

HEALTH AND WELLBEING BOARD

Minutes of the meeting held at 1.30 pm on 29 April 2021

Present:

Councillor David Jefferys (Chairman)
Councillor Robert Evans (Vice-Chairman)
Councillors Yvonne Bear, Mike Botting, Mary Cooke, Judi Ellis,
Colin Smith, Diane Smith and Angela Wilkins

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

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
Marzena Zoladz, Healthwatch Bromley
Christopher Evans, Community Links Bromley

Also Present:

Jonathan Lofthouse, Site Chief Executive – PRUH and South
Sites: King's College Hospital NHS Foundation Trust
Matthew Trainer, Chief Executive: Oxleas NHS Foundation
Trust

67 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Keith Onslow, Janet Bailey and Frances Westerman (Healthwatch Bromley), and Councillor Colin Smith, Jared Nehra and Marzena Zoladz (Healthwatch Bromley) attended as their respective substitutes. Apologies were also received from Councillor Gareth Allatt, Teresa Bell and Jim Gamble.

Apologies for lateness were received from Marzena Zoladz.

The Chairman welcomed Councillor Angela Wilkins to the meeting and informed Board Members that she would be filling the vacant role following the resignation of Councillor Marina Ahmad. The Chairman noted that he had received a letter from Marina Ahmad, saying that she had very much enjoyed her time on

the Board, and a response had been sent on behalf of the Board to thank her for her contributions.

68 DECLARATIONS OF INTEREST

There were no declarations of interest.

69 MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 11TH FEBRUARY 2021

RESOLVED that the minutes of the meeting held on 11th February 2021 be agreed.

70 QUESTIONS

No questions had been received.

71 UPDATE FROM THE CCG

The Place Based Director – SEL CCG (“Place Based Director”) provided an update on behalf on the South East London Clinical Commissioning Group (SEL CCG).

The Place Based Director advised Board Members that in terms of vaccine uptake, the over 80’s age group had been Bromley’s biggest success with nearly 95% of this vulnerable cohort having been vaccinated. It was stated that a high percentage of uptake had been recorded across nearly all other cohorts and they were keen to vaccinate any further residents within them as soon as they were ready to come forward. However, there were still a few cohorts for which they wanted to improve the uptake of the vaccination – health and social care workers (84.4%) and one group of carers (72.3%), and a drive focussed on these groups was underway. It was noted that the vaccination of the 40-49 year old cohort had only started very recently and was still in its early stages – 40.9% of this age group had already been vaccinated and they were aware that a large number of those remaining were keen to receive their vaccinations.

The Place Based Director informed Board Members that there was a wide COVID-19 vaccination programme in Bromley. In addition to the Primary Care Networks (PCNs) there were several other designated vaccination sites across the borough, including a Mass Vaccination Site at the Civic Centre and pop-up clinics. It was emphasised that further pop-up clinics could be held, particularly if they were in areas identified as having a population for which they would like to see an increased uptake of the vaccination. As covered in the media, there were issues with some ethnic minority groups and those belonging to certain faiths and, in collaboration with the Local Authority, they were looking at a programme to develop relationships with local community and faith leaders to help address this.

A large number of GP practices were acting as satellite sites, as well as providing domiciliary vaccinations for those residents that were housebound.

In order to address inequalities in uptake of the COVID-19 vaccination a joint LBB and CCG Vaccine Uptake Inequalities Group had been implemented. A large piece of work was being undertaken across South East London to increase the uptake of the vaccination – a particular target was the Black Caribbean (64.1%) and Black African (67.6%) cohorts as they were the populations with the lowest uptake in the Bromley. It was also known that uptake was lower in the more deprived areas of the Borough (Penge and Anerley, the Crays and Mottingham) and uptake from people with serious mental illness currently stood at 72.2%. Vaccine uptake from care home residents was approaching 95%, however uptake from care home staff was only at 71.3% and the SEL CCG were working closely with the Local Authority to continue to further increase this number. It was noted that vaccinations were still being offered to this cohort, and the figures were slowly improving. In the coming weeks a website would be launched to share video clips from people who lived and worked in South East London encouraging others to get their vaccinations. A COVID-19 vaccination helpline and email had also been established for health and care staff to use to request further information, or seek advice and support, regarding the vaccine.

The Chairman noted that the figures for Bromley looked extremely positive but queried if anything further could be done by Elected Members with regards to vaccine hesitancy. The Place Based Director advised that any promotion of the vaccinations within Wards would be beneficial and if particular cohorts were identified as being vaccine hesitant consideration could be given as to whether a pop-up clinic should be held in that area. It was highlighted that colleagues at the Local Authority had been extremely helpful in identifying venues in which pop-up clinics could be run and had been working as volunteers at the Mass Vaccination Centre, helping to promote good practice.

In response to a question, the Place Based Director said that there was still some reluctance to receive the vaccine from within groups of health care staff in hospitals, general practice, mental health and community services – however reassurance was given that the vast majority of staff across all of these areas had been vaccinated. A national consultation had recently been launch regarding whether the COVID-19 vaccination should be made mandatory for care home staff, and centrally there was a drive to do this due to them looking after patients who were particularly vulnerable. It was noted that incentives to increase vaccine uptake by this cohort were being explored, such as allowing staff time off to receive their vaccination, and the Bromleag Care Practice had also been visiting care homes regularly to offer to vaccinate staff and residents on site. Some health care staff had concerns over the possibility of suffering side effects and being reimbursed for any time that they were required to take off work. It was emphasised that no decision had been made relating to this. In response the Member suggested that although they were uncomfortable with the notion of offering financial incentives, if this was taken forward it was considered that retrospective payments should also be offered to those that had already received their vaccinations. Another Member highlighted that any care home staff that were on 0-hour contracts would be extremely concerned about being unable to attend

work following their vaccination – a large proportion of the population would be on low incomes and they should be encouraged to receive the vaccine by any means possible.

The Site Chief Executive – PRUH and South Sites, King's College Hospital NHS Foundation Trust advised that, with regards to vaccine uptake by staff, of the Trust's total workforce (around 13,700 staff) 75% had been vaccinated. It was noted that figures differed between individual staff groups and it was suggested that a more detailed breakdown could be provided to Board Members following the meeting.

In response to a question from the Chairman, the Place Based Director said that vaccine hesitancy in women of childbearing age was an issue for the general population as well as health care workers. Initially, misinformation had developed regarding the vaccine's impact on fertility – this seemed to have now subsided however it was noted that this may resurface as the vaccination programme went down the age groups. It was noted that there had been a lot hesitancy and reduced take up of the vaccine due to reports in the media of thrombolytic issues following the AstraZeneca vaccine, but this had now settled down. The Place Based Director highlighted that as increased numbers of the population received their vaccinations more of the rare side effects would be seen and significantly revised communications would be required as the programme went through the younger age groups.

The Place Based Director advised that as part of the wider Bromley System Plan, One Bromley partners had developed the following schemes to support the system strategic priorities:

- Meet additional winter and COVID 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; and
- Ensuring sufficient resources to manage wave 2 of COVID-19, learning from wave 1.

The Bromley Community COVID Management Service (BCCMS) had been established a year ago, in the first wave of the pandemic, and continued throughout the second wave. The service managed patients with COVID-19 in the community and its capacity had been expanded during the second wave, receiving referrals from GPs, 111 and the PRUH. The BCCMS was run in partnership by Bromley Healthcare and the GP Federation – it had seen over 5,200 patients, and at its peak it was seeing over 60 patients a day, reducing the burden on GP and Accident and Emergency services. The Oximetry at Home pathway had been run through the BCCMS and allowed the remote monitoring of patients using an oximeter. At its peak this service had been monitoring over 190 patients in the community.

The Bromley Community Respiratory Management Service had been established just prior to the second wave of the pandemic and was delivered jointly by the PRUH and community partners. This service included consultant oversight from the PRUH and supported the discharge of patients who then received additional

monitoring and support once they were at home. A Bromley GP Access “Hot Hub” had also been established in Beckenham with arrangements in place to see patients with COVID-19 symptoms. The service had offered face-to-face appointments in a dedicated hot hub, keeping these patients away from GP practices during the winter months, and had seen over 700 patients.

The Place Based Director informed Board Members that a Long COVID service had been established for patients who were still experiencing symptoms consistent with COVID-19 after three months that were not explained by an alternative diagnosis. This included a ‘Your COVID Recovery’ online platform which provided advice on COVID recovery, and the previous day a Post-COVID Syndrome Assessment Clinic had commenced at the PRUH. A One Bromley Integrated Post-COVID “Single Point of Access” and Multi-disciplinary Team had also been developed. The GP Clinical Lead – SEL CCG advised that the impact of Long COVID, on both those patients who had been admitted to hospital and those who managed their symptoms at home, was still being evaluated. It was considered that a good, co-operative pathway had been developed for patients and, as a number of the elements had only recently been implemented, evaluation could take place as they progressed. The service would require a large amount commitment from community, mental health, and primary care services, as well as respiratory care and hospitals, and the demand on it would need to be monitored. The Chairman highlighted that this was ground-breaking work and suggested that the SEL CCG may want to produce a report to capture it and share their learning more widely. The Place Based Director agreed that this was something that could be looked at in further detail. The Chairman requested that updates on the Long COVID service be included as a standing item for future meetings of the Health and Wellbeing Board.

The LBB Assistant Director for Integrated Commissioning provided an update on the Single Point of Access (SPA) and hospital discharge arrangements. Now that the second wave of the pandemic was subsiding, the additional measures put in place could be “stepped down”. This provided an opportunity to reflect what had happened over the last year, considering the response to the pandemic and how hospital discharges had been managed throughout. On the whole it was believed that the winter pressures and second wave had been very well managed from a discharge aspect with all patients having been discharged from the PRUH in a timely manner and agencies had provided support and help to those requiring it.

A key aspect of the arrangements for hospital discharges had been the introduction of the SPA which consisted of two main elements. The first of these was a multi-agency clinical triaging system, where different agencies and professionals came together to triage and assess patients to be discharged from the hospital, and then handed over any further care to be provided by services within the community. The second was a wider infrastructure of multi-agency arrangements that supported and managed a resident’s transition back into the community via different pathways such as domiciliary care, further rehabilitation or securing a place in, or returning to, a care home.

Data was provided showing details of the percentage of activity by pathway for all referrals processed through the SPA from April 2020 to April 2021 of which 6%

related to onward referrals to the CCG, 27% to the Local Authority and 67% to Bromley Healthcare services. The LBB Assistant Director for Integrated Commissioning emphasised that hospitals, and the system as a whole, had been put under a great deal of pressure and it was pleasing to see the discharge arrangements had worked so well and that both patients and staff felt supported. Learning would be taken from the events of the last year and proposals would be put forward, taking on board any good practice developed to make them a more permanent feature in Bromley and prepare for any further surges of the pandemic.

The Chairman thanked the Place Based Director and her colleagues for the updates provided.

RESOLVED that the update from the CCG be noted.

72 UPDATE ON THE NON COVID IMMUNISATION PROGRAMME

Jess Seal, Primary and Community Care Transformation Manager (Bromley) – SEL CCG (“Primary and Community Care Transformation Manager”), Dr Rob Grounds and Dr Gurprit Singh Mudhar attended the meeting to provide an update on the Borough’s non COVID immunisation programme.

The Primary and Community Care Transformation Manager highlighted that it had been an unusual year, with the need to take the pandemic into consideration alongside the delivery programme of the flu immunisation. A collaborative approach had been taken across practices, pharmacies, and community providers, such as Bromley Healthcare who provided flu vaccinations to those that were housebound.

Dr Rob Grounds highlighted that influenza was a highly contagious viral illness. In people who were otherwise healthy it was usually unpleasant, but self-limiting, however the risk of serious illness was higher in infants, older people, and those with underlying health conditions, including those who were pregnant. Influenza viruses changed their external characteristics (spike proteins) gradually from season to season which produced different strains. Influenza vaccines were prepared using strains in line with WHO recommendations and were tri or quadrivalent (acting against 3 or 4 strains). Influenza immunisation had been recommended since the 1960’s and were targeted predominantly at higher risk groups. Since 2005-06, the uptake of the Influenza vaccine in England had gradually reduced in adults and those at risk from 75.3% to 70.5% in 2016-17. In 2012 the Joint Committee on Vaccine and Immunisation (JCVI) recommended that the programme be extended to include children aged 2 to 17 years, and in December 2020 it was advised that the cohort for vaccination be further expanded to include 50-64 year olds.

The South East London vaccination data for 2020/21, as at the end of January 2021, indicated that Bromley was doing very well with its Influenza immunisation programme, with figures well above the London average and similar to the national average. Data was provided by practice regarding the uptake of the immunisation by both adults and children. An average of 82.9% of at-risk patients in the 65 and

over cohort, and on average 50% of at-risk patients under 65, had been vaccinated. A comparison of data from 2019/20 and 2020/21 highlighted that most practices in Bromley had recorded an increase in uptake from this cohort of patients, with just one not having seen an improvement. The data for children demonstrated that there had been a good uptake across Bromley's practices with an average of 59% of at risk 2 year olds and 62% of at risk 3 year olds having received their vaccination. A comparison of data from 2019/20 and 2020/21 showed an improvement at all practices in vaccination uptake across all ages recorded (2-11 year olds).

Dr Gurprit Singh Mudhar advised Board Members that when comparing the flu vaccine uptake across London Boroughs, Bromley was ranked top for the over 65's, and top across South East London for the under 65's at risk. The comparison between 2019 to 2021 indicated that there had been a significant improvement in the overall uptake of the flu vaccination, however, as previously mentioned, there had been a reduction seen at one surgery in Bromley. In general, vaccination uptake was lower in areas with higher levels of deprivation and there were a number of potential reasons for reduced uptake, including:

- vaccine hesitancy, potentially caused by lack of information and cultural reasons;
- language barriers;
- false information on social media; and
- access to vaccination.

It was noted that due to the impact of the pandemic, the workload pressures of the practices should also be considered.

With regards to what could be done to help improve flu vaccination uptake, it was considered that generally more public awareness of the benefits of receiving the flu vaccination was required; social media could be used to correct misinformation; and improving the access for all, such as delivering the vaccinations via satellite or pop-up clinics. In specific areas, more health promotions could be delivered on a local level with local community leaders involved and outreach to local faith leaders. Any further learning from the COVID-19 vaccination programme would also be kept in mind. Surveys targeted at certain groups could be used to gather the thoughts and opinions of these cohorts and follow up phone calls offered to discuss these in further detail. The benchmarking of practices would be used to look at those that had recorded high levels of uptake – work would be undertaken to consider the reasons why these improvements had been seen, learning from it, and sharing of good practice.

The Primary and Community Care Transformation Manager emphasised that it had been a challenging year and practices and providers had been required to work very differently. There had been a lot of organisational requirements to enable clinics to be delivered in different locations, maintaining social distancing, and there had been an additional challenge with regards to supply and demand following the extension of the age cohort to be vaccinated. It was noted that they would be proactively looking at the programme for delivering the flu programme in the autumn alongside the boosters of the COVID-19 vaccine. The Director of Public Health noted that Public Health England were investigating the possibility of providing both vaccines at the same time.

In response to a question from the Chairman, the Primary and Community Care Transformation Manager said that they were actively looking to build upon the good work achieved over the last year. Bromley had been ranked the top London borough for flu vaccine uptake by the over 65's cohort, during what had been a challenging year, and it was important that this level was maintained. The Place Based Director suggested that plans for the coming vaccination season and next winter could be presented at a future meeting of the Health and Wellbeing Board.

The Director of Public Health said that due to a significant reduction in COVID-19 infection rates it was suggested that the weekly dashboard report provided to Health and Wellbeing Board Members be reduced from weekly to fortnightly. It was highlighted that if there were any changes to the level of infection rates this could then revert to weekly updates. A Member noted that the dashboard was provided to all Elected Members and considered that this proposal should be put to them too to gather their feedback. If a reduction in the distribution of the dashboard was agreed, a benchmark as to when Members should be alerted to an increase in numbers would be required. The Director of Public Health advised that as number of COVID-19 infections were now very low, small fluctuations were seen but if they were within the tolerances it was suggested that a report would not be sent – the surveillance programme was still in place to monitor figures on a daily basis and if there was a trend of an increase, a report would then be produced and circulated. Board Members were asked to provide any feedback to the Director of Public Health on whether there were any elements in the dashboard reports that they would like to see more, or less, of or if there was anything else that they would like to have included.

A Board Member noted that the information contained in the dashboard report was provided on a confidential basis and enquired if there were any elements within it that could be shared more widely. The Director of Public Health advised that the data was marked as sensitive as it data was obtained from Public Health England. In order to access it the Local Authority were required to sign a data sharing disclaimer that it would only be used internally, and for purposes of the Health and Wellbeing Board, and should not be shared publicly. Board Members could discuss the data with colleagues but it was emphasised that the charts and diagrams should not be presented or copied.

The Chairman thanked the Primary and Community Care Transformation Manager (Bromley) – SEL CCG, Dr Rob Grounds and Dr Gurprit Singh Mudhar for their presentation.

RESOLVED that the update on the Non COVID Immunisation Programme be noted.

73 MENTAL HEALTH UPDATE - OXLEAS

The Chairman welcomed Matthew Trainer, Chief Executive – Oxleas NHS Foundation Trust (“Chief Executive”) and Lorraine Regan, Service Director (Bromley Directorate) – Oxleas NHS Foundation Trust (“Service Director”) to the meeting to provide an update on adult mental health.

The Service Director informed Board Members that all adult mental health services in the Borough had been fully operational throughout the pandemic, although some were required to be delivered in different ways. There had been flexibility around appointments with staff providing a mixture of both virtual and face-to-face appointments, and the demand for the latter was beginning to increase. A survey of patients had taken place during the summer to gauge how they were feeling in relation to the new ways of working and gather feedback. The responses had provided a good sense of how the virtual appointments were viewed, which was mainly positive – some patients considered that virtual appointments were as good as those held face-to-face however there were still a number that had found them difficult. As a result, a review of all patients in Bromley had been undertaken to ensure that they were receiving a mixed approach, which was person-centred and aligned to their needs.

The Trust's community staff were largely working between their offices and homes; however, it had been recognised that inpatient staff had not benefitted from this flexibility in terms of work / life balance. The Service Director advised that staff uptake of the COVID-19 vaccine currently stood at just over 75% – there was still some work to do, but this was broadly in line with the overall figures being seen. The Trust was working with local partners to ensure that all patients had access to the vaccination. There was a 72% uptake from patients with serious mental illness, which was reasonable, however it was highlighted that some of the hard to reach patients still needed encouragement to come forward. Community nursing teams had also been working to review the care plans of a number of patients who had been shielding – these patients were struggling post-shielding, due to the shift in dynamics and increased social interaction, and they needed to be mindful that this transition would be hard for some individuals.

The Service Director advised that Primary Care Plus (PCP) was the Trust's "front door" into their adult mental health services. It had been established five years ago to meet the needs of around 250 patient referrals per month. In October 2019 (pre-pandemic) referrals sat at around 300 per month – this figure dropped significantly in April 2020, at the start of the pandemic. However, since then a significant increase had been seen, and for the last couple of months referral had reached approximately 430. It was emphasised that the impact of the pandemic on mental health would still be felt in the coming months and beyond.

Data was provided in relation to Early Intervention in Psychosis (EIP) caseloads which were designed to sit at around 100. In October 2019 they already sat above 120 – during the first half of 2020 the figures increased considerably, recording the highest number of caseloads they had seen. The Service Director highlighted that in addition to high numbers, there had been a shift in the acuity with patients being much more unwell, some of which appeared to be linked to the pandemic. It was noted that the EIP caseload numbers had now started to reduce but remained higher than pre-pandemic levels. With regards to the Trust's Memory Service, there had been a significant drop in referrals in April 2020, which was understandable as they came from primary care colleagues who faced other priorities related to the pandemic at that time. Referral numbers had since increased, however they had not yet returned to pre-pandemic levels – the reasons for this were considered to be that sadly a number of deaths had been

seen in this cohort during the pandemic and that this group of people were the most reluctant to come forward and express concerns regarding their memory. The Service Director noted that the Emergency Department team were also seeing significant demand – overall the increase in demand was not as sharp as that seen in other services, however the acuity was much higher and a lot more of the presentations were leading to patient admissions.

A Member enquired if the Trust had been experiencing any difficulties in recruiting staff and if they were utilising the additional money provided by the government. The Service Director advised that there were some vacancies across the Trust, but there was not a significant number in Bromley. Recruitment had taken place to fill some key vacancies just prior to the pandemic and the workforce had been sustained over the last year. It was noted that of the three boroughs that the Trust worked across, Bromley was sometimes the more challenging to recruit to due to its geography. There were some exciting plans in place to utilise the new funding and they were looking forward to making that investment. The biggest challenge faced by the Trust would be identifying the workforce needed and they were thinking creatively about new posts and new ways of working. Discussions had taken place with London South East Colleges (LSEC) with regards to bringing students straight into the workforce after they left college and using the apprenticeship levy to upskill them.

Another Member noted their concerns regarding the impact of the pandemic on mental health, including the likelihood that it could generate additional problems that had not been seen before, and asked if it was felt that the system could cope with this increased demand. The Service Director said that part of the support that patients had received during the pandemic had been from the community. It was noted that community support had increased during this period and communities had really “pulled together” over the last year which had made a huge difference. The additional funding being directed into mental health was partly to enable services to cope with additional pressures and with the right plans and integrated working in place it should prevent services reaching “breaking point”. The Portfolio Holder for Adult Care and Health highlighted that it was extremely encouraging to hear that there would be a whole system approach to mental health going forward and noted that the Director of Adult Social Care would be happy to join any discussions relating to this.

In response to a question, the Service Director said that pressure on mental health services was being experienced across the age groups and colleagues in Children and Young People mental health services would be presenting an update regarding this at a future meeting of the Health and Wellbeing Board.

The Service Director said that in terms of service development, the Trust were working with colleagues at the PRUH to finalise plans for the establishment of a dedicated Mental Health assessment area for patients presenting in crisis. This would allow more than one assessment to be conducted at once which would help reduce delays. They were also in the final stages of the adult mental health hub, as part of the community transformation work with MIND and other partners, and recruitment would begin in the next few weeks. The hub would offer a new single point of access for all adult mental health services in the Borough and enable

interventions to start as early as possible. It was noted that further details could be provided at a future meeting of the Health and Wellbeing Board. Bromley were also leading on an agile working project looking at how colleagues wanted to work in the long term – any good practice from the flexible working over the last year would be used to create a strategy for new ways of working.

The Chief Executive advised Board Members that Oxleas had launched its new strategy which set out its new values – the three main priorities would be:

- Achieving zero delays;
- Delivering great out-of-hospital care; and
- Making Oxleas a great place to work.

The Trust had also been looking at quality and safety management and had identified variations in practice and consistency across the three-borough structure. This had been referenced in a critical Care Quality Commission (CQC) report at the end of the previous year which focussed on the standards in some of the older adult mental health inpatient wards. It was noted that the CQC had made a further visit in recent weeks – they had been pleased with the improvements made and a positive report was anticipated. The Trust's four older adults' wards were managed across three different senior management structures which made the "line of sight" for accountability around quality and safety more difficult to manage. Therefore, the Trust were restructuring the management teams along service lines, to bring together the best of borough-based and service line delivery, with dedicated borough-based leadership. This affected approximately 50 post and 4,000 Oxleas staff and the Chief Executive highlighted that no cost savings would be generated from this restructure. It was noted that less changes would be noticed in Bromley as the current Service Director would still be the lead for relationship management in the Borough, and the community mental health teams and local place-based teams would remain.

Councillor Yvonne Bear, an Appointed Governor on the Council of Governors – Oxleas NHS Foundation Trust, informed Board Members that the new strategy had been subject to a long review process. Engagement had been undertaken widely with service users; the community; Governors; and staff and represented a collective view of where Oxleas should be positioned. It was considered that the restructure seemed logical however it was noted that it would have been helpful for Oxleas to have had more communication with the Boroughs prior to its announcement.

The Chairman thanked the Chief Executive – Oxleas NHS Foundation Trust and Service Director (Bromley Directorate) – Oxleas NHS Foundation Trust for their update.

RESOLVED that the Mental Health update be noted.

74 HEALTH CAMPAIGN - DISCUSSION

The Director of Public Health advised Board Members that the obesity campaign 'Don't Wait to Lose Weight' had run over the last year. The campaign had been

developed to encourage people to lose weight due to the link between obesity and COVID-19.

It was noted that the Local Authority had a calendar of campaigns – this was mainly connected to monthly national campaigns and the messages were augmented locally. The ‘Better Health – Mental Health’ campaign took place throughout May and this year would have a focus on suicide prevention and bereavement. It was considered that Board Members may wish to suggest specific areas for focus which could then be discussed with the LBB Communications Executive.

The Portfolio Holder for Adult Care and Health highlighted that signposting information would shortly be added to the Council’s website for a range of activities and suggested that this be circulated to Board Members for reference.

A Member enquired as to how the success of the obesity campaign could be measured. The Director of Public Health said that it was very difficult to be certain if any preventative measures had a direct effect. However, as part of the next Joint Strategic Needs Assessment (JSNA) they would be considering the impact of COVID-19 on various diseases, including obesity, and looking at figures over time.

RESOLVED that the update on the health campaign be noted.

75 INTEGRATED COMMISSIONING BOARD UPDATE

Report ACH21-027

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

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

- Leading and directing arrangements for integrated commissioning of health and social care within the borough.
- Supporting the work of the Health and Wellbeing Board in delivery of the key priorities identified in the Health and Wellbeing Strategy.
- Overseeing the management of joint resources that enable effective integrated commissioning programmes.
- Producing a Local Plan, which allowed the Council and SEL CCG (Bromley) 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 SEL CCG (Bromley) and the Council were well positioned to meet the emerging requirements from legislation, national/regional policy or best practice guidance.

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 SEL CCG. Led by an Assistant Director for Integrated Commissioning, who worked across the Council and CCG, this new service now played a key role in supporting the work of the Board. The new service was established in April 2020.

The COVID-19 pandemic had 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 whilst agencies gave priority to work on responding to the pandemic. In many instances the work of the Board made a significant contribution through the facilitation and delivery of an integrated health and care response to the pandemic. The Board had continued to meet throughout the pandemic. Now that the second wave of the COVID-19 pandemic was subsiding, work was resuming on all those projects and programmes that had been paused.

The LBB Assistant Director for Integrated Commissioning advised Board Members that there were three new priorities for the ICB:

- Bromley Community Mental Health Services (CMHS) Transformation Programme, looking at initial priorities and plans for investment in 2021/22;
- Recommissioning of the Primary and Secondary Interventions Service (Bromley Well) from September 2022; and
- Looking at the emerging implications of the Government White Paper – 'Working Together to Improve Health and Social Care for All'.

It was highlighted that updates on these priorities would be provided at the September meeting of the Health and Wellbeing Board.

RESOLVED that the Integrated Commissioning Board update be noted.

76 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 majority of the Health and Wellbeing Strategy: JSNA Priority Areas had been paused as a result of the pandemic, however the groups were now starting to meet and develop plans.

The focus of the Cancer group would remain on increasing the uptake of cancer screenings. The Diabetes group had met recently and considered the areas for improvement. It was noted that some funding may be received from the SEL CCG for work on pre-treatment areas, such as hypertension and cholesterol. Consideration would be given to having a particular focus on newly diagnosed diabetics who were likely to be keener to control and reduce their level of diabetes. It was noted that some elements of the National Diabetes Prevention Programme had been paused during the pandemic, although some had continued virtually,

and it was considered that this could have an impact on the number of people developing diabetes and therefore some emphasis would be put on this in the coming months.

The GP Clinical Lead – SEL CCG highlighted that the impact of COVID-19, on both diabetic patients and those that were unaware they had diabetes, had been significant. There were some concerns that they may have fallen behind with the routine care for patients – patients with significant risk factors had been targeted over the most recent period of the pandemic and there was a need to return to “business as usual”.

The Chairman noted that the right priority areas had been identified – the impact of the pandemic had emphasised them further and that they would need to be kept under regular review. The Place Based Director – SEL CCG suggested that an update on the position of all screening programmes within these areas could be provided at a future meeting of the Health and Wellbeing Board.

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

77 CHAIRMAN'S ANNUAL REPORT

Board Members had been provided with a draft copy of the Chairman’s annual report of the Health and Wellbeing Board 2020/21 prior to the meeting. The document captured that it had been an extremely busy year for the Board with all meetings having been held virtually, and with very full agendas, but also acknowledged that a number of the issues addressed throughout the year would remain going forward.

Board Members were asked to provide any comments or suggestions on the document to the Chairman and clerk, prior to it being provided for information to the July 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 2020/21 municipal year.

RESOLVED that the report be noted.

78 HEALTH AND WELLBEING BOARD INFORMATION BRIEFING

The Health and Wellbeing Board Information Briefing comprised one report:

- Domestic Violence and Abuse Strategy for 2021-2024

RESOLVED that the Information Briefing be noted.

79 WORK PROGRAMME AND MATTERS OUTSTANDING

Report CSD21055

The Board considered its work programme for 2021/22 and matters outstanding from previous meetings.

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

- Update on the Long COVID Service (Standing item)
- Update on plans for the coming vaccination season – CCG (1st July 2021 / 23rd September 2021)
- Winter Planning – CCG (1st July 2021 / 23rd September 2021)
- Presentation on Children and Young People's Mental Health Services – Oxleas (TBC)
- Update on the Adult Mental Health Hub – Oxleas (TBC)
- JSNA Priority Areas – Screening Update (1st July 2021 / 23rd September 2021)
- Integrated Commissioning Board Update (23rd September 2021)

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

80 ANY OTHER BUSINESS

There was no other business.

81 DATE OF NEXT MEETING

The next meeting of the Health and Wellbeing Board would be held at 1.30pm on Thursday 1st July 2021.

The Meeting ended at 3.28 pm

Chairman