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DATE: 3 February 2021

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

Teresa Bell	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 11 FEBRUARY 2021 AT 1.30 PM**

**PLEASE NOTE: This is a 'virtual meeting' and members of the press and public can see and hear the Board 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://cds.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 5<sup>th</sup> February 2021.**

**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 3RD DECEMBER 2020 (Pages 1 - 20)**

**5 HOMELESSNESS UPDATE (Pages 21 - 26)**

**6 UPDATE ON SAFEGUARDING ISSUES (VERBAL UPDATE)**

**7 PARTNER UPDATES REGARDING THE PANDEMIC (VERBAL UPDATE)**

To include:

- situation report from all partners
- immunisation roll out for Bromley

**8 LONELINESS AND SOCIAL ISOLATION - VETERANS (Pages 27 - 32)**

**9 JSNA UPDATE (Pages 33 - 36)**

**10 HEALTH AND WELLBEING STRATEGY: JSNA PRIORITY AREAS (VERBAL UPDATE)**

**11 WORK PROGRAMME AND MATTERS ARISING (Pages 37 - 42)**

## **12 HEALTH AND WELLBEING BOARD INFORMATION BRIEFING**

The briefing comprises:

- Better Care Fund (BCF) and Improved Better Care Fund (iBCF) 20-21 Quarter 3 Performance Report

Members of the Health and Wellbeing Board have been provided with advance copies of the briefing via email. The briefing is also available on the Council's website at the following link:

<http://cde.bromley.gov.uk/ieListMeetings.aspx?CId=559&Year=0>

## **13 ANY OTHER BUSINESS**

## **14 DATE OF NEXT MEETING**

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

## **15 LOCAL GOVERNMENT ACT 1972 AS AMENDED BY THE LOCAL GOVERNMENT (ACCESS TO INFORMATION) (VARIATION) ORDER 2006 AND THE FREEDOM OF INFORMATION ACT 2000**

**The Chairman to move that the Press and public be excluded during consideration of the items of business listed below as it is likely in view of the nature of the business to be transacted or the nature of the proceedings that if members of the Press and public were present there would be disclosure to them of exempt information.**

## **16 BSCP STRATEGIC THREAT ASSESSMENT**

*To follow*

Information relating to the financial or business affairs of any particular person (including the authority holding that information)

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## HEALTH AND WELLBEING BOARD

Minutes of the meeting held at 1.30 pm on 3 December 2020

### Present:

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

Kim Carey, Director: Adult Social Care  
Rachel Dunley, Head of Service: Early Intervention and Family  
Support  
Dr Nada Lemic, Director: Public Health

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

### **34 APOLOGIES FOR ABSENCE**

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

Apologies for absence were received from Councillor Gareth Allatt, Janet Bailey and Jim Gamble – Independent Chair of the Bromley Safeguarding Children Partnership. Apologies for absence were also received from Frances Westerman – Healthwatch Bromley, and Mina Kakaiya – Healthwatch Bromley attended as substitute.

Apologies for lateness were received from Councillor Marina Ahmad and Councillor Judi Ellis. Councillor Mike Botting and Christopher Evans gave apologies for needing to leave the meeting early.

### **35 DECLARATIONS OF INTEREST**

Christopher Evans declared an interest in relation to his role as Director of Bromley Third Sector Enterprises / Bromley Well.

### **36 QUESTIONS**

No questions had been received.

**37 MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 24TH SEPTEMBER 2020**

**RESOLVED that the minutes of the meeting held on 24<sup>th</sup> September 2020 be agreed.**

**38 UPDATE ON THE WEIGHT REDUCTION CAMPAIGN (VERBAL UPDATE)**

The LBB Communications Executive informed Board Members that they were taking the opportunity to talk about losing weight, due to the link between obesity and COVID-19. The first stages of the 'Don't Wait to Lose Weight' campaign had been launched through the 'Better Health' campaign, with a press release on the Council's website and information to signpost residents to the resources available to help them lose weight. The 'Better Health' campaign had since moved onto its 'Get Active' theme, and would then move on to 'Mental Health'.

Graphics had been designed for the 'Don't Wait to Lose Weight' campaign, around which the communications plan had been created. The graphics had been included on the carousel of images on the homepage of the website, and signposted residents to the health pages and NHS resources. The story had also been covered in the LBB e-newsletter, which was distributed electronically to around 70,000 residents, and the volunteer newsletter which was sent to the 4,500 volunteers that had been engaged in response to the pandemic. There had also been continuous social media messaging using these graphics. The obesity campaign would continue to be developed separately in the run up to Christmas, and into the New Year.

**RESOLVED that the update on the weight reduction campaign be noted.**

**39 CCG WINTER SCHEMES 2020/21**

**Report ACH20-081**

The Board considered a report providing an overview and update on the overarching One Bromley Winter Plan and the delivery of the NHS SEL CCG (Bromley), London Borough of Bromley Winter Schemes 2020/21 (funded from the Better Care Fund (BCF)). All schemes / funding lines would be evaluated at the end of the period and reported as part of the Winter Evaluation.

The plan had been considered and reviewed at the Bromley A&E Delivery Board. The Board was facilitated by NHS SEL CCG (Bromley), working in partnership with King's College Hospital, the London Borough of Bromley, Greenbrook Healthcare, Oxleas NHS Foundation Trust, Bromley Healthcare, Bromley GP Alliance, St Christopher's, the London Ambulance Service and Bromley Third

Sector Enterprise. It had also been discussed and inputted into previously by the Bromley Health and Wellbeing Board, Bromley Health Scrutiny Sub Committee, Bromley Borough Based Board and had formed part of the assurance on Winter Plans to NHS England / Improvement.

The Plan update report was presented to the Health and Wellbeing Board as part of the local assurance scrutiny and assurance process. The report provided an update on mobilisation of the CCG and Local Authority's 2020/21 winter schemes which the Board were asked to note and comment on. The Plan included reference to the Bromley Adult Social Services Winter Plan (the Local Authority template sent out for completion by the Department of Health and Social Care) that set out the approach to be taken around care and support sufficiency and quality of care services for residents supported in the community.

The overall aim of the plan was to provide an overview of how the Bromley system would respond to seasonal demand and a potential second wave of COVID-19 at both a tactical and strategic level. Furthermore, the plan would support the local health and social care system to effectively manage winter pressures, for example with hospital discharge pressures or supporting patients in the community through robust care and support offers to help them remain independent in their own home.

The Senior Commissioning Manager advised that the funding for CCG and LBB winter schemes is budgeted from the Better Care Fund, whilst King's schemes were funded internally via their core contract. NHS SEL CCG (Bromley), London Borough of Bromley (LBB) and King's College Hospital (PRUH site) had proposed winter resilience schemes that supported delivery of the strategic priorities of the winter plan. Those strategic priorities were as follows:

- Meet additional winter demands on front line services with a focus on supporting and preventing acute pressure;
- Focus on supporting vulnerable groups to prevent the need for hospital-based care;
- Ensuring sufficient resource to manage a potential COVID-19 wave 2, learning from wave 1;
- Flu vaccinations for staff at provider organisations (including Local Authority and Bromley Third Sector Enterprise staff) and patients via primary care, community and pharmacies; and
- Alignment of winter communications with SEL CCG and robust patient engagement in planning winter services.

The Senior Commissioning Manager noted that in line with these strategic priorities, the following schemes had been agreed:

**1. Meet additional winter demands on front line services with a focus on supporting and preventing acute pressure:**

A) Additional capacity to support Bromley SPA

The SPA for Hospital Discharge was formed in March 2020 as part of a mandated response to the COVID-19 Pandemic to support appropriate and

effective hospital discharges. Faced with potential additional demand, the CCG had ensured the SPA had additional therapy and nursing staff in place over winter to triage the patients and support safe and timely hospital discharge.

B) Additional capacity to support the Urgent Treatment Centre

Additional staffing had been put in place to support evening and weekend attendance surges. A Floor Coordinator had been put in place on the PRUH site, who supported clinical shift leads in the busy periods and helped manage the flow and siting of patients. This was especially important due to the social distancing requirements. The role also played a valuable one in patient liaison, and dealing with simple patient concerns and being a good information flow to patients. The role would also support the shift lead in being a conduit between the service, ED and patients, and could carry out admin tasks, freeing up shift leads for more clinical oversight.

The funding agreed would also extend the shift time of the Health Care Assistants (HCAs) to finish at midnight rather than 9pm during winter, 7 days a week. The HCA role was an excellent support role to clinical teams and reduced pressures on the shift lead and streaming function. It would also support the fact that capacity within all departments remained an ongoing risk over winter with current COVID-19 levels, HCAs could step in to complete some tasks normally completed by trained staff.

C) Additional capacity to support rota fill over Christmas and New Year

Additional capacity would be put in place for GP Out of Hours and GPs within the Urgent Treatment Centre services over the Christmas and New Year period, where previous years there had been a surge in demand.

D) Additional capacity into Primary Care Access Hubs

Additional consultation appointment slots would be made available for patients on days of the week that were currently seeing high demand. Additional slots would run from early December 2020 to the end of March 2021.

E) Additional Adult Social Care Capacity

Increased Care Management capacity across the Hospital Discharge and Adult Early Intervention Team (AEIT) due to the increased demand for Care Act assessments and support throughout the winter period. There would also be additional Moving and Handling Risk assessors to respond to the increase in clients requiring double handed care, and support to ensure promotion of independence through timely intervention and review.

**2. Focus on supporting vulnerable groups to prevent the need for hospital-based care:**

A) Community Respiratory Management Service (Pilot)

COPD and respiratory presentations were the highest reason for attendance during winter months, whilst also being particularly vulnerable to COVID-19. The objective of this scheme would be to reduce emergency



admissions in the hospital with management of patients in the community.

The scheme was an extension of the existing Bromley Healthcare Community Respiratory Service, which would provide additional capacity to provide an extended hours provision to manage acute exacerbation of chronic respiratory conditions. The service would include consultant oversight from the PRUH. Once accepted by the service, the respiratory team would triage and visit patients at home as required. In addition to this, telehealth would be used to provide some ongoing monitoring. If the patient was triaged as being able to and was mobile, the patient may be booked into appointments at the GP Access Respiratory Hub.

B) GP Access Respiratory Hub

The Bromley GP Alliance had opened a new GP Access Respiratory Hub in the Beckenham Clinic. The hub would be open daily and available for same day booking of registered patients who had a previously diagnosed respiratory condition, and, after a clinical assessment, were assessed as having an acute exacerbation of the condition or a new respiratory illness requiring urgent attention. This included respiratory patients with a confirmed or suspected COVID-19 diagnosis.

C) Urgent response support in community therapy and rapid response teams for patients in crisis

Additional capacity had been put into the Rapid Access Therapy and Rapid Response Teams, to treat patients who required a two-hour and same day responses in their own homes. The services mainly supported primary care in the community to avoid admissions, but could also support patients who had attended ED but could avoid being admitted with rapid access to therapy in their own home. Bromley Healthcare were deploying additional staff in their Rapid Response Team to bolster this urgent home visit service by over 30%. It was expected that additional capacity would be in place from 7<sup>th</sup> December 2020, for 12 weeks, and would end on the 1<sup>st</sup> March 2021.

D) Frailty Care Navigators

Care navigation support for frail patients to ensure that they were supported through the health and social care system. This would involve expanding capacity in Bromley Well services that supported social care e.g. frailty navigator, handy man, care navigators and emergency shopping.

E) Rapid access: Assisted technology, home repairs, deep cleans and declutters

Vulnerable patients may need support post discharge to return home. This may be due to frailty / fall risks and would benefit from pendant alarms or sensors so LBB would commission an external agency to provide urgent hardwiring in a timely manner. LBB would also commission significant repairs and deep cleans to allow clients to receive

care in their own home preventing admission or supporting hospital discharge.

**3. Ensuring sufficient resource to manage a potential COVID-19 wave 2, learning from wave 1:**

A) Nursing and Residential Home Isolation Unit for COVID-19 patients post discharge

In line with national legislation, these units were used predominately for COVID-19 patients to complete their isolation period required following an acute admission. However, there was an option for the capacity to also be used as interim assessment beds should the demand for COVID-19 beds decrease. The plan was for most patients to return to their existing placement at the end of their isolation period, however for new patients requiring a change of setting or a review of their existing levels of support, an assessment of their long-term care and support needs (Care Act Assessment) would take place whilst the client was in the units so they were discharged to their long-term care setting i.e. home, Extra Care Housing or long term placement. The Residential Isolation Unit had opened at Burrows House, and the Nursing Unit was being jointly commissioned with Lewisham.

B) Jointly commissioned discharge support including care home capacity and domiciliary care

This included delivering sufficient resources to enable timely hospital discharge and prevent admission as per national guidance, and as per the successful approach adopted during wave 1. Dedicated D2A domiciliary care resources were in place, alongside a joint contract for making care home placements under COVID-19 funding.

**4. Flu vaccinations for staff at provider organisations (organisations (including Local Authority and Bromley Third Sector Enterprise staff)) and patients via primary care and pharmacies:**

A) Flu Vaccinations for Staff

Each provider organisation member of the Bromley A&E Delivery Board had submitted their staff flu vaccination plans and were monitoring uptake. Staff at the London Borough of Bromley and NHS SEL CCG were being asked to get their flu vaccinations via their local pharmacy which could then be expensed. The CCG was also providing funding so that Bromley Third Sector Enterprise staff could similarly get free flu vaccinations as these were staff who would not ordinarily qualify for a flu vaccination via the national flu immunisation programme 2020/21.

B) Flu Vaccinations for Patients (including additional cohort of 50-64 year olds)

Bromley GP Alliance were providing flu vaccinations for all care home staff and residents. Bromley Healthcare had been delivering flu vaccinations for

all housebound patients.

**5. Alignment of winter communications with SEL CCG and robust patient engagement in planning winter services:**

With their stakeholders, the CCG had co-designed a ‘Staying Well This Winter’ leaflet for residents, informing them how to seek advice via 111; how to access GP services during the evenings and weekends; where to access voluntary sector services support; and where to get the flu vaccination and other immunisations. This would be targeted at areas where there was low flu vaccination take up last year, to ensure the most vulnerable were protected.

The Senior Commissioning Manager advised Board Members that in relation to mental health support, work was also being undertaken at a South East London level, looking at crisis homes as an alternative for those patients presenting at the ED but not requiring admission.

The Chairman noted that a very comprehensive report had been provided, and noted that it was encouraging that a number of the items previously discussed at meetings of the Health and Wellbeing Board had now been put in place.

The Borough Based Director – SEL CCG (“Borough Based Director”) highlighted that in addition to the winter schemes being implemented, a huge amount of other “business as usual” work had been taking place. It was highlighted that this had included working in partnership with the Local Authority to provide support to care homes, and the data for August, September and October 2020 showed there had been a 40-50% reduction in the number of residents visiting and being admitted to A&E, compared to the previous year. This was due to a several factors, including the pandemic; the training and support provided to care homes; and the GP practice for care homes.

In response to a question regarding social isolation and loneliness, the Portfolio Holder for Adult Care and Health noted that a considerable amount of funding had been secured through the Direct Line Group to support to some service providers in the voluntary sector, agreed via Community Links Bromley, over the last six months. The volunteering programme would also be continuing – a number of volunteers had remained in contact with residents that they supported through the first wave of the pandemic, and would continue to do so going forward, which would help to reduce the effects of social isolation and loneliness. The Director of Adult Social Care highlighted that the voluntary sector had provided some brilliant support, as had a number of the contracted providers, and they would continue to build these relationships. The Chairman noted that messaging on loneliness was also being shared with communities via faith groups, friend groups and resident’s associations. The LBB Communications Executive advised Board Members that the assistance line also offered a befriending service, and suggested that this could be publicised in the lead up to Christmas.

In response to a question, the Borough Based Director said that staff recruitment had been a challenge again this year, although they had tried to recruit staff

earlier. They were looking to use primary care staff in a different way, as several practices were managing patient appointments digitally. However, some pressures remained in the hospitals, such as providing nurses for extra beds. The Senior Commissioning Manager said that community health care was fully staffed, but there were issues around acute care which was reflected nationally.

The Borough Based Director informed Board Members that the Senior Commissioning Manager would shortly be moving to a secondment role at the SEL CCG, and thanked him for all the work he had undertaken, particularly in relation to the Winter Plans produced in recent years. On behalf of the Board, the Chairman thanked the Senior Commissioning Manager for his presentation and wished him all the best in his new role.

**RESOLVED that the update on the Winter Schemes 2020-21 be noted.**

**40 MENTAL HEALTH RESILIENCE - CURRENT POSITION AND ACTIONS (VERBAL UPDATE)**

The Chairman welcomed James Postgate, Associate Director of Integrated Commissioning – SEL CCG (Bromley), Matthew Trainer, CEO – Oxleas, Lorraine Regan, Service Director (Bromley Directorate) – Oxleas, Sheena Gohal, Associate Director – CAMHS - Oxleas and Gill Allen, Director – Bromley Wellbeing Service for Children and Young People, to the meeting to provide an update on the current position of mental health resilience in the Borough.

The Associate Director of Integrated Commissioning advised Board Members that from a commissioning point of view, they had seen significant changes to services across the Borough. It was noted that mental health resilience was also an area of focus for the Mental Health and Wellbeing Strategy.

The CEO – Oxleas advised Board Members that, as a result of the COVID-19 pandemic, they were expecting to see a sustained increase in the demand for mental health services over the next six months. During the first wave, there had temporarily been a “drop-off”, however there had been a surge in demand during June and July 2020 – the demand for emergency support for those in mental health crisis was high, and remained so. It was noted that some patients would see Oxleas, as a specialist mental health provider, whilst others would access support through their GP, Bromley Healthcare or non-NHS interventions. It was important that in recognising the increased demand that not everything became medicalised – as with the issues of social isolation and loneliness discussed earlier, the Bromley community as a whole would be able to respond and help ensure people had the support required. There had also been an increase in the demand for secondary specialist services, from those already known to Oxleas who had become acutely unwell due to the pandemic, as well as new presentations. It was anticipated that this would increase further with the expected rise in unemployment and the economic impact of the pandemic, with some national benchmarking data predicting a 20-30% increase in demand for services over the next six to twelve months. As well as managing specialist services, thought needed to be given to those who were dependent on non-NHS services to

help their recovery, and working in partnership with other departments such as social care and housing. It was emphasised that it would be a difficult winter period – some funding would be received, however this would not be sufficient to address the anticipated additional pressures on the service. Partnership working across the system would be particularly important this year.

The Service Director informed Board Members that services had continued to be provided throughout the pandemic. During the first wave of the pandemic, a number of services had moved on to digital platforms. On exiting the first wave they had worked to ensure that no patients had been excluded from receiving the support required due to their digital access. Face to face appointments had been offered throughout, however recently there had been a significant increase which had been affected by relapses in a number of patients well known to the service.

One of the most worrying trends was the number of young people presenting with a first episode of psychosis, and already being very unwell by this time. Work was therefore being undertaken with partners regarding how they could recognise this, and support and signpost these people into services much earlier. Staff were also mindful of the huge economic impact of the pandemic, and social stresses such as debt, housing and jobs, which could see patients relapse, and further increase the demand for services.

With regards to older adults mental health services, it was noted that this had been the patient group hardest to access face to face as many of them had been shielding or were anxious about leaving home. The team had been creative in providing support to these patient, and helping them access the care required and maintain contact.

It was noted that Oxleas would attend the February meeting of the Health and Wellbeing Board to provide further data, and the plans to take some of this work forward.

The Associate Director – CAMHS - Oxleas informed Board Members that the service was also seeing a higher level of acuity and demand. The CAMHS services had continued to be provided throughout the pandemic, but had moved to a hybrid model with a combination of virtual, telephone and face to face appointments. They had received a mixed response to these new ways of working, which had been helpful for some patients, but not all, and this would need to be taken into account going forward.

The service was seeing an increase in acute presentations, which during October 2020 were up 39% on the same period the previous year. These presentations were much more complex, and there were also significant safeguarding concerns which required partnership working with social care regarding how best they could provide support to these children. They had also seen an increase in cases of self-neglect, chronic depression, eating disorders and suicidal thoughts and intent. As well as an increase in crisis presentations, there had also been an increase in routine referrals – more were being accepted into CAMHS, which indicated a greater level of acuity.

With regards to winter pressures, it was anticipated that there would be a continued increase in demand on services. They would continue with recruitment, however it was hoped that by providing support to their crisis care pathway, it would free up some capacity to address some of the routine work undertaken in children's services. Throughout the pandemic, they had sought feedback from children, young people, and their families – they had some good data, which would help inform future provision.

In response to a question, the Associate Director – CAMHS - Oxleas said that it was extremely important to think about the response to children's mental health as part of a system. A huge amount of work was being undertaken across the Borough in relation to resilience, including the work with Bromley Wellbeing. Resilience was also a key element of some of the newly commissioned pathways in Bromley.

The Director – Bromley Wellbeing Service for Children and Young People informed Board Members that the service had seen a huge increase in referrals, from around 5 per day at the start of lockdown, to 20-30 per day. Increases were also being seen in schools and their face to face contact service. A whole school approach was being taken with partner agencies to provide support in all areas. They were also part of the Link, which looked at roles and responsibilities between healthcare and education, and was being rolled out across England by the CCGs.

Since March 2020, most of the Bromley Wellbeing services had been delivered remotely, which staff and teachers had adapted to extremely well, and feedback from young people and their families had been positive. However, some face to face contact was required, and this was still being provided. Some therapies were more amenable to remote working than others, and it was hoped that further face to face contact could be delivered from January 2021. They had been very aware of digital poverty, and mindful that some of these most vulnerable groups were struggling – they therefore ensured that they had access to IT and mental health services.

Due to the complexity of referrals, associated risk, and requirement of staff to manage safety calls there was an even greater need to liaise with partner agencies, such as social care. The Single Point of Access had been strengthened, and they were working closely with Oxleas - CAMHS to ensure young people were on the right care path, at the right time, and timely decisions were made. It was highlighted that wait times had been impacted due to the pandemic. They were managing to triage patients within 72 hours, and assess them within 4 weeks, however the wait time for intervention or treatment had moved from 4 to 10 weeks. With regards to workloads, as more conflict was being seen within families, cases were also being kept open longer.

During the pandemic, a website had been developed, "creating a door" into the Bromley Y and Oxleas - CAMHS services. They had worked hard to support their staff, and they had encouraged them to think about their own wellbeing. They had also considered the Black Lives Matter and the BAME agenda, undertaking outreach work into the community and ensuring that the same opportunities are provided. A survey had recently been sent out to all schools to gather feedback

from young people – over 150 responses had been received, a summary of which could be provided to Board Members.

A Board Members noted that the information provided, particularly in relation to CAMHS was extremely enlightening. It was suggested that, with regards to conversations around resilience, the Bromley Children and Young People's Forum could provide a captive audience and it also had a very active social media platform. The Associate Director – CAMHS - Oxleas and Director – Bromley Wellbeing Service for Children and Young People said they would welcome the opportunity to link with any forums. It was highlighted that the co-production of services ensured that the voices of children and young people were heard and sustained.

In response to a question, the CEO – Oxleas advised that the national Mental Health Investment Standard was an additional investment which had been mandated for mental services over the previous couple of years, to address issues such as access to psychological therapies and developing their community offer. This funding had been welcomed, and had been used as part of their transformation work – there had also been an announcement recently from the Treasury, advising that an additional £500m would be provided nationally to mental health services the following year, specifically related to the impact of COVID-19. Some additional funding had also been received for work around discharge from mental health units over the winter period. It was noted that in addition to the NHS receiving funding, it was important to ensure that social care, community and voluntary sector partners were able to “play their part”.

In response to a question regarding digital access, the Associate Director – CAMHS - Oxleas emphasised that this was an extremely important issue, to which they had given significant thought throughout the pandemic. It was noted that they had taken a person-centred approach, providing a range of options, and some specific pathways (such as the SEND pathway) which also provided access to digital technology. For those affected by IT poverty or connectivity issues, conversations with these families were taking place to establish the best method of intervention, and ensuring that there were no delays to assessment and treatment. Phone apps had also been developed, such as 'Attend Anywhere', which reduce the reliance on tablets and laptops. For the most vulnerable, and those for which there were social concerns, appointments were being provided face to face. Everything that was being provided was in collaboration with the individual family. The Director – Bromley Wellbeing Service for Children and Young People further advised that 49 schools had initially been involved in the mental health Trailblazer, and during the pandemic this had been extended to over 100 schools.

The Chairman noted that there were a number of programmes through which redundant phones and laptops could be donated, which could help address the issue of digital poverty. The Associate Director – CAMHS - Oxleas were linking with partners, including the Local Authority and Bromley Y to consider the best way to support the children and young people in their care. With regards to children in CAMHS services that were attending schools outside of the borough, work was undertaken with the local CAMHS services to ensure they had the required support and a smooth transition.

The CEO – Oxleas said it had been a difficult year, which had been tough on everyone's mental health, and particularly so for those who were vulnerable. It would be a challenging winter, and it was the strengths of the partnership working across Bromley that would enable them to get through it.

The Chairman thanked James Postgate, Matthew Trainer, Lorraine Regan, Sheena Gohal and Gill Allen for attending the meeting to provide an update, which had highlighted the number of interlocking issues around the complexity of referrals.

**RESOLVED that the update on mental health resilience be noted.**

**41 BETTER CARE FUND AND IMPROVED BETTER CARE FUND  
PERFORMANCE UPDATE - Q2 2020/21**

**Report ACH20-082**

The Board considered a report providing an overview of Quarter 2 (July to September 2020) performance of both the Better Care Fund (BCF) and the Improved Better Care Fund (iBCF) 2020/21 on expenditure and activity.

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

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

The LBB Integrated Strategic Commissioner for Early Intervention advised that Bromley's performance against three of the four metrics detailed had been in line with, or exceeded, anticipated targets. It was noted that Delayed Transfer of Care (DToC) for March 2020 – September 2020 were not available as NHS England had paused this collection as a result of reduced reporting capacity during the COVID-19 pandemic. In respect of admissions to residential care, the planned target for admissions to residential care for Quarter 2 2020-21 had been met. This continued the trend from Quarter 1 2020-21, and was also lower than the same period in 2019-20 which saw 124 admissions. In relation to reablement, there was a 91-day lag for data and therefore Quarter 2 data was only up to the end of July 2020, however the most recent data showed that the target of 90% was being exceeded, with delivery of 90.9%. This was a slight reduction compared to Quarter 1 (95.9%), and the same period in 2019-20.

The feedback received had highlighted several common themes across these projects, including:

- An increase in the number of COVID-19 related queries at the SPA;
- Increase in online provision;
- Increase in online client engagement;
- Growth in client retention rates;



- Strengthening of partnership working;
- Increase in befriending request; and
- Enhanced support provided to staff.

In response to a question regarding the data for admissions to residential care for Quarter 2, the LBB Integrated Strategic Commissioner for Early Intervention advised that 425 people had been last years' target – this target had remained the same for the current year due to a delay in updated metrics being provided by NHS England. The cumulative figure for Quarter 1 and Quarter 2 was 202.8 admissions, which indicated that if this trend continued, admissions at the end of the year would be less than 425. It was noted that a population correcting calculation had been provided in the report, which allowed them to compare the data across other authorities.

The Chairman noted that performance on the projects currently looked good. A difficult period was about to be entered and it was anticipated that figures would rise, however there was some flexibility.

A Member queried if the table of BCF schemes for 2020/21 (page 30 of the agenda pack) was accurate, as the variation figure was '£0' for all schemes. The Director of Adult Social Care said that this was due to the assumption that the allocation against each budget line would be spent. The Borough Based Director echoed this, and noted that they would not expect to under- or over-spend on these budget lines.

**RESOLVED that the Better Care Fund and Improved Better Care Fund Performance Update report for Q2 2020-21 be noted.**

## **42 BROMLEY SAFEGUARDING ADULTS BOARD - ANNUAL REPORT**

### **Report ACH20-065**

The Safeguarding Adults Board Manager presented the Bromley Safeguarding Adults Board (BSAB) Annual Report for 2019/20.

The Local Authority had a statutory duty under the Care Act 2014 to establish a Safeguarding Adults Board to help and protect vulnerable adults in Bromley. The primary objective of the BSAB was to help and protect adults in Bromley by co-ordinating and ensuring the effectiveness of Board partners. The BSAB had an unrestricted remit in what it was able to do to achieve its objectives.

The BSAB was required, under Schedule 2 (4) of the Care Act 2014 to produce an annual report outlining its achievements and those of its members in relation to the Board's strategic objectives. The BSAB was obligated to send a copy of the annual report to the Chair of the Health and Wellbeing Board. Under section 44 of the Act, the BSAB was also required to publish the findings and recommendations from any Safeguarding Adults Reviews (SAR) undertaken. The BSAB took the decision in February 2019 to commission a SAR relating to a care home in the borough, the completion of which was still ongoing.

The Safeguarding Adults Board Manager highlighted that the report was reflective of the period April 2019 to March 2020, which was on the cusp of the country entering into the pandemic. Key priority had included:

- Self-neglect – 22% of safeguarding enquiries in Bromley related to self-neglect, which was an increase of 10% on the previous year.
- Hoarding – 26 cases had been reviewed by the Self-Neglect and Hoarding Panel.
- Domestic Abuse – over 4,700 cases of domestic abuse were reported to the Metropolitan Police in Bromley during 2019 and work had been undertaken to raise awareness in under-presented groups.
- Fire Safety – 3,278 home fire safety visits had been conducted, and ongoing safeguarding training had been provided to all station-based staff across the borough.

Key achievements of the BSAB had included:

- Engagement – a series of presentations were delivered to communities, and a consultation questionnaire had been developed.
- Communication – the BSAB logo had been rebranded, Safeguarding Awareness posters and Self-Neglect leaflets had been developed.
- Annual Conference – had been well attended and received positive feedback.
- Safeguarding Awareness Week – 1-hour bitesize learning sessions, focusing on priority areas, had been delivered.
- As well as SAR's; joint partnership working with the BSCP; audit achievements and local and national consultations.

The Chairman thanked the Safeguarding Adults Board Manager for presenting the BSAB Annual Report to the Board, and for all the work undertaken. It was noted that the report was very detailed, and Board Members were asked to contact the Safeguarding Adults Board Manager directly with any comments or questions.

The Director of Adult Social Care informed Board Members that the appointment of the new Independent Chair of the Bromley Safeguarding Adults Board had been confirmed. Teresa Bell was currently the Independent Chair of two other Safeguarding Boards and had a wealth of experience – confirmation of her start date was expected shortly.

**RESOLVED that the Bromley Safeguarding Adults Board Annual Report 2019/20 be noted.**

#### **43 BROMLEY SAFEGUARDING CHILDREN PARTNERSHIP - ANNUAL REPORT**

##### **Report CEF20031**

The Board considered the Bromley Safeguarding Children Partnership (BSCP) Annual Report 2019/20.

The annual report of the BSCB covered the period from April 2019 to March 2020.

It was a statutory requirement for safeguarding partnerships to publish this report under section 14A of the Children Act 2014. In line with statutory guidance, the report would be submitted to the Chief Executive, Leader of the Council, the local police and crime commissioner and the Chair of the Health and Wellbeing Board.

The Independent Chair of the Bromley Safeguarding Children Partnership highlighted that 2019/20 had been a year of transition and change, beginning with the implementation of new partnership safeguarding arrangements and ending with the arrival of the COVID-19 pandemic. The report detailed much of the routine work that had continued throughout the year, as well as the beginnings of contingency oversight by the Partnership in response to the pandemic, which had continued since March 2020.

The Chair's Foreword highlighted the achievements and challenges of the year, including:

- the governance and accountability arrangements for the BSCP. Information was provided with regards to the structures in place that supported the BSCP to do its work effectively, as well as the roles of partners, including Designated Professionals and lay members.
- the context for safeguarding children and young people in Bromley. Progress made by the Partnership was highlighted, across a range of areas (e.g. Early Help, Private Fostering, CSE, Missing and Gangs and the work of the Local Authority Designated Officer), as well as the challenges going forward.
- lessons identified by BSCP through its Learning and Improvement Framework, including Learning Reviews and multi-agency audits. This section also detailed the actions taken to improve child safeguarding and welfare as a result of this activity.
- the range and impact of the multi-agency safeguarding training delivered by the BSCP, including e-learning, face-to-face, briefings (such as lessons from local learning reviews) and the BSCP annual conference, which this year had focused on FGM.
- the priorities going forward: The Local Safeguarding Context; Early Help and Early Intervention; Strong Leadership and Strong Partnership; and a Healthy Workforce. There were also important messages from the Independent Chair of the BSCP to key people involved in the safeguarding of children and young people.

The Chairman noted that as apologies had been received from the Independent Chair of the Bromley Safeguarding Children Partnership, Board Members had been asked to email any questions regarding the BSCP Annual Report to the clerk by 3.00pm on Friday 4<sup>th</sup> December 2020.

A Member said that both the Bromley Safeguarding Adults Board and Bromley Safeguarding Children's Board Annual Report's were very impressive, and highlighted the volume of work being undertaken.

**RESOLVED that the Bromley Safeguarding Children's Board Annual Report 2019/20 be noted.**

#### **44 UPDATE FROM THE SEL CCG (VERBAL UPDATE)**

##### Flu Immunisation

The Borough Based Director – South East London Clinical Commissioning Group (“Borough Based Director”) informed Board Members that the flu immunisation programme across the borough was going well, despite the phasing of deliveries creating a challenging period during October and November. The national target for the over 65’s cohort was 75%, and current data indicated that this figure had been reached in Bromley. With regards to the ‘at risk’ under 65’s, the target was also 75% - only 50% of this cohort had received their vaccination, however it was noted that this was already an increase on the previous year.

The Borough Based Director advised that due to reporting delays, the data regarding the uptake of the flu immunisation by pregnant women was not yet complete, and as the school’s programme was still ongoing, the final figure for this was currently unknown. It was noted that the programme delivered by GP’s to 2 and 3 year-olds was also progressing well, with uptake of over 50%.

From the beginning of the month, immunisations had been offered to the 50-64 year-old cohort. They were aware that some pharmacies had been experiencing challenges with regard to how much stock they had been given, as they were only able to order 10 doses at a time, which it was noted was a national approach. GP practices were expecting to deliver the flu immunisation to this cohort, and were preparing to do so.

Work was being undertaken with providers to ensure they had a good uptake of staff receiving the immunisation. Over 60% of staff at King’s had received their flu immunisation, however its target was 90%. The uptake at Bromley Healthcare and Oxleas was better than the previous year, but there was still a way to go to reach the 90% target. One of the “success stories” was care homes, with over 90% of residents’ having received their flu immunisations, and now that further doses had arrived, were starting to vaccinate members of staff.

The Borough Based Director noted that they were extremely grateful for the help received from the LBB Public Health and Communications teams in promoting messages around the take up of the flu immunisation. In response to a question from the Chairman, the Borough Based Director said that she was assured that there were enough flu immunisations available for the 50-64 year-old cohort, and noted that a different system was being used for their distribution.

##### COVID-19 Vaccine

The Borough Based Director informed Board Members that the announcement had been made the previous day that the Pfizer COVID-19 vaccine had been licenced. 50 acute sites across England had been selected as hubs for the

vaccine. The PRUH, Denmark Hill and Guy's and St Thomas' had been chosen to act as hubs, and they were currently looking at the local arrangements. In response to a question, the Borough Based Director said that further sites for mass vaccination had been identified across the borough, and it was anticipated that these would be approved by NHS England before the end of the year. It was intended that two groups would be prioritised – the over 80's, and health and social care workers. It was not known exactly how much of the vaccine would be received, but deliveries were expected the following week – however it was highlighted that the very large stocks would not arrive until January / February 2021.

A Member noted that there may be some confusion with the flu immunisation and COVID-19 vaccination messages overlapping, and also suggested that the Community Champions may be able to help engage with hard to reach groups. The Borough Based Director said that it was intended that people would be called in to receive their COVID-19 vaccination, in order to maintain infection control. They were eager to get to hard to reach groups, and they would be happy to receive help from the Community Champions to do so.

The Borough Based Director advised that they hoped to provide a briefing on the roll out of the COVID-19 vaccination the following week. The Chairman suggested that further updates on the vaccination programme could be included in the weekly COVID-19 briefing provided to Board Members, and noted that a webinar for Members could be extremely useful.

#### Long COVID-19

The Borough Based Director advised that there was a small amount of resources made available for each SDP or ICS to provide services, and also support for primary care in relation to Long COVID-19. There was a respiratory consultant working across South East London to agree the pathways and services to be provided – such as rheumatology, respiratory care and mental health services. GP practices would also be required to provide support to patients with Long COVID-19 over the coming months.

The One Bromley Programme Director – South East London Clinical Commissioning Group (“One Bromley Programme Director”) informed Board Members that they would continue to build on the Community COVID Management Service. As part of the South East London group, they had met with the respiratory consultant to develop the community offer. They would consider how to identify patients' with Long COVID-19 in the community, as well as those that had already been through the hospital, and assess them to see if they were suitable to attend the clinics. They also need to ensure that the right advice and guidance was provided to GP practices to manage and support patients in the community. Some additional funding had been identified in the winter fund, and put aside, and conversations were taking place to ensure there was sufficient capacity within primary care. It was noted that draft guidance from NICE had been published, and the work being undertaken was in line with London-wide and national plans for Long COVID-19.

In response to a question regarding communications, the One Bromley Programme Director said that they would take a “two-pronged” approach. Communications would be provided to primary care colleagues asking them to identify patients with potential Long COVID-19 symptoms, as well as undertaking some case finding work to follow up with patients that had been through the Community COVID Monitoring Service to see how they were feeling after six and ten weeks.

#### Bromley Health and Wellbeing Centre

The One Bromley Programme Director reminded Board Members that at the last meeting, a brief update had been provided on the Bromley Health and Wellbeing Centre, which had been largely positive. The design had been fully costed and was within their capital budget, which also had a good level of contingency, and positive conversation had taken place with stakeholders. It had been anticipated that the scheme would be going through the governance process by now, however they had since “hit a stumbling block” in relation to the commercial arrangements of the project. It had been intended that they would work closely with a NHS Property Service, CHP, as a development partner for the scheme. As CHP were a major stakeholder, they were no longer able to take the project forward, and therefore other feasible options would now need to be considered. It was highlighted stakeholders would be kept informed of any further progress, and it was highlighted that this was not expected to impact the ultimate timescale of the project.

Members expressed their concerns regarding the delays to the project. It was a significant project within the borough, and it was hoped that project could be progressed as soon as was possible. A Member suggested that the issue should be raised with the local MP. In response to a question, the One Bromley Programme Director clarified that the scheme was fully costed and designed. However, they were required to work through the NHS structures related to capital developments. The CCG could not take forward schemes by themselves, as they were unable to take on leases, and a development partner was therefore required. In response to a question, the One Bromley Programme Director advised that their preference would be to work with an NHS partner, however they were also looking at other available routes which may involve external bodies.

**RESOLVED that the updates be noted.**

#### **45 HEALTH AND WELLBEING STRATEGY: JSNA PRIORITY AREAS (VERBAL UPDATE)**

The Director of Public Health provided an update in relation to the Health and Wellbeing Strategy: Joint Strategic Needs Assessment Priority Areas. Board Members were advised that the Cancer group had met twice during the autumn, and their plan and actions had been agreed. This included looking at preventative actions, early detection and improved screening services. The planned roll out of a cervical screening service had been put on hold until spring 2021, due to the pandemic. It had instead been agreed to focus on breast

screening as this service had been paused during the pandemic, although it had since resumed during the summer. Uptake had fallen to 20% in September 2020, however the Director of Public Health was pleased to advise that as of last week, this had increased to 55%. A breast screening campaign would be used to raise awareness through GP's and the Communications and Engagement Network. The prevention element of breast cancer would also be tied in with the obesity campaign to highlight the link between to two issues.

In response to a question, the Director of Public Health said that there had been issues regarding cancer waiting time, however all were improving. Two-week wait times were nearly at 97%, which was close to the pre-pandemic target. For other types of tumours, work was being undertaken in relation the 60-day target from when a patient was seen at the hospital, to receiving final treatment. However, these waiting times were also continuing to improve.

**RESOLVED that the update on the Health and Wellbeing Strategy: JSNA Priority Areas be noted.**

## **46 WORK PROGRAMME AND MATTERS OUTSTANDING**

### **Report CSD20123**

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

The Chairman noted that the work programme was fluid, and it was likely that some items may slip due to the COVID-19 pandemic. It was highlighted that the following items had been added to the work programme as agenda items for the meeting of the Health and Wellbeing Board on 11<sup>th</sup> February 2021:

- Homelessness Update
- Mental Health Resilience – Oxleas

With regards to a matter outstanding, a Member asked for clarification regarding which primary care services were to be de-prioritised due to the impact of the pandemic. In response, the Borough Based Director – SEL CCG advised that this had been a consideration at the time the report was written, however no services had been decommissioned at primary care level. Services had continued to be delivered, albeit some in a different way, such as via digital appointments. It was also noted that no other services in their hospitals or mental health Trusts had been cut back, and therefore a full range of services should be available. The NHS were also looking to reduce their waiting lists and complete elective procedures as some services had incurred backlogs during the first wave of the pandemic.

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

**47 ANY OTHER BUSINESS**

There was no other business.

**48 DATE OF NEXT MEETING**

The next meeting of the Health and Wellbeing Board would be held at 1.30pm on Thursday 11<sup>th</sup> February 2021.

**49 LOCAL GOVERNMENT ACT 1972 AS AMENDED BY THE LOCAL GOVERNMENT (ACCESS TO INFORMATION) (VARIATION) ORDER 2006 AND THE FREEDOM OF INFORMATION ACT 2000**

**RESOLVED that the Press and public be excluded during consideration of the items of business listed below as it was likely in view of the nature of the business to be transacted or the nature of the proceedings that if members of the Press and public were present there would be disclosure to them of exempt information.**

**50 MEMBERSHIP OF THE HEALTH AND WELLBEING BOARD - DISCUSSION**

The Chairman advised Board Members that he had been approached by Oxleas NHS Foundation Trust, asking if consideration could be given to them joining the membership of the Health and Wellbeing Board, or association with it. The Chairman noted that the Constitution did not allow a representative from a health provider to become a Member with voting rights – however there was the option to appoint a representative as a non-voting Member, or an observer.

The Chairman noted that if either of these options were to be agreed, equal rules would need to be applied if approached by the other main local health providers. A Member suggested that if Oxleas NHS Foundation Trust were to be invited to attend as observers, an invitation should also be extended to the other two main local health providers, asking if they also wished to put forward representatives.

Following a discussion, the Chairman proposed that Members vote on the suggested option of inviting representatives from the three main local health providers to attend the Health and Wellbeing Board as observers:

Agreed: 8  
Abstained: 1

**RESOLVED that representatives from the three main local health providers be invited to attend the Health and Wellbeing Board as observers.**

The Meeting ended at 4.10 pm

Chairman



Report No.  
ACH21-023

London Borough of Bromley

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**Decision Maker:** HEALTH AND WELLBEING BOARD

**Date:** 11<sup>th</sup> February 2021

**Title:** Homelessness Update

**Contact Officer:** Sara Bowrey, Director Housing Planning and Regeneration.  
Tel 0208 313 4013 E-mail: [sara.bowrey@bromley.gov.uk](mailto:sara.bowrey@bromley.gov.uk)

**Ward:** All Wards

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1. Summary

The Council and its partners have ensured that statutory services and support have been maintained and residents supported during the COVID-19 Pandemic.

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2. Reason for Report going to Health and Wellbeing Board

To provide an overview of the work undertaken by the Housing Department and partners in Health to support homeless households in response to the COVID-19 Pandemic.

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

Members of the Board are asked to note and where appropriate comment on the contents of this report.

Health & Wellbeing Strategy

1. Related priority: [Delete as appropriate] Not Applicable

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Financial

1. Cost of proposal: No Cost:
  2. Ongoing costs: Not Applicable:
  3. Total savings: Not Applicable:
  4. Budget host organisation: LBB
  5. Source of funding: Operational Housing
  6. Beneficiary/beneficiaries of any savings: N/A
- 

Supporting Public Health Outcome Indicator(s)

Not Applicable

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## 4. COMMENTARY

- 4.1 For Bromley, like most London boroughs one of the most significant long-term pressures is the impact of homelessness and provision of temporary accommodation.
- 4.2 There are currently approximately 1,800 households in Temporary Accommodation (TA) this is a net increase of 21 per month and approximately 1,100 households are in costly forms of nightly paid TA, putting a continued strain on the Council's revenue budget.
- 4.3 Staff in Housing Planning and Regeneration responded swiftly to the onset of the COVID-19 pandemic; ensuring that all frontline emergency services remained operational and that resources were diverted to those most in need of critical assistance.
- 4.4 Whilst a small number of officers have continued to provide in-person assistance at the Civic Centre, in order to assist those presenting in an emergency, the majority of staff have been working at home since March 2020. Services have quickly adapted, and a significant amount of work has been undertaken in order to maintain contact with clients and provide the necessary support and essential services.
- 4.5 We worked jointly with colleagues providing supported accommodation and received support from Public Health, to ensure that schemes were able to operate in a "Covid Safe" manner and that additional practical and financial support was made available to both organisations and residents.
- 4.6 A particular challenge for the service has been the additional assistance given to assist those effected by rough sleeping as part of the government's "Everyone In" initiative and the subsequent work that has arisen. In excess of 90 clients who were identified as sleeping rough or at risk of rough sleeping were accommodated into emergency accommodation and work to support this cohort is ongoing. Across London more than 5000 households have been assisted under "Everyone In".
- 4.7 Working jointly with colleagues from Public Health, MHCLG and Thamesreach we formed a Rough Sleepers Response group to provide critical oversight and additional support to those we are assisting. This has allowed for a clear referral and rehousing pathway to ensure any person or agency who has knowledge of a rough sleeper can refer them through to our services for assistance and for enhanced services to be allocated to those clients with the most complex needs, with colleagues working together to ensure that timely, joint interventions are put in place.
- 4.8 When officers carried out the rough sleepers headcount in November; an annual exercise which sees staff from housing, the police, charity workers and volunteers go out in the early hours of the morning to visit common bedding down sites and areas where there have been reports of rough sleepers we thankfully only identified 1 rough sleeper. They, unfortunately, are well known to the service and have not accepted repeated offers of assistance, but we continue to try to help.
- 4.9 Working closely with the MHCLG, officers applied for Next Steps Accommodation and Rough Sleeper Initiative Funding and received a combined grant award of £494,904. This has enabled us to meet the increased demands for accommodation as well as allowing access to more support and a wider variety of essential items to help those most in need. We are working closely with partner agencies to ensure that the grant is fully utilised in order to achieve the agreed delivery plan.
- 4.10 We are concerned about the number of families who are facing financial hardship as a result of job losses and reductions in income. Rent arrears are increasing and whilst evictions have been temporarily halted we are likely to see a surge of eviction action as we move through into

2021/22. Officers in Housing have been undertaking pre-emptive work through our Money Advice, Housing Management and Housing Options teams to intervene early and attempt to bring any increasing arrears down before they become unmanageable and run the risk of leading to eviction action being commenced. As well as reaching financial arrangements we have also sought to make best use of Discretionary Housing Payments to support households.

- 4.11 Bromley received £754k under the Covid Winter Grant Scheme; £151k of which is being utilised by Housing to provide assistance for vulnerable households buy food, pay utility bills and provide warm winter clothing for children.
- 4.12 Colleagues from Public Health and Housing worked collaboratively with other London Authorities to secure grant funding to support out of hospital models for people experiencing rough sleeping. £44k was awarded for the provision of an MST (HOT) clinic which will be delivered to local rough sleepers by the Bromley GP alliance.
- 4.13 We have worked to secure 50 ex-housing association homes that were earmarked for disposal and which will now be used as permanent homes for households on our Housing Register. We are also exploring other opportunities to further increase access to settled accommodation with other partners.
- 4.14 Bromley agreed to re-open its Housing Revenue Account (HRA) in July 2020 and 3 sites have been approved for Planning Permission; Burnt Ash Lane (Bromley) – 25 new homes, Bushell Way (Chislehurst) – 25 new homes, Anerley Road (Anerley) – 10 new homes. These are exciting developments which will see Bromley innovatively using otherwise under-utilised land such as car parks and former care homes to provide good quality, affordable homes for households owed a rehousing duty by the Local Authority.

## **5 IMPACT ON VULNERABLE ADULTS AND CHILDREN**

- 5.1 This Pandemic has brought additional difficulties for all of our clients. In maintaining the service and ensuring that we remain in contact with clients and provided not only basic but enhanced support to those that need it we have been able to maintain our statutory functions.
- 5.2 Bromley received £754k under the Covid Winter Grant Scheme; £151k of which will be utilised by Housing to provide assistance for vulnerable households buy food, pay utility bills and provide warm winter clothing for children.

## **6 FINANCIAL IMPLICATIONS**

- 6.1 The financial impact of the COVID-19 pandemic on Housing budgets is currently estimated at around £1.9m, which mainly relates to additional/increased costs of nightly paid accommodation, and delays in the achievement of budgeted savings.
- 6.2 These costs are partly covered by specific grant allocations totalling £646k. The Council has also received non-specific COVID-19 grants which can fund some of the remaining costs.

## **7 LEGAL IMPLICATIONS**

- 7.1 This report sets out how the Council has responded to the COVID-19 Pandemic in terms of the Council's housing and homelessness duties under the Housing Act 1985 and the Housing Act 1996, Part 7. As part of performing these duties the Council has received and distributed certain grants as permitted within the grant awards. The Council has also re-focused service provision including extending service contracts in compliance with procurement law and the Contract Procedure Rules.

- 7.2 The demand for homeless accommodation has continued to increase following the implementation of the Homeless Reduction Act 2018, as the duties towards homeless households are expanded. The Act placed a duty on councils to try to prevent homelessness and a duty on public bodies to refer people at risk of homelessness, flagging those most vulnerable to homelessness and rough sleeping so they could receive support
- 7.3 The Homelessness Code provides statutory guidance on how to interpret and apply the homelessness legislation and contains details of good practice that local authorities should adopt. It is not legally binding but local authorities are required to have regard to it. The Code has recently been updated to add further categories to those in priority need to reflect the impact of the coronavirus pandemic including people sleeping rough who should be carefully assessed, including their age and underlying health conditions.
- 7.4 Best Value Duty Guidance and case law under the Local Government Act 1999 is applicable where authorities are reviewing service provision and making arrangements to secure continuous improvement in the way its functions are exercised, an authority must regard to economy, efficiency and effectiveness in considering overall value, including economic, environmental and social value.

<b>Non-Applicable Sections:</b>	POLICY IMPLICATIONS / PERSONNEL IMPLICATIONS / PROCUREMENT IMPLICATIONS
Background Documents: (Access via Contact Officer)	[Title of document and date]

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Report No.  
ACH21-020

London Borough of Bromley

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**Decision Maker:** HEALTH AND WELLBEING BOARD

**Date:** 11<sup>th</sup> February 2021

**Title:** JSNA Update – Veterans

**Contact Officer:** Chloe Todd, Consultant in Public Health  
Tel: 020 8313 4708 E-mail: Chloe.Todd@bromley.gov.uk

**Ward:** Borough-wide

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1. Summary

1.1 Agreement for a three yearly update cycle for the main sections of the JSNA (e.g; demography section) with further needs assessments/shorter JSNA chapter updates in between on specific areas of need.

1.2 Work is underway to update smaller chapters of the JSNA and undertake more in depth needs assessments.

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2. Reason for Report going to Health and Wellbeing Board

2.1 To provide an update on progress towards planning for a Veterans JSNA Chapter.

2.2 To gain agreement from the board to postpone the GP Practice Survey.

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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 the update on progress towards the planning for a veterans JSNA Chapter
- 2) To provide agreement to postpone the GP Practice Survey

## Health & Wellbeing Strategy

The JSNA is an evidence-based document, intended to inform the development of the Joint Health and Wellbeing Strategy.

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## Financial

1. Cost of proposal: No Cost
  2. Ongoing costs: No Cost
  3. Total savings: Not Applicable
  4. Budget host organisation: Not Applicable
  5. Source of funding: Not Applicable
  6. Beneficiary/beneficiaries of any savings: Not Applicable
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## Supporting Public Health Outcome Indicator(s)

The process for identifying priorities has been informed by reviewing data from previous JSNAs and the online Public Health England resource, Public Health Outcomes Framework.

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#### **4. COMMENTARY**

4.1 It has been agreed as part of the JSNA process that a chapter related to the health and wellbeing needs of Veterans be developed and published.

4.2 Some preliminary scoping work in terms of data availability was undertaken in 2019 and highlighted a small amount of data specific to Bromley available from the Census. However, there is not routinely available data for Bromley which presents a problem in identification of all veterans in the borough.

4.3 It was decided to explore a possibility of conducting a GP survey to assess the situation in Bromley in terms of health needs and medical care for veterans. This information could then be used together with the currently available information for a section on veterans in the JSNA.

4.4 NHS England has recently asked GPs to sign up to become “veteran friendly” practices and we hope that some of our GPs would be interested in doing it. The survey would give us some further information.

4.5 We developed questions to be included in a survey to all GP practices in Bromley and these were agreed by the Board in late November of 2019 (see appendix one).

4.6 The GP Practice Survey was then promoted to our GP Practice Colleagues with an ask that they all complete the survey by the end of March 2020.

4.7 Due to the Covid-19 Pandemic the survey was paused as GP Practice Colleagues were very busy elsewhere.

4.8 The GP Practice Survey was then promoted again in November 2020, with 11 (out of 47) GP Practices responding to the survey.

4.9 Due to the increasing work for GP Practices in relation to the Covid-19 Pandemic and also the low response rate we have had so far we would like to pause this work again and re-visit this survey with GP Practices in Bromley at a later point in 2021.

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

5.1 Populations affected by the updated JSNA chapters include; Veterans.

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

Not Applicable.

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

7.1 The production of a JSNA has been a statutory requirement of upper tier local authorities and partners since the Health and Social Care Act (2012).

#### **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, Implications for Other Governance Arrangements, Boards and Partnership Arrangements, including any Policy and Financial Changes, required to Process the Item, and Comment from the Director of Public Health.
Background Documents: (Access via Contact Officer)	Not Applicable.

## Appendix one – Veterans Survey

### Introduction:

NHS England and Royal College of General Practitioners (RCGP) have backed a new national scheme to improve medical care and treatment of Veterans (anyone of any age who has formerly served for at least one day in the Armed Forces) and are asking GPs to sign up to become "veteran-friendly". While healthcare for veterans is already prioritised, the NHS wants to improve the way in which veterans are registered at their GP practice and support GPs and practice teams to ensure veterans are fully aware of the dedicated help available to them. A successful pilot has already taken place in the West Midlands, with 90 practices signing up so far.

The following questions aim to survey Bromley Practices' awareness and interest in the scheme.

1. To which Primary Care Network do you belong?
2. To which Practice do you belong?
3. Are you aware of the Armed Forces Covenant? Yes/No
4. Have you heard about the Veteran Friendly Scheme? Yes/No
5. If you answered yes to the above question, please tell us how you heard about the Veteran Friendly Scheme?
6. a) Is your practice already signed up to the scheme? Yes/No
  - b) If not, are you interested in signing up to the scheme? Yes/No
  - b) Please state reason for above answer.....
7. a) Do you have a system for identifying Veterans at Registration? Yes/No
  - b) If yes, please give details .....
8. a) Do you have a system for identifying Veterans Families at Registration? Yes/No
  - b) If yes, please give details.....
9. a) Do you know how many Veterans are registered with your practice? Yes/No
  - b) If you do know how many veterans are currently registered at your practice – please select number below
10. a) Does your clinical system alert for either or both of the following groups? Veterans / Veterans Families
  - b) if it does please give details....
11. a) Do you have a lead for Veterans? Yes/No
  - b) If you do not have a lead for veterans would this be feasible? Yes/No

12. a) Have you or anyone in your practice had any training on the common physical and mental health needs of armed forces personnel, veterans and their families?
- b) If you, or anyone in your practice has received training, please provide details.....
- c) If you answered no would your practice be interested in this kind of training? Yes/No
13. What does your practice see as the main health care needs of veterans? List options of which to pick: Musculoskeletal, prosthetics, mental health, smoking, alcohol, addiction, Post Traumatic Stress Disorder, other (please specify)
14. a) Does your practice have any other initiatives with veterans mind? Yes/No
- b) If so, what are they?..

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Report No.  
ACH21-019

London Borough of Bromley

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**Decision Maker:** HEALTH AND WELLBEING BOARD

**Date:** 11<sup>th</sup> February 2021

**Title:** JSNA Update

**Contact Officer:** Chloe Todd, Consultant in Public Health  
Tel: 020 8313 4708 E-mail: Chloe.Todd@bromley.gov.uk

**Ward:** Borough-wide

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1. Summary

1.1 Agreement for a three yearly update cycle for the main sections of the JSNA (e.g; demography section) with further needs assessments/shorter JSNA chapter updates in between on specific areas of need. Do to the Covid Pandemic we have been unable to progress work on the JSNA in 2020.

1.2 Work is underway to update smaller chapters of the JSNA and undertake more in depth needs assessments in 2021.

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2. Reason for Report going to Health and Wellbeing Board

2.1 To provide an update on plans for further chapter updates and development of needs assessments.

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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 the update on progress towards the JSNA chapter updates
- 2) Note the work being undertaken on further needs assessments

## Health & Wellbeing Strategy

The JSNA is an evidence-based document, intended to inform the development of the Joint Health and Wellbeing Strategy.

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## Financial

1. Cost of proposal: No Cost
  2. Ongoing costs: No Cost
  3. Total savings: Not Applicable
  4. Budget host organisation: Not Applicable
  5. Source of funding: Not Applicable
  6. Beneficiary/beneficiaries of any savings: Not Applicable
- 

## Supporting Public Health Outcome Indicator(s)

The process for identifying priorities has been informed by reviewing data from previous JSNAs and the online Public Health England resource, Public Health Outcomes Framework.

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#### 4. COMMENTARY

4.1 An older people JSNA chapter to support the Ageing Well Strategy was completed in 2019.

4.2 A Learning Disabilities JSNA chapter to support the Joint Learning Disabilities Strategy was developed in 2019.

4.3 A sexual health needs assessment was completed in 2019 and this supported the completion of the Annual Public Health Report for Sexual Health in 2020.

4.4 GP practice profiles, PCN profiles and School profiles were produced in 2019 and the early part of 2020.

4.5 Work planned for 2020 was put on hold due to the Covid Pandemic and the Public Health Intelligence Team were unable to produce any updates to the JSNA in that period

4.6 The Public Health Intelligence Team plan to produce the following JSNA chapters in 2021:

1. Demography – refresh to bring the chapter up to date
2. Mental Health – to support commissioning of Mental Health Services
3. Impact of Covid-19 on the Bromley Population – as agreed by COE

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

5.1 Populations affected by the updated JSNA chapters include; all.

#### 6. FINANCIAL IMPLICATIONS

Not Applicable.

#### 7. LEGAL IMPLICATIONS

7.1 The production of a JSNA has been a statutory requirement of upper tier local authorities and partners since the Health and Social Care Act (2012).

#### 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, Implications for Other Governance Arrangements, Boards and Partnership Arrangements, including any Policy and Financial Changes, required to Process the Item, and Comment from the Director of Public Health.
Background Documents: (Access via Contact Officer)	Not Applicable.

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Report No.  
CSD21025

London Borough of Bromley

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**Decision Maker:** HEALTH AND WELLBEING BOARD

**Date:** Thursday 11<sup>th</sup> February 2021

**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 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)	The deep dive analysis was delayed due to the COVID-19 pandemic. Oxleas CAMHS have a new Assistant Director in post for this service, starting September 2020, and she will now be taking forward this work.	<b>In progress</b>
<b>Minute 5</b> <b>30<sup>th</sup> April 2020</b> <b>(Informal Meeting)</b>  <b>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	Update to be presented at the meeting on 11 <sup>th</sup> February 2021.	<b>In progress</b>
<b>Minute 24</b> <b>24<sup>th</sup> September 2020</b>  <b>COVID-19 Update</b>	The recovery plan document, addressing lessons learnt and managing expectations, to be shared with Board Members once finalised.	One Bromley Programme Director – SEL CCG		
<b>Minute 25</b> <b>24<sup>th</sup> September 2020</b>  <b>Update on the Flu Immunisation Programme</b>	Information regarding which wards within the borough had previously had the lowest take up of the flu immunisation offer to be provided to all ward Councillors.	Associate Director – Discharge Commissioning, Urgent Care and Transfer of Care Bureau /  Borough Based Director – SEL CCG	Currently the data was only available unvalidated, and by borough / age, but not ward.	<b>In progress</b>

<b>Minute 26</b> <b>24<sup>th</sup> September 2020</b>  <b>Bromley Health and Wellbeing Centre Update</b>	A copy of the Bromley Health and Wellbeing Centre outline business case to be circulated to Board Members.	One Bromley Programme Director – SEL CCG		
<b>Minute 40</b> <b>3<sup>rd</sup> December 2020</b>  <b>Mental Health Resilience - Current Position and Actions</b>	A summary of the school survey to be provided to Board Members.	Director – Bromley Wellbeing Service for Children and Young People	The report was currently being finalised, and once available, would be provided to Board Members.	<b>In progress</b>
<b>Minute 44</b> <b>3<sup>rd</sup> December 2020</b>  <b>Update from the SEL CCG</b>	Updates on the vaccination programme to be included in the weekly COVID-19 briefing provided to Board Members.	Borough Based Director – SEL CCG / LBB Director of Public Health		
<b>Minute 50</b> <b>3<sup>rd</sup> December 2020</b>  <b>Membership of the Health And Wellbeing Board - Discussion</b>	Representatives from the three main local health providers be invited to attend the Health and Wellbeing Board as observers.	Chairman / Clerk	Invite emails sent to the three local health providers on 25 <sup>th</sup> January 2021.	<b>Completed</b>

## HEALTH AND WELLBEING BOARD WORK PROGRAMME

11 <sup>th</sup> February 2021	
Loneliness & Social Isolation – Veterans	Dr Nada Lemic / Chloe Todd
BSCP Strategic Threat Assessment	Jim Gamble / Joanna Gambhir / Kerry Davies
Homelessness Update	Sara Bowrey / Mimi Morris-Cotterill
Partner updates regarding the pandemic (Verbal Update) To include: - situation report from all partners - immunisation roll out for Bromley	
Update on safeguarding issues from the pandemic and the new 'lockdown'	Teresa Bell + Jim Gamble
JSNA Update	Dr Nada Lemic
Health and Wellbeing Strategy: JSNA Priority Areas	Dr Nada Lemic
Information Item: Better Care Fund and Improved Better Care Fund Performance update – Q3 2020/21	Ola Akinlade
Work Programme and Matters Outstanding	Democratic Services
29 <sup>th</sup> April 2021	
Health and Wellbeing Strategy: JSNA Priority Areas (x 2)	Dr Nada Lemic
Mental Health Update – Oxleas	Lorraine Regan
Mytime Active Update	Gillian Fiumicelli / Mytime
Update on the non COVID immunisation programme for 2021	
Integrated Commissioning Board Update	CCG / LBB
Bromley Communications and Engagement Network – Annual Report	Kelly Scanlon / Tim Spilsbury
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 <b>TBC</b>	Jodie Adkin
Work Programme and Matters Outstanding	Democratic Services