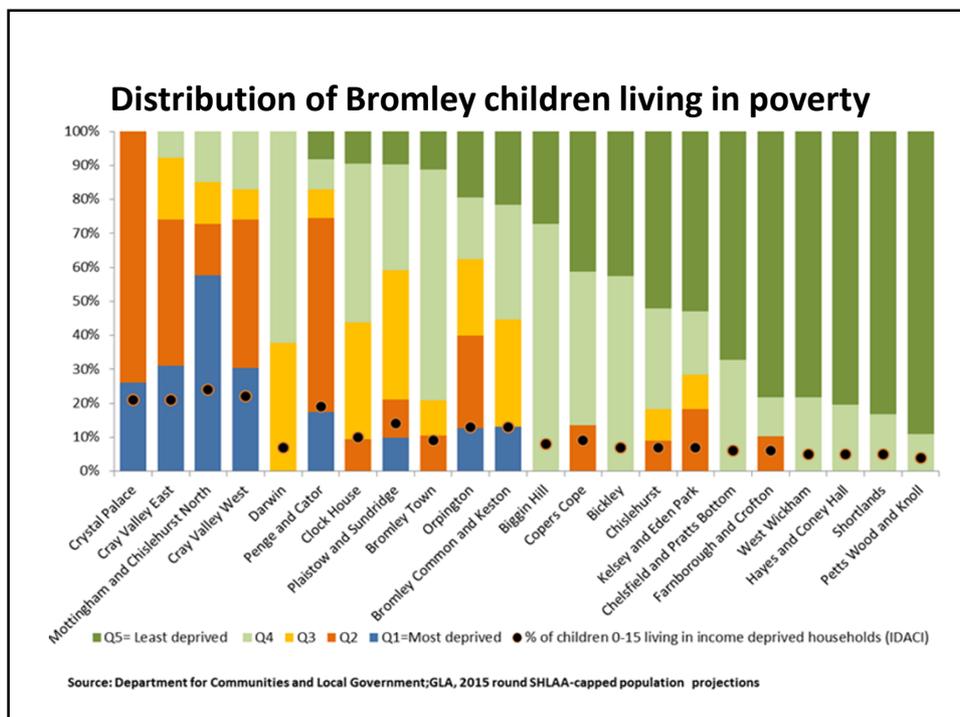
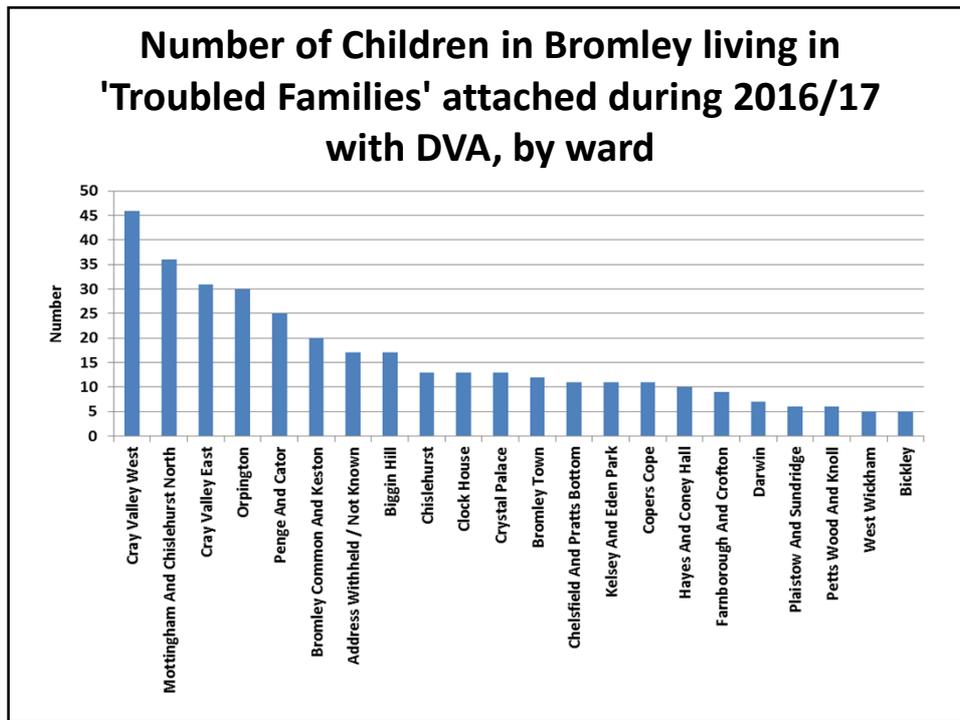
- domestic violence
- financial stress
- parental worklessness
- housing issues, including temporary housing and overcrowding

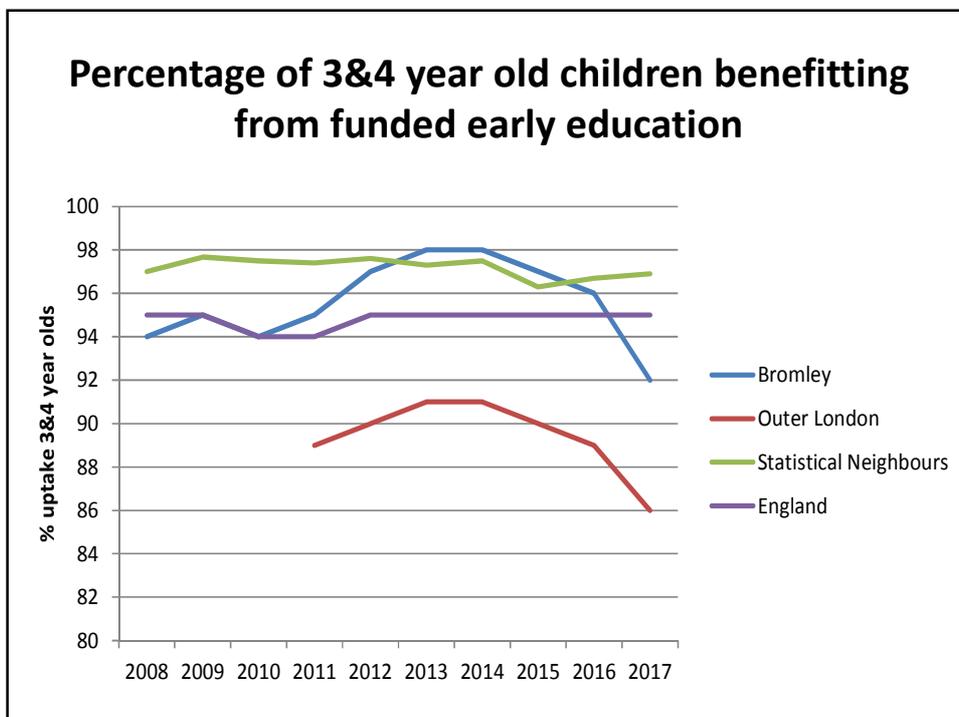
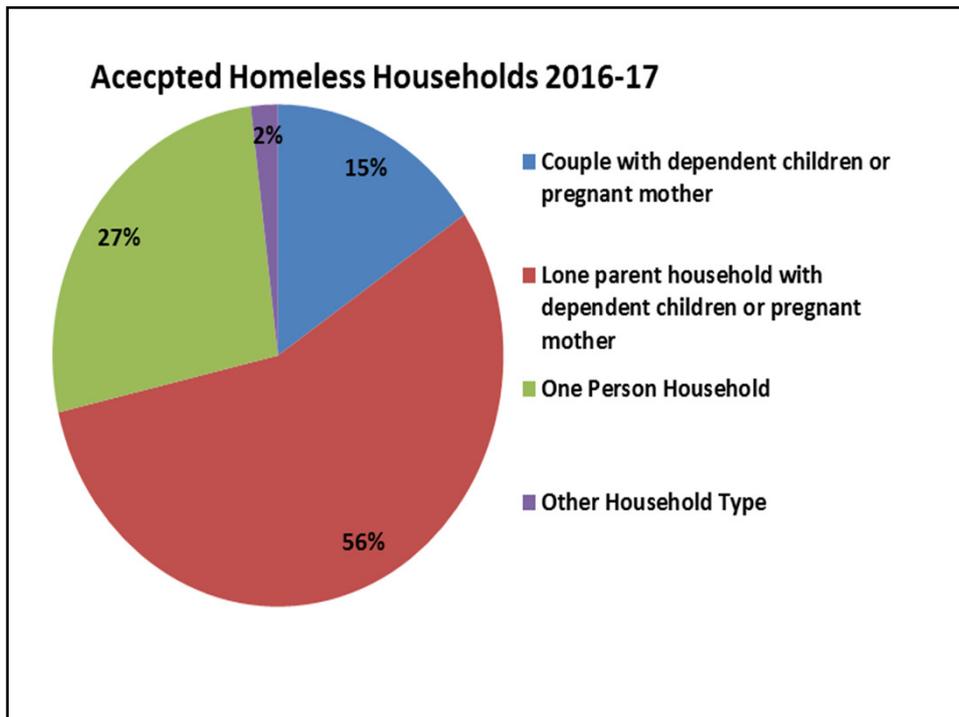
### 4. Protective factors

- Breastfeeding
- Immunisation
- Uptake of Early Help services
- Early education









## Section B. Emerging needs in children and young people in Bromley

### Emerging health and lifestyle needs

- Smoking, sexual health, alcohol and drug misuse, obesity, sensory impairment, speech language and communication needs

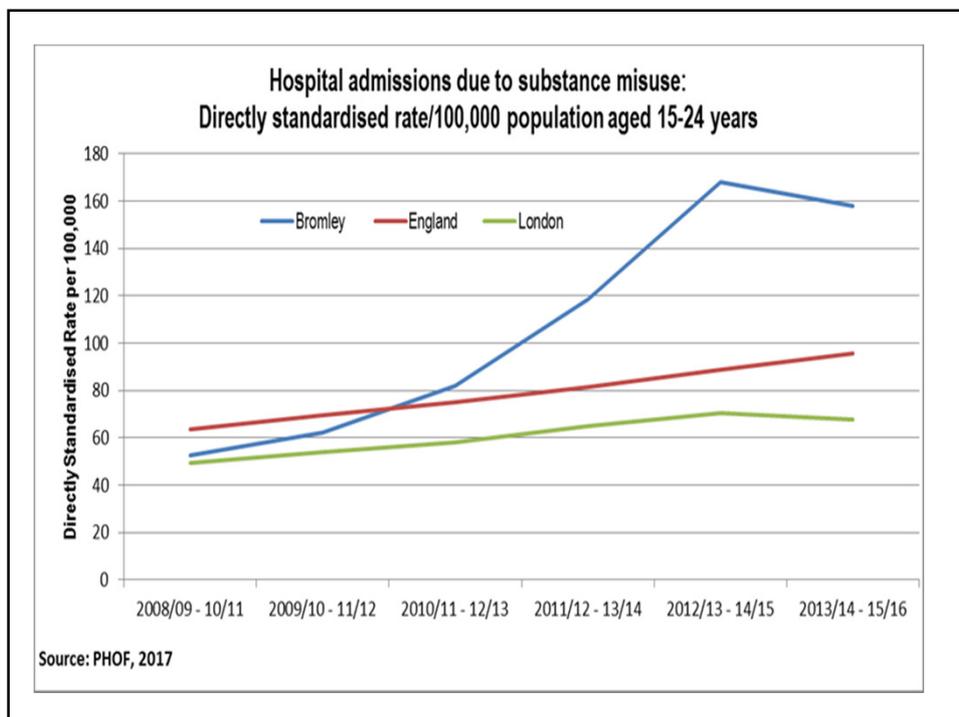
### Emerging emotional health needs

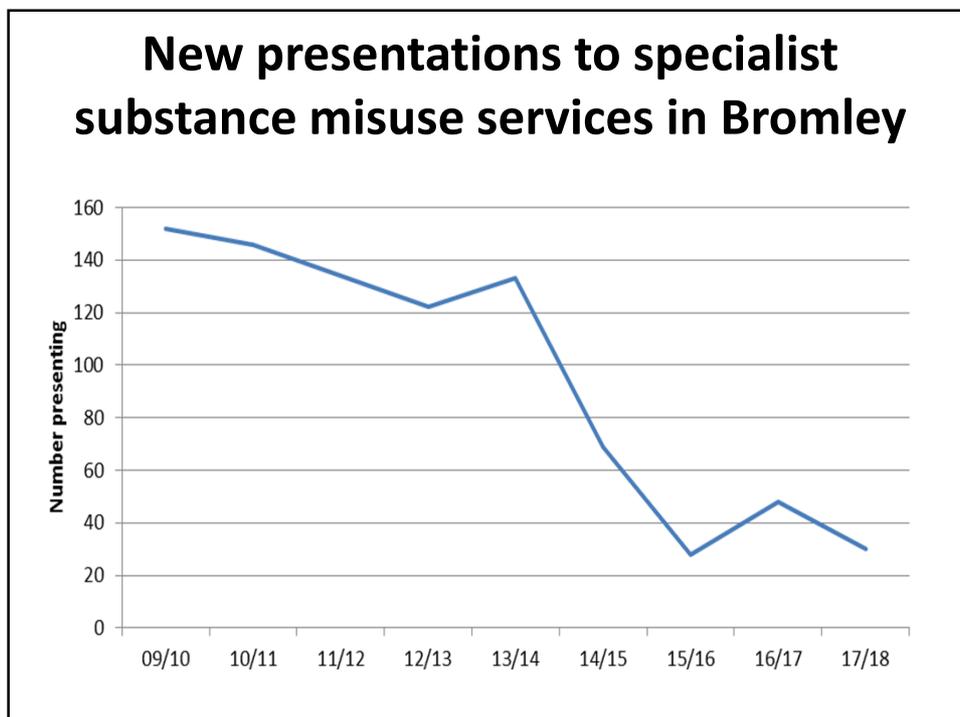
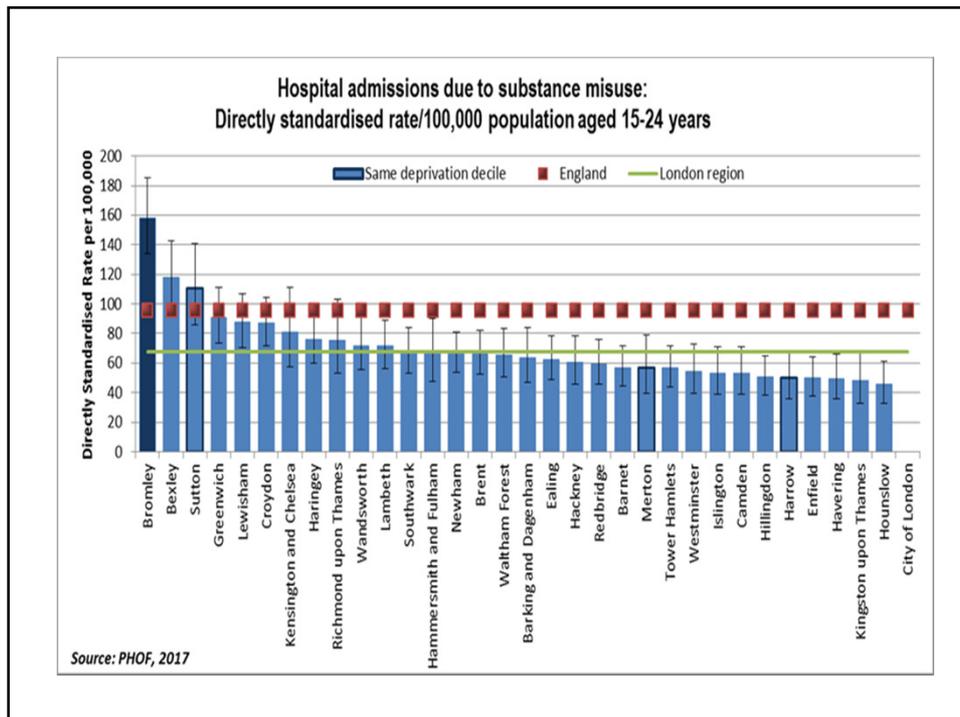
### Emerging education issues

- SEND support, NEET, exclusions, EHE

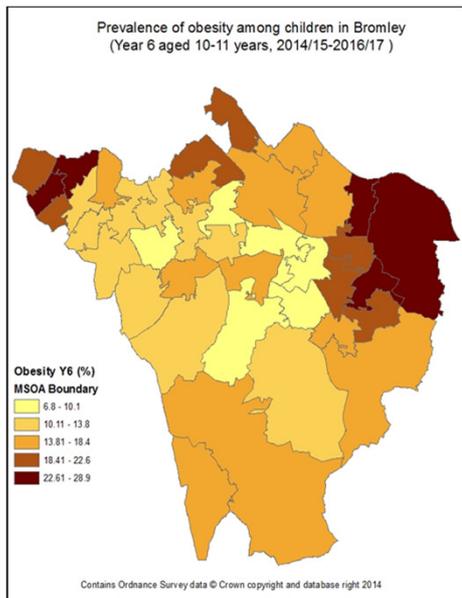
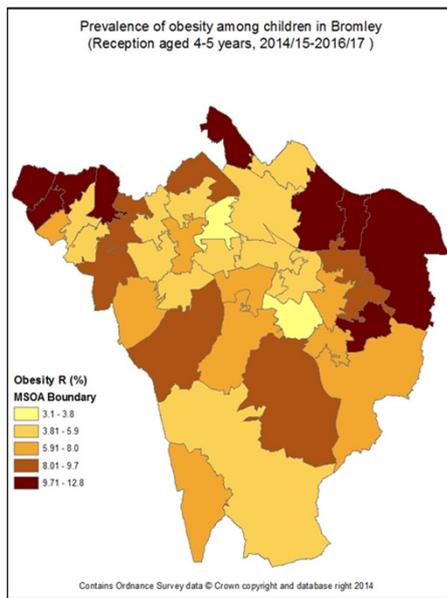
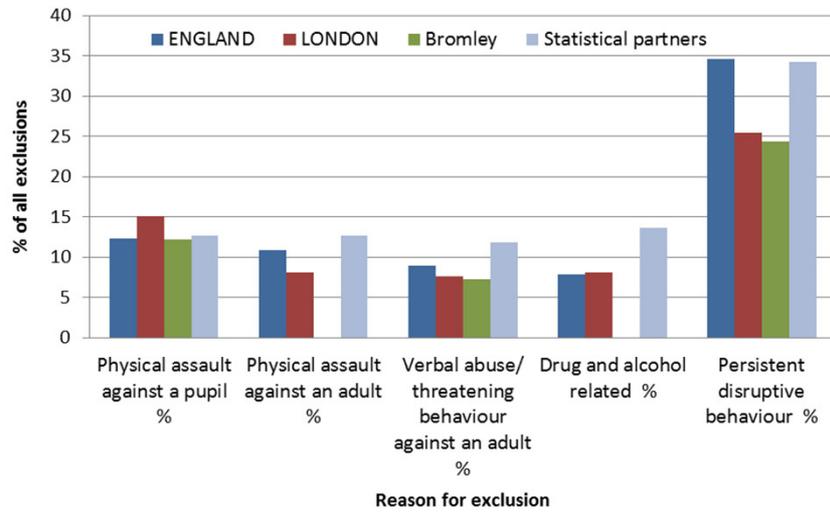
### Emerging social issues

- Early Help, CiN, young carers, YOS, gangs, LGBTQ, CSE, youth violence, FGM, homelessness





### Permanent exclusions by reason for exclusion, 2016/17



## Number of young people seen in CAMHS services in Bromley

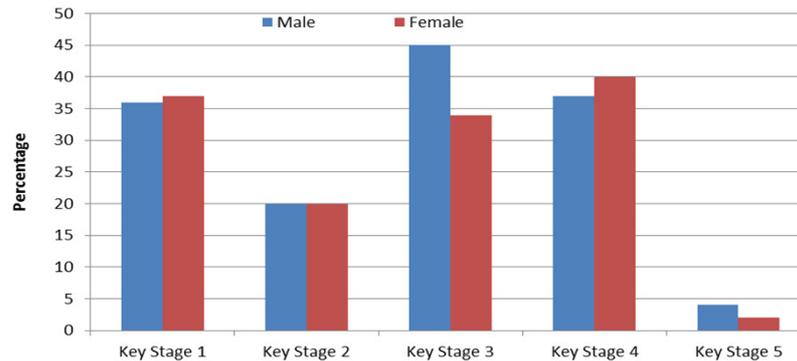
Provider	2015/16	2016/17	2017/18
Wellbeing Service	1,491	2,011	2721
Oxleas (Specialist) CAMHS	763	687	670

## Presenting issues to Wellbeing service

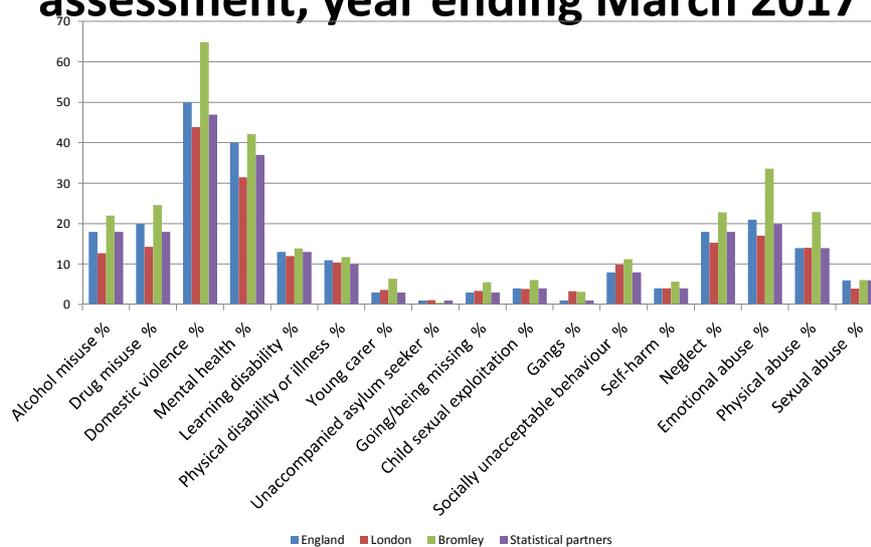
Reason for referral	Number	% of total
Anxiety	1513	56
Changes In Mood	1118	41
Depressive Symptoms (e.g. Tearful, Irritable, Sad)	935	34
Eating Issues	389	14
Bullying	355	13
History of Self Harm (Cutting, Burning etc)	337	12
Current Self Harm Behaviours	298	11
Verbalised Suicidal Thoughts * (e.g. Talking About Wanting to Kill Self / How They Might do)	293	11
Autistic Spectrum Disorder	274	10
Children whose parents have a MH, drug or alcohol issue	271	10
History of Suicidal Attempts (e.g. Deep Cuts to Wrist, Overdose, Attempting to Hang Self)	66	2
Past sexual abuse	60	2

## Electively Home Educated Children

Year	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
Number of EHE children	122	139	146	178	212	232	268



## Factors identified at the end of CiN assessment, year ending March 2017



## Youth Violence

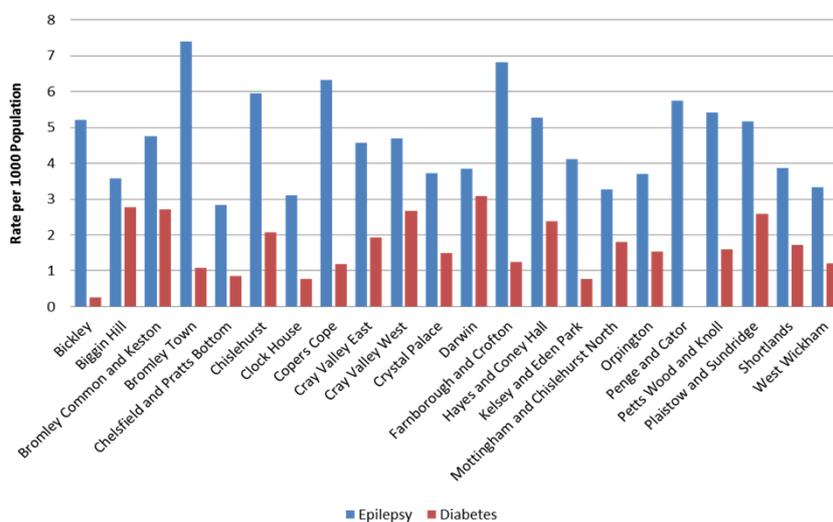
Period January to December 2017	Bromley	Sutton	Havering
Victims of knife crime injury aged 1-24 years	51	22	36
Victims of serious youth violence	257	155	267
Number of gang linked offences	14	<10	<10

	Bromley	Sutton	Bexley	Havering	Other London data
Number of under 18 victims of crime 2016/17 to 2017/18	3,686	2,349	2,942	3,604	Highest 5,844 in Croydon, lowest 1,434 in Kensington and Chelsea
Number of under 18s shown as victims on DA reports, average per quarter	39	28	35	42	

### Section C. Children and young people with established needs.

- Children with complex or long term health needs
- Children with complex mental health difficulties
- Children with an Education Health and Care Plan
- Children at risk of significant harm
- Deaths in childhood

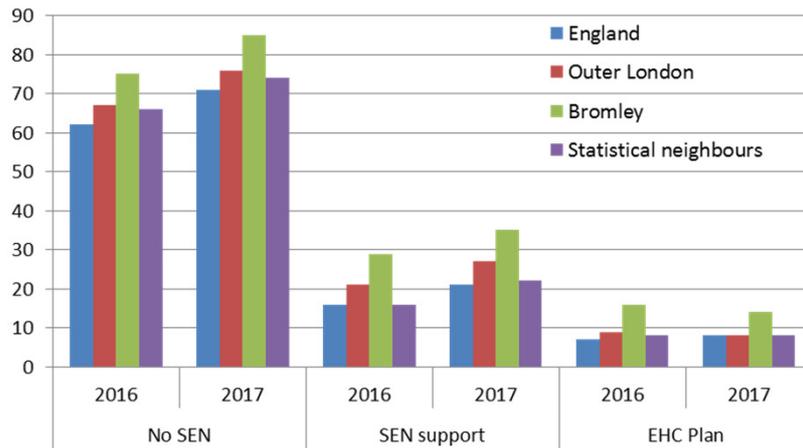
### Rates of Diabetes and Epilepsy, by ward



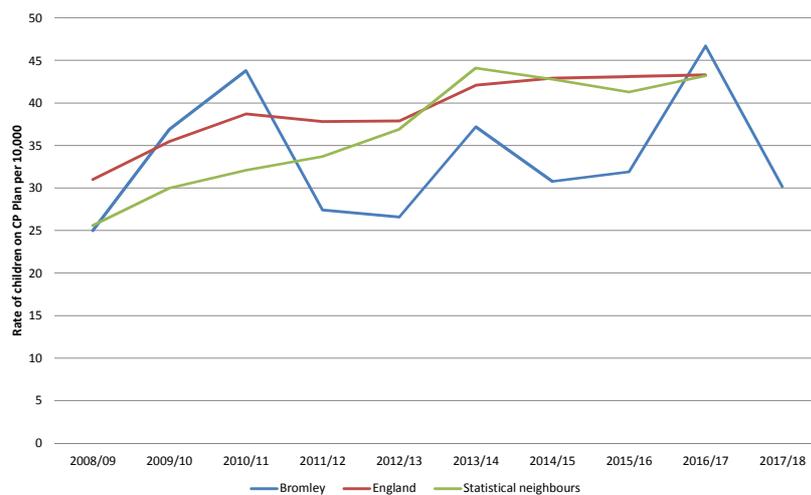
### Trends in in-patients CAMHS bed use

Financial Year	Number of young people admitted	Total Occupied Bed Days	% Increase/Decrease in Occupied Bed Days
2010/2011	-	1091	-
2011/2012	16	1403	↑ 29%
2012/2013	24	2003	↑ 43%
2013/2014	26	2669	↑ 33%
2014/2015	31	2373	↓ 11%
2015/2016	43	3615	↑ 65%
2016/2017	28	-	
2017/2018	24	-	

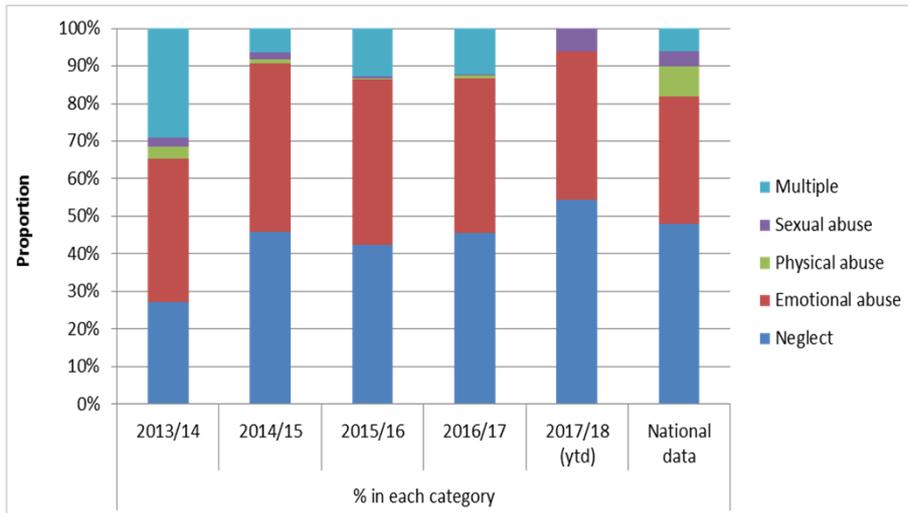
## Attainment of children with SEN



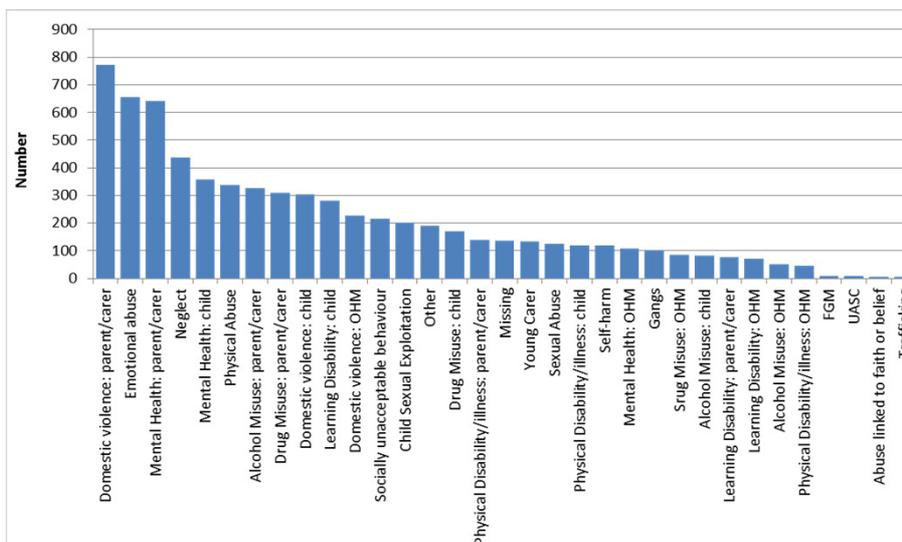
## Trend in rate of children subject to a CP Plan



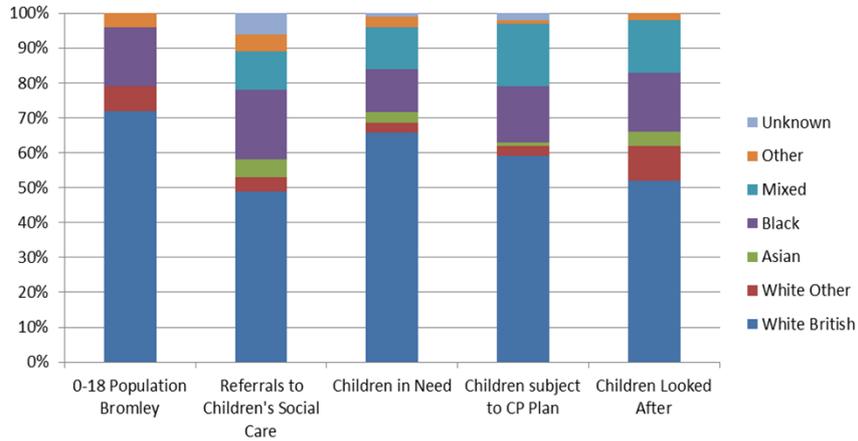
## Trends in category of abuse, Bromley



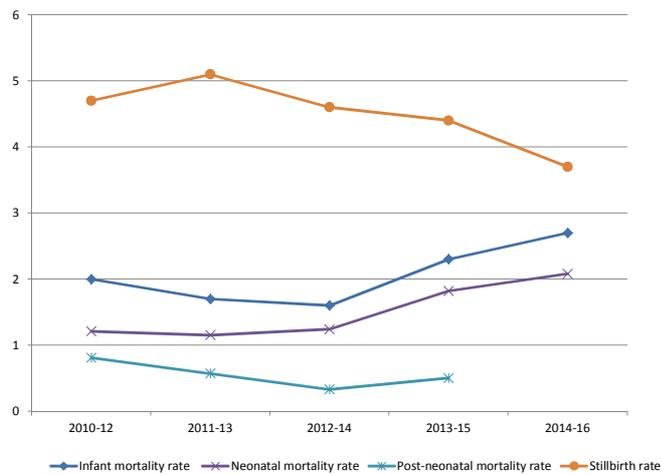
## Risk factors identified during Social Work Assessments, April 17 to February 18

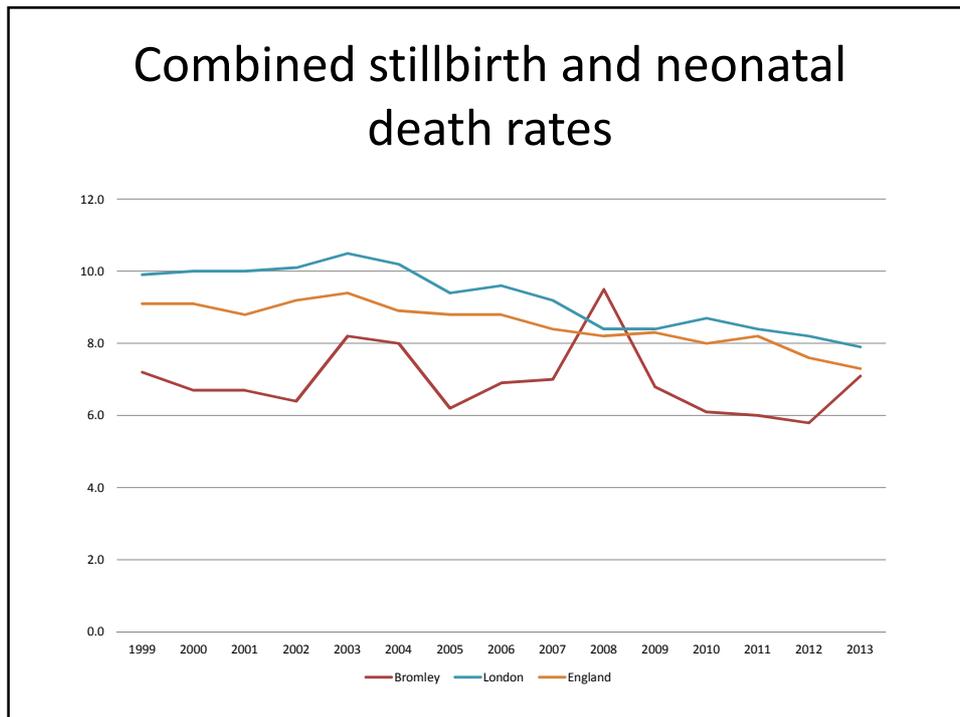


## Ethnicity of children in contact with Childrens' Social Care, Bromley



## Trends in Infant Mortality, Bromley





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