



BROMLEY CIVIC CENTRE, STOCKWELL CLOSE, BROMLEY BRI 3UH

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DATE: 16 September 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

Vacancy	Independent Chair: Bromley Safeguarding Adults Board
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Bromley Safeguarding Children Board:

Jim Gamble QPM	Independent Chair: Bromley Safeguarding Children Partnership
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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 24  
SEPTEMBER 2020 AT 2.30 PM**

**PLEASE NOTE: This is a 'virtual meeting' and members of the press and public can see and hear the Committee by visiting the following page on the Council's website:-**

<https://www.bromley.gov.uk/councilmeetingslive>

**Live streaming will commence shortly before the meeting starts.**

*Copies of the documents referred to below can be obtained from  
<http://cbs.bromley.gov.uk/>*

## **AGENDA**

### **1 APOLOGIES FOR ABSENCE**

### **2 DECLARATIONS OF INTEREST**

### **3 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 18<sup>th</sup> September 2020.**

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

### **4 MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 2ND JULY 2020 (Pages 1 - 18)**

### **5 UPDATE ON THE OBESITY TASK AND FINISH GROUP (VERBAL UPDATE)**

### **6 COMMUNICATIONS UPDATE (VERBAL UPDATE)**

### **7 COVID-19 UPDATE (VERBAL UPDATE)**

### **8 UPDATE ON THE FLU IMMUNISATION PROGRAMME (CCG) (Pages 19 - 34)**

### **9 BROMLEY HEALTH AND WELLBEING CENTRE UPDATE (CCG) (VERBAL UPDATE)**

### **10 INTEGRATED COMMISSIONING BOARD UPDATE (Pages 35 - 40)**

### **11 BETTER CARE FUND (BCF) AND IMPROVED BETTER CARE FUND (IBCF) QUARTER 1 2020/21 PERFORMANCE UPDATE (Pages 41 - 56)**

### **12 ANNUAL PUBLIC HEALTH REPORT (Pages 57 - 84)**

**13 MENTAL HEALTH UPDATE (VERBAL UPDATE)**

**14 WORK PROGRAMME AND MATTERS OUTSTANDING (Pages 85 - 90)**

**15 ANY OTHER BUSINESS**

**16 DATE OF NEXT MEETING**

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

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## HEALTH AND WELLBEING BOARD

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

### Present:

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

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

Christopher Evans, Community Links Bromley  
Mina Kakaiya, Healthwatch Bromley

### **1 APOLOGIES FOR ABSENCE**

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

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

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

### **2 DECLARATIONS OF INTEREST**

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

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

**RESOLVED that:**

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

**4 QUESTIONS**

No questions had been received.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

In September 2019, the London Child Obesity Taskforce had published their call to action in London – 'Every Child a Healthy Weight – Ten Ambitions for London': [http://www.london.gov.uk/sites/default/files/every\\_child\\_a\\_healthy\\_weight.pdf](http://www.london.gov.uk/sites/default/files/every_child_a_healthy_weight.pdf)

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**RESOLVED that the presentation be noted.**

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

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

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

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

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

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

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

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

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

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

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

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

## **7 PUBLIC HEALTH UPDATE**

### **Report ACH20-032**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**RESOLVED that the Public Health Update report be noted.**

## **8 NHS UPDATE**

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

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

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

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

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

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

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

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

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

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

**RESOLVED that the NHS Update be noted.**

## **9 BROMLEY WINTER ASSURANCE PLAN UPDATE**

### **Report ACH20-036**

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

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

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

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

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

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



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

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

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

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

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

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

**Report ACH20-031**

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

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

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

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

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

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

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

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

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

number of residents with multiple re-admissions.

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

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

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

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

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

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

## **11 SAFEGUARDING UPDATES**

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

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

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

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

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

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

**RESOLVED that the Safeguarding update be noted.**

## **12 ANNUAL PUBLIC HEALTH REPORT**

### **Report ACH20-034**

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

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

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

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

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

**RESOLVED that the Annual Public Health Report update be noted.**

## **13 PHARMACEUTICAL NEEDS ASSESSMENT**

### **Report ACH20-033**

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

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

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

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

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

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

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

**RESOLVED that the Pharmaceutical Needs Assessment update report be noted.**

## **14 CHAIRMAN'S ANNUAL REPORT**

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

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

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

**RESOLVED that the report be noted.**

## **15 WORK PROGRAMME AND MATTERS OUTSTANDING**

### **Report CSD20072**

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

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

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

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

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

## **16 ANY OTHER BUSINESS**

There was no other business.

## **17 DATE OF NEXT MEETING**

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

The Meeting ended at 3.50 pm

Chairman

Report No.  
ACH20-057

London Borough of Bromley

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**Decision Maker:** HEALTH AND WELLBEING BOARD

**Date:** Thursday 24 September, 2020

**Title:** Flu Immunisation 2020/21

**Contact Officer:** Dr Angela Bhan, Bromley Borough Director  
E-mail: [angela.bhan@nhs.net](mailto:angela.bhan@nhs.net)

**Ward:** All Wards

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1. Summary

The report outlines the actions that borough teams and central South East London CCG teams will be undertaking to ensure the maximum impact of their usual flu campaign and progress of work and achievement of this year's stretch targets, as well as some additional actions that will help to improve take up of the vaccine.

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2. Reason for Report going to Health and Wellbeing Board

For update and discussion.

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

The Health and Wellbeing Board is asked to note and discuss the contents of this update paper.

## Health & Wellbeing Strategy

1. Related priority: Diabetes Hypertension Obesity Anxiety and Depression Children with Complex Needs and Disabilities Children with Mental and Emotional Health Problems Children Referred to Children's Social Care Dementia Supporting Carers Not Applicable

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### Financial

1. Cost of proposal: Not Applicable
  2. Ongoing costs: Not Applicable
  3. Total savings: Not Applicable
  4. Budget host organisation: Bromley Borough/South East London CCG
  5. Source of funding: NHS
  6. Beneficiary/beneficiaries of any savings: Not applicable
- 

### Supporting Public Health Outcome Indicator(s)

Yes

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**4. COMMENTARY**

Please see report.

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

Not applicable.

**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**

The plan will be considered and addressed through CCG governance routes.

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

Because of the risk of flu and COVID-19 viruses co-circulating this winter, the flu immunisation programme will be essential to protecting vulnerable people and supporting the resilience of the health and care system.

<b>Non-Applicable Sections:</b>	7
Background Documents: (Access via Contact Officer)	Flu Immunisation 2020/21

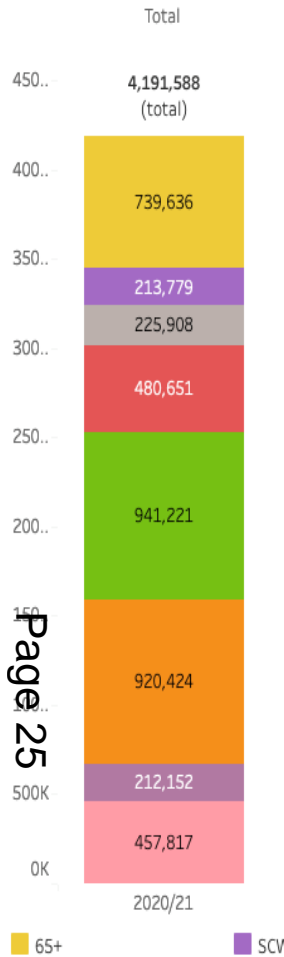
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# Flu immunisation - 2020/21

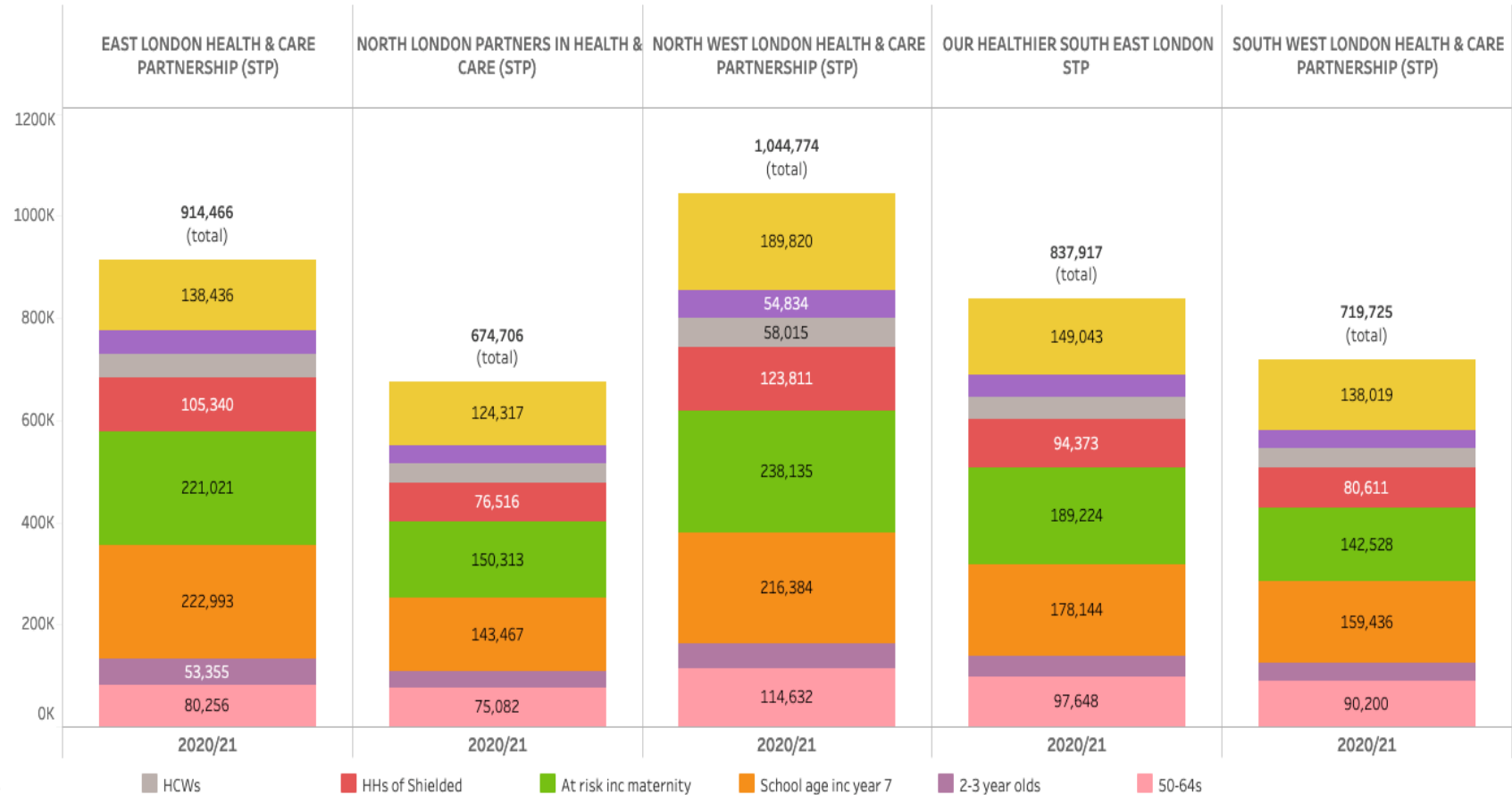
**Bromley Health and Well Being Board**  
**24th September 2020**

- Because of the risk of flu and COVID-19 viruses co-circulating this winter, the flu immunisation programme will be essential to protecting vulnerable people and supporting the resilience of the health and care system.
  - Providers will be focusing on achieving maximum uptake of the flu vaccine in existing eligible groups, as they are most at risk from flu, or in the case of children, transmission to other members of the community.
  - The programme will be extended 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 will also be to further extend the vaccine programme in November and December to include the 50-64 year old age group, and will be subject to vaccine supply.
  - The extension of the programme, and heightened awareness of the risks of infection with both Covid-19 and flu, is likely to lead to higher demand, so further planning and preparation is necessary to ensure sufficient vaccination capacity is in place to deliver the programme. Provision of flu vaccination clinics and appointments will be affected by PHE social distancing and infection control guidance so providers will need to consider alternative delivery models that protect staff and patients
- We need to ensure equitable uptake of the flu vaccine so providers need to have robust plans in place for tackling health inequalities for all underserved groups to ensure equality of access.
- **This plan outlines the actions that borough teams and central SEL teams will be undertaking to ensure the maximum impact of their usual flu campaigns and programmes of work and achievement of this year's stretch targets., as well as some additional actions that will help to improve take up of the vaccine.**

# Vaccination numbers by STP



## Expected Flu Vaccinations (2020/21) per cohort by STP for London



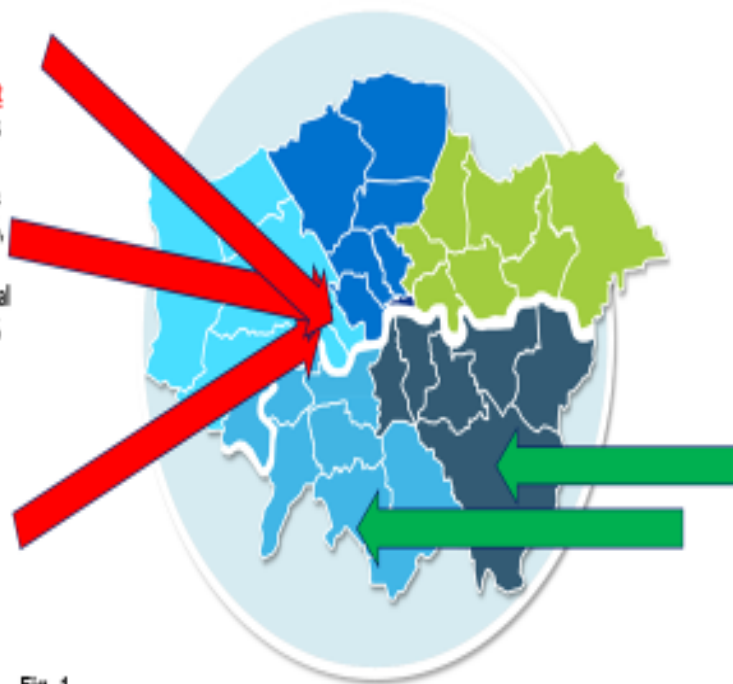
## London heat maps

When it comes to meeting flu vaccine targets, **London performs below national averages** and is at the bottom of the regions, the special demographics of London has meant that it has historically not achieved these targets and experience vast health inequalities.

The below heat maps illustrate the highest and lowest performing CCGs in relation to under 65 and clinically at risk.

### Over 65

The three **lowest** performing CCGs were:  
Hammersmith & Fulham at 58.3%,  
West London at 58.7% and Central London at 61.7%

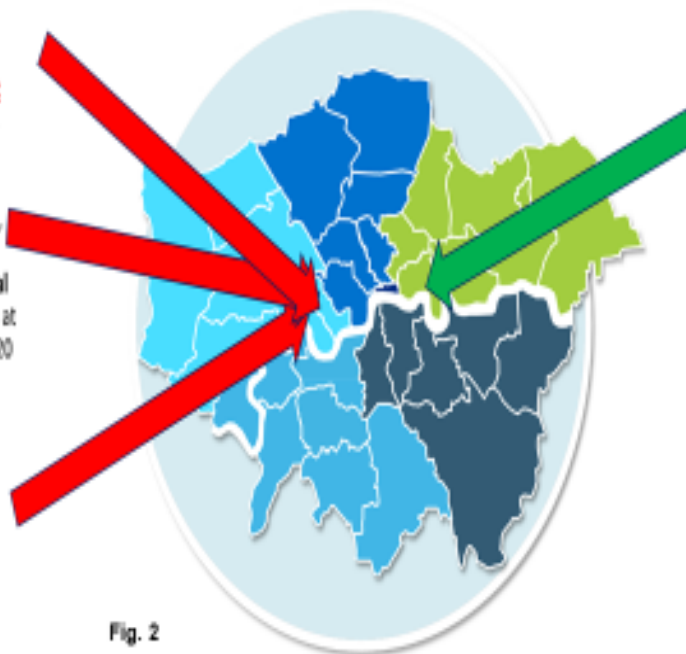


The two **highest** performing CCGs were Bromley at 71.5% and Sutton at 71.0%

Fig. 1

### Clinically at risk

The three **lowest** performing CCGs were:  
Hammersmith & Fulham at 28.0%,  
West London at 34.4% and Central London at 35.4% at end February 2020



The **highest** performing CCG was Tower Hamlets at 45.5% at end February 2020

Fig. 2

# What works.....?

## Proactive call/recall systems

- Evidence from Southern Hemisphere – social distancing & infection control meant offering additional clinics in gazebos, church halls, car parks
- The pre-appointment call is helping to reduce vaccine hesitancy

## Advanced Planning! - The season can be broadly categorised into three sections:

- First third (around weeks 1-7): '*acceleration*' – fastest growth in uptake
- Second third (around weeks 8-14): '*deceleration*' – growth in uptake tends to slow
- Final third (around weeks 15-21): '*maintenance*' – most practices who go on to meet the target will have already done so

## The gap in uptake between practices who go on to meet the target and those who do not appears early in the season

- Practices which do not perform well early in the season are unlikely to go on to reach the target by the end of the season

## But, there is variation between cohorts:

- Uptake is highest in the 65 and over cohort and peaks sooner
- The performance gap is highest in the pregnant women cohort
- The under 65 at risk cohort shows the most potential for a late-stage increase in uptake
- These differences between cohorts could be explained by behavioural factors (i.e. cohorts presenting at different times in the season)

# Actions to support all SEL boroughs (1 of 2)

Priority area	Objective	Deadline
Communications	A comprehensive SEL comms plan is being developed which will include messages to the public and hard to reach groups	11 September 2020
	Regular bulletins and messages will be sent out to primary care	On-going
	Fortnightly flu lead meetings in the diary to ensure flow of information	On-going
Vaccine supply	Providers will be encouraged to order sufficient supplies of vaccine and a commitment to underwrite vaccine returns is in place and communicated out to practices. We are working with the LPC to see if this scheme can be expanded to community pharmacies.	On-going
	Providers are strongly encouraged to share vaccines where there are shortages, each borough lead will be the co-ordination point. Operating process for transfer of vaccine between providers has been issued	On-going
	Extra storage for additional vaccine supplies is being arranged with local hospital providers	30 September 2020
	Link with NHS E on the central vaccine supply for enhanced programme. Additional central stocks are expected to be available in November (above the stock required for additional age groups)	September 2020
Monitoring performance	SEL and boroughs actively working on a dashboard to monitor progress against plans and vaccination rates	18 September 2020
	Regular performance reports which will provide borough and practice performance will be produced throughout the season	Weekly from 5 October 2020
	SEL performance monitoring and reporting	On-going



# Actions to support all SEL boroughs (2 of 2)

Priority area	Objective	Deadline
Workforce	SEL will explore the potential of freeing up the CCG's clinical staff to support the flu programme	30 September 2020
	De-prioritisation of certain commissioned primary care services being considered to free up capacity in primary care to focus on the flu season	30 September 2020
	Proposals are being reviewed for standing-up an enhanced integrated co-ordinating team for flu imms, covid-19 vaccine and Coronavirus testing team for SEL	30 September 2020
Alternative sites	A plan for using alternative sites ( mass vaccination arrangements to ramp up delivery is being developed with the CCG's director of finance and the regional team. Mass vaccination location operating procedure complied	30 September 2020
Infection prevention and control	The CCG will continue to circulate guidance, as required, to practices	On-going
	The CCG IPC team will continue to support primary care and CCG flu leads with any queries or issues	On-going

- Each borough has set up a flu group to oversee the planning and delivery of the 2020/21 programme.
- The table below provides the breadth of representation on each borough flu group.

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark
Commissioners	Yes including CL	Yes	Yes	Yes including CL	Yes	Yes including CL
Comms	Yes	-	-	Yes	-	Yes
Primary care	Feds and practice manager	PCNs, Feds and practice managers	PCNs	Clinical cabinet, locality, Feds & PMs	Yes	PCNs, PMs and practice nurses
Meds op	Yes	-	-	Yes	Yes	Yes
Community pharm	Yes	-	-	-	-	-
Public health	Yes	Yes	-	Yes	Yes	-
Council	Yes	-	Yes	-	-	Yes
Acute provider	-	-	Yes	-	-	-
Community provider	Yes	-	-	-	-	-
LMC	-	-	-	Yes	-	-
NHSE/I	Yes	-	-	-	Yes	-
Other	-	-	Fire service	-	School nursing and maternity	-

# Bromley High Level Action Plan

Priority area	Objective	Deadline
Operations and contracting	Three practices have signed the SLA to provide unregistered service	<b>Complete</b>
	SLAs have been shared with the federations and the local authority and both will be followed up	<b>2 September 2020</b>
	Increased PMS premium for flu and imms which gives a further financial incentive for practices to achieve national uptake	<b>September 2020</b>
	Bromley healthcare community district nursing are proving housebound flu vaccinations on behalf of practices under NHSE SLA	<b>On-going</b>
Communications	Update on flu delivery at practice managers forum	<b>From 2 July 2020</b>
	Sharing best practice amongst practices in weekly GP bulletin	<b>On-going</b>
	Dedicated flu section in local Bromley primary care bulletin (comes out every Friday)	<b>On-going</b>
Vaccine supply	Majority of practices have ordered additional vaccines for under 65 and at risk cohort	<b>On-going</b>
Data and IT	Primary Care representative to monitor imm form data and practices who may miss submissions	<b>1 March 2020</b>
	Flu uptake will be monitored on a bi-weekly basis via local EMIS searches	<b>1 March 2020</b>
	Looking at effective IT solutions to manage flu data entry for practices and improve patient experience	<b>30 August 2020</b>
	Webinars on EMIS Flu Protocol and how to use effectively	<b>On-going</b>
	Barcoded IT clinics to improve patient flow and admin time for practices	<b>September 2020</b>

Priority area	Objective	Deadline
Infection Prevention and Control	Invite IPC lead to the flu group	Complete
	Where possible practices will be running an appointment model with one in one out	On-going
Call and recall	The service has been commissioned as part of the PMS	On-going
Workforce	Exploring models for lead nurse oversight so that HCA doesn't require PSD for each patient	September 2020
Use of alternative sites	Alternative venues are being explored	On-going
	Some practices are buddying up due to estate limitations	On-going
	Discussions will take place with the feds to explore further options for alternative sites	September 2020
Inequalities	Searches have been set up for LD eligible for jobs	Complete
	Will link in with community pharmacy to maximise opportunistic jobs	On-going

- The following table presents the main challenges and risks for the 2020/21 flu season. Mitigating actions will be identified and implemented for each risk.

Area	Challenge	Current risk rating
Operations and contracting	Unclear if there will be sufficient provision for housebound and unregistered cohorts in all boroughs	High
	Provision in community pharmacies could be restricted due to social distancing	Low
	Lack of clarity on the capacity for district nursing in some boroughs	Medium
Infection prevention and control	Sufficient PPE supplies could be a challenge particularly if there is a second wave	Medium
	Some gaps in understanding the guidance remain	Low
Data and IT	Data flows from secondary care and correctly coding the activity on GP systems	Medium
Workforce	Lack of clarity around workforce capacity to deliver the extended programme (50-64 year olds)	High
Alternative sites	Securing suitable venues that meet IPC and CQC requirements	High
Vaccine supplies	Some concerns around supply of vaccines remains	Medium
	Securing sufficient storage if more stock is released for the 50-64 year old	Low
Inequalities	Members of the BAME community may take a more cautious approach to visiting healthcare sites due to increased risk of contracting COVID	Medium

Report No.  
ACH20-060

London Borough of Bromley

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**Decision Maker:** HEALTH AND WELLBEING BOARD

**Date:** 24 September 2020

**Title:** Integrated Commissioning Board Update

**Contact Officer:** Sean Rafferty, Assistant Director for Integrated Commissioning  
Adult Services Department, London Brough of Bromley  
Tel: 020 8313 4301 E-mail: sean.rafferty@bromley.gov.uk

**Ward:** All

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## 1. Summary

The Integrated Commissioning Board provides 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.

Some of the work of the Board at April 2020 was put on hold whilst health and care partners focused on responding to the demands of Covid-19. The Board's work also helped with the local response to Covid-19 through the delivery of an integrated health and social care response.

This report provides a brief summary of the current workload of the Board.

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

The Integrated Commissioning Board Support has a specific role in supporting the work of the Health and Wellbeing Board in delivery of the key priorities identified in the Health & Wellbeing Strategy. The Board provides twice yearly update reports on progress to the Health and Wellbeing Board at mid-year (Sept/October) and year end (March/April).

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

The Health and Wellbeing Board is required to note the current workload of the Integrated Commissioning Board as summarised in 4.4 of this report.

## Health & Wellbeing Strategy

The work of the Integrated Commissioning report will have a direct and or indirect impact on all of Bromley's Health & Wellbeing Strategy Indicators

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## Financial

1. Cost of proposal: Not applicable
  2. Ongoing costs: Not Applicable
  3. Total savings: Not Applicable:
  4. Budget host organisation: n/a
  5. Source of funding: n/a
  6. Beneficiary/beneficiaries of any savings: n/a
- 

## Supporting Public Health Outcome Indicator(s)

The work of the Integrated Commissioning report will have a direct and or indirect impact on all of Bromley's Public Health Outcome Indicators

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## 4. COMMENTARY

### 4.1 Background to the Integrated Commissioning Board

The Integrated Commissioning Board (ICB) provides 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. Its key responsibilities include:

- 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 & 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 Board is co-chaired by the Council's Director of Adults Services and the CCG's Borough Director.

### 4.2 The Integrated Commissioning Service

A key outcome of the Board's work in 2019/20 was the creation of an Integrated Commissioning Service that brought together the health and care commissioning teams for out of hospital and community services from across the Council and the Bromley Borough service from South East London CCG. Led by an Assistant Director for Integrated Commissioning, who works across the Council and CCG, this new service now plays a key role in supporting the work of the Board. The new service was established in April 2020.

### 4.3 Impact of Covid-19 and Recovery Planning

The Covid-19 pandemic has impacted on the work of the ICB in a number of ways. In some cases projects and programmes led by the Board were temporarily put on hold while 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 has continued to meet throughout the pandemic.

Now that ICB health and care partners are implementing their recovery plans work is resuming on all those projects and programmes that had been paused.

### 4.4 The Integrated Commissioning Board Work Programme 2020/2021

The current workload of the Board is as follows:

Project/Programme	Detail	Next steps
One Bromley	Supporting the work of the One Bromley Local Care Partnership	Integrated commissioning in support of the One Bromley Recovery Plan
One Bromley Recovery Plan	Commissioning and recommissioning services as part	Implementation

	of systems recovery from Covid-19	
Ageing Well Strategy	Multi-agency health and care strategy for older people	Delivering on Action Plan
Learning Disabilities Strategy	Multi-agency health and care strategy for adults with a learning disability	Partnership Board to lead on the strategy to be launched in October 2020
Care Homes Market Position Statement	A market position statement for care homes has been in development over the last year	This work is being reviewed due to the impact of Covid-19 on care homes
Integrated Mental Health and Wellbeing Strategy	Multi-agency health and care strategy for adults needing mental health services support	An Action Plan to be agreed at the ICB in September 2020
Falls Project	Implementing a new therapies response to falls	Learning from Covid and developing pathways with Kings College Hospital NHS Trust
All Ages Autism Board Action Plan	Multi-agency action plan focused on improving advice, information and support to children and adults with autism	Developing the support to adults actions in the plan; Supporting the Board in implementing plans
Integrated Therapies Programme (including Community Equipment Service)	Programme of work to consider all therapies provision and look at how services and professionals can work better together and with clearer pathways.	The programme was launched in August 2020 and is scheduled to report on early proposals in December 2020
Hospital Discharge and Single Point of Access (SPA)	Multi-agency programme and integrated service to support hospital discharge and with Single Point of Access (SPA) integrated service supporting Covid-19 hospital discharge	Agreement is made to continue with the SPA service until April 2021. A decision on the longer term arrangements is to be made by January 2021.  2020/21 Winter Planning arrangements are being reported to the HWB Board separately
End of Life Programme	Establishing a new programme of work to consider end of life care provision	A new End of Life Board will be launched in October 2020
Child and Adolescent Mental Health (CAMHS) Programme	Recommissioning of the CAMHS provision and development of trailblazer project	New CAMHS contract to be awarded this autumn
Better Care Fund (BCF) and iBCF	Oversight of Bromley allocation of funds that support joint health and care working	Ongoing oversight of the fund – reported separately to the Health and Wellbeing Board
Integrated Brokerage project	Project to develop an integrated brokerage service across the	Service changes to be

	Council and CCG	introduced in 2021
Domiciliary Care	Recommissioning domiciliary care services	Service procurement begins in September 2020 with new services beginning August 2021
Special Educational Needs and Disabilities (SEND) Commissioning	Linked to SEND Governance Board work programme, delivery of key aspects on the SEND Reforms as well as improvements to commissioned services	Delivery of post-inspection action plan by March 2021  Development of proposal for new free school in Bromley with an integrated health/care offer
Personalisation	Roll out of personal health and care budgets across services, with wheelchairs and mental health aftercare packages focused on at the next stage. Work instigated to improve infrastructure to support personalised services.	Delivery of personalised wheelchair and mental health aftercare packages, with initial stage of project completed in March 2021.

## 5. IMPACT ON VULNERABLE PEOPLE AND CHILDREN

The Integrated Commissioning Board is focused on improving health and care outcomes for all Bromley residents and has a specific focus on improving outcomes for the Borough's most vulnerable people and children.

## 6. FINANCIAL IMPLICATIONS

There are no financial implications arising from this report.

The Integrated Commissioning Board has oversight of the Better Care Fund and Improved Better Care Fund allocations, the 2020/21 budgets for which are £24.9m and £6.3m respectively.

<b>Non-Applicable Sections:</b>	<ul style="list-style-type: none"> <li>• LEGAL IMPLICATIONS</li> <li>• IMPLICATIONS FOR OTHER GOVERNANCE ARRANGEMENTS, BOARDS AND PARTNERSHIP ARRANGEMENTS, INCLUDING ANY POLICY AND FINANCIAL CHANGES, REQUIRED TO PROCESS THE ITEM</li> <li>• COMMENT FROM THE DIRECTOR OF AUTHOR ORGANISATION</li> </ul>
Background Documents: (Access via Contact Officer)	Agenda and papers for the Integrated Commissioning Board: <ul style="list-style-type: none"> <li>• 18 May 2020</li> <li>• 20 July 2020</li> </ul>

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Report No.  
ACH20-059

London Borough of Bromley

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**Decision Maker:** HEALTH AND WELLBEING BOARD

**Date:** 24<sup>th</sup> September 2020

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

**Title:** **Better Care Fund (BCF) and Improved Better Care Fund (iBCF)  
20-21 Quarter 1 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

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1. Summary

This report provides an overview of the performance of both the Better Care Fund and the Improved Better Care Fund 2020/21 on expenditure and activity for Quarter 1 (April to June 2020)

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

To provide the Health & Wellbeing Board with an overview of Quarter 1 performance for the Better Care Fund and the Improved Better Care Fund for 2020/21

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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 1 2020.

## Health & Wellbeing Strategy

1. Related priority: Not Applicable

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## Financial

1. Cost of proposal: BCF: £24,854k for 2020/21; iBCF: £6,313k in 2020/21
  2. Ongoing costs: BCF: £24,854k for 2020/21; iBCF: £6,313k in 2020/21
  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
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## 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.

**4.1 Purpose of Report:** To provide the Health & Wellbeing Board with an overview of the Quarter 1 performance for the Better Care Fund and the Improved Better Care Fund for 20/21

#### 4.2 Better Care Fund - Performance Metrics

Local performance against the national metrics forms part of the BCF 19/20 submission. There are 4 national metrics as detailed below:

- I. Reduction in non-elective admissions
- II. Delayed transfers of care (DTOCS) (delayed days)
- III. Rate of permanent admissions to residential care per 100,000 populations
- IV. 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 1 Metric Performance update-

It is important to note that over the last 18 months Bromley performance against the 4 metrics detailed above has been in line with or exceeded anticipated targets with the exception of Residential admissions although performance against this metric has improved in the last quarter (performance for Q1 20-21 is in line with anticipated targets for this period) . Further detail on overall performance against both the BCF metrics as well as on projects that contribute to the delivery of these metrics s detailed in the sections below. The next section details local performance against these metrics.

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

#### NEA Performance Q1 20/21-

	<u>NE Admissions</u>	<u>Actual Quarter Performance#</u>	<u>Quarterly Plan**</u>	<u>Variance</u>
<u>Apr-20</u>	1645			
<u>May-20</u>	1849			
<u>Jun-20</u>	2073			

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

\*\* Plan figures utilised above are 2019/20 figures, as the BCF Planning Round is expected in Sep 2020/21.

b. Delayed Transfers of Care (DToCS)

Please note: \*March 2020 - June 2020 DToCs are not available as NHSE have paused this collection due to reduced reporting capacity during Covid-19.

c. Admissions to residential care-Quarter 1 (20-21)

Planned		Qtr 1 (Apr-June 2020) 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)	(425-last years target)  Number	93.4 (54 admissions)  Calculation (54/57626)*100000

As detailed in the table above, the target for admissions to residential care for Q1 20-21 has been met with a continuing drive to promote independence by supporting people in their own homes.

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%	95.2%			
	Number	446/495	20/21			

There is a 91 day lag for data and therefore Q1 data is only up to the end of May however the most recent data shows that we are exceeding the target of 90% by delivering 95.2%

Robust plans are in place to ensure early planning, so that Reablement opportunities for local residents can be maximised. While the alignment between Reablement and Bromley Well Prevention and Early Intervention service has been reinforced, this has been partly disrupted by the covid-19 pandemic so in Q2 we will be looking to refresh these arrangement as face to face provision starts to increase following the easing of restrictions to movement towards the end of Q1 20-21



### 4.3 Update on BCF Schemes (Q1)

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

Bromley Well Q1 (20/21) performance is detailed below:

#### Single Point of Access(SPA)

The single point of access (SPA) is the triage point for people accessing the 8 Bromley Well service pathways. A key function of the SPA continues to be providing assistance at the point of contact to reduce onward referrals to the pathways, where the issue can be dealt with immediately. Compare to an average of 56% of onward referrals to Bromley well pathways for further intervention (for 19/20) , the first quarter of 20-21 has seen a reduction of onward referrals to 47%. In addition,the overall numbers of people seen by the SPA dropped by 10% in Q1 of 20-21.

The SPA has also seen a high number of enquiries related to

- Covid-19 related volunteering and assistance
- No Recourse to Public Funds (NRPF)
- Online debt and welfare benefits advice work

#### *SPA Key Challenges and mitigation*

<b>Challenge</b>	<b>Mitigation</b>
Getting to vulnerable clients who are unable to access SPA remotely	Improving outreach options through referral to Bromley Well pathways
Maintaining the mental well-being and reducing isolation of staff and volunteers	Daily zoom catch up meetings and increase in online supervision /support
Identifying emergency support available	Frequently Asked questions document developed

#### *SPA Outcomes*

- Retention of volunteering staff through reconfiguration of services-this has been an ongoing piece of work prior to the covid-19 outbreak
- Significant income maximisation for Bromley Residents (in excess of £65k)

#### *Key Actions for next Quarterly include:*

- Following up planned mitigations
- Development of outreach and to have advisers out in more outreach venues subject to returning to business as usual and in line with government guidelines
- Evaluating access of clients to services and identification of “at risk” cohorts that SPA will have to do more engagement work with.

### 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.

A significant number of this cohort were provided with online services in Q1 following restrictions to movement imposed in late Q4 (19-20). Interventions included:

- An online Fibromyalgia support group
- All sheltered scheme managers were contacted by the LTHC to offer 1-2-1 support for their residents during lockdown
- The team delivered a virtual 8-week health & wellbeing workshop via Zoom, the first workshop commenced on the 6<sup>th</sup> May. This has been the focus to adapt the way the groups were facilitated, as this was a very new realm of running groups virtually

### *LTHC Challenges and mitigation*

<b>Challenge</b>	<b>Mitigation</b>
Reduction in activity in terms of new referrals	Continue to market the service
Due to the Covid-19 lockdown, the GP surgeries we have been working with at Cator & Elm House were not able to refer patients to us for our 2 Lifestyle support workers to support.	Service will maintain the working relationship with both GP surgeries once the lockdown restrictions ease and aim to support further patients.
This quarter there has not been any Making Every Contact Count (MECC) sessions delivered during the lockdown period..	The LTHC team have discussed the evolution of the professional training due to Bromley Council running a free comprehensive MECC course online.

### *LTHC Outcomes*

There was a significant reduction in the number of new clients referred to the service for Q1 (59) compared to a quarterly average of 140 (19-20) while the number of clients receiving ongoing emotional support has risen by 100 (1472) compared to a quarterly average of 1365 last year which indicates a reduction in new presentations but increased retention of overall numbers of people accessing support.

### *Actions for next quarter*

- Review of progress of actions /mitigations
- The lifestyle support workers have started to run support groups in early July as drop-in zoom sessions for participants who have completed the health & wellbeing workshops. These sessions allow participants to talk about the subjects delivered during the workshops as well as any other subjects that they feel are relevant.
- Continue to offer virtual health & wellbeing workshops, Fibromyalgia support groups and other support groups to people who are not able to attend the face-to-face meetings when it is safe to run those.

### 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.

### *EFP Challenges and Mitigation*

<b>Challenges</b>	<b>Mitigation</b>
Between April and June 2020 there have been 139 referrals, 83 of which were received in June. Initially the service has a significant number of emergency shops post discharge .	Resource was shifted to address this temporary need
Predictions of an increase in demand of equipment due to the impact of COVID-19 leaving patients very frail.	The service will continue to monitor requests for equipment for Q2
A pilot with Medequip and the Therapy department, was arranged for the Therapy drivers to meet and give access to the Medequip driver. The reasoning behind the scheme was so that Occupational Therapist's don't have to leave the hospital to do this themselves as it is a waste of valuable resource at such a crucial time plus the cost of a taxi, when EFP have staff available-this pilot was disrupted following the covid-19 outbreak	Awareness of Bromley Well function has increased and service will explore whether the pilot can be relaunched.
Significant reduction in overall numbers of people referred to the service	Refresh service offer and link transition project referrals to EPP to increase early intervention for this cohort

### *EFP Outcomes*

A key action from the last quarter was 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. This work has been disrupted by covid-19. While there has been a drop in some service activity , overall EPP activity remains high with an increase in hospital discharge and Take Home and Settle services in Q1

### *Actions for next quarter*

- Refresh of service offer
- Publicise of services to clients
- Review capacity of service as part of winter planning

### 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.

<b>Challenges</b>	<b>Mitigation</b>
E&Es main concern during Q1 was clients confidence and mental wellbeing .	The E&E advisors have continued to make contact with their caseloads on a weekly/bi-weekly basis. These have been carried out in the form of telephone calls, emails and texts to clients with the most vulnerable being a priority
	E&E have continued with virtual workshops for those clients that were confident in setting up virtual meeting platforms and advisors were on hand to support with downloading the right apps to devices
The concern has been for those clients who do not have access to virtual workshop platforms and these were put on the 'check-in list'.	The E&E advisors have continued to make contact with their caseloads on a weekly/bi-weekly basis. These have been carried out in the form of telephone calls, emails and texts to clients with the most vulnerable being a priority

### *E&E Outcomes*

Compare to Q4 of last year, the service has significantly increased its employment outcomes

### *Actions for next quarter*

- Continue to support our clients through weekly contact through the Covid-19 crisis

### Learning Disability (LD) Pathway

The Learning Disability outreach service has been conducted virtually and the LD service have been in contact with NHS Social Prescribers, Oxleas, and Optivo, A2Dominion and Riverside Housing Associations

<b>Challenges</b>	<b>Mitigation</b>
Significant drop in the number of new LD referrals (29 compared to quarter average (19/20) of 127	Review previous referral sources and refresh contacts with the service
This quarter, 227 clients contacted the service, many of whom have long-running issues or ongoing support needs. Approx. one third of clients, are requiring ongoing support and intervention. These are presenting with new issues following the resolution of their initial referral in a previous quarter and they need support for managing their day-to-day affairs, relearning skills and to stay independent.	Review capacity of service and step down options with aim of reducing the number of people accessing services on a long term basis and increasing step down support options and building on self management

### *LD Outcomes*

LD employment outcomes continue to exceed targets and while there has been a significant reduction in new referrals, the existing caseload continues to rise as detailed above.

### Physical Disabilities (PD)

The Pathway continues to receive a large number of referrals. The number of people remaining on the caseload has increased as well as due to covid-19 lockdown, the service has increased its online provision

<b>Challenges</b>	<b>Mitigation</b>
Keeping in touch with clients and providing support for them during Q1 has proved to be a challenge. Clients have reported feeling lonely and afraid to leave their homes..	Whilst the service has remained in operation, many clients have needed to self-isolate, so they have reported becoming less independent (although the service has been able to arrange emergency shopping, picking up prescriptions and remote form filling).
	Zoom workshops proved to be very popular and the service is engaging with more clients and supporting them to overcome the technical challenges they face with staying in touch.

### *PD Outcomes*

New referrals, face to face support sessions and numbers employed are all in line with anticipated activity for Q1.

## Mental Health Pathway (MH)

242 new clients have been successfully referred to the service this quarter – which is 118 less referrals since last quarter, and a decrease of 10%

Challenges	Mitigation
Due to lockdown, no face-to-face individual or group activities have been completed this quarter.	Alternative online service provided
Engagement levels with new referrals throughout Q1 have been the lowest we have seen in the mental health pathway since the start of the project – 76%. We have issued 44 non-engagement letters to clients since the start of April 2020	Follow up on clients and offering alternative means of engagement
Increase in the number of referrals we are receiving from Talk Together Bromley. This increased noticeably during the lockdown period. 12 clients supported through the Tier 2 service this quarter were either referred directly or signposted by Talk Together Bromley to access Bromley Well whilst on the waiting list for further assessment/therapies.	Further engagement with service provider planned
Clients presenting Autism and other neurological or social learning disorders,	Work with service to deliver appropriate training and a review of mental health provision, including evaluation of autism pilot planned for Q2

### *MH Outcomes*

Successful transition of the service to remote delivery following the start of the lockdown period.

This transition has included the following activities:

- Review of all staff capacity, safety and set up to work effectively from home
- Review of all service and work-based tasks with the team to agree a new approach to delivery during lockdown
- Design of a new COVID-19 pathway to support clients needed support to manage mental health issues triggered or perpetuated by the virus/pandemic (see included slides). To date 30 people have been referred into this pathway and receive our new COVID wellbeing support plan (3 weeks of support with an action plan to improve wellbeing, resilience, lifestyle and social health)
- Review of academic research to determine common mental health issues that develop when people encounter a pandemic

### **Carer Respite Service**

- The service was suspended the week commencing 23 March when the Government announced UK 'lock-down' due to Coronavirus Pandemic. The Sitting Service Co-ordinator has started communications with the staff since starting in June and also talking to the carer respite clients to check if they would like to resume respite assistance if safe to do so. The service restarted towards te end of Q1 (20-21),

### **Challenges**

Challenges	Mitigation
The biggest challenge for the service this quarter has been Coronavirus and therefore the lack of referrals into the service. We were unable to offer the service to patients testing positive, which is why the referrals have been so low, along with the fact that less people were admitted due to falls, and there were no planned procedures happening at the hospital.	The service is exploring how to provide support for carers in Q2-this has already commenced

## The Support to the sector update

- **Information, Advice and Guidance**

The service supported & worked with 92 unique organisations this quarter on income generation, fundraising, community development, HR, trustee development and governance.

The service also:

- Produced 13 e-bulletins covering the Building a Better Bromley themes. They included items on PHE's guidance on supporting children and young people's mental health during Covid-19; promoted Bromley Well's mental health and wellbeing pack; PHE Psychological First Aid course. This last item was accessed by several local organisations including One in Four, Living Well Bromley, Bromley Mencap and Biggin Hill Mutual Aid.
- Developed additional COVID alerts/updates, to keep people more regularly informed on the latest Coronavirus support and information nationally and for the local VCSE sector. The intention of these alerts is to communicate any crucial information separate from our longer regular e-bulletin..
- Developed a Coronavirus information page on our website, including information and signposting to the Council's volunteering programme, links to our Coronavirus research surveys and other useful resources.

- **Income Generation**

34 organisations were given funding advice and support covering submissions to several funders including the Innovation Fund, the Direct Line Group Fund, CAF COVID19 Response Fund.

The National Lottery Funding Workshop on Funding availability (Workshop targeted BAME, LGBTQ, and disability charities – Registered organisation 26). Materials subsequently distributed via e-bulletins).

- Set up an online portal to manage funding applications for the Direct Line Fund. This has not only sped up the application process but also the scoring and evaluation of bids, so that organisations have been able to receive the funding with a much quicker turnaround. It has also provided data analysis and infographics. This portal will be used for future funding opportunities managed by CLB.

## **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.

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

## Progress Summary

The Dementia Post Diagnosis Support Service (Dementia Hub) has also suspended all face-to-face delivery. One to one telephone support to service users is also provided by staff working remotely at home. However, the nature of the support has been adapted during COVID to meet the needs of the users. For example calls times are longer as service users and carers require additional emotional support. Many of the services Dementia Advisors' would have signposted people to are not currently operating as usual. Many people who use the service have reported feeling anxious and isolated, those most vulnerable have been given additional support.

New referrals are triaged over the telephone and new online support groups have been set up via Zoom and private Facebook groups.

At the end of April 2020, BLG Mind was awarded a new 5 year contract to deliver the Dementia Hub from 1st July 2020. Mobilisation of the new service is being implemented alongside the delivery of the current service.

In consultation with commissioners, BLG Mind has continued to deliver all aspects of the service with slight modifications to the delivery method where necessary.

### **The higher level targets achieved at the end of Quarter 1 (2020/21):**

- 122 enquiries/referrals were received from people with a diagnosis of dementia and 15 from carers.
- 126 new cases were created by Dementia Advisors against an annual target of 195
- 394 cases were recorded as active against a target of 160
- 2 carer workshops have been delivered against a target of 21
- 66 1:1 coaching sessions have been delivered within the home against a target of 100 (66 sessions, on 32 cases provided via phone and/or Zoom during lockdown)
- 44 carers have received in-home coaching against a target of 130

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

An update will be provided in Q2. The High Intensity User Liaison Lead is now in post. This is a new post is 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.

## **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.

#### **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 .

#### **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)**

A service update will be provided in Q2

#### **4.11 Adult Social Care Systems**

There has been the introduction of a new referral and assessment format within the Early Intervention Team and the introduction of an online assessment form.

#### **4.12 Red Bag Scheme**

The Red Bag scheme is designed to enhance communication and information sharing when residents move between care settings and hospitals. An update will be provided for Q2.

#### **4.13 Enhanced Health in Care Home**

Bromleag Care Practice mobilisation is underway – 36 homes have registered their patients with the new practice . An update will be provided for Q2..

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

There are 14 step-down flats at 3 sites. An update will be provided for Q2

#### **4.15 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.

#### **4.16 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 £645k during 2019/20 were carried forward into the 2020/21 financial year to be used against BCF projects.

6.2 The 2020/21 budget and projected expenditure for both the Better Care Fund and the Improved Better Care Fund are detailed in the tables below:

### BCF 2020/21 QUARTER 1

Description	2020/21 budget £'000	Forecast Apr to Jun £'000	Forecast Jul to Sep £'000	Forecast Oct to Dec £'000	Forecast Jan to March £'000	Forecast Outturn £'000	Variation £'000
Reablement capacity	883	221	221	221	221	883	0
Winter Pressures Discharge (CCG)	669	167	167	167	167	669	0
Winter Pressures Discharge (LBB)	1,064	266	266	266	266	1,064	0
Integrated care record	391	98	98	98	98	391	0
Integrated care record - staffing contribution	57	14	14	14	14	57	0
Intermediate care cost pressures	648	162	162	162	162	648	0
Community Equipment cost pressures	437	109	109	109	109	437	0
Dementia universal support service	539	135	135	135	135	539	0
Dementia diagnosis	641	160	160	160	160	641	0
Extra Care Housing cost pressures	433	108	108	108	108	433	0
Health support into care homes/ECH	325	81	81	81	81	325	0
PSIS Contract	1,740	435	435	435	435	1,740	0
Risk against acute performance	1,395	349	349	349	349	1,395	0
Transfer of Care Bureau	584	146	146	146	146	584	0
Transfer of Care Bureau - staffing contribution	49	12	12	12	12	49	0
Protecting Social Care	9,292	2,323	2,323	2,323	2,323	9,292	0
Disabled Facilities Grants - CAPITAL	2,153	538	538	538	538	2,153	0
Carers Funding	546	137	137	137	137	546	0
Reablement Funds	986	247	247	247	247	986	0
Reablement Funds	326	82	82	82	82	326	0
Contract reduction	155	39	39	39	39	155	0
Programmes Team	38	10	10	10	10	38	0
Community Equipment cost pressures	161	40	40	40	40	161	0
Development of joint initiatives	669	167	167	167	167	669	0
Unallocated - additional BCF above inflation	673	168	168	168	168	673	0
<b>Total Recurrent Budget</b>	<b>24,854</b>	<b>6,214</b>	<b>6,214</b>	<b>6,214</b>	<b>6,214</b>	<b>24,854</b>	<b>0</b>

## 2020/21 IBCF - POOLED BUDGET STATEMENT

2019/20 Improved Better Care Fund £000		2020/21 Improved Better Care Fund (Projected) £000
<b>Income</b>		
4,636	Revenue grant funding - recurrent	4,636
1,677	Revenue grant funding - additional *	1,677
1,191	Winter Pressures Grant **	1,191
<u>3,967</u>	Carry forward from 2019/20	<u>2,766</u>
<b>11,471</b>	<b>Gross Income</b>	<b>10,270</b>
<b>Expenditure</b>		
<u>8,705</u>	Revenue expenditure	<u>9,103</u>
<b>8,705</b>	<b>Gross Expenditure</b>	<b>9,103</b>
<b>Deficit / (Surplus) for the Year</b>		
<u>(2,766)</u>	Revenue	<u>(1,167)</u>
<b>(2,766)</b>		<b>(1,167)</b>

\* Additional (non-recurrent) funding of £1,677k has continued for a 4th year in 2020/21

\*\* 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/IBCF 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

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Report No.  
ACH20-055

London Borough of Bromley

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**Decision Maker:** HEALTH AND WELLBEING BOARD

**Date:** 24<sup>th</sup> September 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

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1. Summary

1.1 The final version of the Annual Public Health Report for 2020 is to be presented to the HWBB at this meeting for information.

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2. Reason for Report going to Health and Wellbeing Board

2.1 To provide an opportunity to view the final version of the Annual Public Health Report for 2020.

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

3.1 The HWB is asked to:

- 1) Note progress made on the final version of the Annual Public Health Report 2020
- 

Financial

Not applicable

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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.

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#### 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 now complete.

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?
  - Impact of Covid-19

#### 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
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Background Documents: (Access via Contact Officer)	Not Applicable
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# Annual Public Health Report

## Talking About Sex in Bromley

Date Issued

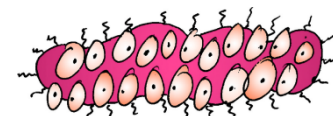
September 2020

Report by

Dr Nada Lemic  
Director of Public Health

## Contents

1. Welcome	Page 3
2. What are sexually transmitted infections?	Page 4
3. Introducing the key STIs	Pages 5-6
4. Evidence of effectiveness	Pages 7-11
5. Key facts in Bromley	Pages 12-13
6. What are we doing now?	Pages 14-18
7. What are we developing?	Page 19
8. Impact of Covid-19	Page 20-22
9. References	Page 23
10. Glossary	Page 24



# Welcome

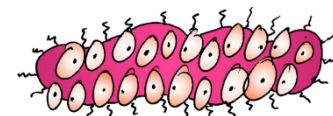
Welcome to Bromley's Annual Public Health Report for 2020. As the Director of Public Health it is my responsibility to monitor the health of the population in Bromley and implement prevention services and interventions where possible to improve the health of our residents now and in the future.

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.

This year I have chosen sexual health and in particular sexually transmitted infections.

Sexual health is an important area of public health. Most of the adult population of England are sexually active and access to quality sexual health services improves the health and wellbeing of both individuals and populations.

I hope you enjoy reading the report.



# What are sexually transmitted infections?

- Sexually transmitted infections (or STIs) are specific bacterial or viral infections that can be caught or passed on when individuals have unprotected vaginal, anal or oral sexual contact, with another person who already has an STI.
- STIs are communicable diseases that must be controlled. Once acquired, STIs need to be diagnosed and treated quickly to prevent onward transmission to partners. It is therefore essential to provide accessible screening, diagnosis and treatment management for those affected and their partners. Prevention methods and advice are a crucial part of the care pathway to minimise the re-infection rates within the community.



## Introducing the key STIs

### Chlamydia

**Most common bacterial STI** that often has NO symptoms but can give individuals long term abdominal or testicular pain and can lead to infertility or other serious medical illnesses [males & females]. Can be prevented with the use of condoms and can be treated with antibiotics. Young people under the age of 25 should be tested every year and with every new partner.

[www.sexualhealthbromley.co.uk](http://www.sexualhealthbromley.co.uk)



**Gonorrhoea** Another bacterial STI that can cause irritation, discharge with odour and pain but also can have NO symptoms. It can be treated with specific antibiotics but there is Public Health concern regarding this STI becoming resistant to antibiotics and therefore treatment MUST be managed by a specialist Sexual Health [GUM] Clinic. It is rapidly spreading, especially among Gay communities but affects ALL sexual orientations. [www.sexualhealthbromley.co.uk](http://www.sexualhealthbromley.co.uk)

**Herpes** A viral STI that leads to painful small blisters and ulcers.

Although cannot be completely cured, with treatment, symptoms could become less severe over time.



**Genital Warts** Common viral STI

have become less common since the introduction of the HPV vaccination programme. Involves localised treatment and may keep returning

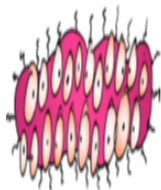


**Syphilis** This serious STI has returned to the scene and is on the increase [especially in Gay and Bi-Sexual men] It causes sores, ulcers and body rashes but if left untreated can become very serious.



**Hepatitis** Serious viral infections that affect the liver [Hep A, Hep B and increasingly Hep C] can be contracted by unprotected sexual intercourse

**HIV** A serious sexually transmitted viral infection [can also be contracted in other ways] leaving individuals with a life-long infection that requires anti-viral medication for life. With treatment, individuals are likely to live a NORMAL LIFE-SPAN as long as the infection is **DIAGNOSED EARLY**. Bromley Public Health promotes EARLY testing to give individuals the opportunity of life without serious illness.



[CONFIDENTIAL TESTING AVAILABLE AT GP PRACTICES]

# Evidence of effectiveness

There is strong evidence that supports the effectiveness of Public Health sexual health programmes when they are part of an overall strategy of commissioning cost effective early interventions.

### Condom Schemes

A national survey looking at free condom schemes was conducted by Public Health England and published in 2017.

The findings concluded that condom availability was a key component of the sexual and reproductive health economy due to their significant reach and easy access. The schemes were particularly successful in engaging 15-19 year olds with similar gender access noted. It was also found that the Community Pharmacy outlets to be the most commonly used venues nationally and Bromley has always demonstrated this pattern of use also. The report demonstrates that running costs of condom schemes are low compared to treating the population with new STIs, HIV or Unplanned pregnancies.

Popularity and acceptability of the C-Card schemes was reflected in the high number of repeat users although the survey demonstrated only 6% of the young adult cohort are registered with this type of scheme. It was also found that if young people were encouraged to use condoms at a sexual debut, they were twice as likely to use condoms in their most recent sexual encounters.

The PHE survey reinforced that correct and consistent condom use remains a major intervention preventing STIs and unplanned pregnancies with condom schemes found to be a key and economical way of promoting condom use.



# Evidence of effectiveness

## **National Chlamydia Screening Programme (Dual Testing for Chlamydia & Gonorrhoea) and STI testing**

In view of the latest PHE data showing that young adults continue to experience the highest rates of sexually transmitted infections, targeting STI testing in this cohort remains essential. Early detection with rapid open access treatment and partner notification can reduce the risk of further complications and spread of infection. Dr Anthony Nardone, Consultant Epidemiologist at PHE commented that a survey of young adults found that screening has a positive impact on sexual behaviour and provides an important channel for the delivery of safe sex messages. Dr Nardon also reports that this enhances the cost effectiveness of Chlamydia Screening beyond that of the testing itself.

PHE recommends LAs should ensure under 25s have continued access to chlamydia screening and reinforces this by offering support to local areas through the 'Chlamydia Care Pathway Workshops' that aim to increase diagnostic and treatment opportunities without increasing testing volume. Bromley commissioners and providers have jointly and uniquely taken advantage of this annual PHE support being offered and increased efficiencies in diagnostic rates and partner treatment management as a result.





# Evidence of effectiveness

### STI Trends (HIV Syphilis & Gonorrhoea)

Interventions that encourage early testing for HIV along with provision of anti-retroviral medication, pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) for high risk individuals is lowering the number of new HIV infections on a national scale. Although black and ethnic minorities are more often diagnosed later, the outcome is improved by targeting these groups in clinics and GP settings.

Although Gonorrhoea and Syphilis continue to rise and are of concern, PHE has released a Syphilis action plan titled 'Addressing the increase of Syphilis in England' that optimises key pillars of implementation to support control and prevention of Syphilis (and Gonorrhoea) with the greatest impact on gay or bi-sexual men. These include, testing high risk MSM (men who have sex with men), includes re-testing, robust delivery of Partner Notification and participation in targeted condom schemes to prevent onward transmission of infections.



# Evidence of effectiveness

## LARC

Local Authorities are required to offer reasonable access to a broad range of contraception methods. This supports women controlling their own fertility but Nice Clinical Guidance found there could be considerable difference between the effectiveness of several methods based on 'typical use' and 'perfect use'. For example, oral contraception methods depend on the user remembering to take it consistently and as prescribed to be effective. This contrasted with the effectiveness of LARC (long acting reversible contraception) methods such as, Sub-Dermal insertions (SDI), IUCD (Intra Uterine Contraception Devices), which once fitted, provides effective contraceptive cover for many years without further action required by the user. PHE and NICE have noted that not only have cost savings been made with the increased use of LARC methods, but the number of unwanted conceptions is decreasing year on year. Therefore Local Authorities are advised to continue facilitating and promoting the provision of these cost effective methods where messages on sexual health promotion can also be included as part of conversations.



# Evidence of effectiveness

## EHC

Timely access to Emergency Hormonal Contraception (EHC) continues to contribute to the decline in teenage pregnancies and unplanned pregnancies in the under 25s. There is considerable cost savings made for every averted pregnancy which is outlined by PHE in the 'Contraception: Economic Analysis Estimation of the Return on Investment'.

Although EHC is widely available from many settings, Community Pharmacies are found to be the main route young adults choose to access this method. There are possibly many reasons for this, such as potential difficulty in accessing a GP appointment in time (within the required 72 hours) but also pharmacies are usually situated locally, are easy to access and opening times are convenient. PHE released a document 'The Pharmacy Offer for SH & Reproductive Health' March 2019 highlighting the success and potential by describing Community Pharmacies as social and community assets.

Community Pharmacies are the most frequented health care settings in England and these encounters offer opportunities to offer an integrated package of sexual health that goes beyond a single treatment approach. Implementing 'Making every contact count' (MECC) is proven ideal in this setting and Pharmacists can proactively engage the service user in discussions on safe sex and provide advice on contraception during appropriate confidential consultations.

A higher percentage of Chlamydia screening test results are also found positive for infection from this setting.



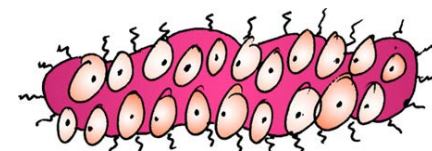
# Key facts in Bromley

Bromley Public Health team produced a Sexual and Reproductive Health Needs Assessment for Bromley in 2019. The findings of which have informed this Annual Public Health Report on Sexually Transmitted Infections in Bromley.

- A total of 2,082 new STIs were diagnosed in residents of Bromley in 2018 (1,140 in males and 937 in females), a rate of 632.1 per 100,000 residents (males 720.0 and females 547.8).
- Overall, of all those diagnosed in 2018 with a new STI in Bromley, 54.8% were men and 45% were women.
- The at risk populations continues to be young people aged 15-24 who are at highest risk of chlamydia infection, MSM and Black African /Caribbean ethnic groups who have the highest rates of new STI infections in Bromley.

Where recorded, 19.5% of new STIs diagnosed in Bromley were in people born overseas.

The majority of new STIs were diagnosed in the more deprived areas of Bromley (2017).



# Key facts in Bromley

- The data shows that Chlamydia, Gonorrhoea and Syphilis have seen increases in the percentage change between 2014 and 2018.
  - Bromley ranks 64<sup>th</sup> highest for Gonorrhoea and 51<sup>st</sup> highest for Syphilis (out of 326 Local Authorities).
  - In 2017, the diagnosed HIV prevalence rate in Bromley was 2.6 per 1,000 population aged 15-59 years, compared to 2.3 per 1,000 in England.
  - 23% of the middle super output areas (MSOAs) in Bromley had a HIV prevalence rate higher than 2 per 1,000 population, all ages.
  - In 2017, 18 adult residents of Bromley were newly diagnosed with HIV.
  - The rate of new HIV diagnosis per 100,000 population among people aged 15 years or above in Bromley was 6.8.
- Late diagnosis is the most important predictor of HIV-related morbidity and short-term mortality. It is a critical component of the Public Health Outcomes Framework and monitoring is essential to evaluate the success of local HIV testing efforts.
- In Bromley, between 2015 and 2017, 44.7% (95% CI 28.6%-61.7%) of HIV diagnoses were made at a late stage of infection (CD4 count  $\leq$  350 cells/mm<sup>3</sup> within 3 months of diagnosis) compared to 41.1% (95% CI 40.2-42.1) in England.
  - Also within Bromley 35.7% (95% CI 12.8%-64.9%) of gay and bisexual men and 55% (95% CI 31.5%-76.9%) of heterosexuals were diagnosed late.



# What are we doing now?



# What are we doing now?



# What are we doing now?

Sexually Transmitted Infections (STIs) are communicable diseases and controlling their spread is a key aim of sexual health services. This is particularly crucial in light of the emergence of extensively drug resistant gonorrhoea.

There is strong evidence showing that the transmission of STIs can be reduced by ‘early diagnoses’ through delivery of the National Chlamydia Screening Programme (NCSP), provision of online testing, condom schemes, ‘safer sex’ messages and early behavioural interventions. Early diagnosis of HIV infection is crucial for a better treatment outcome. It is also now proven that onward transmission has been reduced to zero from individuals taking antiretroviral medication effectively. Providing broad opportunity for early testing in the GP setting and in non-specialist health care settings as well as increasing the frequency of testing for those most at risk, plays a key role in tackling HIV infection.





# What are we doing now?

Local sexual health services include the following and are provided either in clinic or in the community settings such as community pharmacies or GP surgeries as well as online STI testing service:

### Diagnosis and Treatment of STIs with HIV Community Support

- ‘Open access’ sexual health clinics that offer screening, health advice, diagnosis, and management of all STIs for those affected and their partners. Vaccination is also offered to control genital warts, hepatitis A and hepatitis B.
- HIV Clinical Nursing and Community Specialist service to support people newly diagnosed with HIV and those living with the disease to manage their conditions, adherence to treatment and to further reduce risks of transmission.

### Prevention and Early Detection

- Sexual health advice and condom schemes are at the heart of preventing and controlling STIs. Frequent screening of risk groups is important as STIs are often asymptomatic.
- Provision of online testing facility
- Screening for Chlamydia and Gonorrhoea in under 25s and targeted testing to detect undiagnosed HIV (and Syphilis) to avoid the serious consequences of untreated and onward transmission of these infections.
- Condom distribution schemes for the most at risk population groups such as young residents under the age of 25 and other groups most at risk of contracting HIV.



# What are we doing now?

## Commissioning and Contract Arrangements

Services are commissioned from a number of providers in different settings:

- Community Sexual Health Early Intervention Service is commissioned from Bromley Healthcare. Included in this contract are HIV Clinical Nursing Service and Contraception.
- STI & HIV screening at GP practices. This is part of a broad sexual health provision.
- Open Access clinic based Sexual Health Services. Acute Hospitals across London are commissioned to provide these via a London wide commissioning collaborative arrangement with contracts held by lead commissioners in sub-regional level.
- Sexual Health London is the London wide online STI testing service. This is commissioned in collaboration with other London Boroughs.



# What are we developing?

In Bromley we are working hard in developing the following for residents of Bromley:

- A local integrated offer
- PrEP - pre-exposure prophylaxis
- Strengthening our focus on prevention, promoting the use of the most effective method of condoms



# Impact of Covid-19 on Sexual and Reproductive Health

It may be premature at this stage to comment on the long term effect of Covid-19 on the health outcomes of sexual and reproductive health while in-depth work is already underway by a number of national and regional agencies to assess and understand this. However, there are already early signs that suggest the following impacts of the pandemic:

- **Infection Rate**

The online service has seen a significant increase in activities with a rise in positivity rate, especially in Gonorrhoea and Syphilis. This is concerning due to the increasing resistance of both Gonorrhoea and Syphilis to treatment. This rise in positivity rate could be the result of increased testing and potentially due to the change in pathway of treating online those symptomatic patients who are assessed as low risk. This requires further analysis and the continuation of close monitoring to understand this trend.



# Impact of Covid-19 on Sexual and Reproductive Health

- **Abortion and Conception Rates**

The latest figures on abortion and conception rates for 2019 are showing an upward trend especially in the older age group of women. There are concerns that this may continue to accelerate in 2020 potentially due to the restricted access to contraception clinics during the pandemic. This requires further analysis to ascertain whether the pandemic could be a contributor towards the increase in these rates.

- **Access**

The lockdown earlier in the year and the subsequent restrictions coupled with the required Covid safe measures had greatly reduced clinical capacity, especially in contraception. While our service providers have swiftly found alternative ways to deliver such as switching to postal and online contraception, a waiting list has emerged when clinics gradually resume their service. The recovery plan of our providers especially on addressing access is an area of close scrutiny by our commissioners to ensure the waiting list is managed and reduced over time. This is particularly important to ensure that access will not adversely affect those who are vulnerable and high risk.



# Impact of Covid-19 on Sexual and Reproductive Health

While there are early signs of adverse effects that could be attributed to the pandemic on sexual and reproductive health, there have been rapid changes and innovation in how sexual and reproductive health services are delivered due to the COVID-19 response. Locally and regionally in London, sexual health commissioners have worked hard with clinicians in drawing up new pathways to increase the range of online provisions during the pandemic. This includes shifting the testing and treating symptomatic patients who have been assessed by clinic staff as low risk to SHL (the London sexual health online service), and provision of online oral contraception including emergency hormonal contraception. This resulted in a further shift of clinic based activities to online services. The pace at which changes we have seen so far by providers and the partnership working in such an extremely and intense set of circumstance is encouraging. We will continue to work closely in capitalising the innovation we have developed further in the coming months.



# References

1. Bromley Sexual and Reproductive Health Needs Assessment 2020
2. <https://www.gov.uk/government/publications/condom-distribution-schemes-in-england>
3. <https://www.gov.uk/government/statistics/sexually-transmitted-infections-stis-annual-data-tables>
4. <https://www.gov.uk/government/publications/syphilis-public-health-england-action-plan>
5. <https://www.nice.org.uk/guidance/qs178/history>
6. <https://www.gov.uk/government/publications/commissioning-sexual-health-services-and-interventions-best-practice-guidance-for-local-authorities>
7. <https://www.gov.uk/government/publications/contraceptive-services-estimating-the-return-on-investment>
8. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/788240/Pharmacy Offer for Sexual Health.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/788240/Pharmacy_Offer_for_Sexual_Health.pdf)
9. <https://publichealthmatters.blog.gov.uk/2019/08/21/health-matters-preventing-stis/>
10. <https://www.nice.org.uk/guidance/qs178/documents/briefing-paper>
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13. <https://www.gov.uk/government/statistics/public-health-outcomes-framework-february-2019-data-update>



# Glossary

BHC	Bromley HealthCare
BAME	Black and Minority Ethnic Groups
C&RH	Contraception and Reproductive Health
EHC	Emergency Hormonal Contraception
GUM	Genitourinary Medicine
HIV	Human Immunodeficiency Virus
LARC	Long-Acting Reversible Contraception (injections, implants and intrauterine devices)
LGBTQ	Lesbian, Gay, Bisexual, Transgender and Questioning
MSM	Men who have sex with men
NCSP	National Chlamydia Screening Programme
RSE	Relationship & Sexual Education
SHS	Sexual Health Services
STI	Sexually Trnsmitted Infection
TOP	Termination of Pregnancy





Report No.  
CSD20090

London Borough of Bromley

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**Decision Maker:** HEALTH AND WELLBEING BOARD

**Date:** Thursday 24<sup>th</sup> September 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

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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.

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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.

<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 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	The voluntary sector had been included in the work on obesity through Bromley Well. Including: <ul style="list-style-type: none"> <li>- delivery of education programmes for long term conditions on staying healthy;</li> <li>- inclusion of signposting to Bromley Well in our previous Bromley 'support for weight management' leaflet promoted in libraries, other providers and primary care, as they can support the wider determinants which may be preventing people being able to address their weight;</li> <li>- Bromley Well promotion of physical activity;</li> <li>- Bromley Well deliver education to providers on Every Contact Counts.</li> </ul>	<b>Completed</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	Item deferred due to role changes.	<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>	An Executive Summary of the FGM review undertaken would be provided to Board Members.	Independent Chair: Bromley Safeguarding	Link to the review was circulated on 16 <sup>th</sup> September 2020.	<b>Completed</b>

<b>Bromley Safeguarding Children Board Annual Report</b>		Children Partnership		
<b>Minute 5 30<sup>th</sup> April 2020 (Informal Meeting)  Social Care Update</b>	Report looking at the concerns relating to the levels of domestic violence, and whether they were hidden within referrals, to be circulated to Board Members.	Independent Chair: Bromley Safeguarding Children Partnership		<b>In progress</b>
<b>Minute 6 2<sup>nd</sup> July 2020  Proposal to Establish a New Obesity Task and Finish Group</b>	A GP to be identified for involvement in the Obesity Task and Finish Group.	Borough Based Director – SEL CCG		<b>In progress</b>
<b>Minute 7 2<sup>nd</sup> July 2020  Public Health Update</b>	A link to the published Bromley Outbreak Control Plan to be circulated to Board Members.  A dashboard of key statistics to be circulated to Board Members on a regular basis.	Director: Public Health / Clerk  Director: Public Health / Clerk	The link was circulated via email on 13 <sup>th</sup> July 2020.  Key statistics were circulated on a regular basis from 17 <sup>th</sup> July 2020.	<b>Completed</b>  <b>On going</b>
<b>Minute 8 2<sup>nd</sup> July 2020  NHS Update</b>	Figures relating to antibody testing to be circulated to Board Members.	Borough Based Director – SEL CCG	Verbal update to be provided at the meeting.	<b>In progress</b>

## HEALTH AND WELLBEING BOARD WORK PROGRAMME

3 <sup>rd</sup> December 2020	
Health and Wellbeing Strategy: JSNA Priority Areas (x 2)	Dr Nada Lemic
CCG Winter Schemes 2020/21	Clive Moss (CCG)
Better Care Fund and Improved Better Care Fund Performance update – Q2 2020/21	Ola Akinlade
BSCP Strategic Threat Assessment	Jim Gamble / Joanna Gambhir / Kerry Davies
Bromley Safeguarding Children Partnership – Annual Report	Jim Gamble / Joanna Gambhir / Kerry Davies
Bromley Safeguarding Adult Board – Annual Report	Bulent Djouma
Information Item: Update on DToC Performance (tbc)	Jodie Adkin
Work Programme and Matters Outstanding	Democratic Services
11 <sup>th</sup> February 2021	
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 (tbc)	Jodie Adkin
Work Programme and Matters Outstanding	Democratic Services
29 <sup>th</sup> April 2021	
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 (tbc)	Jodie Adkin
Work Programme and Matters Outstanding	Democratic Services

### To be scheduled:

Overall Pathway - Adult and Children Mental Health	
Mental Health Discussion	
Mapping exercise – transitional safeguarding	