

HEALTH AND WELLBEING BOARD

Minutes of the meeting held at 2.30 pm on 24 September 2020

Present:

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

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

Mark Cheung, 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

Christopher Evans, Community Links Bromley
Mina Kakaiya, Healthwatch Bromley

18 APOLOGIES FOR ABSENCE

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

Apologies for absence were received from Dr Angela Bhan and Frances Westerman – Healthwatch Bromley and Mark Cheung and Mina Kakaiya – Healthwatch Bromley attended as their respective substitutes.

The Chairman informed Board Members that Lynn Sellwood, Independent Chair of the Bromley Safeguarding Adults Board had resigned from the role at the end of August. The Chairman noted that he had written to her on behalf of the Health and Wellbeing Board, expressing best wishes and sincere thanks for all the work she had undertaken. A letter of response had been received saying that she had very much enjoyed her time working with the Board.

19 DECLARATIONS OF INTEREST

There were no declarations of interest.

20 QUESTIONS

No questions had been received.

21 MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 2ND JULY 2020

RESOLVED that the minutes of the meeting held on 2nd July 2020 be agreed.

22 UPDATE ON THE OBESITY TASK AND FINISH GROUP (VERBAL UPDATE)

The Chairman reminded Board Members that at the last meeting in July, the important issues of obesity and weigh reduction, particularly in relation to adults and the link to COVID-19, had been raised.

The Chairman expressed his thanks and gratitude to Councillor Mike Botting, Councillor Ian Dunn and Councillor Robert Evans for volunteering to be involved in the Obesity Task and Finish Group, which had met virtually with officers several times over the summer.

The LBB Director of Public Health informed Board Members that the group had started to develop a specific campaign for obesity which would be linked to COVID-19. Obesity was a significant risk factor for both infection, and for poorer outcomes if infected with COVID-19. The national 'Better Health' campaign had started in September and had partly been used to launch Bromley's local campaign. This allowed the message to be strengthened, emphasising that this was the time to do something about obesity.

RESOLVED that the update on the Obesity Task and Finish Group be noted.

23 COMMUNICATIONS UPDATE (VERBAL UPDATE)

The LBB Communications Executive emphasised to Board Members that the importance of launching an obesity campaign now, was the link to COVID-19. It was clear that losing weight, or not being overweight, had a beneficial effect on a person's health and could help to prevent a number of diseases, including COVID-19. A Vice-Chairman highlighted that many residents may not be aware of the link between obesity and COVID-19, and once known it may make people more inclined to address issues relating to their weight.

Alongside the 'Better Health' campaign, Bromley would be launching the 'Don't

'Wait to Lose Weight' campaign. This would be the element of the 'Better Health' campaign that would link to weight management, and signpost residents to resources that could help them to lose weight. It was noted that at a later point in time, the 'Better Health' campaign would branch off to into other health areas.

The usual communication channels would be used to raise awareness and promote both campaigns, starting with a press release at the beginning of the following week. Newsletters would also be dispatched, and some graphics had been developed around the slogan. Harder to reach audiences would also be targeted, and Councillors would be asked to be advocates to disseminate information to residents. Alongside this, the 'COVID Community Champions' scheme had been launched, with fifty people already signed up to help get messages out. Conversations had also taken place with stakeholders, such as the CCG and GPs, with regards to the messaging used.

In response to a question, the LBB Communications Executive said that the 'COVID Community Champions' had just been launched via the Council's e-newsletter. It was noted that details of where the volunteers were located within the borough were not yet known. It was envisaged that a network of groups, including faith groups and community groups, would be created to help pass on some of the messages. A lot of work had recently been undertaken to translate messages from the Government, to simplify them and make them easier to understand. The Chief Executive – Community Links Bromley advised that there was a pool of around 4,500 volunteers that had been engaged by the Council and Community Links Bromley in response to pandemic. It was suggested that this group could be linked to help cascade and promote these messages.

A Board Member highlighted that a good method for passing on this information was via the Resident Associations. The LBB Communications Executive confirmed that this was one of the actions to be undertaken. It was noted that Councillors could play a key role in this work by helping to ensure that the information relating to Resident Associations and groups within their wards were up to date. The LBB Communications Executive would check if it would be possible to circulate the database to all Councillors for them to confirm that the details on record were correct.

RESOLVED that the Communications Update be noted.

24 COVID-19 UPDATE (VERBAL UPDATE)

The LBB Director of Public Health provided Board Members with an update in regarding COVID-19 in Bromley. Weekly reports containing data relating to COVID-19 within the borough had been provided to Board Members, however it was noted that the structure of these report would be changed as more information of interested was being provided.

The LBB Director of Public Health highlighted that incidents of COVID-19 were increasing across London, nationally and internationally. The figures for Bromley provided in the latest report looked better than they truly were due to issues with

testing in London, and nationally. As fewer people were being tested than required, not all cases would be identified – other data sources and modelling suggested that the actual figure of cases in the borough was likely to be significantly higher.

Over the summer, the Public Health team had been focussing on prevention and working with communities. In the last few weeks, the emphasis had shifted towards more work on contact tracing. It was noted that there had recently been a lot of media coverage which suggested that the NHS Test and Trace was not as efficient as it should be, and how some of the functions should be transferred to local Public Health teams. This had happened in areas with high incidents, giving the teams priority access to the Test and Trace database and training. The LBB Director of Public Health advised that preparatory work relating to this had been undertaken in the borough, and an 'Expression of Interest' would be submitted shortly. The team were now at the point where the system could be set up, and a local two-week pilot would start the following week. It was hoped this would provide an indication of anything that needed to be adapted or changed, prior to taking on the 'locally enhanced' contact tracing at the beginning of October. Additional work undertaken had included preparatory work on outbreak management plans, and regular updating of protocols and regulations as national guidance changed. It was noted that more and more functions were being passed on to local Public Health teams from Public Health England (PHE) – significantly in relation to work with schools and care homes. There was an indication that work relating to single outbreaks would be passed on too, and therefore training was being delivered to others, such as school nurses so they could take on some of the functions to support schools, as well as schools themselves for when incidents started to increase.

The Chairman noted that Bromley started in a good place and recognised that Test and Trace had been difficult here, as it had been across the country. However, it was encouraging that going forward there would be three testing centres located in the borough.

In response to a question, the LBB Director of Public Health advised Board Members that the transfer of the Test and Trace function to local Public Health teams was based on the national model and was led by PHE. A large amount of work had been undertaken in preparation to express an interest, including setting up a system to cross-reference the data and recruiting contact tracers. Those recruited would be required to undertake a three-day training course delivered by PHE. The Chairman requested that the full evaluation of the local two-week pilot be shared with Board Members.

In response to a question, the LBB Director of Public Health confirmed that social workers and health care workers were priority groups for access to testing – this testing was through a different system to that used for the general public. The Chairman noted that around 110,000 test slots were being reserved for key workers. The Test and Trace app had launched earlier in the day, which was a step forward, however testing was still currently difficult.

The Vice-Chairman noted the importance of keeping schools in the borough open

and asked if anything could be done to increase the number of COVID-19 testing kits available to them. The LBB Director of Public Health said that information provided by PHE advised that schools were provided with 10 testing kits per 1,000 pupils a week, which were for emergency use only. If there was a single case, parents could request a test via the national portal – it was noted that there had been problems with testing in general, however this week there had been some increase in the provision for London. If there was an outbreak in a school, PHE would manage it by testing those involved separately. The Chairman highlighted that some schools had not received these emergency tests from PHE.

The LBB Director of Children's Social Care advised Board Members that the LBB Director of Education and herself met with the Department for Education (DfE) on a weekly basis and had been pushing them on a number of issues. This had included the problems faced by schools that used a testing kit when trying to obtain a replacement. The DfE had given assurances that schools were now able to order replacement kits via the portal. Another issue raised had been proportionality, as there was a number of large schools in the borough, and this would be closely monitored.

The One Bromley Programme Director – South East London Clinical Commissioning Group (SEL CCG) informed Board Members that, as part of the One Bromley local care partnership, work had been undertaken locally on a recovery plan. This was being developed using the lessons learnt from the last six months, both positive and negative, to transform services and prepare for winter and a potential second wave of COVID-19. A comprehensive programme of work would be established over the next few months, which also looked forward into next year.

A number of priorities had been set out in the Winter Plan, including how community services would continue to be developed to support COVID-19 patients. Other priorities were to assist with hospital discharges and further develop the Single Point of Access (SPA); provide additional capacity in the system around primary care; and working with colleagues in the Local Authority regarding how best to support their schemes. It was noted that further details were provided in the Bromley Winter Assurance Plan 2020/21 update that would be presented later in the meeting.

The GP Clinical Lead – SEL CCG noted that during the COVID-19 pandemic, many people would have experienced a sudden transformation in the way services had been delivered. Going into recovery it was important to get as many services open and running as possible; catch up on waiting lists; and encourage residents to access health services. It was a difficult time for primary care with COVID-19 rates increasing; the need to maintain social distancing; and making sure services were safe to access. There was a need to ensure that communications relating to this were sent out to patients. The One Bromley Programme Director – SEL CCG advised Board Members that a public document was being finalised as part of the recovery plan, to address lessons learnt as well as managing expectations. It was agreed that this document would be shared with Board Members once finalised.

The Portfolio Holder for Adult Care and Health expressed thanks, on behalf of

herself and the Leader, for the excellent work undertaken by Chloe Todd, LBB Consultant in Public Health, to produce statistics and reports on COVID-19 trends within the borough. This was echoed by the Chairman, who advised that a letter of thanks would be written to the LBB Consultant in Public Health on behalf of the Health and Wellbeing Board.

RESOLVED that the COVID-19 Update be noted.

25 UPDATE ON THE FLU IMMUNISATION PROGRAMME (CCG)

Report ACH20-057

The Board considered a report outlining the actions that borough teams and central SEL CCG teams would be undertaking to ensure the maximum impact of their usual flu campaign; progress of work and achievement of this year's stretch targets; and some additional actions that would help to improve take up of the flu vaccine.

Due to the risk of flu and COVID-19 viruses co-circulating this winter, the flu immunisation programme would be essential to protecting vulnerable people and supporting the resilience of the health and care system. Providers would be focusing on achieving maximum uptake of the flu vaccine in existing eligible groups, as they were most at risk from flu, or in the case of children, transmission to other members of the community. The Associate Director – Discharge Commissioning, Urgent Care and Transfer of Care Bureau informed Board Members that the programme would be extended nationally this year to include household contacts of those on the NHS Shielded Patient List; children of school Year 7; and health and social care workers employed through Direct Payment and/or Personal Health Budgets.

The aim would also be to further extend the vaccine programme in November and December 2020 to include the 50-64 year old age group, subject to vaccine supply. The extension of the programme, and heightened awareness of the risks of infection with both COVID-19 and flu, was likely to lead to higher demand, so further planning and preparation was necessary to ensure sufficient vaccination capacity was in place to deliver the programme. Provision of flu vaccination clinics and appointments would be affected by PHE social distancing and infection control guidance, so providers would need to consider alternative delivery models that protected staff and patients. Equitable uptake of the flu vaccine needed to be ensured, so providers would be required to have robust plans in place for tackling health inequalities for all underserved groups to ensure equality of access.

The Associate Director – Discharge Commissioning, Urgent Care and Transfer of Care Bureau informed Board Members that over the last few years, Bromley had the highest uptake of the flu immunisation. Immunisations would be offered across the workforce. Traditionally, the immunisation programme had been offered through clinics, however due to the current situation and the number of people working from home, this would be difficult. At a South East London level, the suggested approach currently being finalised was that anyone working for a public

service could request a letter containing a Personal Identification Code, which would allow them to get the flu immunisation at their local pharmacy.

Different models were also being considered as to how best to offer mass vaccination clinics. It was noted that there was a particular challenge this year due to COVID-19. There was a need to have clear guidance around infection control and how patients could access their flu immunisation, as drop-in sessions could not be offered. COVID-19 may also result in there being increased interest regarding the flu immunisation, and it was hoped that the public would be even more inclined to take up the offer this year.

The Chairman noted that the flu immunisation programme was the current priority, particularly due to the added pressure on services and misdiagnosis which could lead to services being overloaded further. The message to residents was for them to “play their part” and get their flu immunisation as soon as possible.

A Board Member enquired if there would be enough supply for everyone on the extended list to receive a flu immunisation. The Chairman noted that the supply of vaccines would be tight this year, particularly as a number of the supply platforms had been diverted to focus on COVID-19, and highlighted that the timeframe of the programme was very much condensed this year.

In response to a question, the Chairman advised that the Joint Committee on Vaccination and Immunisation (JCVI) had recommended the nasal immunisation for young children as they were considered to be ‘super spreaders’. Evidence suggested that children of school Year 7 also fell into that bracket, and they had therefore been added to the extend list of groups to receive the flu immunisation. A Board Member highlighted that a number of residents may not be aware that the eligibility had been extended and enquired as to how they would be made aware. The Associate Director – Discharge Commissioning, Urgent Care and Transfer of Care Bureau advised that as well as a national campaign, a South East London campaign would be delivered in Bromley and GP practices would also be contacting eligible patients directly.

A Board Member asked if information was available as to which wards within the borough had previously had the lowest take up of the flu immunisation offer, and if residents in these areas would be targeted. The Associate Director – Discharge Commissioning, Urgent Care and Transfer of Care Bureau confirmed that this information was known, and the primary care teams were working with the GP practices and networks in these areas to ensure that the take up of the flu immunisation was increased this year. Following a request from the Chairman, it was agreed that this information could be provided to all ward Councillors.

The Vice-Chairman highlighted that on page 29 of the agenda pack, one of the objectives to support all SEL boroughs was the ‘de-prioritisation of certain commissioned primary care services being considered to free up capacity in primary care to focus on the flu season’, and asked what services this referred to. The Associate Director – Discharge Commissioning, Urgent Care and Transfer of Care Bureau advised that she did not know the specific details and would refer this back to the Borough Based Director – SEL CCG to provide a response. The GP

Clinical Lead – SEL CCG noted that a certain amount of prioritisation had been given throughout the COVID-19 pandemic. As GP practices would be heavily involved in the flu vaccinations for the over 50's, it was likely that this would take priority over other things that were less time critical.

RESOLVED that the update on the flu immunisation programme be noted.

A BROMLEY WINTER ASSURANCE PLAN 20/21: UPDATE

Report CSD20091

The Board considered a report providing an update on the draft Bromley Winter Assurance Plan 2020-21. The Associate Director – Discharge Commissioning, Urgent Care and Transfer of Care Bureau advised that this item was originally scheduled to come to the 3rd December 2020 meeting, however on reflection it was felt that this was too late, and would not allow enough time for Board Members to influence the Plan.

Over the past few years, the local health and social care system had felt increased pressure during the winter months, with most health and social care services seeing a surge of activity and demand with a more complex range of needs challenged by seasonal presentations like flu and norovirus. The additional pressures on the health and social care system, which were primarily from older and frail people, during the winter months presented a challenging landscape, even more so with the impact of a potential COVID-19 second wave. Bromley wider health and social care system leaders had developed the plan to safely and effectively manage the additional pressures during this period. The plan was aligned with the One Bromley Recovery Plan which had been approved by the One Bromley Executive.

The Bromley Winter Assurance Plan was in draft format and had been considered and reviewed at the Bromley A&E Delivery Board. It would also be submitted to the SEL Urgent and Emergency Care Board for review. This approach included coordinated planning for, and management of, winter pressures and other periods of enhanced demand on the care system. The Board was facilitated by NHS SEL CCG (Bromley), working in partnership with King's College Hospital, the London Borough of Bromley, Greenbrook Healthcare, Oxleas NHS Foundation Trust, Bromley Healthcare, Bromley GP Alliance, St Christopher's, the London Ambulance Service and Bromley Third Sector Enterprise.

Last year, the Bromley System Winter Plan brought together a single view of how the system would proactively manage winter and address key areas, such as: preventing escalation of need; hospital admission and attendance; 7 day working; reducing stranded patients; and providing early supported discharge. However, this year would include parallel planning for a potential COVID-19 second wave set out in the 3rd Phase of NHS Response letter sent out by NHS England / Improvement on 31st July 2020.

The Associate Director – Discharge Commissioning, Urgent Care and Transfer of Care Bureau informed Board Members that she would be very happy to receive comments and feedback on the Plan outside of the meeting.

The LBB Director of Adult Social Care informed Board Members that notification had been received the previous week that there would, for the first time, be a requirement to complete a Winter Plan for Adult Social Care. The deadline for submission was the 31st October 2020. It was agreed that this would be circulated to Board Members once complete.

The Chairman noted that the final Bromley Winter Assurance Plan 2020/21 would be presented to the Health Scrutiny Sub-Committee on 21st October 2020.

RESOLVED that the update on the Winter Assurance Plan 2020-21 be noted.

**26 BROMLEY HEALTH AND WELLBEING CENTRE UPDATE (CCG)
(VERBAL UPDATE)**

The One Bromley Programme Director – SEL CCG informed Board Members that the development of the Bromley Health and Wellbeing Centre was progressing well despite the COVID-19 pandemic. Work was continuing in relation to their preferred site (the former Animal Kingdom building within the Civic Centre campus) and design work was almost finalised to ensure the specifications required were included, and that it was within the budget of capital funding that had been allocated.

Work had been undertaken with the Council's design team responsible for the wider Civic Centre development, as although the Bromley Health and Wellbeing Centre was a completely separate scheme, there was a need to ensure that the project was compatible. Initial discussions had taken place with the Planning department, and a pre-application for planning would be submitted within the next couple of weeks.

The One Bromley Programme Director – SEL CCG noted that the development of the business case was progressing well, and it was expected that an outline could be shared with Board Members around mid-October 2020. The next stage was the NHS Assurance Process, which would involve the business case being presented to a number of committees, after which a full business case would be completed by the end of March 2021. The development stage would then commence, with an eighteen-month timescale anticipated for construction and commissioning before the Centre opened during 2022. The primary service to be provided at the Centre was the re-provision of the current Dysart Surgery, as well as other community services. Work was currently being undertaken with the Dysart Surgery to ensure that the current practice was fit for purpose, with increased capacity and an improved reception area, as the new Centre was still a couple of years away from being complete.

The Chairman noted that this was positive news and commended the One

Bromley Programme Director – SEL CCG for the pace at which the project was being progressed.

RESOLVED that the update on the Bromley Health and Wellbeing Centre be noted.

27 INTEGRATED COMMISSIONING BOARD UPDATE

Report ACH20-060

The Board considered a report providing a brief summary of the current work of the Integrated Commissioning Board (ICB).

The LBB Assistant Director for Integrated Commissioning informed Board Members that the ICB provided leadership, strategic oversight and direction for all health and social care integrated commissioning programmes and processes undertaken jointly by Bromley health and care partner agencies. Key responsibilities included:

- Leading and directing arrangements for integrated commissioning of health and social care.
- Supporting the work of the Health and Wellbeing Board in delivery of the key priorities identified in the Health and Wellbeing Strategy.
- Overseeing the management of joint resources that enable effective integrated commissioning programmes.
- Producing a Local Plan, which allows the Council and CCG to draw down the Better Care Fund (BCF).
- Develop a co-ordinated approach to managing and developing the local provider market across health and care services.
- Ensuring the CCG and the Council are well positioned to meet the emerging requirements from legislation, national/regional policy or best practice guidance.

The COVID-19 pandemic had impacted the ICB in a number of ways. In some cases, projects and programmes led by the Board were temporarily put on hold whilst agencies gave priority to work on responding to the pandemic. In many instances the work of the Board made a significant contribution through the facilitation and delivery of an integrated health and care response to the pandemic. The Board had continued to meet throughout the pandemic. Now that ICB health and care partners were implementing their recovery plans, work was resuming on all those projects and programmes that had been paused.

The Chairman noted that one of the 'Next Steps' on the ICB Work Programme 2020/2021 was that a 'new End of Life Board would be launched in October 2020' (page 38 of the agenda pack), and asked if details relating this could be provided to Board Members. The LBB Assistant Director for Integrated Commissioning advised that the End of Life Board focussed on palliative care services, the main provider of which was St Christopher's Hospice, as well as Marie Curie and other

similar organisations. The key challenge for the End of Life Board was the impact of COVID-19 and the increased number of deaths, as well as the income of the providers being affected as they relied heavily on raising funds from the public. It was confirmed that information relating to the End of Life Board could be circulated prior to its launch.

RESOLVED that the Integrated Commissioning Board update be noted.

28 BETTER CARE FUND (BCF) AND IMPROVED BETTER CARE FUND (iBCF) QUARTER 1 2020/21 PERFORMANCE UPDATE

Report ACH20-059

The Board considered a report providing an overview of Quarter 1 (April to June 2020) performance of both the Better Care Fund (BCF) and the Improved Better Care Fund (iBCF) 2020/21 on expenditure and activity.

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

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

The LBB Integrated Strategic Commissioner for Early Intervention noted that over the last eighteen months, Bromley's performance against the four metrics detailed had been in line with, or exceeded, anticipated targets – with the exception of residential admissions, although performance against this metric had improved in the last quarter (performance for Quarter 1 2020-21 was in line with anticipated targets for this period). It was further noted that Delayed Transfer of Care (DToc) for March 2020 - June 2020 were not available as NHS England had paused this collection due to reduced reporting capacity during the COVID-19 pandemic.

In respect of admissions to residential care, the target for Quarter 1 2020-21 had been met, and there was a continuing drive to promote independence by supporting people in their own homes.

In relation to reablement, there was a 91 day lag for data and therefore Quarter 1 data was only up to the end of May 2020, however the most recent data showed that the target of 90% was being exceeded, with delivery of 95.2%. Robust plans were in place to ensure early planning, so that reablement opportunities for local residents could be maximised. Whilst the alignment between reablement and Bromley Well Prevention and Early Intervention services had been reinforced, this had been partly disrupted by the COVID-19 pandemic. Therefore, in Quarter 2, a refresh of these arrangement would be considered as face to face provision started to increase following the easing of restrictions to movement towards the end of Quarter 1 2020-21.

RESOLVED that the Better Care Fund and Improved Better Care Fund Performance Update report for Q1 2020-21 be noted.

29 ANNUAL PUBLIC HEALTH REPORT

Report ACH20-055

The Board had been provided with the final version of the Annual Public Health Report (APHR) 2020.

All Directors of Public Health produce an Annual Public Health Report to raise the profile of emerging health issues or to highlight an area of particular interest to a wide variety of audiences. The LBB Director of Public Health advised that the APHR for Bromley for 2020 focused on Sexually Transmitted Infections (STIs). One of the key reasons for this was that Bromley was seeing a significant increase of sexually transmitted diseases (STDs), particularly syphilis and gonorrhoea, and a Needs Assessment had been completed to look at the reasons for this. A reduction in sexually transmitted diseases had also been selected as an area of focus for one of Public Health's Transformation Programmes as the funding of treatment was a cost implication to the Council.

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

- Introducing the key Sexually Transmitted Infections;
- Interventions and the evidence of their effectiveness;
- Key facts in Bromley;
- What were we doing now for Bromley residents?;
- What were we developing for Bromley residents?; and
- Impact of COVID-19.

The LBB Director of Public Health noted that a short addendum to the APHR would be published to provide updated figures. Board Members were informed that the updated figures showed that the trend had continued, with STDs increasing, although overall STIs numbers were fairly stable. It was noted that cases of syphilis had more than doubled, and gonorrhoea had increased by 50%, that year – the overall figure was the highest recorded since 1980.

The LBB Assistant Director of Public Health highlighted the importance of effective early identification. Prevention methods included the use of condoms, which was the most cost-effective, and testing which allowed more people with an infection to be identified. This indicated the need to continue to monitor and tackle STIs, which were an issue across both younger and older adult age groups.

The Chairman noted that the impact of COVID-19 had been included in the report. It was suggested that the introduction to the report should include text to advise that the theme of the APHR had been chosen prior to the Coronavirus pandemic, and highlight that a major role of the Public Health teams' work had focussed on

the pandemic, for which weekly reports were produced. The LBB Director of Public Health confirmed that this additional text would be added.

In reference to page 71 of the agenda pack, a Board Member highlighted that access to Emergency Hormonal Contraception continued to contribute to the decline in teenage pregnancies figures, however it should be acknowledged that this was not prevention, which was the real issue. The Board Member also sought clarification of the term 'middle super output areas' (MSOAs). The LBB Director of Public Health advised that MSOAs referred to a statistical area for which they received data, usually smaller than the size of a borough ward. It was agreed that this term would be defined in the APHR glossary.

The Chairman passed on his thanks to the LBB Director of Public Health and her team for the excellent work they had undertaken in producing the APHR report.

RESOLVED that the Annual Public Health Report update be noted.

30 MENTAL HEALTH UPDATE (VERBAL UPDATE)

The LBB Director of Public Health informed Board Members that a draft Mental Health Strategy had been agreed. This work was being led by the CCG, with input from the Local Authority.

The LBB Assistant Director for Integrated Commissioning advised that the document would be published in the coming days, and the resulting Action Plan would be presented to the November 2020 meeting of the Adult Care and Health Policy Development and Scrutiny Committee.

RESOLVED that the mental health update be noted.

31 WORK PROGRAMME AND MATTERS OUTSTANDING

Report CSD20090

The Board considered its work programme for 2020/21 and matters outstanding from previous meetings.

The Chairman noted that the work programme was fluid, and it was likely that some items may slip due to the COVID-19 pandemic. The following item was added to the forward rolling work programme for the Health and Wellbeing Board:

- Integrated Commissioning Board Update (29th April 2021)

The LBB Director of Public Health advised that the item on 'Health and Wellbeing Strategy: JSNA Priority Areas' had been deferred due to delays that had occurred as a result of the COVID-19 pandemic. Two of the priority groups were to start up again, and it was hoped that updates from the Diabetes and Cancer groups could be provided to the December meeting of the Health and Wellbeing Board.

With regards to matters outstanding, written updates were circulated to Board Members after the meeting as follows:

Minute 55 – 30th January 2020 – Bromley Local CAMHS Transformation Plan

The deep dive analysis was delayed due to the COVID-19 pandemic. Oxleas CAMHS have a new Assistant Director in post for this service, starting September 2020, and she will now be taking forward this work.

Minute 8 – 2nd July 2020 – NHS Update

At the end of August, we estimated the following proportions of people tested in Bromley, and got these positivity rates:

- Local Bromley system

Primary care - 921 personnel, 76% were tested and there was a 17% positivity rate.

Social care, local authority and care home staff – 3,400 personnel, 41% were tested and there was a 34% positivity rate.

- Provider's own system

Bromley Healthcare - 33% positivity rate

KCH (includes Denmark Hill and PRUH) - 28% positivity rate

I must stress that we do not know how long antibodies last in this respect, and also what degree of immunity / protection they give. I think all this tells us is that this proportion of the population had antibodies at this point in time (about a 10-week period).

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

32 ANY OTHER BUSINESS

There was no other business.

33 DATE OF NEXT MEETING

The next meeting of the Health and Wellbeing Board would be held at 1.30pm on Thursday 3rd December 2020.

The Meeting ended at 4.01 pm

Chairman