

HEALTH AND WELLBEING BOARD

Minutes of the meeting held at 1.30 pm on 2 July 2020

Present:

Councillor David Jefferys (Chairman)
Councillor Robert Evans (Vice-Chairman)
Councillors Gareth Allatt, Yvonne Bear, Mike Botting,
Mary Cooke, Ian Dunn, Judi Ellis, Keith Onslow and Diane Smith

Kim Carey, Director: Adult Social Care
Stuart Hills, Children's Services
Dr Nada Lemic, Director: Public Health
Lynn Sellwood, Independent Chair: Bromley Safeguarding
Adults Board
Dr Angela Bhan, Borough Based Director: South East London
Clinical Commissioning Group
Harvey Guntrip, Lay Member: South East London Clinical
Commissioning Group

Christopher Evans, Community Links Bromley
Mina Kakaiya, Healthwatch Bromley

1 APOLOGIES FOR ABSENCE

The Chairman welcomed Board Members to the virtual meeting of the Health and Wellbeing Board, held via Webex.

A minutes silence was held to reflect and acknowledge all of the Borough's residents who had died from COVID-19, as well as those who had, or still were, suffering as a result of the pandemic.

Apologies for absence were received from Councillor Marina Ahmad, Janet Bailey, Rachel Dunley and Frances Westerman – Healthwatch Bromley, and Councillor Ian Dunn, Stuart Hills and Mina Kakaiya – Healthwatch Bromley attended as their respective substitutes.

2 DECLARATIONS OF INTEREST

Christopher Evans declared an interest in relation to item 10, in his role as Director of Bromley Well.

3 MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 30TH JANUARY 2020 AND THE INFORMAL MEETING HELD ON 30TH APRIL 2020 (FOR NOTING)

RESOLVED that:

- i) the minutes of the meeting held on 30th January 2020 be agreed; and**
- ii) the minutes of the informal meeting held on 30th April 2020 be noted.**

4 QUESTIONS

No questions had been received.

5 PRESENTATION FROM THE LONDON CHILD OBESITY TASKFORCE

The Board received a presentation from Paul Lindley OBE, Chair – London Child Obesity Taskforce and Professor Corinna Hawkes, Vice Chair – London Child Obesity Taskforce, providing the context behind the existence of the Taskforce, its work and call to action, and a summary of its next steps.

The Chair of the London Child Obesity Taskforce noted that they were aware that child obesity had been a priority for the Bromley Health and Wellbeing Board in recent years, and the changes made to residents' lives through its actions had been life changing. They hoped to learn from this, and receive any thoughts of what could add to the work they were currently undertaking.

The London Child Obesity Taskforce had been established nearly two years ago, as part of the Mayor of London's Health Inequalities manifesto commitment. Other stakeholders included Guy's and St Thomas' Charity, Public Health England, the Association of Public Health Directors – London and the Association of London Directors of Children's Services, plus additional independent volunteers. The Taskforce had been asked to recommend actions that would change the trajectory of the lives of this generation children of living in London, which was a very broad remit.

London was in the unenviable position of being at the bottom of the world cities league for healthy weight children. On average, 12 children in each Year 6 class (nearly 40%), and 22% of children in Reception classes, were not at a healthy weight. Unfortunately, for the majority of these children, they were likely to live at an unhealthy weight throughout the rest of their lives. It was highlighted how we are shaped by our buildings; by our city; and by our environment. London was beautiful, but it could be a very hard place to live, especially if you lived in an area of deprivation. In areas of deprivation, the environment was subject to a tide of unhealthy food advertising, and was flooded with fast food restaurant. The places that London's children lived their lives, shaped their lives. Therefore the Taskforce aimed to unleash a transformation in London so that every child had a chance of growing up: eating a healthy diet; drinking plenty of water; and being physically active.

Over the last two years, the Taskforce had worked around five core values, or

truths. The first was the environmental challenge to secure a healthy weight, as London was an obesogenic environment for its children. Pictures were displayed showing what London was like today for children that grew up there – flooded with traffic; waves of people using escalators, with very few choosing to walk. There was a deluge of opportunities to buy more and more unhealthy foods, and the encouragement to get more than was wanted.

The flood gates had opened on the growth of fast food restaurants, especially in areas of deprivation, with over 9,000 now in London. This was an increase of more than 40% in less than a generation. The Mayor of London had been working to ensure that no new fast food restaurant could open within 400 metres of a school across the city, and last year, Transport for London had banned all high fat, salt and sugar advertising across its network.

It was highlighted that even inside stores, there was an environment of being overwhelmed and drowning in unhealthy products. Supermarkets would sell only about 20% of their space, but made us feel like it was much more by the way their shelves were set out, and encouraged us to buy. Food was everywhere – with the opportunity to eat, and eat unhealthily, everywhere and at all times.

Poverty was the second truth, and another factor highly correlated to child obesity. Children were almost twice as likely to have an unhealthy weight if they grew up in the most deprived boroughs of London, versus the most affluent.

The Chair of the London Child Obesity Taskforce noted they were aware that there was no “silver bullet” to the problem, and the third truth was that a whole system approach would be required. As a result of the call to action, ten ambitions and twenty specific courses of action for across London had been created.

The fourth truth was that there was lots of great stuff already happening, with fantastic programmes, initiatives and commitments that were really impactful. It was known that childhood obesity was at the centre of nearly every borough’s Health and Wellbeing Strategy. It was hoped that the London Child Obesity Taskforce could use its position to scale, connect, amplify and celebrate the good things that were already happening across London.

The fifth truth was that the London Child Obesity Taskforce had put families and children at the centre of its work, as they were the experts. All these five truths were built into their theory of change and approach. This was so the transformation could be built on six pillars (media; home; schools and nurseries; civic spaces; retail; and streets), representing where children spent their lives. These pillars were built on the foundations of opportunities for their lives to be improved, by scaling up and amplifying what exists; applying minimum standards; incentivising with fun and motivation; building capacity for better impact; and learning from place-based activity.

There were 1.5 million children across London, and just over half of them (56.2%) ate the recommended five pieces of fruit and vegetables per day. In the richest city of the fifth richest country in the world, nearly one in five children (17%) were on free school meals, which was usually their only hot meal of the day. Across

London, only 12% of 15 year olds took the NHS recommended amount of physical activity each day, compared to the national average of 22%, and 20% of teenagers self-reported that they ate 'take away' food twice every day.

The Chair of the London Child Obesity Taskforce shared some examples of real stories of children in London:

- Two boys supported the same football team, but if one came from Brent and the other from Richmond, one was likely to live over eight years longer than the other – purely through the chance of where in the same city he was born.
- Two girls that sat next to each other in class – if one happened to have an obese parent, she was three hundred times more likely to become obese than her friend.
- Two siblings in the same household, and one happened to watch high fat, salt and sugar adverts on TV every day, whilst the other did not – the TV watching sibling was twice as likely to become obese that the other.

All of these examples were incredibly unfair, and the core principal of the London Child Obesity Taskforce was to put children at the centre of their work. They had mapped out a day in the life of a child in London in 2019, to really understand: where they go; why; with whom; and for how long. The Vice Chair of the London Child Obesity Taskforce noted that this had been extremely insightful in helping understand how the different determinants of health overlapped.

In September 2019, the London Child Obesity Taskforce had published their call to action in London – 'Every Child a Healthy Weight – Ten Ambitions for London': http://www.london.gov.uk/sites/default/files/every_child_a_healthy_weight.pdf

These were ten ambitions, which together, would unleash the proposed transformation:

1. End child poverty in London
2. Support women to breastfeed for longer
3. Skill up early years professionals
4. Use child measurement to better support parents
5. Ensure all nurseries and schools are enabling health for life
6. Make free 'London water' available everywhere
7. Create more active, playful streets and public spaces
8. Stop unhealthy marketing that influences what children eat
9. Transform fast-food businesses
10. Fund good-food innovation and harness the power of investment

They were presented through the eyes of children, starting at the beginning of their life, and worked through the different stages of childhood. Each of these ambitions then had two specific calls to action.

It was noted that some of Taskforce's work, priorities and actions had changed in recent months due to the COVID-19 pandemic. It had been clear that like child obesity, the pandemic had affected the lives of those living in poverty more acutely than the more affluent. For children across London, lockdown had changed behaviours, especially around what they were eating and when. Just a day

previously, BiteBack 2030 had published their research findings on how children's lives had changed. More water had been consumed by children during lockdown, as the opportunity to go out and buy sugary drinks had been reduced.

There were four 'next steps' that the Taskforce were committed to being taken forward:

- Involving children, young people and families;
- Using our voice to tell the story;
- Learning our way to the future; and
- Mobilise others to take action.

However it was noted that, as the Taskforce had no statutory power or budget, they were not in a position to deliver them. These areas would be taken forward by working with leaders and partners across London, which was especially important at borough level. For 2020, three specific areas had been prioritised:

1. a London Vision for health and social care;
2. making free 'London water' available everywhere; and
3. creating more active, playful streets and public spaces.

The Vice Chair of the London Child Obesity Taskforce highlighted that partnership work across London, and between boroughs, was needed. The offers and asks of the Taskforce included for boroughs to review the call to action and see where they could act, continue to act or act further. The Taskforce were also drafting a list of actions taken by Councils (as well as other stakeholders) aligned with each of their twenty actions, which allowed the progress of implementation to be tracked. The communication plan would focus on championing actions already being taken, and boroughs were being asked to consider if there anything else that they would like the Taskforce to include. The Health and Wellbeing Board were also asked to consider if its work supported any of the Taskforce's three priorities for 2020, especially around Water Only Schools and more playful streets in Bromley.

The LBB Director of Public Health thanked Paul Lindley OBE and Professor Corinna Hawkes for their presentation. It was noted that quite a lot of work had been undertaken relating to childhood obesity in Bromley, as it was one of the priority areas of the Health and Wellbeing Strategy. A small working group had been established, however its work was currently paused due to the COVID-19 pandemic. It was suggested that a further action plan, led by the obesity group, be developed to consider what further support could be offered.

A Board Member considered that a peer-led approach and social media engagement campaigns could be a powerful way to help shift behaviour. The Chair of the London Child Obesity Taskforce agreed that this was the most effective way, as the young listened most to other young people. The Greater London Authority (GLA) had a group of ambassadors from every borough, and the Taskforce had also been working with BiteBack 2030, which was a national organisation. It was noted that they would be happy to connect any groups already established in the borough with the GLA ambassadors, and introduce them to the BiteBack 2030 group too. The Vice Chair of the London Child Obesity Taskforce echoed that they wanted to pull together the different youth-led groups to work

with them on their communications campaign. The Chairman suggested that the Taskforce may wish to engage with the Bromley Youth Council, which was extremely active.

A Board Member suggested that conversations could also take place with the Children and Young People's Forum, who had been very active during lockdown, engaging with a number of groups within the community. The Vice Chair of the London Child Obesity Taskforce said that they would welcome links to work with these two groups.

A Board Member noted that they were aware of the successes of horticultural education, and encouraging people to eat vegetables which they would not usually do so because they had been involved in the grow process. It was considered that a small area within a park could be allocated, and sponsorship sought, as there were likely to be a number of volunteers with the skills to run something similar. People who did not have gardens, or children who wanted to do something a bit different, could be targeted, to get them into food which could help to change lives.

Another Board Member noted that there were 51 allotments in the Borough, a number of which had links with local primary schools. The children were able to see that the vegetables they ate came from the under the ground, and not from a cellophane bag. It could be a cumbersome process, with a number of teachers needed to supervise and all allotment holders required to be DBS checked, but it was extremely rewarding. The Chairman noted that this was something that could be built on, possibly in partnership with the allotment group.

The Chair of the London Child Obesity Taskforce informed Board Members that one of their volunteers was a primary school Headteacher in Greenwich. The school had created an allotment on the school site, and the gardener and chef were involved in lessons to help engrain food within the whole curriculum. The children were then able to grow, see, feel and taste their own food, which increased their interest. It was suggested that the Headteacher may be able share their experiences, or invite representatives from Bromley to see the work being undertaken.

The Borough Based Director – South East London Clinical Commissioning Group (SEL CCG) echoed the need for multiple approaches to be taken to tackle child obesity. The influence of parents and adults was highlighted, and it was considered that during the pre-natal and anti-natal period, there was an almost captive audience and therefore the possibility of a more robust intervention. There could also be the opportunity for brief intervention with adults when they attended A&E or outpatient departments. The Chair of the London Child Obesity Taskforce responded that in terms of engaging parents more, one of their ambitions was to support women to breastfeed for longer. Another way in which they sought to engage with parents was through the national child measurements programme letter. This was sent to parents when their child reached the end of Reception and Year 6, and was currently neutral and impersonal, telling them that their child was not at a healthy weight. The Taskforce aimed to add more value to this letter by offering more advice and information about what local services were available to help them address this issue.

In response to a question, the Chair of the London Child Obesity Taskforce said that the BiteBack 2030 research had highlighted that there were some good things, and some bad things, happening in terms of food choices which amplified the social and economic divide. 60% more children were eating home cooked meals, but the 40% consuming more snacks were unlikely to be the same children.

The Chairman thanked Paul Lindley OBE and Professor Corinna Hawkes, on behalf of the Board for an excellent presentation. It was suggested that they be invited to return to the Health and Wellbeing Board to provide an update in twelve months' time.

RESOLVED that the presentation be noted.

6 PROPOSAL TO ESTABLISH A NEW OBESITY TASK AND FINISH GROUP

The Chairman informed Board Members that he wished to take forward a proposal to establish a new Obesity Task and Finish Group.

It was noted that an obesity group had previously been formed, but had been partially stood down. However it was highlighted that the need was still there, with the issues of obesity in adults linking to premature deaths, cancers, dementia and diabetes. Obesity was also a major risk factor for COVID-19, and aiming to tackle it could help to reduce its severity.

It was proposed that a Task and Finish Group be set up to meet virtually every ten days, to discuss what sort of things could be implemented rapidly – such as using social media and communications to get people to improve their diet. The group would aim to gather together ideas for tackling obesity, which could then be launched in the autumn. Board Members were asked to inform the Chairman and clerk if they would like to be involved in the group.

The Borough Based Director – SEL CCG agreed that this was an excellent idea, and she would identify a GP to be involved in the group, and take some of this work forward.

In response to a question, the LBB Director of Public Health noted that the Adult Obesity Group was still partially functioning, however it had focused on a joint piece of work with South East London colleagues. It was noted that there was also a smaller Childhood Obesity Group.

In response to a question, the LBB Director of Public Health said that there was good evidence that if someone was obese during their early life, they tended to become obese adults. However it was noted by a Board Member that this was not irreversible. The LBB Director of Public Health emphasised that this highlighted the importance of tackling childhood obesity. There were also discussions to be had around breastfeeding, maternal obesity and healthy pregnancy.

The Vice Chairman stated that he was supportive of the establishment of a Task

and Finish Group, and shared the view that the focus should be on engaging with children and their parents. During childhood was when habits were formed, and it was much more difficult to change these later on in life.

A Board Member noted that a number of schools in the Borough grew vegetable on site as part of their healthy eating policies and forest schools. During lockdown, some of these schools had been sharing menus with parents and children, and posting pictures of their cooking. It was suggested that the group could look at some of the school websites to see what was already being achieved. It was highlighted that the wider involvement of schools and Residents Associations would be extremely important.

The Chairman suggested that the proposal be worked on further, with the focus being on Adult Obesity in the short term, and brought back to Board Members. At the next meeting of the Health and Wellbeing Board, it could be considered how to further work with the Child Obesity Group, which was already running, and how best to reach out to all stakeholders.

RESOLVED that a new Obesity Task and Finish Group be established.

7 PUBLIC HEALTH UPDATE

Report ACH20-032

The Board considered a report providing an update on the progress towards the development of the 'Test and Trace' procedures in Bromley.

Public Health in Bromley had new responsibilities in relation to the COVID-19 outbreak. These included:

- Local outbreak management of COVID-19 in key or complex settings;
- Local area outreach and engagement with vulnerable, hard-to-reach or disconnected residents, groups and communities;
- Establishing regional or area networks to provide sharing of intelligence and mutual support if pressure on the national system; and
- Specialist Public Health support to Bromley Council and key local partners.

A new Test and Trace service had been launched which formed a central part of the Government's COVID-19 recovery strategy. This would operate through online phone contact whilst an app was being developed.

Local Authorities (LA) had been charged with supporting the new Test and Trace service in their area, with each LA developing tailored outbreak control plans, working with the local NHS and other stakeholders. The plans would focus on identifying and containing potential outbreaks in places such as workplaces, housing complexes, care homes and schools. Work on plans had started immediately, and it was expected that plans would emerge during the month of June 2020.

The primary objectives of the Test and Trace service would be to control the

COVID-19 rate of reproduction (R), reduce the spread of infection and save lives – and in doing so help to return life to as normal as possible, for as many people as possible, in a way that was safe, protected the health and care systems and released the economy.

A co-ordinated effort from local and national government; the NHS; GPs; businesses and employers; voluntary organisations and other community partners; and the general public was anticipated. Local planning and response had been identified by the government as an essential part of the Test and Trace service, with local government having a central role to play in the identification and management of infection.

The LBB Director of Public Health noted that the table provided on page 34 and 35 of the agenda pack, described the individual key roles of the LA and Public Health England (PHE). PHE would lead on the majority of outbreaks, whereas the LA would lead on those within community clusters.

In terms of governance, a Health Protection COVID Board had been set up, involving PHE; the SEL CCG; Bromley Healthcare; community and voluntary providers; and most recently the Metropolitan Police. The Health Protection COVID Board had overseen the production of the Outbreak Control Plan, monitored the delivery of the Action Plan, and was accountable to the Local Authority's Gold Chief Officers Group. It was noted that since the report had been written, the Outbreak Control Plan had been completed and published on the Council's website. Board Members had been provided with the final draft version, and a link to the published document would be circulated shortly. This had been an important piece of work, as it outlined the key areas of work required to control an outbreak if it happened.

The Outbreak Control Plan was based on six domains including: controlling an outbreak; preventative function; working with vulnerable groups, for which a lot of work had been undertaken with help from the voluntary sector; and a data group, for which a data hub had been set up. The LBB Director of Public Health noted that they were receiving all of the data available, and had set up a monitoring system which would indicate if there was an increase of cases in a specific area. There was also an escalation system in place to help manage an outbreak, if one should happen.

The Health Protection COVID Board had met earlier that day, and regular highlight reports would be provided to the Local Authority's Gold Chief Officers Group. It had been agreed that in terms of governance, the Council's Executive and the Health and Wellbeing Board would provide additional oversight. Work was also being undertaken with One Bromley partners, and with SEL colleagues. There was a mutual aid agreement between boroughs to help assist each other if there was an outbreak across borders, and preparatory work in case there was a second surge in cases was also being undertaken.

The Chairman passed on his thanks to the Director of Public Health and her team for the huge amount of work undertaken, with extremely tight deadlines. This was echoed by the Portfolio Holder for Adult Care and Health, who noted that a robust

policy had been produced, and that it was good to hear that the 'deep dive' data to manage a local outbreak was being received.

In response to a question, the LBB Director of Public Health said that all lab results testing positive for COVID-19 would go through Contact Tracers, who would contact other people with whom they had been in close proximity either by phone or email. The Contact Tracers would assess the likely risk of the other people contacting COVID-19, and if this was considered to be high, they would be told to self-isolate for two weeks. They would then be contacted by the Contact Tracers on a daily basis to see if they required any help, and signpost them to local Council services. When pubs and restaurants reopened, they should ensure that people not known to each other were spaced the required distance apart, and they would be encouraged to obtain a list of names and contact numbers of customers. However it was unclear if this would be mandatory.

A Board Member noted that a dashboard of key statistics had been described within the report, and asked if the key headlines from it could be provided on a regular basis. The LBB Director of Public Health confirmed that this information would be available the following week, and could then be provided to Board Members on a weekly basis.

RESOLVED that the Public Health Update report be noted.

8 NHS UPDATE

The Borough Based Director – SEL CCG informed Board Members that currently, very few cases of COVID-19 were being seen in the Borough, with just a handful of positive cases through the testing arrangements in place. In total there had been in excess of 1,300 confirmed cases in Bromley, and 337 deaths. 73 deaths had taken place in care homes, 239 in hospitals and the remainder in the community. There had been no deaths within recent weeks. Work was being undertaken to ensure the LBB Public Health team were provided with all the data available to populate the information.

The system of testing currently in place was antigen testing, to see if a person had the disease. This was ideally done during the first few days of having symptoms, after which there was a high probability that the test would come back negative. Antibody testing had also been launched, mainly for those working in health and social care settings. 1,500 tests had been carried out in Bromley, and as the test involved a sample of blood, additional phlebotomy services had therefore been arranged.

In response to a question, the Borough Based Director – SEL CCG said that in relation to the antibody testing for health and social care staff, between 17 and 18% had returned positive tests. However it was noted that the antibody disappeared very quickly, so it could not be stated that only 17-18% of these staff had been infected with COVID-19. The Chairman highlighted that some evidence suggested that the antibodies only remained present for around five weeks.

In relation to care homes, testing for residents and staff, both symptomatic and non-symptomatic, had been established early on in the pandemic. Over 5,000 tests had been carried out, with a proportion of both residents and staff testing positive and support had been provided to care homes to help segregate patients and ensure that the correct infection control measures were in place. It was noted that having a single General Practice for all Bromley care homes had made it easier to provide this support. Testing was also continuing to be offered to other residential settings, such as mental health and learning disability homes, and other environments where there were groups of residents and staff.

In response to a question, the Borough Based Director – SEL CCG said that the figures relating to the antibody testing could be circulated to Board Members following the meeting.

Antibody testing was not generally available to patients. There had been a number of people who had tested antigen positive, but were then testing as antibody negative. Therefore it could not be assumed that if you had the antibody, you would be immune to getting re-infected. It was highlighted that PPE should be worn as recommended, and that infection control measures must be followed. It was emphasised that it was not known how long the antibody lasted in those that returned a positive test.

With regards to recovery planning, work was being undertaken to look at getting service 'back to normal', as well as preparing for phase two. Some NHS services had been paused during the pandemic, such as cancer screenings. Another important piece of work would be to restart the immunisation programme, and services such as endoscopy and diagnostics. It was noted that immunisations had not ceased during the pandemic, but many people had not received them. They were also working with colleagues to identify what could be done differently in phase two to be "on the front foot". They were looking at a more strategic plan covering the next twelve to eighteen months, which involved partners across the health service and third sector.

Initial discussions regarding the recovery plan would take place the following week at the Bromley Borough Based Health Board. It was highlighted that the new SEL CCG had now been formed, within which there was a Bromley team. The Bromley team would work to ensure services for patients were as robust as possible. In terms of governance, a Place Based Board was to be established which would be co-chaired by Councillor Colin Smith, Leader of the Council and Dr Andrew Parson, SEL CCG Clinical Lead – Bromley.

A Board Member noted that there had been a lot of media attention regarding death rates, and how it could be proved if someone had died from COVID-19, rather than having COVID-19 but dying of another condition. The Borough Based Director – SEL CCG responded that there were some clear clinical cases of COVID-19 deaths, but it was noted that the figures provided included both confirmed and suspected COVID-19 deaths, based on clinical decision making. In some cases, where a patient had a terminal illness and contracted COVID-19, it was often hard to distinguish, but it was quite probable that COVID-19 was what caused that death. In care homes, as well as testing, they had asked about

symptoms. It was considered that a broader approach needed to be taken with regards to symptoms in older people.

RESOLVED that the NHS Update be noted.

9 BROMLEY WINTER ASSURANCE PLAN UPDATE

Report ACH20-036

The Board considered a report providing an analysis of performance across the Bromley Urgent and Emergency Care system as compared to last year. This took into account the COVID-19 pandemic, which had impacted on the system dramatically at the end of 2019/20 winter period.

The report also provided an overview of the schemes delivered throughout winter 2019/20 from the Better Care Fund (BCF) winter pressures monies. These schemes were identified by the Bromley A&E Delivery Board and were presented for the Board's information. Funding for this year's Winter Resilience Schemes was £646k for Bromley CCG and £1,027k for the London Borough of Bromley, and were delivered under budget.

The Urgent Care Lead – SEL CCG noted that due to the COVID-19 pandemic, there had not been a formal review of the Bromley winter plan this year, as resources had been focussed on mobilising the pandemic response in Bromley. However, the report provided insight into how the Bromley System Winter Plan's successful partnership working across the system had enabled successful mobilisation of the pandemic response locally.

In relation to the PRUH A&E, All Type performance between October 2019 and March 2020 had decreased slightly when compared to the previous year from an average of 75% to 72%. Type 1 performance had been particularly low in December 2019 until mid-January 2020. The Trust had carried out deeper analysis, which had shown that during this period there had been a 9% increase in Type 1 attendances and a 6.7% increase in Type 3, which had contributed significantly to the performance challenges.

Although overall emergency admissions for all ages were relatively stagnant as compared to the previous year, there had been a significant increase in attendances of over 85's (7.7%), and also an increase in over 85's being admitted to hospital (6%). These patients had a significantly longer length of stay (circa 8.3 days, versus 7 days for 65-84 years and just 3 days for 0-65 years) impacting on bed management and a consequentially negative impact on 4 hour performance. However it was noted that there had been an improvement in Type 1 and All Type performance in February and March 2020. A Board Member suggested that even more emphasis would need to be put on reducing delays to ensure that performance did not slip.

The Trust had made improvements to the flow of the department, and a new Transfer of Care Bureau Lead and Nursing Head of Quality were working on

patient discharge. They had initiated 'point prevalence' reviews of every patient on the wards who had a length of stay of over 21 days. This had been a good example of the partnership working undertaken, with these reviews being carried out by trust and community health and social care staff, and had led to a significant drop of 278 patients in the period of December to January as compared to 321 for the previous year. It was noted that the voluntary sector should be praised for the key support they offered to patients on discharge, including care navigation of complex cases, joint visits with equipment providers to ensure access to house / key safe and the usual handyman and take home and settle services.

Up until February 2020, when NHS England paused the recording of statistics to focus outputs on supporting COVID-19 capacity, Delayed Transfers of Care (DTocS) remained significantly below the 2019/20 national target, as Bromley remained one of the best performing boroughs in London. This had put the Trust in a good position when the COVID-19 pandemic began to significantly impact A&E, as the Trust, Bromley Healthcare, the CCG and Local Authority were quickly able to build on the work carried out during winter, to mobilise the Bromley Single Point of Access (SPA) for hospital discharge.

In response to a question, the Borough Based Director – SEL CCG said that the PRUH had one of the most improved A&E performances compared to pre-COVID. Performance against the 4 hour performance target had been consistently above the 95% target in April, May and June 2020. All Type performance in April and May 2020 had averaged at 92% compared to 77% the previous year. It was noted that as patients returned to the ED, they wanted to maintain this high level of performance.

The Urgent Care Lead – SEL CCG informed Board Members that part of the recovery planning included dedicated winter planning, which would commence shortly. The Chairman noted that flu immunisation would be even more important this year, and highlighted that the programme would be started earlier. The Borough Based Director – SEL CCG said that there was a desire not to return to having packed Emergency Departments (ED), in which it was extremely difficult to socially distance, and as such London would be piloting arrangements where patients dialled 111 to book a slot to attend. The hospital ED's would not be shut, and attendees could still walk in, but people were advised to book in if they could. The feasibility of this system was currently being considered for the PRUH. It was agreed that further information on the 'Help Us, Help You' pilot would be presented to the meeting of the Health Scrutiny Sub-Committee on 16th July 2020.

RESOLVED that the Bromley Winter Assurance Plan Update report be noted.

10 BETTER CARE FUND AND IMPROVED BETTER CARE FUND PERFORMANCE UPDATE - Q3 AND Q4

Report ACH20-031

The Board considered a report providing an overview of Quarters 3 and 4 (October

2019 to March 2020) performance for the Better Care Fund (BCF) and Improved Better Care Fund (iBCF) for 2019/20, including expenditure and activity.

Bromley was responding to the following national metrics for the BCF:

- a. Reduction in non-elective admissions;
- b. Delayed transfers of care (DToCs) (delayed days);
- c. Rate of permanent admissions to residential care per 100,000 populations; and
- d. Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services.

In Quarter 3, non-elective admissions continued to be reported within the activity plan set out in the CCG's operating plan, carrying on the trend from the beginning of the year. Quarter 4 had seen a significant fall in non-elective admissions into the acute hospitals which reflected the impact of the COVID-19 pandemic towards the end of the quarter, and saw a commensurate reduction in the attendance at the Emergency Department.

The local Health and Social Care Partners of One Bromley had jointly responded to deliver services as required, to meet the local needs of Bromley patients during the pandemic. Contractually, for 2019/20, the position for King's had been agreed for the financial year at the fixed contract level. The One Bromley Programme continued to develop programmes in the community to identify and manage patients locally, with changes to the pro-active care pathway and services for frail patients. Planning for winter had commenced, which also reflected any changes in capacity required for seasonal pressures and COVID-19.

In respect of DToC, Bromley's target for 2019/20 had increased from 10.31 bed days per day to 12.5. This was the overall figure for Bromley which included DToC's due to both NHS and / or Social Care. It was noted that for Quarters 3 and 4, Bromley was exceeding its performance targets.

The LBB Integrated Strategic Commissioner for Early Intervention noted that the target for admissions to residential care for Quarters 3 and 4 had not been met. This was despite the continuing drive to promote independence by supporting people in their own homes, and partly due to more people being admitted to residential placements with enduring and more complex needs.

In relation to reablement, it was noted that there was a 91 day lag for data, and therefore Quarter 4 data was not yet available. This data, available at the end of July 2020, would be provided to the September meeting of the Health and Wellbeing Board. It was noted that the most recent data showed that Bromley was exceeding the target of 90% by delivering 93%. Robust plans were in place to ensure early planning, so that reablement opportunities for local residents could be maximised. The alignment between reablement and Bromley Well Prevention and Early Intervention services had been strengthened, in order to maximise reablement opportunities for residents following a period of crisis in the community or discharge from an acute ward. The Take Home and Settle service, delivered by Bromley Well, had significantly increased the number of residents accessing early intervention services post discharge from hospital and contributed to reducing the

number of residents with multiple re-admissions.

The LBB Integrated Strategic Commissioner for Early Intervention highlighted some of the pathways being delivered:

- Employment and Education – had seen a significant growth in business, particularly in relation to volunteering;
- Learning Disabilities – referrals remained constant, but fewer people were being discharged from this pathway, which was an area that could be explored further; and
- Physical Disabilities – received a large number of referrals.

It was highlighted that there had been a significant increase in the number of people accessing the Mental Health pathway, with the service running two to three times above the expected capacity. The Chairman requested that the Mental Health pathway be a focus of the next report provided to the Board. In response to a question, the Chairman stated that there would also be an agenda item dedicated to discussing mental health at the September meeting of the Health and Wellbeing Board.

The LBB Integrated Strategic Commissioner for Early Intervention informed Board Members that there were a range of schemes within the iBCF. Overall these schemes had not seen a reduction in activity, there had just been a movement during Quarter 4 to an online provision. An evaluation of the impact of the online provision was taking place, and following the lifting of lockdown there would be some movement back to a face to face provision.

The LBB Director of Adult Social Care expressed her thanks, which were echoed by the Chairman, to the LBB Integrated Strategic Commissioner for Early Intervention for the extremely detailed report provided. It was noted that this work had been undertaken whilst he was carrying out a key role within the COVID-19 Operation Shielding, Volunteering and Assistance Programme.

RESOLVED that the Better Care Fund and Improved Better Care Fund Performance Update for Q3 and Q4 report be noted.

11 SAFEGUARDING UPDATES

The Independent Chair of the Bromley Safeguarding Adults Board advised that the new Bromley Safeguarding Adults Board website had been launched, any feedback on which would be welcomed – www.bromleysafeguardingadults.org/

The Independent Chair of the Bromley Safeguarding Adults Board noted that safeguarding referrals for adults had remained steady year on year, which they found perplexing. It was anticipated that there would be growth in areas, such as safeguarding referrals for domestic abuse, which was not being seen. They would therefore be undertaking their own 'deep dive' looking at A&E referrals.

Another area of concern was mental health – the level of social isolation and loneliness; anxiety; fear of catching COVID-19, could see an increase in the

number of case of self-neglect, with people losing the impetus to keep themselves well.

An area also being followed with interest was that of rough sleepers. All rough sleepers in the Borough had been accommodated during lockdown, however this support may come to end as hotels reopened for business. Initially around 80 households, of mainly single people had been housed, and this figure had since reduced to 63 households, and this was something that they would continue to monitor.

The Independent Chair of the Bromley Safeguarding Adults Board said that they also had a focus on care homes, and it was noted that the amount of work and information being provided by them was fantastic. It gave an understanding of how hard they were working to keep vulnerable adults safe, and they wished to thank them for doing so.

RESOLVED that the Safeguarding update be noted.

12 ANNUAL PUBLIC HEALTH REPORT

Report ACH20-034

The Board considered a report providing an update on the development of the Annual Public Health Report (APHR) 2020.

All Directors of Public Health produced an Annual Public Health Report to raise the profile of emerging health issues or to highlight an area of particular interest to a wide variety of audiences. The APHR for Bromley for 2020 focused on Sexually Transmitted Infections.

The APHR described the major Sexually Transmitted Infections and would be used as a tool for raising awareness. A brief outline for the report highlighted that the audience included GPs; the general population; hospital; and schools (pupils and teachers). Its content would include:

- Introducing the key Sexually Transmitted Infections;
- Interventions and the evidence of their effectiveness;
- Key facts in Bromley;
- What were we doing now for Bromley residents?; and
- What were we developing for Bromley residents?

The report was in final draft form, and was awaiting final comments and edits, and the impact of COVID-19 would also be added. It was intended that the final APHR would be presented to the meeting of the Health and Wellbeing Board on 24th September 2020.

RESOLVED that the Annual Public Health Report update be noted.

13 PHARMACEUTICAL NEEDS ASSESSMENT

Report ACH20-033

The Board considered a report providing an update on the Pharmaceutical Needs Assessment (PNA).

The Director of Public Health informed Board Members that the Health and Wellbeing Board had a statutory duty to publish a PNA according to the NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013. This would normally be due at the end of January 2021.

A national communication on 21st May 2020 had been made on behalf of the Department of Health and Social Care (DHSC) announcing the following:

- Due to current pressures across all sectors in response to the COVID-19 pandemic, the requirement to publish renewed PNAs would be suspended until April 2022. Local Authority Health and Wellbeing Boards would retain the ability to issue supplementary statements to respond to local changes and pharmaceutical needs during this time.
- The NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013 would be updated in due course.

After discussions with the other South East London areas to ensure alignment, the delivery of the PNA had been suspended. Healthy Dialogues had continued up to this point with the literature review and the public survey had been prepared. They had now been informed of the suspension of their contract, which was expected to recommence on the 1st April 2021 for delivery at the end of March 2022.

It was noted that the Health and Wellbeing Board still had the ability to issue a supplementary statement should the need arise, and the Board would be updated if this was required in the coming year. The Board would be provided with regular updates once the PNA process was reinstated, which was expected to be in April 2021.

The Chairman noted that having an extra year to complete the PNA was helpful, but an extra section was likely to be needed regarding pharmaceutical support during the COVID-19 pandemic. Work to revise the questionnaire would be ongoing.

RESOLVED that the Pharmaceutical Needs Assessment update report be noted.

14 CHAIRMAN'S ANNUAL REPORT

The Board considered the Chairman's annual report of the Health and Wellbeing Board.

Board Members were asked to provide any comments or suggestions on the document to the Chairman and clerk, prior to it being reported to the next meeting

of Full Council. The Chairman extended his thanks to Board Members for the significant contribution they had made to the Health and Wellbeing Board during the 2019/20 municipal year.

RESOLVED that the report be noted.

15 WORK PROGRAMME AND MATTERS OUTSTANDING

Report CSD20072

The Board considered its work programme for 2020/21 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:

- Mental Health discussion (24th September 2020)
- Further update regarding COVID-19 (24th September 2020)
- Further update from the London Child Obesity Taskforce (summer 2021)

The LBB Director of Public Health advised that it had previously been agreed for JSNA Priority Area updates to be brought regularly to the Health and Wellbeing Board. As most of the work of these groups was currently paused due to the COVID-19 pandemic, it was noted that it may not be possible to bring the reports from the cancer and diabetes group to the September meeting as planned.

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

16 ANY OTHER BUSINESS

There was no other business.

17 DATE OF NEXT MEETING

The next meeting of the Health and Wellbeing Board would be held at 1.30pm on Thursday 24th September 2020.

The Meeting ended at 3.50 pm

Chairman