



BROMLEY CIVIC CENTRE, STOCKWELL CLOSE, BROMLEY BRI 3UH

TELEPHONE: 020 8464 3333

CONTACT: Jo Partridge  
*Joanne.Partridge@bromley.gov.uk*

DIRECT LINE: 020 8461 7694

FAX: 020 8290 0608

DATE: 24 June 2020

To: Members of the  
**HEALTH AND WELLBEING BOARD**

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

London Borough of Bromley Officers:

Janet Bailey	Director: Children's Social Care
Kim Carey	Director: Adult Social Care
Rachel Dunley	Head of Service: Early Intervention and Family Support
Dr Nada Lemic	Director: Public Health

Clinical Commissioning Group:

Dr Angela Bhan	Borough Based Director: South East London Clinical Commissioning Group
Harvey Guntrip	Lay Member: South East London Clinical Commissioning Group
Dr Andrew Parson	GP Clinical Lead: South East London 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 Partnership
----------------	--

Bromley Voluntary Sector:

Christopher Evans	Community Links Bromley
Frances Westerman	Healthwatch Bromley

A meeting of the Health and Wellbeing Board will be held on **THURSDAY 2 JULY 2020 AT 1.30 PM**

**PLEASE NOTE: This will be a 'virtual meeting', and a link will be available on the Council website to enable members of the press and public to see and hear the Committee. The link will be published before the start of the meeting.**

MARK BOWEN  
Director of Corporate Services

## **AGENDA**

**1 APOLOGIES FOR ABSENCE**

**2 DECLARATIONS OF INTEREST**

**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) (Pages 1 - 30)**

**4 QUESTIONS**

In accordance with the Council's Constitution, questions that are not specific to reports on the agenda must have been received in writing 10 working days before the date of the meeting.

Questions specifically relating to reports on the agenda should be received within two working days of the normal publication date of the agenda. Please ensure that questions specifically on reports on the agenda are received by the Democratic Services Team by **5pm on Friday 26<sup>th</sup> June 2020.**

**Please note that all questions will answered by written reply.**

**5 PRESENTATION FROM THE LONDON CHILD OBESITY TASKFORCE**

**6 PROPOSAL TO ESTABLISH A NEW OBESITY TASK AND FINISH GROUP**

**7 PUBLIC HEALTH UPDATE (Pages 31 - 36)**

- an update on the Track and Trace Procedures for Bromley

**8 NHS UPDATE (VERBAL UPDATE)**

**9 BROMLEY WINTER ASSURANCE PLAN UPDATE (Pages 37 - 50)**

**10 BETTER CARE FUND AND IMPROVED BETTER CARE FUND PERFORMANCE UPDATE - Q3 AND Q4 (Pages 51 - 66)**

**11 SAFEGUARDING UPDATES (VERBAL UPDATE)**

**12 ANNUAL PUBLIC HEALTH REPORT (Pages 67 - 70)**

**13 PHARMACEUTICAL NEEDS ASSESSMENT (Pages 71 - 74)**

**14 CHAIRMAN'S ANNUAL REPORT (Pages 75 - 76)**

**15 WORK PROGRAMME AND MATTERS OUTSTANDING** (Pages 77 - 84)

**16 ANY OTHER BUSINESS**

**17 DATE OF NEXT MEETING**

1.30pm, Thursday 24<sup>th</sup> September 2020

1.30pm, Thursday 3<sup>rd</sup> December 2020

1.30pm, Thursday 11<sup>th</sup> February 2021

1.30pm, Thursday 29<sup>th</sup> April 2021

This page is left intentionally blank

## HEALTH AND WELLBEING BOARD

Minutes of the meeting held at 1.30 pm on 30 January 2020

### Present:

Councillor David Jefferys (Chairman)

Councillors Marina Ahmad, Yvonne Bear, Mike Botting,  
Mary Cooke, Judi Ellis and Diane Smith

Kim Carey, Director: Adult Social Care  
Rachel Dunley, Head of Service: Early Intervention and Family  
Support  
Dr Nada Lemic, Director: Public Health  
Carol Whiting, Children's Services

Dr Angela Bhan, Managing Director: Bromley Clinical  
Commissioning Group  
Harvey Guntrip, Lay Member: Bromley Clinical Commissioning  
Group  
Jim Gamble QPM, Independent Chair: Bromley Safeguarding  
Children Board  
Christopher Evans, Community Links Bromley

### 50 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Gareth Allatt, Councillor Robert Evans, Councillor Keith Onslow, Mina Kakaiya, Dr Andrew Parsons and Lynn Sellwood.

Apologies were also received from Janet Bailey and Carol Whiting attended as substitute.

The Chairman welcomed Marg Mayne, Chief Executive – Mytime Active and Matthew Eady, Regional Manager – Mytime Active. Board Members were advised that Matthew would shortly be leaving Mytime Active, and thanks were extended for all the work he had undertaken.

### 51 DECLARATIONS OF INTEREST

There were no declarations of interest.

### 52 MINUTES OF THE MEETING OF HEALTH AND WELLBEING BOARD HELD ON 21ST NOVEMBER 2019

**RESOLVED** that the minutes of the meeting held on 21<sup>st</sup> November 2019 be agreed.

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

No questions had been received.

**54                    PHYSICAL ACTIVITY AND MYTIME ACTIVE UPDATE**

The Board received a presentation from Gillian Fiumicelli, LBB Head of Vascular Disease Prevention Programme, Debra Weekes, Mytime Partnerships Manager and Diane Friday, Active Lifestyles Programme Manager, Mytime Active. The presentation provided the health and wellbeing benefits of physical activity; a brief overview of what was happening in Bromley; and an update from Mytime Active.

Inactivity was having a serious impact on both mental and physical health. Since the 1960's, adults were over 20% less active, and this would increase to 35% by 2030. Physical inactivity was responsible for one in six deaths; up to 40% of many long-term conditions; and around 30% of later life functional limitation and falls. The annual cost of physical inactivity was estimated to be £7.4 billion.

The results of the Sport England Active Lives Survey 2019 indicated that adults in Bromley were slightly more active than the national average, but over 30% were not taking the recommended thirty minutes of activity per day. To help address this, the Pro-Active Bromley Strategic Framework 2017-2022 had been developed. There were a number of aims, including to support the increased participation in sport and physical activity across the Borough; to reduce the number of inactive people; and to encourage regular and sustainable activity habits for those new to physical activity. There would be a focus on under-representative groups, and on encouraging more disabled people into activity. One of the key members helping to achieve this was Mytime Active.

The Mytime Partnerships Manager informed Members that Mytime Active was a social enterprise – an independent charity that reinvested all profits back into facilities, services and programmes. Work was also undertaken within local communities, providing support and funding for a range of projects and partnerships aimed at improving wellbeing. They were an integrated wellbeing provider and trusted experts in the areas of healthy lifestyles, fitness, nutrition and childcare, and offered a wide range activities. Mytime Active also delivered specialist social, health and wellbeing programmes, providing targeted support.

One of the programmes that Mytime Active delivered for older people was their 'Primetime Programme'. Since July 2018, the programme had expanded, with an increase of:

- weekly activity sessions (from 85 to 100);
- members (from 2,736 to 3,251); and,

- volunteer 'Primetime Buddies' (from 24 to 30).

It was noted that the 'Primetime Buddies' were instrumental in helping assist older people getting into facilities, and acting as health mentors. The 30 volunteers carried out over 3,800 sessions of activities. In addition, there were now dedicated Primetime staff and an annual programme of social events. Programmes had been developed, such as strength and stability; senior circuits; and 'Remember to Move' classes. Community classes had also been held in areas such as Biggin Hill, Farnborough Village and Petts Wood.

In response to a question, the Mytime Partnerships Manager said that feedback received from older service users indicated that they preferred sessions to take place in the morning or afternoon, and not during evenings and weekends. This had been a challenge in terms of using venues such as schools, as the timings did not always coincide. It was suggested that consideration could be given to running sessions in school venues during the school holidays.

The 'Leisurecare' offer for adults with learning disabilities was continuing to be run, with four sessions taking place per week. Participants paid for half or full day sessions, with a varied programme of activities including gym sessions, swimming, golf, sports hall activities and zumba. A link had been established with Bromley Adult Education College, who were offering arts and crafts sessions throughout the year. There had been an increase in numbers, with over 65 attendees attending every week.

The Active Lifestyles Programme Manager, Mytime Active informed Members that Bromley CCG had a three-year contract for the 'Exercise on Referral' programme. This was a programme where people with long-term health conditions such as diabetes, high blood pressure or cardiac heart disease increased their physical activity levels by regularly using local leisure centres, following referrals from healthcare professionals or via the Community Cardiac Programme. All other referrals were self-funded at concessionary rates. Referrals came into a 'hub', and were triaged and signposted onto the most appropriate programmes, which included:

- Fresh Start Exercise Referral Programmes (a supervised physical activity programme for those recovering from illness or those diagnosed or living with a long-term medical condition);
- Heart Start Exercise Referral Programmes (a supervised specialist session for secondary prevention for cardiovascular disease);
- ESCAPE-pain (a group-based, NICE-approved rehabilitation programme for the management of osteoarthritis of the hip and / or knee);
- FSF (circuits, gym, Managing Arthritic Pain classes and new programmes on Functional Fitness and aquatic exercise would also be piloted); and,
- Mytime Active Golf on Referral (fun, interactive sessions combining group activity sessions on improving health and wellbeing and learning to play golf or brushing up on basics skills).

Sessions took place at leisure centres across the Borough, during the week and weekends, at various times of the day. The programme consisted of twelve

supervised sessions with a Level 4 Exercise Specialist. Initial and Completion Assessments were undertaken and included manual pulse and blood pressure checks. Following completion, service users were offered access to reduced health memberships for continued exercise benefits, and follow-ups took place at six and twelve months post-completion. From April 2019 to date, 1,400 referrals and 9,500 attendances had been recorded.

In response to a question, the Active Lifestyles Programme Manager, Mytime Active advised Board Members that the follow-up at six and twelve months post-completion indicated that those service users who had dropped out had done so due to illness, or flare up of a medical condition. They then tended to be re-referred at a late date, once it was under control again.

Areas for development included targeting more inactive people through programme and facility developments including:

- programme development for exercise referral (e.g. Functional Fitness, Escape Pain for Backs, Aquatic Exercise on Referral);
- Mind and Body Studio at The Spa, Beckenham;
- Monthly Workshops;
- Community provision for older people and access to a wide variety of physical activity sessions.

A Member emphasised that the ESCAPE-pain programme was excellent, but questioned if the required resources were available to meet increased demand if the offer was expanded. The Active Lifestyles Programme Manager, Mytime Active confirmed that back-to-back sessions were being held every six weeks, and currently there was no waiting list. Assurances were given in terms of staffing capacity to deliver this programme.

There was constant scrutiny of programmes, and looking for ways to develop them further. Mytime Active were asking for support from Board Members to spread the message through their networks – to promote the benefits of physical activity to healthcare professionals and the exercise referral programmes to targeted patients.

In response to a question, the LBB Head of Vascular Disease Prevention Programme said that there were some groups that they had a particular interest in, however they had not focussed on specific cultural groups. There were some disease specific programmes, and some that were language based. A Member highlighted that other Boroughs ran women only swimming sessions, which had proved extremely popular, and asked if this was offered by Mytime Active. The Active Lifestyles Programme Manager, Mytime Active responded that this was not something that they had received requests for, but it was certainly something that could be easily facilitated and piloted.

A Member asked whether there was the potential for a Bromley app that could send notifications to publicise health and wellbeing events that were taking place. The Independent Chair of the Bromley Safeguarding Children Board noted that the Bromley Safeguarding Partnership app and the Private Fostering app were



currently being adapted to allow 'push notification' to be sent for events, and they would be willing to include information on events run by Mytime Active. The LBB Communications Executive said that information could also be retweeted by the LBB Twitter account, and included in newsletters.

The Chairman highlighted that there had been a recent push in respect of 'Brain Health', and promoting the evidence of exercise in preventing some of the risks of dementia. It was suggested that the 'badging' of programmes could be considered to remind people of the additional benefits of exercise. The Mytime Partnerships Manager agreed, and noted that the majority of their programmes would support 'Brain Health'. Mytime Active were part of the Bromley Dementia Action Alliance, looking to improve facilities to be more dementia-friendly, and the 'Primetime Buddies' provided daily support to members with dementia in helping them to continue exercising. The outreach of the 'Remember to Move' pilot had also been extended to new people through Dementia Cafés. This was an exercise class with a time to socialise afterwards. The pilot had been extremely successful, and they hoped to roll it out to more facilities.

The Chairman thanked Gillian Fiumicelli, Debra Weekes and Diane Friday for an excellent presentation, and invited them to return to the Health and Wellbeing Board to provide an update in twelve months' time.

**RESOLVED that the presentation be noted.**

## **55 BROMLEY LOCAL CAMHS TRANSFORMATION PLAN**

The Board considered a presentation from the Associate Director of Integrated Commissioning, Bromley CCG providing an update on Bromley Children and Young People's Mental Health and Wellbeing Services, towards a refreshed transformation plan 2020/21.

Bromley Council (LBB) and NHS Bromley CCG (BCCG) commissioned a range of services to support the mental health and wellbeing of children and young people in the Borough. Whilst there were a range of different services in the area, the core mental health and wellbeing offer centred on the provision of the Wellbeing Service for Children and Young People (Bromley Y) and Children and Adolescent Mental Health Services – CAMHS (Oxleas NHS Foundation Trust). The dual service model was originally established in 2014/15, since which a strong joint working partnership had been developed between the two services.

The NHS Long Term Plan had a target to increase access to children and young people's mental health and wellbeing services. The South-East London Sustainability and Transformation Partnership (STP) had been monitoring this target across the six boroughs of south-east London. Bromley had consistently out-performed its neighbours, with the NHS / Voluntary and Community sectors (VCS) model at the heart of the area's success in meeting this target. However there were some significant challenges, including the year on year increase (since 2013/4) in the number of mental health emergency presentations at Accident and Emergency (A+E). A Member noted that over a third of the emergency

presentations at A+E had 'parental health issues' listed as a factor, and asked if details of the types of issues this referred to were known. The Associate Director of Integrated Commissioning advised that work on "deep dives" was currently being undertaken to analyse this, and an update could be provided to the Board once completed.

In response to a question, the Associate Director of Integrated Commissioning advised that early indications showed that the children and young people presenting at A+E were not known previously by CAMHS, Wellbeing services or GPs. In terms of outreach, it was noted that schools could play a major role and support was needed to help them identify issues earlier.

In seeking to put in place the right future model for children and young people's mental health and wellbeing services, supported was provided by a "deep dive" Joint Strategic Needs Assessment (JSNA) project into this area in 2018. The results of this analysis showed an increase in the number of young people being seen by CAMHS services in Bromley, and the highest numbers of issues were identified as relating to 'home' and 'school'. It was noted that this would also be an area that would be looked at in more depth via a "deep dive".

Since 2015, all NHS CCGs in England had been required by NHS England to have an agreed annual local CAMHS transformation plan. Since these plans were first put in place, Bromley CCG had worked closely with LBB to develop joint plans, which had been informed by the work of the Health and Wellbeing Board. Bromley's joint CAMHS transformation plans had been particularly well-received nationally. Last year's plan was accredited as "green" by the National Society for the Prevention of Cruelty to Children (NSPCC), meaning the plan "made explicit use of data from service provision and the Joint Strategic Needs Assessment (JSNA) about children and young people vulnerable to mental health problems and also uses data to assess local need and inform service provision".

The 2020/21 plan was currently in development, with engagement taking place across LBB and the CCG, as well as with providers, children, young people and families. The development of the draft 2020/21 CAMHS transformation plan refresh built on the outcomes of the Bromley Children and Young People's Joint Strategic Needs Assessment (JSNA) in 2018. The plan also highlighted a number of key projects to improve children and young people's mental health and wellbeing in Bromley. These included the Bromley Wellbeing/CAMHS Integration and Four Week Wait Pilot; Wellbeing in Schools; the CAMHS in-reach into children's social care and the Youth Offending Service; and a digital offer and online counselling (Kooth.com).

It was noted that the delivery of short waiting times into specialist CAMHS was a challenge across England. Bromley had been successful in receiving funding from NHS England/Improvement to pilot new ways of working to transform the CAMHS provision, with shorter waiting times and an improvement in outcomes for children and young people. In Bromley, the delivery of the Bromley Wellbeing/CAMHS Integration and Four Week Wait Pilot had been identified in relation to the further integration of the NHS/voluntary sector delivery model, with improved joint working across the entire pathway of services and clinical input into the Single Point of

Access (SPA). The LBB and CCG had agreed to put in place a new joint service model for the Wellbeing Service by March 2021, ending the situation where they both commissioned this service separately.

Bromley was one of twelve areas successfully chosen as a 'Wave 1' area for the Government's Transforming Children and Young People's Mental Health Programme. The Wellbeing in Schools service pilot scheme had been rolled out to half the schools in Bromley, providing a tailored offer of mental health and wellbeing support. The first batch of data from the scheme would be analysed with the Director of Education the following week. It was noted that the other Bromley schools not involved in the pilot were linked up with other services within CAMHS. In 2019, Bromley were also invited to take part in the national Department for Education/Anna Freud Centre Mental Health Schools Link Programme. This would see two programmes held in the Borough during May and June 2020.

A key priority for LBB and the CCG was to improve joint working between children's social care and children and young people's mental health and wellbeing services. It was recognised that many of the children and young people being supported by services required input from both social care and CAMHS. There was ongoing work to develop an "in-reach" service for CAMHS into children's social care. Early support had been extended to social care teams, with CAMHS practitioners leading workshops with social work teams to help them better recognise mental health problems. It was noted that there was a strong health offer into the Youth Offending Service (YOS), including an embedded CAMHS clinician. This enabled strong joint working between CAMHS and YOS caseworkers. The CCG also funded a "liaison and diversion" post in the YOS, who worked with Bromley Wellbeing and other services, to look at ensuring there was the right community and wellbeing support for children and young people in the YOS.

All CCGs in south east London had commissioned a fourteen-month 'online counselling' pilot, "Kooth.com" which was provided by Xenzone. This was an online service which offered counselling to young people (aged 10-19, and up to 25 where there was an additional need). Young people were involved in the co-production of this digital site and there was a clear view that there were strengths to this model. Bromley was seeing a consistently higher use of Kooth services than any of the other CCGs in south east London. The reasons for this would be explored as part of the next steps for the service. The six CCGs had agreed to extend the pilot, with a consistent offer up to age 25, and a greater focus on Children Looked After (CLA) as a group at higher risk. In response to a question, the Associate Director of Integrated Commissioning said that as well as CLAs, they also recognised the increase in the number of children with Special Guardianship Orders (SGO). Initial conversations would be taking place with Children's Social Care in relation to how these children could be supported.

The next steps planned in relation to Bromley Children and Young People's Mental Health and Wellbeing Services included:

- ongoing engagement on the CAMHS transformation plan, with NHS assurance work on a joint plan;

- CAMHS transformation steering groups would take place in February and March 2020 to receive updates on the four week wait and Wellbeing in Schools pilots;
- ongoing work to develop an in-reach model from CAMHS into children's social care; and,
- ongoing monitoring of levels of emergency admissions of Bromley children and young people.

A Member noted that Bromley Y and CAMHS used different IT systems, and asked if there was any investment planned to upgrade them. The Associate Director of Integrated Commissioning responded that improved IT was planned across Bromley Y and CAMHS. It had been specified that the two teams needed to work together, and a data sharing agreement would be in place.

A Member highlighted that the highest suicide rates were related to young men, and asked if interventions were being made available to this group early enough. The Associate Director of Integrated Commissioning responded that they could improve on how they reached out to young men, and work to address this was in progress. A thorough plan was being put together, they were talking to providers, and some pilot schemes were already in place. The Director of Education said that there had been an increase in the universal and targeted offer through schools, and the national Department for Education/Anna Freud Centre Mental Health Schools Link Programme. It was hoped that in the future, the Wellbeing in Schools service could be extended across all schools. The Director for Public Health advised Members that a report on the overall pathway for adult and children's mental health prevention would be presented to the Board later in the year.

Members noted that the report highlighted a definite trajectory of improvement, which was attributed to the CAMHS professionals on the front line. This was making a huge difference to the lives of children and young people at a difficult time, and thanks were extended to all those involved in this work.

**RESOLVED that the report be noted.**

## **56            SEND REFORMS UPDATE**

### **Report CEF19025**

The Board considered a report on the outcome of the Bromley Local Area SEND Inspection.

As reported at the previous Board meeting, the Ofsted and Care Quality Commission (CQC) SEND Local Area inspection had been announced on Monday 9<sup>th</sup> September, and took place between 16<sup>th</sup> and 20<sup>th</sup> September 2019. The inspection had considered the effectiveness of the Bromley local area in implementing the SEND reforms and determined whether the Council or CCG would be required to submit a Written Statement of Action.

The inspection had focused on three key areas:

- How effectively the local area identified children and young people with special educational needs and / or disabilities;
- How effectively the local area assessed and met the needs of children and young people with special educational needs and / or disabilities;
- How effectively the local area improved outcomes for children and young people with special educational needs and / or disabilities.

The inspection outcome letter had been finalised in November 2019, however due to the pre-election 'Purdah' period, Ofsted were not able to publish the letter until after the General Election. The inspection report (dated 8<sup>th</sup> November 2019) was published on Monday 23<sup>rd</sup> December 2019. The letter outlined the findings from the inspection, including areas of strengths and some areas identified for further improvement.

Through the self-evaluation of the local area, the Council, CCG and other partners had been able to provide inspectors with areas of strength, including evidenced examples of good practice and sustained improvement. Examples of good practice had included:

- Leaders know the local area's demography and geography. They were aware of the diverse needs of their communities. They deployed resources to those areas with the greatest need.
- Elected members of Bromley Council supported leaders in prioritising improvements for children and young people with SEND. For example, the council had invested in high needs funding and created new jobs for officers and healthcare professionals to strengthen operational delivery.
- Jointly funded services enabled children and young people with very complex needs to access good quality provision without delay.

The self-evaluation also set out eighteen key areas for improvement, under which the local area would maintain the shared focus to achieve ambitions for children and young people who had SEND. It was noted that the recommendations identified aligned closely to the areas for improvement identified by the local area, with no unexpected surprises. In response to a question, the Director of Education said that work in relation to the eighteen areas identified was already underway as part of an Action Plan. In relation to the profile and content of the Local Offer, a Local Offer Designated Officer (LODO) had been recruited to work with groups and drive forward improvements.

The self-evaluation had been judged secure by Inspectors, indicating that the Council, CCG and other partners knew the local area well, and had an accurate view of the performance and quality of services. The local area had been found to have made sufficient progress and was not required to submit a Written Statement of Action. However, it was recognised that further work needed to be done to achieve the excellence in services aspired to. This had been evident in some of the feedback and discussions the inspectors had with parent carers, in that improvements in the lived experience for families had not been felt consistently by all families across the local area.

The Associate Director of Integrated Commissioning, Bromley CCG said that it

was pleasing to see the areas of strength that had been identified, and that the workforce should be congratulated on the partnership work undertaken. However the areas of challenge had been noted and they would not rest on their laurels.

In response to a question, the Director of Education said that engagement was a key area of focus, and a number of new initiatives had been introduced. This included 'SEND Matters', a monthly newsletter which was sent to over 1,000 subscribers; and 'SEND Matters Live' face-to-face sessions, for which parents chose the theme of the presentation.

In respect of Education, Health and Care Plans (EHCP), the Director of Education advised that nationwide, there was a huge demand for statutory assessments, with a 30% increase being experienced year on year. This was an area of continued focus, and the outcome of a national review by the Department for Education was awaited.

A Board Member highlighted that the process in relation to Occupational Therapy was often blurred. The Director of Education noted that this was another big priority which had been identified prior to the inspection. It was a complex issue, but progress was being made.

**RESOLVED that the Ofsted and CQC Local Area SEND Inspection outcome letter be noted.**

## **57 BROMLEY COMMUNICATIONS AND ENGAGEMENT NETWORK ANNUAL REPORT**

### **Report ACH20-008**

The Chief Executive of Your Voice in Health and Social Care presented the Bromley Communications and Engagement Network – Activity Report 2019.

The Bromley Communications and Engagement Network aimed to contribute to the improvement of healthcare and wellbeing outcomes for Bromley residents. It was an operational group, the membership of which was representative of the whole community and worked in a joined-up way to engage local communities, share intelligence about the views of Bromley residents and join forces to communicate important information to local people. Having such a strong and co-ordinated partnership approach to Communications and Engagement in Bromley had attracted attention from across London and beyond. The Communications and Engagement Network had been used as an example of best practice for partnership working by NHS England, featuring in national webinars and at a presentation to Sustainability and Transformation leaders across London.

Bromley CCG had to undertake an annual assurance process with NHS England and Improvement to assess how it was meeting statutory duties in relation to community and public engagement. For the third year running, Bromley had received an 'outstanding' (green star) rating, and was the only CCG in London to meet every single criteria that was measured as part of the assessment.

Campaign activity during 2019 had included the Bromley public flu campaign, which was targeted at communities that had higher incidences of emergency hospital admissions due to respiratory conditions. It was noted that Bromley had been amongst the highest achieving boroughs for flu vaccinations in London over the 2018/19 flu season.

The Chairman and Director of Public Health extended their thanks to the Bromley Communications and Engagement Network for all the work they had undertaken.

**RESOLVED that the report be noted.**

## **58            BROMLEY   SAFEGUARDING   CHILDREN   BOARD   ANNUAL REPORT**

### **Report CEF19023**

The Board considered the Bromley Safeguarding Children Board Annual Report 2018/19, presented by Jim Gamble, Independent Chair of the Bromley Safeguarding Children Board.

The annual report of the Bromley Safeguarding Children's Board (BSCB) covered the period from April 2018 to March 2019. It was a statutory requirement for safeguarding partnerships to publish this report under section 14A of the Children Act 2014. In line with statutory guidance, the report would be submitted to the Chief Executive, Leader of the Council, the local police and crime commissioner and the Chair of the Health and Wellbeing Board.

In 2018/19, the BSCB oversaw multi-agency child safeguarding arrangements across Bromley and was comprised of senior leaders from a range of different organisations. Its two basic objectives were to co-ordinate the safeguarding work of agencies and to ensure that this work was effective.

The Children and Social Work Act 2017 legislated that Local Safeguarding Children Boards were to be replaced and transitioned into new safeguarding children partnerships by September 2019. Under the new legislation, the three safeguarding partners (local authorities, police, and clinical commissioning groups) were required to make arrangements to work together with relevant agencies (as they consider appropriate) to safeguard and protect the welfare of children in the area. Since then, the new structures had bedded in, and the BSCB has been replaced by the Bromley Safeguarding Children's Partnership (BSCP).

The report focused on the BSCB's work undertaken up to April 2019, and was a transparent assessment of the effectiveness of safeguarding and the promotion of child welfare in Bromley. It set out the governance and accountability arrangements for the BSCB, providing information about the structures in place that supported the BSCB to do its work effectively, as well as the roles of partners, including Designated Professionals and lay members. It was noted that it had been a year of instability for many partners, with major organisational changes within the police and National Probation Service. However, data demonstrated that

the Early Intervention services continued to perform strongly, and other services such as the MASH were continuing to mature and strengthen.

The report also provided context for safeguarding children and young people in Bromley, including the Ofsted improvement journey and re-inspection during the reporting year. It highlighted progress made by the partnership across a range of areas (e.g. Early Help, Private Fostering, CSE, Missing and Gangs and the work of the Local Authority Designated Officer), as well as the challenges going forward. The top priority for the partnership this year was the health and wellbeing of the workforce, with caseloads at a much better rate than pre-2016. There was also the continued commitment to look at a strategic approach to vulnerability and considering issues such as County Lines, Child Sexual Exploitation, radicalisation, and harmful practices within vulnerability, rather than as separate issues.

Through its Learning & Improvement Framework, the BSCB had identified a number of lessons, including: Learning Reviews; the BSCB's Practitioners Survey; and multi-agency audits on early years, drug and alcohol misuse and vulnerable adolescents.

In response to a question, the Independent Chair of the Bromley Safeguarding Children Boards said that areas of concern included mental health, as this was often a thread that ran through serious case reviews and the mental health and wellbeing of the workforce as demand increased. However it was noted that there was the opportunity to forge strong relationships with schools, with the aim of encouraging children to make better decisions at various points in their life. Members were advised that the "number one" reason for children calling ChildLine was related to self-esteem and mental health, and reason "number two" was due to them being unhappy at home. Research had shown that children in Bromley had access to mobile phones at a younger age, which meant they could also be subject to online bullying much earlier.

A Member asked if work was being undertaken in the Borough in respect of FGM and girls being taken out of the country during school holidays. The Independent Chair of the Bromley Safeguarding Children Boards responded that a learning review had taken place the previous year in relation to FGM. It was noted that the source country was a factor, however consideration needed to be given to all other elements of life. A couple of cases had been highlighted recently, but they did not identify as being anything other than historic incidents. It was noted that definitions needed to be more clearly defined. Members were advised that a new FGM app for Bromley was now available, which would send 'push notifications' during the season of highest risk. An Executive Summary of the FGM review undertaken would be shared shortly.

The Chairman suggested that a report from the Bromley Safeguarding Children's Partnership be provided to the Health and Wellbeing Board on a six-monthly basis, providing an update on emerging trends, themes and patterns.

The Chairman led Board Members in commending Jim Gamble for the excellent work of the Bromley Safeguarding Children Board during 2018/19.



**RESOLVED that the Bromley Safeguarding Children's Board Annual Report 2018/19 be approved.**

## **59 ANNUAL PUBLIC HEALTH REPORT - OUTLINE OF STRUCTURE**

### **Report ACH20-009**

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

All Directors of Public Health produced an Annual Public Health Report (APHR) to raise the profile of emerging health issues or to highlight an area of particular interest to a wide variety of audiences. The 2020 APHR for Bromley would focus on Sexual Transmitted Infections, which was a significant public health challenge, and a national and local priority.

The Public Health team had recently completed a Needs Assessment focussed on Sexual and Reproductive Health Needs in Bromley and the findings from this needs assessment would set the focus of the APHR. The key findings from the Sexual Health Needs Assessment showed:

- A total of 2,082 new Sexually Transmitted Infections were diagnosed in residents of Bromley in 2018 (1,140 in males and 937 in females, 5 were not recorded), a rate of 632.1 per 100,000 residents.
- The 'at risk' populations continued to be young people aged 15-24 who were at highest risk of Chlamydia infection; and MSM and Black African / Caribbean ethnic groups who had the highest rates of new Sexually Transmitted Infections in Bromley.
- Based on the diagnostic rates (diagnostic rates were used as a proxy for incidence) this indicated there was also a steep rise in the incidence of Gonorrhoea and Syphilis in recent years, and due to their resistance of current treatment, a more targeted approach was required.

The APHR would describe the major Sexual Transmitted Infections as a communicable disease and the report would be used as a tool for raising awareness.

It was noted that the Information Item relating to the Sexual Health Needs Assessment would help to inform the APHR, and further feedback would be provided to the Board as work progressed.

**RESOLVED that the update on progress towards the Annual Public Health Report 2020 be noted.**

## **60 PRIMARY CARE COMMISSIONING UPDATE / PLACE BASED BOARD**

### **Report ACH20-013**

The Board considered a report providing an update on changes, challenges and progress in primary care during 2019.

The report provided by Bromley CCG covered the major areas of progress and development over the last twelve months, and key challenges and opportunities for coming years. This included the introduction and embedding of Primary Care Networks as a significant new way of working together in general practice; the changes to Bromley's practices and population during 2019; primary care workforce and premises as two of the biggest challenges faced in Bromley; and some of the successes of locally prioritised commissioned services to increase vaccination and screening rates.

The Managing Director, Bromley CCG advised Members that the merger of six CCG's would be completed to create a single South East London CCG from 1<sup>st</sup> April 2020. Staff consultation had taken place, and they were working towards Delegated Authority. The proposed Bromley Based Board would be a joint LBB and CCG committee that would be established by mid-May 2020, as an oversight group looking at the services to be commissioned and the strategies to be adopted. The membership of the Board would include two local GP's, Dr Andrew Parson and Harvey Guntrip as a Lay Member. It was hoped that the full membership would be confirmed shortly.

In January 2019, following the publication of the NHS Long Term Plan, a number of reforms to the core GP contract were announced including a mandate to develop Primary Care Networks (PCNs) across all local areas. All 44 of the GP practices in Bromley were included within eight PCNs and had networks covering populations of between 30,000 and 50,000 patients. All PCNs were required to provide 30 minutes per week of extended hours access to doctor or nurse appointments per 1,000 patients on PCN member practices' registered lists. Extended hours had been in place in all eight PCNs since October 2019 or earlier, and offered appointments during evenings or weekends.

One of the biggest challenges was staffing of GP practices. To help address this, clinical pharmacists and social prescribers were being placed in every PCN. Future roles were also being developed that would see more advanced practitioners and paramedics placed within the PCNs, for a more wide-ranging approach.

A Member noted that as part of the Urgent Response Network, South East London had been selected as an accelerator site for an additional Urgent Response team, which was welcome news.

The Chairman noted that the last meeting of the Bromley CCG Governing Body would be taking place in March 2020, and extended his thanks to the CCG Members for their contribution to the Health and Wellbeing Board.

**RESOLVED that the report be noted.**

**61                    RAVENSBOURNE SCHOOL'S PERIOD POVERTY PILOT SCHEME**

The Director of Public Health informed Board Members that she had received a response from Benjamin McGowan, Bromley Youth Council in relation to the Ravensbourne School's Period Poverty Pilot Scheme. Following conversations with the Red Box Project, they had been made aware that the Government's own plans to tackle period poverty would be rolled out. They had been waiting for this to happen in order to participate in the national scheme.

From 20<sup>th</sup> January 2020, the Government had announced that there would be access to free period products in schools and colleges in England, with immediate effect, as part of their bid to tackle 'period poverty'.

Members suggested that information relating to the national scheme should be circulated to all schools.

**RESOLVED that the update be noted.**

**62                    FUNDING APPLICATION FOR SHAPING PLACES FOR HEALTHIER LIVES**

**Report ACH20-010**

The Board considered a report providing information on a funding application for 'Shaping Places for Healthier Lives'.

The Health Foundation had made a grant available that the Council had applied for. The potential grant was £300k over three years. The funding was for an innovative programme of work that considered and positively impacted upon the strongest determinant of health. The Health Foundation was working on this new programme with Local Authorities, and they had been invited to submit an Expression of Interest (EOI) by 17<sup>th</sup> January 2020. Bromley had submitted an EOI for 'Housing and Place' to help support the wider determinants of health for people that were homeless.

In 2017, Public Health, with the support of colleagues in Housing and Bromley CCG undertook a health audit of those living in Temporary Accommodation. There were some clear evidenced links between living in Temporary Accommodation and the affect on peoples mental and physical health. The audit also identified a complex system of other wider health determinants, including the impact of people to secure training and or employment whilst living in nightly paid accommodation.

Bromley was delivering a number of Council owned housing developments for the first time in circa 30 years. As they were Council owned they would provide more secure tenancy options for people who were previously living in expensive nightly paid accommodation. Together with the reduction in costs for the Council, importantly the new homes would provide a safe place for people to live and improve their lives and health.

With the grant, the Council would utilise the community connections made through the Council's own learning shops and the new housing developments being developed by the regeneration team, to invest in:

- Training opportunities for those families moving into the housing development;
- Local Community engagement opportunities;
- Improved green spaces nearby for families in the accommodation, that promoted wellbeing;
- Help people moving into the accommodation to secure employment; and,
- Help people move to permanent housing, reducing costs for the Local Authority and improving wider health for individuals.

In doing this Public Health would support the monitoring and impact of these opportunities on wider health determinants using the 2017 audit data as a benchmark and the Public Health Outcomes Framework indicators (PHE PHOF).

**RESOLVED that the report be noted.**

### **63 HEALTH AND WELLBEING BOARD INFORMATION ITEMS**

There were two Health and Wellbeing Board Information Items:

- Delayed Transfer of Care (DToC) Performance Update (Report ACH20-014)
- Sexual Health Needs Assessment (Report ACH20-011)

**RESOLVED that the Information Briefing be noted.**

### **64 WORK PROGRAMME AND MATTERS OUTSTANDING**

#### **Report CSD20018**

The Board considered its work programme for 2019/20 and matters arising from previous meetings.

The Director of Adult Social Care reported that in relation to Minute 24, a meeting had been scheduled the following week with Councillor Cooke and Councillor Ellis, to discuss what DToC information was required to ensure that the Health and Wellbeing Board was meeting its statutory duties.

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

- Update from Mytime Active (11<sup>th</sup> February 2021)
- Bromley Safeguarding Children's Partnership update on emerging trends, themes and patterns (every 6 months)

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

**65 ANY OTHER BUSINESS**

Coronavirus Update

Board Members were provided with a handout on information relating to the Coronavirus. It was noted that Public Health England was an excellent website for sourcing the most reliable and up to date information, as it was being continually updated. The Director of Public Health advised Members that a link to the Public Health England website would be added to the London Borough of Bromley website.

The Managing Director, Bromley CCG informed Members that communications relating to potential cases had been distributed by Public Health England to all hospitals and GP practices. Patients would be advised to stay at home, and algorithms had been provided in relation to the symptoms they were presenting.

Meeting dates – 2020/21

The Chairman highlighted that a draft Programme of Meetings for 2020/21 had been circulated to Councillors. It was suggested that a request be made to the General Purposes and Licensing Committee for the meeting of the Health and Wellbeing Board scheduled for 25<sup>th</sup> June 2020 to be moved back to 2<sup>nd</sup> July 2020. Board Members agreed, noting that it would allow more separation between meetings.

**RESOLVED that the issues raised be noted.**

**66 DATE OF NEXT MEETING**

The next meeting of the Health and Wellbeing Board would be held at 1.30pm on Thursday 30<sup>th</sup> April 2020.

The Meeting ended at 4.06 pm

Chairman

This page is left intentionally blank

## **HEALTH AND WELLBEING BOARD**

Minutes of the informal meeting held at 2.30 pm on 30 April 2020

### **Present:**

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

Kim Carey, Director: Adult Social Care  
Rachel Dunley, Head of Service: Early Intervention and Family Support  
Dr Nada Lemic, Director: Public Health  
Jim Gamble QPM, Independent Chair: Bromley Safeguarding Children Partnership  
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  
Mina Kakaiya, Healthwatch Bromley

### **Also Present:**

Mark Bowen and Sean Rafferty

## **1 INTRODUCTION AND WELCOME**

The Chairman welcomed Board Members to the informal meeting of the Health and Wellbeing Board, held via Webex. On behalf of the Chief Executive, the Chairman passed on thanks to Members for all the support shown to the Princess Royal University Hospital (PRUH), the wider NHS and volunteers.

A minutes silence was held to remember all of the Borough's residents who had died from Covid-19, and to give thought to all those working in Bromley within the NHS, care homes and social care services.

Apologies had been received from Janet Bailey, Christopher Evans and Dr Andrew Parson.

## **2 PUBLIC HEALTH UPDATE**

The Director of Public Health provided an update regarding the current public

health situation and Covid-19 pandemic in Bromley. Board Members were advised that figures for London were in advance of the national figures, as here the start of the pandemic had been faster and earlier than in the rest of the country. This would result in the peak of new cases and deaths being slightly different. The overall view was that the peak had been reached and the figures were now plateauing. However it was noted that model figures for new cases were used, as not everyone was being tested, and therefore the true figure was not known. Some model figures estimated that in London, between 10%-15% of the population were infected with Covid-19.

Death rates lag at least two to three weeks behind the incident, and it was highlighted that discrepancies could occur due to the way in which the data was recorded and presented. Bromley reported its first death on the 13<sup>th</sup> March 2020, and there had been 160 cumulative (confirmed and suspected) Covid-19 deaths in Bromley as at 28<sup>th</sup> April 2020. The data provided a total figure of hospital and care home deaths. Unfortunately at that time care home data was not publicly available, so it was not possible to give a breakdown between hospitals and care homes deaths. In response to a question, the Director of Public Health said that just below 50% of the cumulative deaths were believed to have been in the community, mainly in care homes. It was noted that the data presented had been collected directly from care homes and coroners, and was not Office for National Statistics (ONS) data, and it appeared to show that the number of deaths in Bromley had plateaued over the last few days.

In response to a question from the Chairman, the Director of Public Health confirmed that figures relating to the number of deaths in Bromley could be circulated to Board Members on a regular basis. Work was currently being undertaken to look at the differences between the absolute numbers reported and the proper rates.

As at 27<sup>th</sup> April 2020 there had been 1,007 cases of Covid-19 in Bromley, the first of which had been reported on the 9<sup>th</sup> March 2020. These were confirmed cases only so there may have been many more, however as not everyone was being tested the true figure was not known. If Bromley was similar to London, with around 10% of the population being infected, it would equate to approximately 30,000 people – however it was emphasised that the infection rate in Bromley may be lower.

In respect of other public health issues, one key area was health surveillance. This was continuing to be monitored and was used to provide the population level data. Between 70%-80% of the public health team were working on duties related to the Covid-19 pandemic. A big area of focus was the link between the NHS and the community, especially in terms of discharges from hospital, and providing support to care homes regarding infection control. Another area of focus was disinfection control advice and guidance, for which an email box had been set up to receive questions that nurses would respond to.

Consideration was being given as to how best to manage the testing of residents. Previously the testing had focussed on key workers with symptoms of Covid-19, but the next stage would move into the testing of care home residents. A pilot was



proposed to be undertaken in Bromley which would see all care home residents and staff being tested, and Public Health England was also looking at linking testing to contact tracing. It was noted that both of these schemes would take a lot of time and effort, but were vital to help manage the pandemic.

The Chairman passed on his appreciation and thanks to the Director of Public Health and her team for all the hard work and long hours being undertaken.

### **3 NHS UPDATE**

The Chairman extended his congratulations to the Bromley Borough Director – SEL CCG (“Bromley Borough Director”) in her role as Gold Commander for the South East London Integrated Care Systems’ (SEL ICS) response to the pandemic, and expressed his thanks for all the hard work being undertaken.

The Bromley Borough Director advised Board Members that the coordinated borough based approach to the pandemic was being managed and delivered locally, which fed into the overarching SEL response to ensure consistency. In Bromley, this was managed through the One Bromley local care partnership, which provided oversight and collective delivery of local work streams. To improve the communication and response across the One Bromley provider organisations, a South East London Control Centre was in place to oversee and co-ordinate the SEL ICS response to the Coronavirus pandemic. To support and ensure alignment and coordination across wider partnership forms there was also the Strategic Partnership Group (LBB multi-agency group), Local Resilience Forum and other local work streams.

There were ten work streams in place, although some were more developed than others: Primary Care; Discharge; PPE; Children and young people; Contracts; Shielding; Community; Digital; Demand and capacity; and Mental Health. One positive to come out of the pandemic had been the ability to demonstrate the joint working undertaken in Bromley, which had been used to transform some areas of care. The way in which General Practice worked had completely changed, with more video consultations being undertaken. These had allowed GPs to spend more time (up to half an hour) with patients who had long term conditions. All practices were offering telephone and video consultations, and most were offering online e-consultations. Further changes in General Practice had included all practices being open over the Easter Bank Holiday dates to reduce the pressure on NHS 111, and they would also be open again on the forthcoming May Bank Holidays.

A respiratory centre had been set up in Biggin Hill to see patients that were likely to have Covid-19, and there was the potential for this to be expanded to other parts of Bromley if required. There were control measures in place and staff treating patients in the centre had the required personal protective equipment (PPE). Up until a week ago, there had been a decrease in patients attending the centre, but there had now been an increase in the number of patients with respiratory disease. In Bromley it appeared that the figures were plateauing, however across the country there were still tens of thousands of patients testing

positive with Covid-19, and several hundreds of deaths were being recorded each day.

The Bromley Covid-19 Management Service, run by Bromley Healthcare and the Bromley GP Alliance, was caring for patients with mild symptoms who were high risk, and those who were symptomatic and needed a clinical assessment. Care was provided in three ways: video conferencing appointments; attendance at the respiratory centre for those needing a physical assessment; and providing additional home visiting capacity for those who could not travel to the respiratory centre or be seen by their own practice. The service had seen on average 35 patients per day over the last two weeks, and circa 2,200 patients in total, to date.

The PRUH was currently in a strong position in its response to Covid-19. This was due to the systems in place ensuring that once patients left hospital, they were settled into alternative accommodation extremely quickly, and had the required support packages in place. A single point of access (SPA) had been established to facilitate the discharge of all patients requiring ongoing community support. The SPA received approximately 40 referrals per day. All patients were seen at home by an Occupational Therapist on the day of discharge to ensure that they had been discharged safely, and that sufficient care and support was in place. All partners were involved with this, including the Local Authority and St Christopher's, and there was a specialist clinician on call seven days a week who worked with wider health and social care services. The PRUH had expanded its intensive care facilities and this would change the way in which patient flow was managed.

London-wide work had been undertaken in relation to the Capacity Tracker, which monitored how many patients were in care homes. An operational group met virtually twice a week to help ensure that services were being delivered as required. There had been a number of incidents of staff sickness across health and social care, however this figure was now reducing. Across SEL, there was still sufficient intensive care capacity, as there was currently only around 65% occupancy, which indicated a change was taking place. For London as a whole, relatively few patients from SEL had been transferred to the NHS Nightingale Hospital, however they had been well within their ability to manage the number of patients requiring intensive care services. An area that had not been planned for was the number of patients (around one third) requiring dialysis services as part of their intensive care. This had been a challenge, but the demand had been met across SEL.

As the end of the first phase was reached, consideration would be given to identifying what had worked well, and which areas could revert back in terms of 'normal working'. This would involve discussions with patients, the Local Authority and other partner organisations. Any major changes would be subject to overview and scrutiny procedures.

There were concerns around the reduction in the number of people using the NHS for things such as strokes, heart attacks and cancer, and there was a need for these patients to return to using the services they required appropriately. Since the media had emphasised the message that the NHS was still open to treat patients

for issues other than Covid-19, there had started to be an increase in the number of patients returning to the hospitals.

Thought was being given to what needed to take place over the next four to eight weeks. In addition to encouraging patients to continue to use the NHS when they needed to do so, preparation for a second wave of the virus was also required. Previous flu pandemics had always had a second wave, which usually had a bigger peak than the first wave. It was not known if this would be the case with Covid-19, however there needed to be preparation for another increase in cases, whenever it may occur.

A major concern was the number of people in care homes. If the virus took a 'foothold' in care homes, the consequences could be terrible for residents and staff, but it would also have an impact on the wider community. Good public health advice and guidance on infection control and the use of PPE needed to continue to be followed. Testing had increased, however it was not necessarily well coordinated, and work was well underway in SEL to get the testing to where it needed to be, particularly in care homes.

In response to a question, the Bromley Borough Director said that during the first wave of a virus, it took a 'foothold' within the population and a second wave of a virus was able to infect more people. This had happened previously with flu, however it was impossible to say exactly what would happen with Covid-19. The links to social distancing were correct – the 'R' value indicated the number of other people that one individual with the virus could infect, and reducing the lockdown could see the degree of infectivity increase. What had not happened during previous pandemics was the current degree of lockdown, which changed the way the virus was spread and therefore made it more difficult to predict what would happen. The Chairman noted that a compliance factor had been incorporated into the modelling; however the population of the UK had been more compliant with the restrictions than expected. Covid-19 was an unusual virus due to the length of its duration. Whilst an individual was asymptomatic, a much higher rate of spread was being seen. There was a four to five day window in which infected individuals were passing on the virus without having displayed any symptoms. This was a concern as it was not known if someone would become immune to Covid-19 after having the virus. Covid-19 was causing around five different syndromes, compared to two caused by flu, which was why new ways of treatment were being investigated.

The Borough Based Director noted that pressure on staffing remained, and those returning to work in the NHS were being monitored. It appeared that some people from BAME groups may be vulnerable to the virus, as there had been a disproportionate number of deaths and illnesses in these groups and they needed to consider how to protect staff and maintain safety. They also needed to ensure that they continued to provide quality services whilst working in a 'learning culture'. A lot of work had been undertaken in relation to demand and capacity, and considering the number of intensive care beds, general beds and beds in the community that were required. However these models had continued to change as the pandemic had ebbed and flowed.

As well as having a large older population, Bromley also had a large number of care homes. They were extremely fortunate to have the Bromleag Care Practice, who stayed in regular contact with care homes and helped to manage any issues. A pilot scheme was being established in Bromley, to take a 'snapshot approach' as to how many residents and staff in care homes were Covid-19 positive. Over the next couple of weeks, the Virology Department at the Denmark Hill site would be testing all care home residents and staff, whether they were symptomatic or asymptomatic. This would allow them to support the care homes in segregating the residents, where appropriate, which the LBB Public Health and Adult Social Care teams would be involved with. Partners were working together in a robust way, which would shape services in the future. It was important to continue to focus on the quality of the services, and providing support to staff in all settings.

The Chairman thanked the Bromley Borough Director for her presentation to the Board, and noted the incredible way in which the NHS had adapted and changed the way in which it worked.

#### **4 SOCIAL CARE UPDATE**

The Portfolio Holder for Adult Care and Health expressed her thanks to the Director of Adult Social Care and her team for the resilience and fortitude that they had shown over recent weeks. As well as keeping the day to day operations running, they had been instrumental in establishing a team of volunteers who would be providing support to the Borough's most vulnerable residents.

The overall volunteer programme team had 80 staff seconded to it from across the Council. To date, there were 4,274 registered volunteers matched with 922 residents. The number of volunteers currently allocated was 840 as some of them were supporting more than one resident in a given locality. All requests for assistance were now matched within one business day. 100% of the vulnerable clients that had approached LBB, or who had been contacted by LBB based on government lists, were receiving the assistance they needed. Currently, demand for assistance had not outstripped the supply of volunteers.

There had been a recent amendment to the online assistance form and helpline, to ask people if they had received a letter from the government advising them that they were on the Shielding List due to a serious medical condition. Any shielding clients were therefore referred to the Shielding team. These medically vulnerable people would be managed internally through LBB, rather than Community Links Bromley (CLB), using specially trained volunteers from the LBB Shielding hub.

The Assistance Team was being led by a practitioner who had joined the team from Adult Social Care. Documented processes were being refined as more scenarios were presented to the team taking the assistance helpline calls.

It was noted that not all residents that had contacted the volunteer hub had required the services provided for vulnerable people, but a number had been signposted for help with information on housing benefit, food banks and social services.

Safeguarding concerns would be addressed through existing rigorous voluntary sector controls and links with the LBB Social Care team. This was relevant to both clients requiring assistance and the volunteers providing it. Advice on infection control was being provided to volunteers by experts from the Public Health team. All volunteers were being DBS checked, and CLB were developing further safeguarding training online which would be accessible to all volunteers.

The Covid-19 Mutual Aid groups, which were located in various wards across the borough, were also linking in with the Council effort to provide support, which was most welcome.

There was a list of frequently asked questions and answers that would be published shortly, which could be passed on to residents associations.

The Portfolio Holder for Adult Care and Health noted that both herself and Councillor Cuthbert would be supporting the promotion of a longer term commitment to volunteering in Bromley, aligned to the loneliness agenda.

The Director of Adult Social Care informed Board Members that statutory services had continued to operate throughout the period of lockdown. A staffing level of at least 80% had been maintained at all times, with a large number working from home. Most work was being undertaken remotely, with visits being carried out when necessary. Staff had adapted extremely well to their new working situation – using new technology and innovative ways of keeping in contact with each other.

The required assessments and reviews were being completed, as well as monitoring any safeguarding alerts and Deprivation of Liberty safeguarding referrals. This was very reassuring, and provided confidence that people were being kept safe. As Director of Adult Social Care, it was possible to use easements which allowed some of the Care Act requirements to be 'stepped down', however this was not currently felt to be necessary as there was still sufficient capacity. Some services had been required to stop during the pandemic, with all day centres having closed early on in the lockdown and some colleges remaining closed. 1-2-1 support was being provided for any individuals that received support through these services, and regular contact was made with them and their carers.

Transformation within Adult Social Care had been continuing over the last few weeks and would be built into practices going forward, including new ways of working with partner organisations. There had been an additional work stream for coordinating volunteers and seconding staff, as well as the logistical exercise of getting hold of, and delivering, PPE. It was noted that the seven day delivery for urgent PPE had been retained, and 132,000 items of PPE had been delivered since the start of the pandemic, which was a huge success for Bromley.

In response to a question regarding the impact of domestic violence, the Independent Chair of the Bromley Safeguarding Adult Board said that safeguarding referrals were continuing to be received, however not many were specifically for domestic abuse. This was often the case, with the reason for the

referral being hidden within physical abuse or financial abuse, and it would take some time to see how many safeguarding referrals were currently for domestic abuse.

The Independent Chair of the Bromley Safeguarding Children Partnership informed Board Members that this issue had been addressed at the Multi-Agency Partnership meeting on the 15<sup>th</sup> April 2020. There had been a number of referrals received by MASH, specifically relating to domestic violence. This was being monitored by the LBB Director of Children's Services, as Bromley was not showing increased reporting to the levels seen in other boroughs. Again, partners felt that they may be slightly hidden within the referrals. A report looking at these concerns would be produced the following week, and could be shared with Board Members.

The Chairman thanked the Portfolio Holder for Adult Care and Health and the Director of Adult Social Care for their presentations to the Board.

## **5 SAFEGUARDING UPDATE**

The Independent Chair of the Bromley Safeguarding Adult Board (BSAB) informed Board Members that there had been a slight dip in the number of safeguarding referrals. This was being monitored, and it was anticipated that it would change once people had adapted to their new 'normal' way of working. All member organisations had also been asked to provide assurances that safeguarding was remaining a priority.

A regular bulletin was being circulated in order to share information and links, which on occasion doubled up on the releases from the Local Authority. A new BSAB website would be launched the following week, and once live it was hoped it would focus people's minds on safeguarding.

Concerns voiced by statutory partners related to issue around domestic abuse; care homes; and other residential settings. This was due to the general "eyes and ears" of family and friends, GP's or District Nurses having been lost due to restrictions on visits, and consideration was needed as to how this would be managed. Another concern was mental health and the impact of loneliness and self-isolation, an increase of self-neglect leading to suicide, and the potential for the elderly and vulnerable to be exploited.

In response to a question from the Chairman, the Independent Chair of the BSAB said that they were aware that situations of isolation could lead to loneliness for an individual diagnosed with dementia and / or their carers, however they were not in a position to combat it from a safeguarding point of view. The Director of Adult Social Care advised this was one of the vulnerable groups that they were providing with additional support. As well as undertaking phone reviews, staff and DBS checked volunteers were keeping in contact with the carer and family of individuals diagnosed with dementia. Another vulnerable group were those diagnosed with learning disabilities and autism, some of whom could also struggle with routines being broken.

The Independent Chair of the Bromley Safeguarding Children Partnership (BSCP) highlighted that concerns included the health and wellbeing of the workforce as they were delivering critical services. As reported on the 15<sup>th</sup> April 2020, around 80% of staff were working, and the level of partnership working was continuing to be as high as could be currently expected.

Other concerns included domestic violence; children who were isolated; children with vulnerabilities; and the impact on mental health. Work was being undertaken with the Director of Children's Services to monitor the number of children attending school, and they had been in contact with CAMHS with regards to how they were keeping a "line of sight" on the most critical cases. There were also concerns for the health and wellbeing of children because of parents' reluctance to attend Accident and Emergency Departments as early as necessary, due to them not wanting to bother frontline staff. This was being addressed by health partners, and information had been circulated.

The greatest risk, outside of those already mentioned, was that during lockdown every sex offender with access to the internet was likely to be online. There had been a 1,300% increase in downloads of apps such as House Party, which were being used by children. The BSCP would soon be launching an app which could be used by families in Bromley to receive information on how to keep children safe online.

The Portfolio Holder for Adult Care and Health noted that supporting people's mental health was something which could be considered for staff, particularly for roles that were dealing with difficult circumstances, such as registrars and frontline staff. The Chairman agreed that this was an extremely important issue, and he was aware that the NHS were dealing with some staff displaying signs of post-traumatic stress. The Borough Based Director informed Board Members that a wellbeing app and wellbeing groups were available for NHS staff, and it was possible that they may be available more widely to key workers. It was suggested that this could be discussed further with the Director of Public Health and Director of Adult Social Care, in terms of what could be offered through One Bromley. In response to a question from the Chairman, the Director of Adult Social Care noted that the LBB HR department were providing online support, and staff across the Council were being encouraged to have regular catch-ups and take some 'downtime'.

The Head of Service for Early Intervention and Family Support provided comments following the meeting:

- *MPS have confirmed that they have not yet seen increased DVA reported and speaking to colleagues across our MPS BCU, this was the same picture in SW & S BCUs.*
- *BCWA (the locally commissioned services) reported that they too had not seen an increase in people seeking support for DVA.*
- *BCWA reported they were managing the requests for refuge, and LB Bromley had supported with PPE.*
- *EIFS and MASH were not yet seeing a noticeable increase but this would be delayed as often not identified until the assessment was completed*

(approx. 42 days).

- Weekly monitoring was reported via Janet Bailey to the Chief Executive.
- Echo concerns voiced by both Independent Chairs of the Bromley Safeguarding Adult Board and Bromley Safeguarding Children Partnership on the lack of our usual 'eyes' in the community for both adults and children.
- Working closely with Susie Clark to raise the profile of DVA and both local and national support systems and agencies.
- Generally across the board DVA was showing a 120% increase but interestingly in the southern areas we had seen decrease versus an increase in northern areas. In addition, DVA was being discussed at ALDCS (The Association of London Directors of Children's Services was a pan-London body representing all of London's statutory Directors of Children's Services) and locally at the Directors weekly meeting - and I can confirm that work was being undertaken on this area.

## **6 FUTURE ISSUES FOR THE BOARD AND FUTURE PUBLIC HEALTH CHALLENGES**

The Director of Public Health informed Board Members that the Health and Wellbeing Board had a statutory duty to publish the Pharmaceutical Needs Assessment. The assessment was produced every three years, with the next one due at the end of January / beginning of February 2021. This was a lengthy process, which involved various consultations.

LBB had appointed a provider to assist with this work. Data had started to be compiled, and online surveys would take place with pharmacists and the general public. Guidance was currently awaited from NHS England in light of the current pandemic, and whether the publication of PNAs would be delayed, or the rules on consultation relaxed.

Future issues for the Health and Wellbeing Board included the statutory requirement to produce the Joint Strategic Needs Assessment (JSNA), which was also due to be published next year. It was noted that the inclusion of work on issues surrounding health surveillance could be considered. One of the challenges for the Public Health team was to closely monitor, and look at how to enhance, health surveillance. This could be something that was discussed with the Board, and used to refresh the Health and Wellbeing Strategy.

## **7 CLOSING REMARKS**

The next meeting of the Health and Wellbeing Board was scheduled for Thursday 2<sup>nd</sup> July 2020, and was expected to be held virtually.

The Chairman noted that a huge amount of work was taking place globally, and at an incredible pace, to find treatments and supportive therapies for Covid-19 during the interim period and developing vaccines. The rate of progress was astonishing, however producing a vaccine(s) is not easy, and decisions would also need to be



made regarding who would receive any vaccine, and how it would be administered, when such a point was reached.

The Chairman extended his thanks once again to all presenters for allowing time in their busy scheduled to provide updates to the Board.

The Meeting ended at 3.56 pm

Chairman

This page is left intentionally blank

Report No.  
ACH20-032

London Borough of Bromley

---

**Decision Maker:** HEALTH AND WELLBEING BOARD

**Date:** 2<sup>nd</sup> July 2020

**Title:** Public Health Update Covid-19

**Contact Officer:** Dr Nada Lemic, Director of Public Health  
Public Health, London Borough of Bromley  
Tel: 020 8313 4220 E-mail: Nada.Lemic@bromley.gov.uk

**Ward:** All

---

## 1. Summary

1.1 Public Health in Bromley has new responsibilities in relation to the Covid-19 outbreak:

- 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
- Specialist Public Health support to Bromley council and key local partners

---

## 2. Reason for Report going to Health and Wellbeing Board

2.1 To provide an update on the progress towards the development of this programme.

---

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

3.1 The HWB is asked to:

- 1) Note the update on progress towards the development of this programme

## Health & Wellbeing Strategy

1. Related priority: Not Applicable

---

## Financial

1. Cost of proposal: Not Applicable

2. Ongoing costs: Not Applicable

3. Total savings: Not Applicable

4. Budget host organisation:

5. Source of funding:

6. Beneficiary/beneficiaries of any savings:

---

## Supporting Public Health Outcome Indicator(s)

Not Applicable

---

## **4. COMMENTARY**

### **4.1 Introduction**

A new test and Trace service has been launched which forms a central part of the government's Covid-19 recovery strategy. This will operate through online phone contact whilst an app is being developed.

Local authorities have been charged with supporting the new test and trace service in their area with each local authority developing tailored outbreak control plans, working with local NHS and other stakeholders. The plans will focus on identifying and containing potential outbreaks in places such as workplaces, housing complexes, care homes and schools.

### **4.2 Timescale**

Work on plans starts immediately, with an expectation that plans will emerge during the month of June 2020.

### **4.3 Objectives**

- The primary objectives of the Test and Trace service will 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 is safe, protects our health and care systems and releases our 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 is anticipated.
- Local planning and response has been identified by the government as essential part of the Test and Trace service, with local government having a central role to play in the identification and management of infection.

### **4.4 Bromley's Local Plan**

Building on our existing health protection plans, Bromley's Public Health team is developing a local outbreak control plan ahead of further phases of the national infection control framework.

They will be supported by and work in collaboration with Gold command emergency planning forum, the Bromley COVID Strategic Response Group, and the council Executive to communicate openly with the public. Links are in place with Local Resilience Forums and NHS Integrated Care Systems.

Public Health in Bromley has new responsibilities in relation to the Covid-19 outbreak:

- Local outbreak management of COVID-19 in key or complex settings
- Establishing regional or area networks to provide sharing of intelligence and mutual support
- Specialist Public Health support to Bromley council and key local partners
- Local area outreach and engagement with residents and vulnerable, groups and communities

In addition, Public Health is supporting the response of the council and partners in:

- Mitigating the wider impact of the expansion of tracing and testing on local communities, economies and residents
- Supporting residents and settings that may be negatively impacted or at-risk by the expansion of tracing and easing of lockdown
- Responding to local issues and pressure-points generated by the roll-out of tracing and testing.

Bromley Public Health has set up a Health Protection Covid Board chaired by the Director of Public Health, Dr Nada Lemic, and appointed a Contact Tracing Lead, Dr Jenny Selway

Three working groups have been set up looking at:

- Supporting vulnerable people
- Data
- Communications.

Links with key partners including the hospital, GPs/CCG, and other providers are being set up to manage contact tracing. A key link is with the London Coronavirus Response Centre (LCRC)

Local outbreak plans are a way to build on our strong public health expertise of the DsPH, linked to our Health Protection Covid Board so that there is broader support for the pandemic, with support from the local Bromley COVID Strategic Response Group and the council Executive recognising that public engagement and trust is crucial to keep the R rate down. The local outbreak plan will include 7 key themes:

- 1 - Planning for local outbreaks in care homes and schools
- 2 - Planning for local outbreaks in other high-risk places, locations and communities of interest including sheltered housing, dormitories for migrant workers, transport access points, detained settings, rough sleepers etc
- 3 - Identify methods for local testing to ensure response that is accessible to the entire population
- 4 - Assessing local and regional contact tracing and infection control capability in complex settings and the need for mutual aid
- 5 - Integrate national and local data and scenario planning through the Joint Biosecurity Centre Playbook
- 6 - Supporting vulnerable local people, including to get help to self-isolate
- 7 - Establish governance structures

Bromley will be providing a local support role to the work of The London Coronavirus Response Centre and provide support and guidance around any identified 'community clusters' which are defined as 'a number of positive tests in a locality or a common site or activity'. The local authority will be notified by PHE if a community cluster is identified.

	Setting						
	Care settings	School and Early Years	Workplace	Primary care	Prison/ custodial institutions	Homeless and/or hostel	Community cluster
<b>London Coronavirus Response Centre response</b>	<ul style="list-style-type: none"> <li>- Receive notification from Tier 2</li> <li>- Gather information and undertake a risk assessment with the setting</li> <li>- Provide advice and manage cases and contacts, testing and infection control</li> <li>- Provide information materials to the setting</li> <li>- Recommend ongoing control measures</li> <li>- Convene IMT if required</li> <li>- Provide information to DsPH and advice/recommendations for ongoing support</li> </ul>						<ul style="list-style-type: none"> <li>- Receive notification from Tier 2</li> <li>- Support Local Authority in their risk assessment of and response to an identified community cluster</li> </ul>

<b>Local authority response</b>	<ul style="list-style-type: none"> <li>- Prevention work and respond to enquiries</li> <li>- Support vulnerable contacts who are required to self isolate</li> <li>- Liaise with setting to provide ongoing advice and support for testing, communications, infection control and PPE</li> <li>- Participate in IMT if convened by LCRC</li> <li>- Local communications e.g. briefings for Cllrs, local press inquiries, comms with the public</li> <li>- Liaise with CCG, GPs and other healthcare providers to provide ongoing healthcare support to setting</li> </ul>	<ul style="list-style-type: none"> <li>- Receive notification from Tier 2</li> <li>- Convene IMT</li> <li>- Provide support to community which may include translated materials, support to self-isolate, advice and enforcement</li> <li>- Liaise with the local CCG, GPs and other healthcare providers</li> <li>- Local communications (e.g. Cllr briefing, local press inquiries, comms with public)</li> </ul>
---------------------------------	---	---

## 5. IMPACT ON VULNERABLE PEOPLE AND CHILDREN

5.1 There might be an for vulnerable people and children if they need help with self-isolation in terms of access to food or medicines. We have a pathway in place for them through the volunteering and assistance programme which already exists.

## 6. FINANCIAL IMPLICATIONS

6.1 The Local Authority Test and Trace Service Support Grant allocation for Bromley is £1,370k. The purpose of the grant is to provide support to local authorities in England towards expenditure lawfully incurred or to be incurred in relation to the mitigation against and management of local outbreaks of COVID-19. The Chief Executive and Chief Internal Auditor of the local authority are required to sign and return a declaration.

6.2 The total resources required to undertake the work and any associated financial implications are not fully known at this point.

## 7. LEGAL IMPLICATIONS

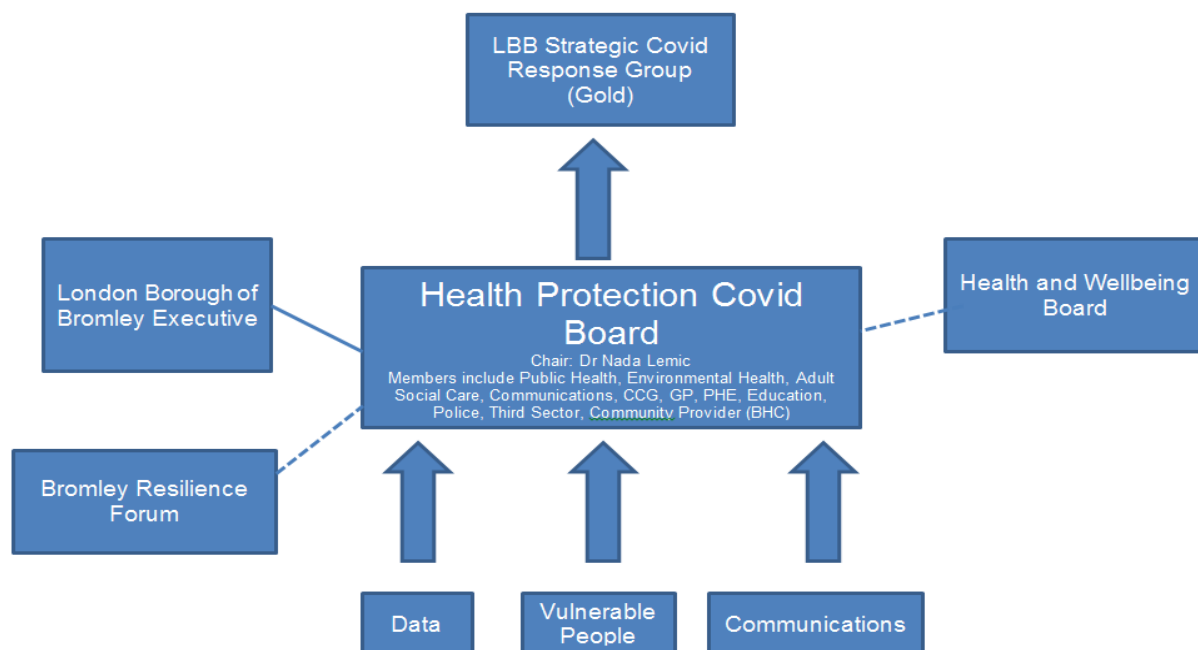
7.1 Local authorities and PHE will conduct follow up of these settings as outlined on Page 4 and fulfil their statutory duty for safeguarding and protecting the health of their population.

- PHE has responsibility for protecting the health of the population and providing an integrated approach to protecting public health through close working with the NHS, Local Authorities, emergency services and government agencies. This includes specialist advice and support related to management of outbreaks and incidents of infectious diseases
- The health system has a shared responsibility for the management of outbreaks of COVID-19 in London
- Infection control support for each setting will be provided in line with local arrangements
- Under the Care Act 2014, Local Authorities have responsibilities to safeguard adults in their areas. These responsibilities for adult social care include the provision of support and personal care (as opposed to treatment) to meet needs arising from illness, disability or old age
- Under the Health and Social Care Act 2012, Directors of Public Health in upper tier and unitary local authorities have a duty to prepare for and lead the local authority public health response to incidents that present a threat to the public's health

- Medical practitioners have a statutory duty to notify suspected and confirmed cases of notifiable diseases to PHE under the Health Protection (Notification) Regulations 2010 and the Health Protection (Notification) Regulations 2020

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

8.1 See below the diagram which shows the Governance arrangements for this programme



## 9. COMMENT FROM THE DIRECTOR OF AUTHOR ORGANISATION

Not applicable.

<b>Non-Applicable Sections:</b>	Comment from the Director of Public Health
Background Documents: (Access via Contact Officer)	Not Applicable



Report No.  
ACH20-036

## London Borough of Bromley

---

**Decision Maker:** HEALTH AND WELLBEING BOARD

**Date:** 2<sup>nd</sup> July 2020

**Title:** Bromley Winter Assurance Plan Update

**Contact Officer:** Clive Moss - Urgent Care Lead  
Integrated Commissioning, SEL CCG (Bromley Borough)  
Tel: 07864969693 E-mail: clive.moss@nhs.net

**Ward:** All

---

### 1. Summary

This paper provides an analysis of performance across the Bromley Urgent and Emergency Care system as compared to last year. This will take into account the COVID 19 Pandemic which impacted on the system dramatically at the end of 2019/20 winter period

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

To note, due to the COVID 19 Pandemic, there has not been a formal review of the Bromley winter plan this year, as resource has been focussed on mobilising the pandemic response in Bromley. However, this report provides insight into how the Bromley System Winter Plan's successful partnership working across the system enabled successful mobilisation of the pandemic response locally.

---

---

### 2. Reason for Report going to Health and Wellbeing Board

The Health and Wellbeing Board are requested to support and challenge the local system to ensure the elements included in the report are delivered and reviewed so the local system works together to plan for next winter's with both seasonal demand and COVID 19.

The Plan update is presented to the Health and Wellbeing Board as part of the local assurance scrutiny and assurance process. This report reviews the CCG and Local Authority's 2019/20 winter pressures schemes' successes and challenges in order to plan for the next winter. Planning for the winter period of 20/21 has not yet started due to the ongoing COVID 19 pandemic, but will be included in the One Bromley COVID Recovery Planning discussions currently underway.

---

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

The Plan included input from all Bromley partners. Specific individuals and organisations are identified throughout for their role in delivering the Plan. The Bromley A&E Delivery board has oversight of the activity delivered under the Plan

1. Related priority: N/A

---

#### Financial

1. Cost of proposal: Estimated Cost BCF - £646k (CCG) £1,047k (LBB)

Non BCF - £992k (King's – non BCF) 2. Ongoing costs:

2. Ongoing costs: Estimated Cost No Cost Not Applicable: Further Details

3. Total savings: Not Applicable:

4. Budget host organisation: LBB/ CCG/ King's

5. Source of funding: BCF funding for LBB/CCG spend only.

6. Beneficiary/beneficiaries of any savings: N/A

---

#### Supporting Public Health Outcome Indicator(s)

Yes

4.11 - Emergency readmissions within 30 days of discharge from hospital

4.13 - Health related quality of life for older people

4.15iii - Excess winter deaths index (3 years, all ages)

4.15iii - Excess winter deaths index (3 years, over 85)

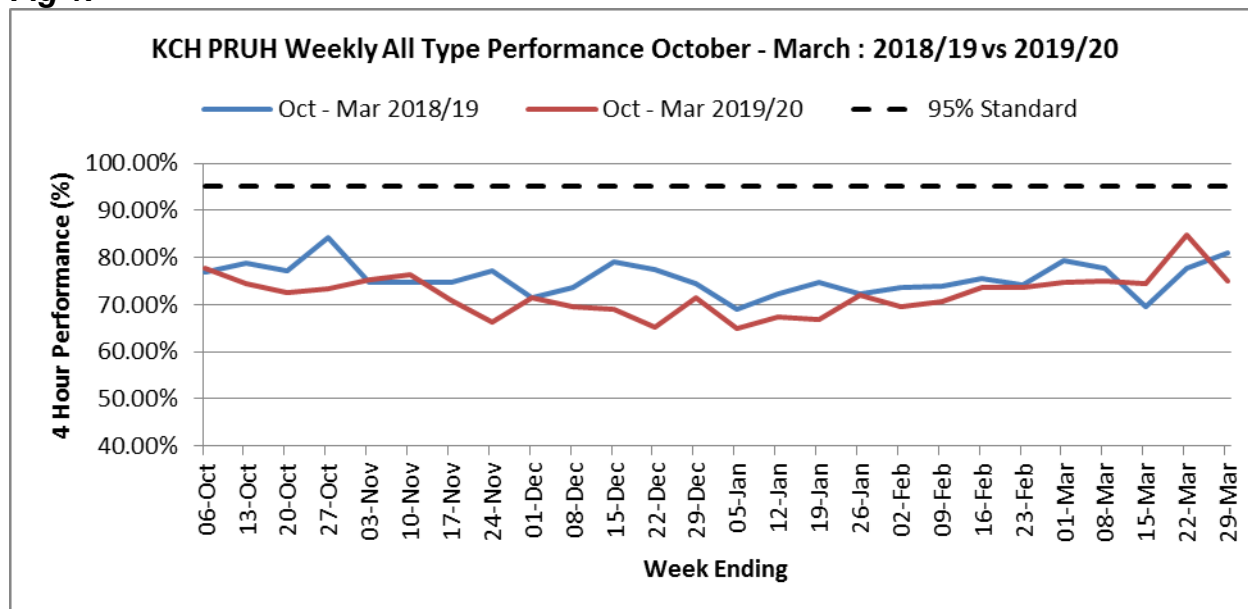
---

## 4. COMMENTARY

### 4.1 Activity and Performance:

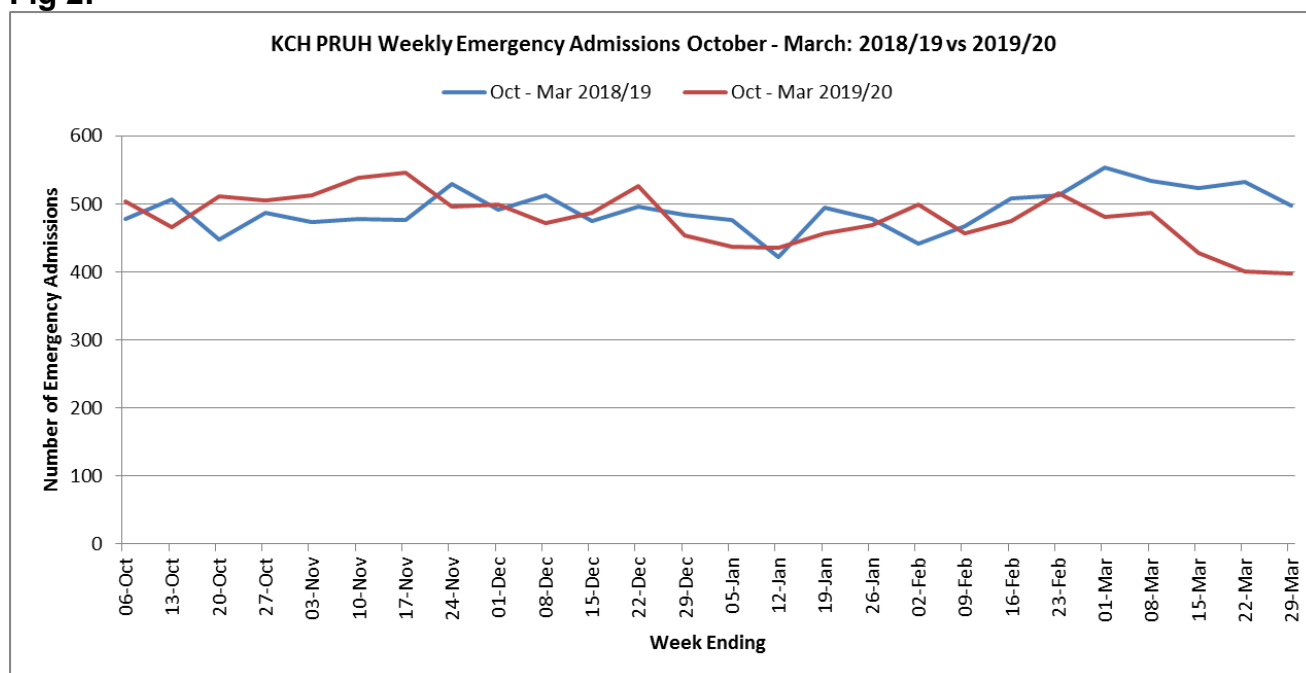
As shown by Fig 1., PRUH A&E all Type 4 hour performance decreased slightly when compared to the previous year from an average of 75% to 72%. Type 1 Performance was particularly low in December until mid-January. Analysis by the Trust showed that during this period there had been a 9% increase in Type 1 attendances and a 6.7% increase in Type 3 which contributed significantly to the performance challenges.

**Fig 1.**



As you can see from Fig 2, although overall emergency admissions for all ages were relatively stagnant as compared to the previous year, there was a significant increase in attendances of over 85s (7.7%) and also an increase in over 85s being admitted to hospital (6%). These patients have 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. Type 1 and All type performance did improve in February and March.

**Fig 2:**



## 4.2 PRUH Emergency Department Flow:

The increase in patients over 85 being admitted in December and January translated into a 7.3% increase in occupied bed days, with a 10.1% increase for the +85 year subset. Naturally the bed numbers are slightly different by year due to opening and closing of escalation wards, but the increase is significant.

To improve flow, the Transfer of Care Bureau and the Nursing Head of Quality initiated 'point prevalence' reviews of every patient on the wards who had a length of stay of over 21 days. These reviews were carried out by trust and community health and social care staff, leading to a significant drop of 278 patients in the period of Dec-January as compared to 321 for the previous year.

Also positively, up until February 2020 (when NHSE 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 put the Trust in a good position when the COVID pandemic began to significantly impact A&E, as the Trust, Bromley Healthcare and the CCG, 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.

## 4.3 Impact of Bromley System Winter Plan and Resilience Schemes 19/20:

Although a formal review hasn't taken place at a system level due to prioritisation of supporting COVID 19 capacity, the additional capacity added to the system over winter helped support the health and social care system through the COVID 19 period. Along with the additional capacity, the system escalation protocols put in place for managing surges, combined with the integrated approach Bromley taken with winter planning across both health and social care also contributed to a successful unified response. For overall spend please see Appendix 1.

The schemes for this year built on lessons learnt from the previous year and focused on three joint strategic themes which are:

- Avoiding unnecessary hospital attendances
- Maintaining hospital flow
- Reduction in delayed discharges through integrated working.

### 4.3.1 Attendance and Admission Avoidance

- **Additional Rapid Response and Urgent Therapies Capacity** - Provision of healthcare professional support (including advanced nurse practitioners and therapists) to mitigate against the increase in demand for GP home visits by providing timely provision of visits. The rapid urgent therapies has been continued throughout the Covid pandemic and has maintained a large caseload of patients needing urgent therapy input. The Telehealth trial has been delayed firstly by governance issues and then the COVID pandemic, but Bromley Healthcare are planning to restart the pilot shortly.
- **Additional GP hub appointments** - Providing additional hub appointments in both existing hubs and additional hub slots during key pressure times meaning more people to be seen in primary care, mitigating increase in Urgent Care Centre (UCC) attendance. An additional hub was created on the PRUH site to take pressure away from the Urgent Care Centre, which had

identified that there were surges in attendances in the mid to late afternoon. By utilising the Kings Outpatient clinic space (adjacent to the UCC) after the clinics had finished and on weekends, patients were able to book slots into the hub on site via the UCC reception. This meant they had a booked in slot rather than having to wait in a busy UCC department at peak times. This was a successful partnership mobilisation between the CCG, King's and Bromley GP Alliance. Hub utilisation across all sites averaged at 93.75% utilisation from December to March. Weekend dressing clinics as existing clinics were already in existence in the community for services to redirect patients into.

- **Winter Communications Campaign 19/20** – a targeted [winter health leaflet](#) for patients was distributed to 100,000 homes in Bromley, recommending flu /pneumococcal and shingles jabs and how to get them. It also included information on NHS 111, GP hubs and getting the right care in the appropriate setting. A comprehensive Communications and Engagement plan has been developed which focuses on three priorities. These were: encourage uptake of the flu vaccination by residents and staff; promote the national stay well messages and ensure the Bromley system is aware of the range of winter resilience programmes that have been put in place to manage additional pressures over winter. Bromley CCG and LBB Public Health coordinated for the first time, flu clinics for Local Authority front line workers delivering 115 flu vaccinations to social workers and other staff.

Over the winter period Bromley CCG had the highest Flu Vaccination uptake rate for over 65s of all London CCGs of 71.5% (<https://www.gov.uk/government/statistics/seasonal-flu-vaccine-uptake-in-gp-patients-monthly-data-2019-to-2020>) which is significant as Bromley has one of the highest number of over 65s patients in London.

- **Additional social care staffing capacity** (London Borough of Bromley funded) to enable a quick and efficient assessment service to vulnerable adults and their carers ensuring timely intervention with skilled staff who are familiar with the local area and Bromley procedures and processes. This has been important during the COVID pandemic where good community social care worker capacity has been intrinsic to avoiding social care admissions and maintain hospital bed capacity.
- **Bromley Care Home Telemedicine Pilot** – it is recognised that Bromley has the one of the highest volumes of care homes (residential and nursing homes plus Extra Care Housing) in London: 44 different care homes, approximating to 1,800 beds across a variety of settings and therefore Bromley is among the highest LAS call out rates in London. This is a targeted 12 month pilot (April 2020 – April 2021) utilising the NHS Airedale virtual support model is a telecare/telehealth scheme that gives care homes 24/7 virtual access to a range of clinicians at levels of specialism and seniority appropriate to interventions needed to keep resident's out of hospital, away from primary care and improve the health and care outcomes for all. This scheme has only just started but will be evaluated within this financial year measuring reduction in LAS / 111 calls and conveyances as well as hospital attendances and admissions.

#### 4.3.2 Maintaining Flow:

- **Additional capacity in the Urgent Care Centre (UCC)** – this included additional Healthcare Assistants (HCAs), enhance rates for GPs over the Christmas period and an additional floor coordinator role to maintain ensure flow is managed efficiently within PRUH UTC at times of increased pressure. The PRUH UCC achieved an average of 98% Type 3 Performance throughout Oct 19 to March 20, despite 6% increase in UTC attendances in comparison to previous year.

Oct 19 – Dec 19 saw an increase in illness cases by an average of 10.4% per month in comparison to the previous year, however additional GP hours sourced through winter pressures funding helped to maintain and managed demand successfully in the department.

Patient satisfaction also increased between during Feb/Mar 19 in comparison to the previous year, with 2.73% increase in people who would recommend the PRUH/Beckenahm Beacon UCC services.

- **Rapid patient testing for flu** – led by the PRUH microbiology team, enabling quicker confirmation of flu to help control potential outbreaks and also help flow as patients whom would have been otherwise been isolated or put in a side room as a precaution, would no longer need this, therefore freeing up capacity.

From analysis carried out by the PRUH microbiology consultant in the table below, there is a significant improvement in the turnaround time, 97.8% of the results were available within 24 hours when the rapid method was used compared to 9.4% with the send away samples. Moreover, during 2018/2019 period around 73% of the results came back at least 3 days after being received by the laboratory compared to 1.5% in 2019/2020 when the rapid test was introduced. This significantly would have a certainly influenced patients movement from ED, the use of beds and side rooms, patients' discharges, rationalising treatment.

Results available Within	Dec 2018 – March 2019 sample sent away Ref lab for testing (695 sample tested)	Dec 2019 – March 2020 Flu Rapid test on site (1854 Sample tested)
24hours	9.42%	97.8%
48 hours	17.52%	0.66%
3-4 days	46.43%	1.21%
>5 days	26.63%	0.32%

It is also worth noting that a larger volume of samples were tested this years (2.6 times than last year), this increase in the use of the test may reflect staff confidence in the timely result to manage patients flow. Unfortunately, due to the current COVID19 issues and the change in patients' care pathways it was not possible to compare the effect of the rapid test this year on ED waiting time or number of blocked bed or cross infection rates.

- **Respiratory Consultant Hot Clinic** pilot over the weekend to Patients were identified in A&E or Acute Medical Unit to have a respiratory assessment by the nurse, including the COPD and Asthma discharge bundles, treatment optimisation, completion of national audit database, provide brief smoking cessation advice and onward referral to community respiratory teams/palliative care teams. The outcomes included reduction in length of stay for COPD patients, avoiding hospital admission and readmission. As these clinics only began in February, there wasn't sufficient time to review the 6 week pilot before the COVID pandemic began.

#### 4.3.3 Reduction in Delayed Discharges

- **Additional capacity into community healthcare services:**
  - **Clinical Triage function within Bromley Healthcare Care Coordination (CCC)** - The funding provided therapists and nurses to sit within the CCC 7 days a week from 8am-8pm and successfully enabled hospital clinicians to identify the required clinical input and arrange directly with the required community clinicians. This removed the need for hospital clinicians

to understand multiple pathways that previously lead to confusion and a lack of appropriate referrals.

The lessons learnt and infrastructure built from this trial period over winter was integral in empowering Bromley Healthcare to successfully facilitate (through partnership with Kings, Bromley /SEL CCG, Continuing Healthcare and London Borough of Bromley Social Services, Brokerage, St Christopher's, Oxleas and Bromley Well) the COVID 19 Discharge Single Point of Access (SPA).

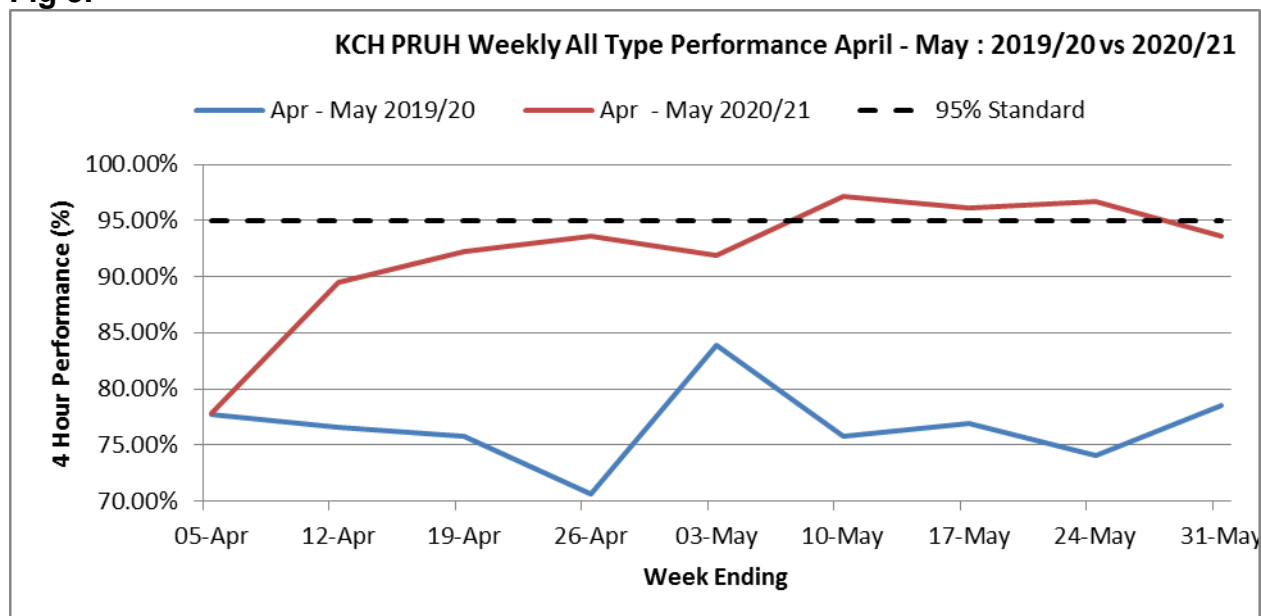
- **7 day community in reach into Hospital** – the community therapists were based within the PRUH Transfer of Care Bureau and supported 7 day working model with the aim of an improved and integrated discharge patient experience between hospital and community. As above, the relationships built between hospital and community therapists during the winter allowed for successful partnership working to launch the Bromley Discharge SPA. The in reach posts have now been moved into the SPA to support the clinical triage function.
- **Urgent response capacity within community physiotherapy and occupational therapy teams** - the additional staffing allowed a faster urgent response route for therapies where required to ease winter pressures. The staff supported the Home Based Rehab team which saw its capacity go from an average of 78 patients on the caseload in September to 125 on average in March. These both facilitated early supported hospital discharge for patients needing ongoing therapy maintenance and referrals for urgent therapy support from GP patients in the community. The additional staff enabled more rehabilitation for patients and improved recovery rates, exemplified by the reduction of average length of stay on the caseload from 34 days in September to 23 days by March.
- **Additional capacity into London Borough of Bromley social services such as:**
  - **Intensive Personal Care Service** offered night sits, live in care, temporary & emergency placements, increases to existing packages for a maximum of up to four weeks (available for the full year).
  - **Fast Response bridging for Reablement providing** personal care within 2 - 4 hours of request to meet care needs to facilitate discharge prior to ongoing services being available.
  - **Deep clean / handyman service** provided a quick efficient service to clean the home environment and move furniture etc. to enable care and equipment to be provided (available full year)

#### 4.4 Post COVID performance

The focus since March 2020 of the Bromley Urgent and Emergency Care System has been to support COVID 19 system capacity both in the hospital and the community. The Bromley system has managed the COVID pandemic well both in terms of capacity and performance.

The PRUH is one of the Top 3 trusts in London with most improved performance compared to pre-COVID. Performance against the 4 hour performance target has been consistently above the 95% target in April, May and June. For April and May 2020, Type 1 performance was an average 87% compared to 61% in April/May 2019. All Type performance in April / May 2020 averaged at 92% compared to 77% the previous year (see Fig.3).

**Fig 3.**



Encouragingly, attendances have increased over June and performance has so far been sustained at just under 95%. Bed occupancy has also reduced from a daily average last year of 99.1% compared to 76.6% daily average this year. The number of long length of stay patients have reduced by 40% and average length of stay for patients has also reduced significantly with emphasis on therapy support for patients once discharged back to the community. For further analysis of reasons for the improvement please see Appendix 2.

Discussions are underway at the One Bromley Executive and other forums around recovery planning from the COVID 19 period and sustaining performance if an when activity increases to pre COVID levels.

## **5. IMPACT ON VULNERABLE PEOPLE AND CHILDREN**

The Plan ensures the system are held to account in their role in ensuring Bromley residents have access to timely, high quality health and social care when they need it preventing. In particular the plan ensures there is appropriate resource for frail and elderly residents who are particularly vulnerable to seasonal illness.

## **6. FINANCIAL IMPLICATIONS**

The CCG and LBB Winter resilience funding is part of the agreed Bromley Better Care Fund. King's Winter Resilience funding is part of their contracted baseline

## **7. LEGAL IMPLICATIONS**

There are no legal implications

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

The Bromley A&E Delivery Board is responsible for the oversight and management of the Bromley System Winter Plan and the winter schemes.



## 9. COMMENT FROM THE DIRECTOR OF AUTHOR ORGANISATION

A strong multi-disciplinary approach to the management of urgent care pressures took place last winter with additional capacity provided in primary care, community services and social care, as well as increased capacity in the hospital and urgent treatment centres. Much of the work was undertaken through the local care partnership – One Bromley. Whilst the 4 hour 95% A&E target was not met, quality of care and patient safety principles were adhered to. Before the end of winter, the Covid-19 pandemic took hold and significant change took place in the way all health and social care organisations function.

<b>Non-Applicable Sections:</b>	[List non-applicable sections here]
Background Documents: (Access via Contact Officer)	[Title of document and date]

This page is left intentionally blank

## 2019/20 CCG Winter Schemes

A & E Delivery Board:	Bromley
Completed By:	Clive Moss, Urgent Care Lead Bromley CCG
Total Budget:	£646,000

Winter Schemes							
Organisation	Scheme Title	Scheme Description	Scheme length	Estimated Cost	Expected Impact	Key Performance Indicator	Staffing RAG rating
Bromley Healthcare	Community in-reach in PRUH	Creation of a hospital based team of community clinicians to support the discharge process and front door frailty from the hospital. Working 8am to 6pm across 7 days a week	Oct-March	£38,636	Having a community based clinician based in the PRUH will help facilitate a pull model of discharge as well as supporting the discharge process while new systems are embedded. This will build on the pilot scheme which has been in place since July 19 and has evidenced a positive impact on flow	Reduction Length of Stay Reduction in admissions Reduction in readmissions	
	Clinical triage function within the Bromley Healthcare Care Coordination Centre	All referrals from hospital and community to pass through a clinical team in the CCC who will identify the required clinical input and arrange directly with the required community clinicians. Includes initial project management support for three months to deliver UEC changes.	Dec-March	£113,915	Referrers will no longer be required to understand multiple pathways that lead to confusion and a lack of appropriate referrals. Instead referrals will be made based on patient need rather than by service	Reduce ED attendances Reduce admissions for patients presenting to ED Reduce re-admissions Reduction Length of Stay Improved patient experience	
	Telehealth monitoring	Implementation of the current telehealth system, a wearable armband that monitors patients vital signs and produces a live feed with alerts to a web based platform	Nov-March	£43,382	This would allow for more complex patients to be cared for in the community whilst providing assurance to the hospital consultant about their wellbeing. Alerts would be monitored via the CCC triggering a response from Rapid Response with any variation from baseline.	Reduce ED attendances / maintain people in own homes Improved patient experience	N/A
	Urgent response capacity within community therapy teams	Additional headcount in community occupational therapy and physio to facilitate a more urgent response for patients discharged from hospital over winter.	Dec-March	£66,176	Currently community physio and OT services are not set up to provide the kind of urgent response that is often required to facilitate a hospital discharge, waiting times have also acted as a deterrent for referrals from Primary Care. This additional staffing will allow us to set up a 2 day response route for therapies where required	Reduce re-admissions Reduction in waiting times Reduction Length of Stay Improved patient experience	
	Additional Rapid Response Capacity to Primary Care	Provide healthcare professional support (including ANPs) to undertake GP home visits, reducing demand on GP call outs	Dec-Feb	£69,888	To support increase in demand for home visiting providing timely provision of visits to reduce demand on primary care and preventing escalation of need such as hospital admission.	95% Utilisation of ANP home visiting capacity utilised by GP Practices	
Bromley GP Alliance	Additional GP Hub appointments	Providing additional hub appointments during key pressure times. Providing new Hub at PRUH for patients who require primary care type intervention who come to Urgent Care Centre or A&E. Weekdays 6-9pm / Weekends - 11am-3pm	Dec-Mar	£125,294.97	Increase in surges in UCC from patients coming after 4pm who could be seen in primary care setting. More people to be seen in primary care mitigating increase in UTC attendance. Reduce impact of surges on UCC - Reduction in 4 Hour Breaches - Reduction in ED Handover breaches	95% Utilisation of bookable appointments by UCC/ED 95% Utilisation of bookable appointments by GP Practices	
BHC / BGPA	GPOOH over Christmas and New Year GPOOH resilience	Additional capacity for GPOOH over Christmas and New Year period where previous years' there had been an surge in demand.	1st Dec-31st Jan	£13,838	More people to be seen in primary care mitigating increase in UTC attendance	100% rota fill	
Greenbrooks	Floor Co-Ordinator pilot and Additional Healthcare Assistants (HCAs)	1. A floor co-ordinator 6-10pm weekdays and Weekends to ensure flow is managed in PRUH UCC in times of increased attendance 2. Additional HCA cover in both UTC sites to add capacity over winter 3. GP Enhanced rates to ensure hard to fill sessions are filled in Dec-Jan.	Oct-Mar	£68,928	Maintain required performance during increased attendances. Reduction in Emergency Department attendances Reduction in admission Delivery of triage and 4 hour target Increased patient satisfaction over peak periods Ensuring complete rota fill across evenings and weekends to ensure more	98% Type 3 Performance	
CCG	Winter Communications / Flu Vaccination Clinics	100,000 Winter Leaflet for Bromley Residents including information on vaccinations, NHS 111 and GP Hub information. Information poster for Care Homes detailing support they can access across the system. Also flu clinics provided for front line social care, firefighters and policemen.	All Winter	£10,150	Ensure patient uptake of flu / pneumococcal / shingles vaccinations is as high or higher than last year. Ensure healthcare staff in the community are aware of the need to get vaccinated and how to get vaccinated.	10% increase in Patient / Staff Flu Vaccinations across providers.	N/A
King's College Hospital	Respiratory rapid access clinics	Patients identified in ED / AMU will have a respiratory assessment by the nurse, this will include the COPD and Asthma discharge bundles, treatment optimisation, completion of national audit database, provide brief smoking cessation advice and onward referral to community respiratory teams/palliative care teams.	Dec-March	£11,000	Similarly to the above we do not currently have rapid access to specialist respiratory advice in the community. By designing this it will not only enhance hospital discharge allowing for strong links to be set up with the PRUH respiratory team but will also allow for rapid access to those with a long term issue in order to prevent an admission.	Completion of acute / community pathway design.	N/A
	Near patient testing for flu	Near Patient flu testing to ensure side room capacity is only utilised when necessarily.	Dec-March	£20,000	Increase flow through hospital, freeing up side room capacity.	Reduction in side room utilisation for flu patients. Reduction in unnecessary bed moves	N/A
Immedicare / NHS Airdale Trust	24/7 telemedicine support for Care Homes Pilot	12 month pilot of telemedicine support with 10 residential care and nursing homes who were shown to have high admissions to the PRUH or have a high London Ambulance Service incident and/or non-conveyance rate (or a combination of each). A further 5 homes in this cohort will be identified to test the utilisation of the 111* lines.	Feb 19 (12 month pilot)	£63,360	The clinical hub is staffed 24/7, 365 days per year by a highly experienced multidisciplinary team comprising of clinical call handlers, nurses, therapists and paramedics from a variety of backgrounds. The aim is to provide early intervention which can shorten the time from diagnosis to treatment for care home residents. This will in turn aim to reduce the number of LAS call outs and conveyances and unnecessary admissions to hospital.	Reduction in Ambulance Call outs and conveyances to hospital Reduction in A&E Attendance Reduction in Hospital Admission	N/A
Total Spend				£644,568			

## 2019/20 Winter Schemes - LBB

A & E Delivery Board:	Bromley
Completed By: Tricia Wennell/Carol Brown	London Borough of Bromley
Total Budget:	£1,047,540

Winter Schemes									
Organsation	Scheme Title	Scheme Description	Cost	Expected Impact	Priority this scheme addresses	Timescale for Implementation	Key Performance Indicator	Staffing RAG Rating	Lead Person and contact details
London Borough of Bromley	Intensive Personal Care Service	Night sits, live in care, temporary & emergency placements, increases to existing packages for a maximum of up to four weeks available for the full year.	£140,000	Facilitate Discharge and avoid admission to hospital and care homes	1 to 6	1st october 19 (full year)	Reduction in Length of stay / delayed discharges		Carol Brown
London Borough of Bromley	Fast Response/Bridging for Reablement	Personal care provided within 2 - 4 hours of request to meet care needs to facilitate discharge prior to ongoing services being available.	£19,840	Facilitate Discharge and avoid admission to hospital and care homes	1 to 6	1st october 19	Reduction in Length of stay / delayed discharges		Carol Brown
London Borough of Bromley	ECH step down schemes	8 dedicated Assessment flats available within 24 hours with an exit strategy	£182,000	Facilitate discharge and avoid re-admission or social admission	1 to 6	1st october 19	Reduction in Length of stay / delayed discharges	N/A	Carol Brown
London Borough of Bromley	Deep Clean/Handyman Service	Providing quick efficient service to clean the home environment and move furniture etc to enable care and equipment to be provided. Available for the full year	£30,000	Facilitate Discharge and avoid admission to hospital and care homes	1 to 6	1st october 19 (full year)	Reduction in Length of stay / delayed discharges		Carol Brown
	Staffing	Providing quick efficient assessment service to vulnerable adults and their carers ensuring timely intervention with skilled staff who are familer with the local area and Bromley procedures and processes. Available for the full year	£675,700	Facilitate Discharge and avoid admission to hospital and care homes. Mitigate significant risk in recruiting agency staff at short notice	1 to 6	1st october 19 (full year)	Reduction in waiting time for D2A and Complex assessments in community. Reduction in cost of higher priced D2A packages of care.		Carol Brown, Alex Pringle, Jane Campbell, Ruth Wood.
Total Spend			£1,047,540						

## **Appendix 2 - One Bromley Briefing - Key Drivers for improved performance at PRUH during COVID**

### **Summary:**

PRUH has managed the COVID pandemic extremely well and is one of the Top 3 trusts in London with most improved performance compared to pre-COVID. Performance against the 4 hour performance target has been consistently above the 95% target in May.

Bed occupancy has also reduced from a daily average last year of 99.1% compared to 76.6% daily average this year. The number of long length of stay patients have reduced by 40% and average length of stay for patients has also reduced significantly with emphasis on therapy support for patients once discharged back to the community.

### **Key drivers for this performance improvement include:**

#### **Attendances:**

- Type 1 saw a 32.5% drop in average daily attendance for May (as of 22<sup>nd</sup> May) against the same period last year. Type 2/3 saw a 43% drop in average daily attendances.
- From 23<sup>rd</sup> May, non-COVID activity has started to increase significantly, but PRUH has continued to consistently perform above 95% (up until 27<sup>th</sup> May when this was written).
- Ambulance conveyances are 23% lower for the same time last year, but have increased to pre-covid levels

#### **Emergency Department workforce / infrastructure changes:**

- Rapid review of all workforce across site to support critical, emergency and acute pathways. Blue and green teams established within the emergency department with senior clinical leadership for each area to ensure timely assessment and decision making. Rotas adjusted to provide greater late / overnight consultant support across site and improved acute / emergency medical interface with a more consistent consultant take rota.
- Emergency department implemented blue and green zones at both walk-in and ambulance entrances with fully contained blue area including resus cubicles. PRUH A&E expanded resus capacity by creating an additional three cubicles which supported the acutely unwell presentations coming through. Each area had a dedicated nursing and medical team to support which allowed streaming and social distancing of all patients presenting. We also employed runners between the zones to reduce the need for teams to have to regularly exit, spend time with donning and doffing and limit risk of cross contamination.
- ED worked with radiology to create blue radiology rooms within the designated blue zone which ensured there were limited delays to patient pathways whilst awaiting diagnostics. Across the site, clear pathways in place for all patients being admitted into blue and green areas to support flow. The site demonstrated immense flexibility in being able to step up and down the zoned areas dependent upon need to avoid any admission delays.
- PRUH expanded ITU capacity by 50% and our Acute Medical Unit was able to function as an assessment unit so any medical referrals from ED were actively pulled by the specialty teams into the unit for assessment to be undertaken rather than patients waiting in the emergency department.

### Ambulatory, Short Stay and Assessment Units

- Established a surgical assessment unit which operates 24/7 and expanded pathways to include all suitable patients within surgical specialties.
- Also developed a paediatric short stay unit pathway to include four assessment beds on the paediatric ward for green zone patients to be triaged from ED directly to the ward for paediatric team assessment.
- Implemented a gynae / early pregnancy assessment unit for all gynae referrals to avoid coming through ED so those patients can be directly streamed from the urgent treatment centre. Within the last two months, ED breaches associated with specialty delays have reduced by 80%.

### Bed Occupancy / Length of Stay reduction

- **Transfer of Care Bureau remodelling** – an increased bed base was created by converting 4 Orpington wards into sub-acute wards. To support these changes, there was a re-organisation of discharge coordinator roles to split functions across both PRUH site. Additional support from CCG staff and recruitment have increased the number of clinical administrators and care navigators on the hospital site, who have been important as a link between community services, care homes, the hospital ward staff and patients / next of kin, ensuring communication is accurate and the patients are ready for discharge at the point of referral i.e. TTOs / EDNs completed.
- **Implementation of the Bromley Single Point of Access (SPA)** – rapid implementation of the COVID 19 Hospital Discharge Guidance to create the Bromley SPA, an integrated health and social care discharge support service, utilising community healthcare clinicians, continuing healthcare nurses, social care workers and local authority care brokers to support timely and appropriate discharges. The SPA takes referrals from hospital clinicians via the telephone to a community nurse or therapist. The community clinician takes the referral information and coordinates the health and care for the patient post discharge. This has enabled good joint working between the community, hospital Transfer of Care Bureau and wards to support patients being discharged out of hospital.
- **Discharge Quality Improvement** – every patient that goes through the SPA has a follow up assessment from community therapists within 24 hours to ensure the package of care in meeting the needs of the patient at home and all equipment is in place. The therapist has the ability to refer patient into additional community support services if required, before referring onto social care or healthcare for a longer term care assessment.
- **Voluntary Sector**– Bromley Well (commissioned service provided by Age UK Bromley & Greenwich) have added to their support for 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.
- **Housing Discharge Support** - Local Authoring Housing has supported with providing housing grants to support home environment issues preventing discharge such as deep cleans, repairs, removal of hazards etc. Additionally Local Authority Housing provided support for homeless patients with either none or ongoing health and care support needs, including temporary housing and also hotels. These services have been integral to enabling smoother and timelier discharges for a complex cohort of patients.

Report No.  
ACH20-031

London Borough of Bromley

---

**Decision Maker:** HEALTH AND WELLBEING BOARD

**Date:** 2<sup>nd</sup> July 2020

**Decision Type:** Non-Urgent Non-Executive Non-Key

**Title:** Better Care Fund (BCF) and Improved Better Care Fund (iBCF)  
19/20 Quarter 4 Performance Report

**Contact Officer:** Ola Akinlade Integrated Strategic Commissioner Early Intervention, Prevention and Community Services Commissioning, Programmes Division.

**Chief Officer:** Kim Carey, Interim Director of Adult Social Care, London Borough of Bromley  
Angela Bhan, Managing Director, Bromley Clinical Commissioning Group

**Ward:** All Wards

---

1. Summary

This report provides an overview of the performance of both the Better Care Fund and the Improved Better Care Fund 2019/20 on expenditure and activity for Quarters 3 and 4 19/20 (October 2019 to March 2020).

---

2. Reason for the report going to Health and Wellbeing Board

To provide the Health & Wellbeing Board with an overview of Quarter 3 and 4 performance for the Better Care Fund and the Improved Better Care Fund for 2019/20.

---

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

That the Health & Wellbeing Board notes the performance and progress of both the BCF and iBCF schemes as well as the latest financial position for Quarter 3 and 4 of 2019/20.

## Health & Wellbeing Strategy

1. Related priority: Not Applicable

---

## Financial

1. Cost of proposal: BCF: £23,854k for 2019/20; iBCF: £6,313k in 2019/20
  2. Ongoing costs: BCF: £23,854k for 2019/20; iBCF: £6,313k in 2019/20
  3. Total savings: N/A
  4. Budget host organisation: LBB
  5. Source of funding: Section 31 Grant, Ministry of Housing, Communities & Local Government (previously DCLG)
  6. Beneficiary/beneficiaries of any savings: London Borough of Bromley and Bromley CCG
- 

## Supporting Public Health Outcome Indicator(s)

Not Applicable:



## 4. COMMENTARY

The Better Care Fund (BCF) grant is ring fenced for the purpose of pooling budgets and integrating services between Bromley Clinical Commissioning Group (BCCG) and London Borough of Bromley (LBB). The Improved Better Care Fund (iBCF) was a new funding element added to the Better Care Fund from 2017-18 which is paid to local government as a direct LA grant for spending on adult social care. The 2017 Spring Budget announced additional funding for social care from 2017-18 to 2019-20.

The Better Care Fund (BCF) Programme is undertaking two projects to inform the development of the BCF from 2021. These projects will consider:

- How the BCF can improve delivery of integrated health and care and align the programme more effectively with other services.
- The future model for providing support and advice at regional level.

**4.1 Purpose of Report:** To provide the Health & Wellbeing Board with an overview of the Quarter 3 and 4 performance for the Better Care Fund and the Improved Better Care Fund for 19/20.

### **4.2 Better Care Fund - Metrics**

The national metrics detailed below forms part of the BCF 19/20 submission and is as follows:

- 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
- d. Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services.

#### **4.2.1 Quarter 3 and 4 Metric performance update**

##### *a) Reduction in non-elective admissions (emergency admissions)*

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 has seen a significant fall in non-elective admissions into the acute hospitals which reflects the impact of the COVID 19 pandemic towards the end of the quarter which saw a commensurate reduction in the attendance in the Emergency Department

The local Health and Social Care Partners of One Bromley have jointly responded to deliver services as required to meet the local needs of Bromley patients during this pandemic.

Contractually for 2019/20 the position for Kings has been agreed for the financial year at the fixed contract level.

The One Bromley Programme continues 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 has commenced, which also reflect any changes in capacity required for seasonal pressures and COVID 19

## NEA Performance 19/20

	<u>NE Admissions</u>	<u>Actual Quarter Performance#</u>	<u>Quarterly Plan</u>	<u>Variance</u>
<u>Apr-19</u>	2136			
<u>May-19</u>	2249			
<u>Jun-19</u>	2096	6481	6977	-496
<u>Jul-19</u>	2390			
<u>Aug-19</u>	2185			
<u>Sep -19</u>	2168	6743	7056	-313
<u>Oct- 19</u>	2226			
<u>Nov- 19</u>	2236			
<u>Dec -19</u>	2201	6663	7063	-400
<u>Jan- 20</u>	2139			
<u>Feb -20</u>	2082			
<u>Mar -20</u>	1925	6146	6977	-831

#Actual Quarter Performance is derived from the Secondary Uses Service (SUS) Health Data Repository

### b. Delayed Transfers of Care (DToCS)

For 2019/20 Bromley's target increased from 10.31 bed days per day to 12.5. This is the overall figure for Bromley which includes DToC's due to both NHS and/or Social Care.

The table below (2019/20 actuals) illustrates current position for Q3 and Q4 and shows that Bromley is exceeding its performance targets

		19-20 plans			
		Q1 (Apr 19 - Jun 19)	Q2 (Jul 19 - Sep 19)	Q3 (Oct 19 - Dec 19)	Q4 (Jan 20 - Mar 20)
Delayed Transfers of Care (delayed days)	Number	1137	1150	1150	1137

		19-20 actuals#			
		Q1 (Apr 19 - Jun 19)	Q2 (Jul 19 - Sep 19)	Q3 (Oct 19 - Dec 19)	Q4 (Jan 20 - Mar 20)
Delayed Transfers of Care (delayed days)	Number	633	509	609	585* (Jan and Feb only)

*c. Admissions to residential care*

		Planned FYE 19/20	Qtr 1 Actual	Qtr 2 Actual	Qtr 3 Actual	Qtr 4 Actual
Long term support of older people (aged 65 and over) met by admission to residential and nursing homes per 100,000 population (57,626 in Bromley)	Number	425 (per 100,000)	109.4 (63 admissions)	215.2 (124 admissions)	335.7 (194 admissions)	442.5 (255 admsns)

As detailed in the table above, the target for admissions to residential care for Q3 and Q4 has not been met. This is despite the continuing drive to promote independence by supporting people in their own homes partly due to more people being admitted to residential placements with enduring and more complex needs.

*d. Reablement*

		Planned 18/19	Qtr 1 Actual	Qtr 2 Actual	Qtr 3 Actual	Qtr 4 Actual
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual %	90.1%	96.4%	93.6%	93.0%	
	Number	446/495	81/84	175/187	254/273	

There is a 91 day lag for data and therefore Q4 is not available until July 2019. However the most recent data shows that we are exceeding the target of 90% by delivering 93%

Robust plans are in place to ensure early planning, so that Reablement opportunities for local residents can be maximised. We have also strengthened the alignment between Reablement and Bromley Well Prevention and Early Intervention services, 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 has 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.

### 4.3 Update on BCF Schemes (Q3 and Q4)

4.4 i) Self-Management & Early Intervention – Bromley Well : Bromley Well currently delivers a prevention and early Intervention service comprised of 10 pathways. These are detailed below:

1. Single Point of Access
2. Young Carers

3. Adults with Long Term Health Conditions
4. Elderly Frail
5. Employment and Education
6. Adults with Learning Disabilities
7. Adults with Physical Disabilities
8. Carers Support services
9. Mental Health services
10. Support to the Sector

The focus of first nine service components is on people who are already demonstrating 'risk' factors and can either be reversed or maintained at their current level. These services also targets people who would benefit from early, low level interventions, as well as providing information, advice and guidance people who do not fall into this category. The tenth service provides support to voluntary sector services including support with fund raising.

## **Bromley Well Performance Update**

### Single Point of Access(SPA)

The Single Point of Access serves as the front door to the eight Bromley Well pathways. SPA Staff (a significant proportion of who are volunteers) screen phone calls and enquiries and where possible provide information legal advice and guidance (ILAG) to address issues and reduce the number of people that need to be referred onwards, including to service pathways or statutory services.

For the period covered, this service continues to provide information advice and guidance to the residents of Bromley on a range of issues including Debt Management, Employment Welfare and benefits advice, housing and homelessness, mental health triaging and in Quarter 4 has provided covid-19 specific information and guidance around furloughing and unemployment.

### *SPA Outcomes*

A key SPA function is to resolve queries without the need for a referral to other services. From April 2019 to March 2020, 42% (851 queries) were resolved without onward referral to any of the 9 pathways. Q3 and 4 had similar outcomes although March 2020 saw an increase on onward referrals to the pathways, partly due to the impact of covid-19, increased complexity of presenting needs due to a change in service offer (including access to physical buildings) .

Key Actions for next Quarterly include

- Development of outreach and to have advisers from ILAG out in more outreach venues
- Evaluate the impact of moving the SPA in with Bromley Healthcare
- Review weekend working given numbers access services over the weekend

### Adults with Long Term Health Conditions (LTHC)

The Long Term Health Conditions pathway provides a range of interventions for adults aged over 18 who require practical support and /or advice and guidance to manage their long term conditions. Access to emotional support remains one of the key offers of this service pathway with over 5000 clients accessing the service this year.

### *LTHC Outcomes*

The quarterly average referred to this service for 19/20 is 140 clients (this is in line with anticipated activity) and Q3 and Q4 are also in line with anticipated activity and outcomes. There has also been a significant number of clients (a quarterly average of 1385 clients) receiving emotional support. Quarters 3 and 4 have slightly higher numbers compared to previous quarters.

This pathway has been able to offer a range of services including lifestyle support for residents, delivery of health and wellbeing workshops, blood pressure awareness workshops, (including atherosclerosis, cholesterol ratios and blood viscosity) essential health behaviour change, community engagement via GP surgeries, Fibromyalgia support groups and falls prevention/postural stability and liaison with client GPs as required and within GDPR regulations

### Elderly Frail Pathway (EFP)

This pathway provides a range of services and is designed to aid older frail patients to plan and access support services provided across the voluntary and statutory sector. The Frailty Navigator service is based in the Transfer of Care Bureau with Care Managers, Discharge Co-ordinators, Therapy, Administrative support and Discharge to Assess multi-agency teams.

The Elderly Frail pathway delivers a range of services including a frailty navigation service, the Handy person service, the Take Home and Settle service, 6 week hospital aftercare service and the Sitting Service. Q3 and 4 have generally seen a maintaining of previous quarter numbers accessing various pathway components.

### *EFP Outcomes*

The service has had an average of 140 referrals per quarter (in line with anticipated numbers) with Q4 in particular exceeding this average (179). The Take Home and Settle service has been underutilised but the Handyperson service has been oversubscribed with almost 3 times the number of anticipated number of clients accessing this service

A key action for next quarter will be to continue working alongside the High Intensity Service User Lead (HISU) with Service Users who are frequently admitted to A&E as well as those who require assistance with discharges, support in the community and those who are homeless.

### Employment and Education (E&E)

The link between this pathway and the single point of access, particularly around employment and education advice has been strengthened and work in the next quarter will include further engagement with business partners to enhance employment and education opportunities.

### *E&E Outcomes*

Referrals to this pathway have remained in line with anticipated numbers throughout the year and the pathway has exceeded its targets across Long Term Health Conditions, Learning and Physical disability outcomes. Quarter 4 has been particularly challenging given restrictions to movement within the final 3<sup>rd</sup> of this quarter but the service has continued to offer a range of online support services

### Learning Disability (LD) Pathway

Referrals to this service remain steady but the yearly turnover is slowing down with fewer people being discharged from this pathway. There is also a significant over subscription of services providing practical support and information, advice and guidance.

### *LD Outcomes*

Referrals to this pathway have fluctuated slightly over the year with a significant increase in Q4 referrals, partly due to service changes brought about due to covid-19 related restrictions. Additional support provided during Q4 include the setting up of a new Facebook service for 34 LD clients with daily Question and Answer sessions by a Bromley Well Advisor.

Key work for next quarter include developing the service response to the ever increasing complex casework required and low churn of clients from the service.

### Physical Disabilities (PD)

The Pathway continues to receive a large number of referrals for transport solutions relating to the blue badge, freedom pass and taxi card applications. The blue badge application process has now been extended to accept applications for non-visible disabilities.

### *PD Outcomes*

During quarter 4 the service has focused on outreach with BME groups – Bromley Asian Cultural Association and the Crystal Oasis Lunch Club. Both groups have members who have some Physical Disabilities or Difficulties. Two workshops have been delivered in central Bromley: The pathway has also delivered cooking on a budget workshops, saving money, falls prevention and transport training.

### Mental Health Pathway (MH)

This pathway continues to receive a significant number of referrals. The annual target for this service has been exceeded with 1231 unique clients accessing the service (compared to 600)

### *MH Outcomes*

360 new clients have been successfully referred to the service in Q4 with an increase of 39% since last quarter. 100% of clients have had their referral acknowledged within 2 days and 100% have received their first assessment, or support from a mental health professional within 5 days. 1838 individual client contacts have been made during this quarter (277 hours of support), delivered via face-to-face, telephone, text and email-based appointments

### Carers update

There has been an increase in communication from CAMHS where young cared for adults are transitioning to AMHS, and their carers seek more advice and support about managing the transition period and ensuring effective access to care in adulthood.

There has also been an increase in referrals for younger Mental Health Carers and more clients with adult children diagnosed with Unstable Personality Disorder are beginning to enter into the service. UPD is often a complex diagnosis for parents/carers to manage, and is leading to more complex case management within the service with regular correspondence with Oxleas to manage such cases.

### *Outcomes*

An increase in referrals to the pathway for carers supporting adults with Autism, where dual symptoms of mental health issues (mostly anxiety and depression) have affected the cared for. A noticeable increase in these referrals since the Autism pathway has led to conversations around ongoing provision of autism services.

Majority of referrals are for Mental Health Carers living in Orpington and Bromley Central although there is limited contact with carers in Penge, Beckenham and Biggin Hill so this will be an area to focus on for Q1 and 2 of 20/21.

### The Support to the sector update

This component of the service is now being tendered out following a decision to procure the service. The current service has significantly increased the number of agencies registered as associate members and is designed to improve partnership working between BTSE and the wider voluntary sector.

## **4.5 Dementia Hub update**

The Dementia Universal Support Service (Dementia Hub) was commissioned to establish a clear pathway for people and their carers immediately following diagnosis. The service provides a 'one stop shop' in terms of information, advice, support and planning for people with dementia and their carers immediately following diagnosis.

The Hub includes:

- General Post Diagnosis Support Service
- Dementia Advice and Navigation Service
- Community Development and Support Service
- Dementia Skills Training.

### **Progress Summary**

The higher level targets achieved at the end of quarter 3 (Q4 data will be available at the end of June) were:

- 546 enquiries/referrals were received from people with a diagnosis of dementia and 90 from carers.
- 456 new cases were created by Dementia Advisors against an annual target of 195
- 754 cases were recorded as active against a target of 160
- 11 community dementia training sessions have been delivered against a target of 14
- 15 carers workshops have been delivered against a target of 21
- 47 carers have attended against a target of 84
- 72 1:1 coaching sessions have been delivered within the home against a target of 100
- 113 carers have received in-home coaching against a target of 130

## **4.6 Update on progress for Integration of Health and Social Care**

During Quarter 4 the Bromley Health and Care System has continued to improve DToC performance through the delivery of multidisciplinary support and treatment to elderly/frail people through the three Integrated Care Networks and continued to improve hospital discharge arrangements through the Transfer of Care Bureau/ Discharge to Assess initiatives.

The High Intensity User Liaison Lead is now in post. This is a new post based upon the Blackpool model where the focus includes early intervention of homeless persons, self-harmers and medical/social presentations who are not accessing scheduled services and therefore rely heavily on unscheduled services for their health care. Working with a rolling cohort of patients who attend A&E or who are admitted more often than expected, management of this group focuses solely on the underlying causes e.g. emotional and social issues, raising emotional support to a position of importance within the health service. The service comprises a service lead that proactively makes telephone contact with the most frequent attenders of the local A&E to find out how the local health economy could better meet their needs

The system continues to promote the validation process, with regular further scrutiny of data shared via SEFT (Secure Electronic File Transfer). This enables a proactive and efficient method of disputing unrecognised DToCs, resulting in the withdrawal of some out-of-borough publications. Whilst managing delays well within the borough, Bromley faces the challenge of managing patients placed out of borough. To reduce these figures a number of Trusted Assessor pilots have begun with neighbouring boroughs (Croydon, Lewisham, Bexley and Greenwich)

#### **4.7 Update on iBCF Schemes**

##### **Assessed and Supported Year in Employment (ASYE) Lead and Placements Coordinator**

The ASYE Lead continues to meet with all newly qualified Social Workers (NQSW) and is working closely with line managers to ensure all aspects of the programme are adhered to including ensuring that 100% of NQSW's have all learning agreements and probation forms in place. The role involves support, advice and guidance. A total of 16 NQSWs are being supported across Adult Social Care.

The ASYE lead continues to assess social work staff, completing their Practice Educator Professional (PEPs) qualifications to ensure all students and their practice assessors are supported to meet the standards required. This includes joint assessment with universities

#### **4.8 Wake up to Care**

Bromley Workforce Development commission an independent practice educator to oversee the new carers' practice during the first 6-12 months of their employment.

The assessor has been recruited and oversees the assessment of the care certificate training and the Wake Up to Care coordinator continues to monitor the programme

Bromley Workforce Development commission an independent practice educator to oversee the new carers' practice during the first 6-12 months of their employment.

#### **4.9 Process and Systems**

The aim of this work stream is to improve social care process and systems. This involves the Project Officer working across the integrated care networks, continuing care and assistive technology.

#### **4.10 Integrated Care Networks (ICN)**

In Q3, ICN teams continue to develop with positive feedback which was recently demonstrated at a review of the Proactive Care Pathway. In Q4 this service ceased as from mid march 2020 due to health colleagues having to return to support individuals in the community. Adult social care staff were then deployed to the early intervention team where they still are located. There is plan in place to re-instate the proactive care pathway (ICN teams) as soon as is deemed feasible. Statistical returns for Q4 have also been delayed with no figures for February and March 2020.

#### **4.11 Just Checking**

Just Checking is a Home Activity Monitoring Service (Assistive Technology). The aim of this service is to provide lifestyle home monitoring, which can be used to inform and support person-centred planning and promote independence. The service is available to adults with a Learning Disability and to Older People. In Q3 further awareness training sessions were provided to increase knowledge and benefits of this type of assistive technology which can have an impact on



supporting independence and the project ended in Q4. The learning from this contract has been taken into account as part of the evaluation of this type of assistive technology which will feed into the wider Assistive Technology Strategy currently being undertaken within the Commissioning Team

#### **4.12 Adult Social Care Systems**

In Q3 and 4 the workplan has included a review of the Customer Journey with regards to referral and assessment. There has been the introduction of a new referral and assessment format within the Early Intervention Team. The aim is to improve staff efficiency by gathering the right information at the right time; thereby having the ability to make decisions at an earlier stage. This also facilitates signposting to other appropriate interventions

#### **4.13 Continuing Health Care (CHC) Lead Social Worker and CHC Care Manager**

Care management staff members are now becoming familiar with the continuing care framework and this should ensure that LBB finance contributions are being appropriately assessed and agreed. There has also been continued training on the use of local procedures and practices as well as discussion on challenging cases.

#### **4.14 Red Bag Scheme**

The Red Bag scheme is designed to enhance communication and information sharing when residents move between care settings and hospitals. Three extra care housing units have received refresher training on the Red Bag scheme. Administrative support has also been provided to collate the monthly returns from care homes in order to enable tracking of length of stay of residents and if the red bags are being returned to the homes.

#### **4.15 Enhanced Health in Care Home**

Bromleag Care Practice mobilisation is underway – 36 homes have registered their patients with the new practice. One care home has closed during the last quarter and another has provided notice of closure as a result the number of elderly frail care homes in Bromley will drop from 44 to 43 by the end of quarter one. NHS mail continues to be rolled out to all care homes within Bromley. 41 homes have completed the DSPT and 27 homes now have NHS mail addresses. Some homes that are part of a larger chain are being delayed in setting up their email addresses whilst awaiting approval from head office.

The Hospital Transfer Pathway continues to be embedded and homes that require retraining on the pathway have been logged. 39 of the 43 homes are actively participating with the scheme..

#### **4.16 Discharge to Assess (D2A)**

There are 14 step-down flats at 3 sites. The project is seeking to reduce the occupancy rate in each stepdown in order to deliver the preferred 6 week period. Step down may be delayed where service users have safeguarding needs or where there have been issues with securing tenancy agreements for those qualifying for permanent ECH residency.

#### **4.17 Disabled Facilities Capital Grant**














We are continuing to review how the Disabled Facilities Grant (DFG) is used across the borough, with the aim of publishing a revised discretionary grants policy in accordance with the Regulatory Reform Order; and make sure information and advice on aids and adaptations is accessible and provided in appropriate locations.

#### **4.18 The Direct Payments Lead**

The Operational Direct Payments Lead continues to promote an increase in the number of direct payments and actions taken forward in Q3 and Q4 include:

- The development and delivery of training sessions across Adult Services on the LBB DP process
- ASC teams have been visited to promote the use of DPs and prepaid cards
- The provision of on-going DP practice advice across Adult and Children's services and Prepaid Card practice advice to Disabled Children's team, Leaving Care Team and MASH.
- Working jointly the commissioner for DP Support Agency on the spec for new contract
- Attending and liaising with the London wide DP Network and the National Prepaid Card Network

The impact of additional tasks for care management in Adult Care is being monitored and a task log completed to show the average time taken with each client – current average is 4.3 hours. This is expected to improve once the scheme is more embedded; another log will be completed in 3 months from now; practice tools/forms will also be reviewed using feedback from the teams/lessons learned. Based on the data showing the level of care management input required for prepaid cards we have successfully negotiated with the prepaid card provider, Allpay, to reduce some of the ID evidence required, which avoids duplication. The DP Lead will complete a new workflow and provide to Allpay, along with updates to LBB Practice guidance DP take up is currently 21.16% with a potential for 26.71%

LBB Staff commenced in the ICN Hubs from April 2018		Apr-Jun '19	Jul-Sept '19	Oct – Dec '19 Note: Figures to Nov'19	Jan '20
	Contacts with ICN in Quarters	359	424	275	<b>113</b>
	Referred to Adult Social Care	18%	16%	12%	<b>17%</b>
	Referred to Care Navigators (Age UK)	57%	46%	44%	<b>39%</b>
	Referred to Bromley Health Care	56%	41%	35%	<b>28%</b>
	Referred to Oxleas	12%	14%	15%	<b>11%</b>
	Referred to St Christopher's	9%	8%	8%	<b>5%</b>
	Received a care package who had not previously	3%	1%	2%	<b>5%</b>
	Unchanged care package in Quarters	6%	12%	16%	<b>23%</b>
	Increases in care package in Quarters	6%	4%	6%	<b>4%</b>
	Decrease in care package in Quarters	13%	15%	12%	<b>6%</b>
	Independent Carer's Assessments	2	4	3	<b>2</b>
	Total contacts with ICN since January 2017	Jan2017 – Jun 2019 3445	3754	3758	<b>3871</b>
	Average age of users	82	83	85	<b>83</b>
	are Females	60%	58%	54%	<b>60%</b>
	are Males	40%	42%	46%	<b>40%</b>

#### **4.19 Market Development and Support and Care Homes**

The Market development and Support project continues to be coordinated by the joint LBB/CCG care homes project which has the following three work streams:

- (a) Strategy development
- (b) Health and social care offer to care homes
- (c) Quality

The Market Position Statement for Care Homes is in development and was due to be tabled at PDS. However, this will now require revision following the impact of the COVID-19 pandemic so will be delayed.

### **5. IMPACT ON VULNERABLE PEOPLE AND CHILDREN**

- 5.1 All services are designed to avoid people who are vulnerable reaching the point of crisis where they would be seeking support of statutory services and/or requiring unplanned admission.
- 5.2 The Improved Better Care Fund is for investment into adult services and will have a positive impact on vulnerable people through investment into safeguarding and adult social care.

### **6. FINANCIAL IMPLICATIONS**

- 6.1 BCF underspends of £806k during 2018/19 was carried forward into the new 2019/20 financial year to be used against BCF projects.
- 6.2 The budget and expenditure for both the Better Care Fund and the Improved Better Care Fund are detailed in the tables below:  
BCF:

**2019/20 BCF QUARTER 4**

Description	2019/20 budget £'000	Forecast Apr to Jun £'000	Forecast Jul to Sep £'000	Forecast Oct to Dec £'000	Forecast Jan to March £'000	Final Outturn £'000	Variation £'000
Reablement capacity	870	217	217	217	36	687	-184
Winter Pressures Discharge (CCG)	659	165	165	165	165	659	0
Winter Pressures Discharge (LBB)	1,048	262	262	262	96	882	-166
Integrated care record	385	96	96	96	96	385	0
Integrated care record - staffing contribution	56	14	14	14	4	46	-10
Intermediate care cost pressures	638	160	160	160	160	638	0
Community Equipment cost pressures	431	108	108	108	108	431	0
Dementia universal support service	531	133	133	133	53	451	-80
Dementia diagnosis	632	158	158	158	158	632	0
Extra Care Housing cost pressures	427	107	107	107	107	427	0
Health support into care homes/ECH	320	80	80	80	80	320	0
PSIS Contract	1,714	429	429	429	208	1,493	-221
Risk against acute performance	1,374	344	344	344	344	1,374	0
Transfer of Care Bureau	575	144	144	144	144	575	0
Transfer of Care Bureau - staffing contribution	48	12	12	12	12	48	0
Protecting Social Care	9,155	2,289	2,289	2,289	2,289	9,155	0
Disabled Facilities Grants - CAPITAL	2,153	417	312	386	463	1,578	-575
Carers Funding	538	135	135	135	135	538	0
Reablement Funds	971	243	243	243	243	971	0
Reablement Funds	321	80	80	80	80	321	0
Contract reduction	153	38	38	38	38	153	0
Programmes Team	37	9	9	9	9	37	0
Community Equipment cost pressures	159	40	40	40	40	159	0
Development of joint initiatives	659	0	0	0	200	200	-459
Continuation of agreed joint schemes	0	0	0	0	1,050	1,050	1,050
<b>Total Recurrent Budget</b>	<b>23,854</b>	<b>5,677</b>	<b>5,572</b>	<b>5,646</b>	<b>6,315</b>	<b>23,210</b>	<b>-645</b>

**2019/20 IBCF - POOLED BUDGET STATEMENT**

2018/19 Improved Better Care Fund £000		2019/20 Improved Better Care Fund £000
<b>Income</b>		
2,013	Revenue grant funding - recurrent	4,636
3,363	Revenue grant funding - additional	1,677
*	Winter Pressures Grant	1,191
3,172	Carry forward from 2018/19	3,967
<b>8,548</b>	<b>Gross Income</b>	<b>11,471</b>
<b>Expenditure</b>		
4,581	Revenue expenditure	8,705
<b>4,581</b>	<b>Gross Expenditure</b>	<b>8,705</b>
<b>Deficit / (Surplus) for the Year</b>		
(3,967)	Revenue	(2,766)
<b>(3,967)</b>		<b>(2,766)</b>

\* Winter Pressures Grant funding is required to be pooled into the Better Care Fund via the Improved Better Care Fund from 2019/20.

- 6.3 Any underspends or unallocated amounts on each project can be carried forward into the next financial year if necessary. Quarterly reports are required by Government to show the progress of the BCF/BCF schemes.

## **7. LEGAL IMPLICATIONS**

- 7.1 The Care Act 2014 amended the NHS Act 2006 to provide the legislative basis for the Better Care Fund. It provides the mandate to NHS England to include specific requirements relating to the establishment and use of an integration fund. NHS England and the Government allocate the Better Care Fund to local areas based on a framework agreed with Ministers.
- 7.2 The amended NHS Act 2006 gives NHS England the powers to attach conditions to the payment of the Better Care Fund. For 2017-19 NHS England set the following conditions to access the CCG element of the funding:
- The requirement that the Better Care Fund is transferred into one or more pooled funds established under Section 75 of the NHS Act 2006.
  - The requirement that Health & Wellbeing Boards jointly agree plans for how the money will be spent with plans signed off by the relevant local authority and clinical commissioning group(s).
- 7.3 Under the amended NHS Act 2006, NHS England has the ability to withhold, recover or direct the use of CCG funding where conditions attached to the BCF are not met, except for those amounts paid directly to local government.
- 7.4 For 2017-19, NHS England require that BCF plans demonstrate how the area will meet the following national conditions:
- Plans to be jointly agreed;
  - NHS contribution to adult social care is maintained in line with inflation;
  - Agreement to invest in NHS commissioned out-of-hospital services, which may include 7 day services and adult social care; and
  - Managing Transfers of Care
- 7.5 The Improved Better Care Fund Grant determination is made by the Secretary of State under section 31 of the Local Government Act 2003. The grant may be used only for the purposes of meeting adult social care needs; reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready and ensuring that the local social care provider market is supported.
- 7.6 The Council is required to:
- Pool the grant funding into the local Better Care Fund, unless the authority has written ministerial exemption
  - Work with the relevant Clinical Commissioning Group and providers to meet National Condition 4 (Managing Transfers of Care) in the Integration and Better Care Fund Policy Framework and Planning Requirements 2017-19 (revised 2019-20)
  - Provide quarterly reports as required by the Secretary of State

<b>Non-Applicable Sections:</b>	
Background Documents:	None

Report No.  
ACH20-034

London Borough of Bromley

---

**Decision Maker:** HEALTH AND WELLBEING BOARD

**Date:** 2<sup>nd</sup> July 2020

**Title:** Annual Public Health Report update

**Contact Officer:** Dr Nada Lemic, Director of Public Health  
Tel: 020 8313 4220 E-mail: Nada.Lemic@bromley.gov.uk

**Ward:** Borough-wide

---

1. Summary

1.1 The Annual Public Health Report for 2020 is in final draft form. The final report will be presented to the HWBB in September.

---

2. Reason for Report going to Health and Wellbeing Board

2.1 To provide an update on the development of the next Annual Public Health Report.

---

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

3.1 The HWB is asked to:

- 1) Note the update on progress towards the Annual Public Health Report 2020
- 

Financial

Not applicable

---

Supporting Public Health Outcome Indicator(s)

The process for identifying priorities has been informed by reviewing data from the JSNA, the online Public Health England resource, Public Health Outcomes Framework and the recent Bromley Sexual Health Needs Assessment.

---

#### 4. COMMENTARY

4.1 All Directors of Public Health produce an Annual Public Health Report (APHR) to raise the profile of emerging health issues or to highlight an area of particular interest to a wide variety of audiences.

4.2 The Annual Public Health Report for Bromley for 2020 is on Sexually Transmitted Infections.

4.3 The report is in final draft form and is awaiting final comments and edits.

4.4 The Annual Public Health Report describes the major Sexually Transmitted Infections and will be used as a tool for raising awareness. A brief outline for the report is:

- Audience
  - GPs
  - General population
  - Hospital
  - Schools – pupils and teachers
- Content
  - Introducing the key Sexually Transmitted Infections
  - Interventions and the evidence of their effectiveness
  - Key facts in Bromley
  - What are we doing now for Bromley residents?
  - What are we developing for Bromley residents?

4.5 The final report will be presented to the HWBB in September.

#### 5. IMPACT ON VULNERABLE PEOPLE AND CHILDREN

5.1 Populations affected by the proposed priorities for inclusion in the new Annual Public Health Report include; those experiencing sexually transmitted infections.

#### 6. FINANCIAL IMPLICATIONS

Not Applicable.

#### 7. LEGAL IMPLICATIONS

Not Applicable

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

Not Applicable.

#### 9. COMMENT FROM THE DIRECTOR OF AUTHOR ORGANISATION

Not Applicable.

<b>Non-Applicable Sections:</b>	Financial Implications, 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 Public Health
Background Documents: (Access via Contact Officer)	Not Applicable

This page is left intentionally blank

Report No.  
ACH20-033

London Borough of Bromley

---

**Decision Maker:** HEALTH AND WELLBEING BOARD

**Date:** 2<sup>nd</sup> July 2020

**Title:** Bromley Pharmaceutical Needs Assessment update

**Contact Officer:** Chloe Todd, Consultant in Public Health Tel: 0208 313 4708 E-mail: [Chloe.Todd@bromley.gov.uk](mailto:Chloe.Todd@bromley.gov.uk)  
Jon Walker, Senior Public Health Intelligence Analyst. Tel: 0208 313 4753.  
Email: [jonathan.walker@bromley.gov.uk](mailto:jonathan.walker@bromley.gov.uk)

**Ward:** Borough-wide

---

1. Summary

The requirement to publish the Pharmaceutical Needs Assessment in 2021 has been suspended until April 2022. The contract with Healthy Dialogues will be suspended accordingly.

---

2. Reason for Report going to Health and Wellbeing Board

This paper provides an information update to the Health and Wellbeing Board.

---

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

None. This is for information only

---

Financial

Not Applicable

---

Supporting Public Health Outcome Indicator(s)

Not applicable

---

#### **4. COMMENTARY**

- The HWB has a statutory duty to publish a Pharmaceutical Needs Assessment 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 21<sup>st</sup> May was made on behalf of the DHSC announcing the following:
  - Due to current pressures across all sectors in response to the COVID-19 pandemic, the requirement to publish renewed Pharmaceutical Need Assessments will be suspended until April 2022. Local Authority Health and Well Being Boards will 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 will be updated in due course.
- After discussion with the other South East London areas to ensure alignment, we have now suspended the delivery of the PNA;
- Healthy Dialogues have continued up to this point with the literature review and the public survey has been prepared. They have now been informed of the suspension of their contract which is expected to recommence on the 1<sup>st</sup> April 2021 for delivery at the end of March 2022;
- The HWB still has the ability to issue a supplementary statement should the need arise;
- The HWB will be updated should a supplementary statement be required in the coming year and will receive regular updates after the PNA process is reinstated which is expected in April 2021.

#### **5. IMPACT ON VULNERABLE PEOPLE AND CHILDREN**

Not applicable.

#### **6. FINANCIAL IMPLICATIONS**

The suspension of the requirement to publish the PNA in 2021 means that some work has already been done by Healthy Dialogues. This will mean some overspend on the contract that will be reclaimed from the Covid fund.

#### **7. LEGAL IMPLICATIONS**

Not applicable.

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

Not Applicable.

#### **9. COMMENT FROM THE DIRECTOR OF AUTHOR ORGANISATION**

Not Applicable.

<b>Non-Applicable Sections:</b>	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

This page is left intentionally blank

## **Health and Wellbeing Board Chairman's Annual Report 2019/20**

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

Health and Wellbeing Boards (HWB) were established in 2012 through the Health and Social Care Act Chapter 2 with a defined composition and a range of statutory responsibilities. Boards are required to oversee the development of a Joint Strategic Needs Assessment (JSNA), receive, discuss and publish the reports of the Adults and Children's Safeguarding Boards and undertake the Pharmaceutical Strategic Needs Assessment (PSNA). The Board also has a statutory duty to overview and sign off on the Better Care Fund and Improved Better Care Fund.

The Bromley HWB undertook all these statutory roles during the civic year, although the PSNA submission has subsequently been postponed by the Government because of the impact of the Covid-19 pandemic.

We received regular updates from the working groups which have been established to take forward the priority actions set out in the JSNA published in the January 2019 Health and Wellbeing Strategy.

Priority Area Action Plan Updates were presented on cancer services, dementia, childhood obesity, diabetes, adolescent mental health and falls in the elderly. Additional Joint Strategic Needs Assessment Updates discussed Included the impact of homelessness on health.

Four face to face meetings were held during the year and one virtual meeting. The latter was one of the first virtual meetings to be held during the pandemic. It was felt important to hold this meeting to receive an update on behalf of the public on the response of the NHS, the Public Health Department and the Care Services Department to the pandemic crisis in Bromley. This meeting opened with a minute of silence to remember those Bromley residents who had died from Covid-19 and to recognise all those who were working in the NHS, in care homes, community care services and other critical functions to support our community.

Beyond the statutory duties, the Bromley HWB has sought to work as a "catalyst" and a "facilitator" with other stakeholders to enhance health and wellbeing in Bromley. In this role the following issues were considered:

- Delayed Transfer of Care (DToC) Performance Updates
- Special Educational Needs and Disability (SEND) Reform Updates
- Bromley Winter Assurance Plan Updates
- One Bromley / System Reform / Integrated Commissioning Board / Primary Care Commissioning Update / Place Based Board Updates
- Ravensbourne School's Period Poverty Pilot Scheme Updates
- Violence against Women and Girls Update
- Joint Mental Health Strategy Update
- Ageing Well in Bromley Update

- Transitional Safeguarding Workshop Update
- Physical Activity and Mytime Active Update
- Bromley Local CAMHS Transformation Plan
- Issues related to Covid-19 (Informal meeting)
- Social isolation and loneliness.

The Board considered and endorsed the following Annual Reports:

- Bromley Clinical Commissioning Group: Annual Engagement Report 2018/19
- Bromley Safeguarding Adults Board Annual Report 2018/19
- Bromley Communications and Engagement Network Annual Report 2019
- Bromley Safeguarding Children Board Annual Report 2018/19.

I would especially like to highlight the contribution all members of the Board have given this year. The Board brings together the key partners in the health sector, social care, the voluntary and third sector along with Healthwatch Bromley and the Independent Chairs of the Children and the Adult Safeguarding Boards. The engagement with the third sector and the amazing network of volunteers across Bromley is particularly welcomed and appreciated. During the year the Board gave close attention to the issue of Bromley Well and of the integration of health and social care.

At the end of March, Bromley CCG was merged into the new SE London CCG and will be replaced by a Bromley “place-based board”. During the past year I regularly attended the meetings of the Bromley CCG as an observer and at the last meeting in March publicly expressed my appreciation for the close working and great contribution the CCG and its members on the HWB had made to health and wellbeing for our residents. We are fortunate that we will not lose these members with the great expertise and insight from the HWB for the civic year 2020/21.

The Chairs of the London HWBs now meet bimonthly to exchange best practice and be briefed on pan London initiatives. These meetings have increased in frequency and importance over the past year, becoming especially important during the pandemic with additional virtual meetings being held.

Looking to the future the Board already had a full agenda. The Covid-19 pandemic has emphasised the critical role of public health. It has accentuated several matters of concern already being taken forward, especially dementia care and mental health and mental wellbeing. It has been encouraging to see the increase in walking, physical exercise and cycling during the lock down period and the support neighbours and local communities are giving to the lonely and isolated. We are seeing our parks being appreciated as places to promote wellbeing. There is a renewed attention upon obesity as a major public health imperative. The Bromley HWB is well placed to take forward the agenda of further improving health and wellbeing for all who live and work in Bromley.

**Councillor David Jefferys**  
**Chairman, Health and Wellbeing Board**



Report No.  
CSD20072

## London Borough of Bromley

---

**Decision Maker:** HEALTH AND WELLBEING BOARD

**Date:** Thursday 2<sup>nd</sup> July 2020

**Decision Type:** Non Urgent                      Non-Executive                      Non-Key

**Title:** MATTERS OUTSTANDING AND WORK PROGRAMME

**Contact Officer:** Joanne Partridge, Democratic Services Officer  
Tel: 0208 461 7694   E-mail joanne.partridge@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 outstanding from previous meetings of the Board.

---

2. RECOMMENDATION

2.1 The Health and Wellbeing Board is requested to:

- 1) Consider matters outstanding from previous meetings; and,
- 2) Review its work programme, 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: £359k
  5. Source of funding: Revenue budget
- 

## Staff

1. Number of staff (current and additional): 7 posts (6.67fte)
  2. If from existing staff resources, number of staff hours: Maintaining the Board's work programme takes less than an hour per meeting
- 

## Legal

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

## 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 Outstanding table updates Board Members on “live” matters arising from previous meetings and is attached at **Appendix 1**.
- 3.2 The Health and Wellbeing Board’s Work Programme is attached at **Appendix 2**. 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 The Constitution of the Health and Wellbeing Board is provided at **Appendix 3**.

<b>Non-Applicable Sections:</b>	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 Outstanding / Action List

Agenda Item	Action	Officer	Update	Status
<b>Minute 24</b> <b>18<sup>th</sup> July 2019</b>  <b>Delayed Transfer of Care (DToC) Performance Update</b>	At the end of the year, a small group of Board Members to meet with the Director: Adult Social Care to discuss what DToC information was required by the Health and Wellbeing Board to ensure it met its statutory duties.	Director: Adult Social Care, Councillor Cooke, Councillor Ellis	A meeting took place in February 2020.	<b>Completed</b>
<b>Minute 39</b> <b>21<sup>st</sup> November 2019</b>  <b>Health And Wellbeing Strategy: JSNA Priority Areas</b>	Discussions to take place in relation to how the voluntary sector could assist with the development of a workplace obesity reduction programme.	Director: Public Health / Community Links Bromley representative		<b>In progress</b>
<b>Minute 44</b> <b>21<sup>st</sup> November 2019</b>  <b>Transitional Safeguarding Workshop</b>	An initial mapping exercise of the current transition support available to be undertaken.	Independent Chair: Bromley Safeguarding Adults Board	Included on the Work Programme for the meeting on 24 <sup>th</sup> September 2020.	<b>In progress</b>
<b>Minute 55</b> <b>30<sup>th</sup> January 2020</b>  <b>Bromley Local CAMHS Transformation Plan</b>	Analysis of the “deep dives” relating to the factors of mental health emergency presentations at A+E by children and young people to be provided to the Board, once completed.	Associate Director of Integrated Commissioning (CCG)		<b>In progress</b>
<b>Minute 58</b> <b>30<sup>th</sup> January 2020</b>  <b>Bromley Safeguarding Children Board Annual Report</b>	An Executive Summary of the FGM review undertaken would be provided to Board Members.	Independent Chair: Bromley Safeguarding Children Partnership		<b>In progress</b>
<b>Minute 61</b> <b>30<sup>th</sup> January 2020</b>  <b>Ravensbourne School’s Period Poverty Pilot Scheme</b>	Information relating to the Government’s national ‘Period Poverty’ Scheme to be circulated to all Bromley schools.	Director of Education	Minister Donelan’s letter regarding the Government’s Period Poverty scheme had been made available to all schools and other education professionals through the Bromley Education Matters website.	<b>Completed</b>

## HEALTH AND WELLBEING BOARD WORK PROGRAMME

<b>24<sup>th</sup> September 2020</b>	
Annual Public Health Report	Dr Nada Lemic
Health and Wellbeing Strategy: JSNA Priority Areas (x 2)	Dr Nada Lemic
Communications Update	Susie Clark
Bromley Health and Wellbeing Centre Update	Mark Cheung (CCG)
Better Care Fund and Improved Better Care Fund Performance update – Q1 2020/21	Ola Akinlade
Integrated Commissioning Board Update	CCG / LBB
Information Item: Update on DToC Performance	Jodie Adkin
Work Programme and Matters Outstanding	Democratic Services
<b>3<sup>rd</sup> December 2020</b>	
Health and Wellbeing Strategy: JSNA Priority Areas (x 2)	Dr Nada Lemic
Better Care Fund and Improved Better Care Fund Performance update – Q2 2020/21	Ola Akinlade
Bromley Safeguarding Adult Board Annual Report	Lynn Sellwood / Bulent Djouma
Information Item: Update on DToC Performance	Jodie Adkin
Work Programme and Matters Outstanding	Democratic Services
<b>11<sup>th</sup> February 2021</b>	
Mytime Active Update	Gillian Fiumicelli / Mytime
Health and Wellbeing Strategy: JSNA Priority Areas (x 2)	Dr Nada Lemic
Better Care Fund and Improved Better Care Fund Performance update – Q3 2020/21	Ola Akinlade
Bromley Communications and Engagement Network – Annual Report	Kelly Scanlon / Tim Spilsbury
Information Item: Update on DToC Performance	Jodie Adkin
Work Programme and Matters Outstanding	Democratic Services
<b>29<sup>th</sup> April 2021</b>	
Annual Public Health Report	Dr Nada Lemic
Health and Wellbeing Strategy: JSNA Priority Areas (x 2)	Dr Nada Lemic
Better Care Fund and Improved Better Care Fund Performance update – Q4 2020/21	Ola Akinlade

Communications Update	Susie Clark
Information Item: Update on DToC Performance	Jodie Adkin
Work Programme and Matters Outstanding	Democratic Services

**To be scheduled:**

Overall Pathway - Adult and Children Mental Health	
Emerging Findings Report (6 monthly)	Jim Gamble / Joanna Gambhir / Kerry Davies
Bromley Safeguarding Children Partnership Annual Report	Jim Gamble / Joanna Gambhir / Kerry Davies

**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.

This page is left intentionally blank