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DATE: 21 April 2021

To: Members of the
HEALTH AND WELLBEING BOARD

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

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 29 APRIL 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

MARK BOWEN
Director of Corporate Services

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 MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 11TH FEBRUARY 2021 (Pages 1 - 18)

4 QUESTIONS

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

Questions specifically relating to reports on the agenda should be received within two working days of the normal publication date of the agenda. Please ensure that questions specifically on reports on the agenda are received by the Democratic Services Team by **5pm on Friday 23rd April 2021.**

5 UPDATE FROM THE CCG

To follow

6 UPDATE ON THE NON COVID IMMUNISATION PROGRAMME

To follow

7 MENTAL HEALTH UPDATE - OXLEAS (Pages 19 - 36)

8 HEALTH CAMPAIGN - DISCUSSION

9 INTEGRATED COMMISSIONING BOARD UPDATE (Pages 37 - 42)

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

11 CHAIRMAN'S ANNUAL REPORT

12 HEALTH AND WELLBEING BOARD INFORMATION BRIEFING

The briefing comprises:

- Domestic Violence and Abuse Strategy for 2021-2024

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

13 WORK PROGRAMME AND MATTERS OUTSTANDING (Pages 43 - 50)

14 ANY OTHER BUSINESS

15 DATE OF NEXT MEETING

1.30pm, Thursday 10th June 2021

1.30pm, Thursday 23rd September 2021

1.30pm, Thursday 25th November 2021

1.30pm, Thursday 3rd February 2022

1.30pm, Thursday 31st March 2022

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HEALTH AND WELLBEING BOARD

Minutes of the meeting held at 1.30 pm on 11 February 2021

Present:

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

Janet Bailey, Director: Children's Social Care
Kim Carey, Director: Adult Social Care
Rachel Dunley, Head of Service: Early Intervention and Family
Support

Teresa Bell, Independent Chair: Bromley Safeguarding Adults Board

Dr Angela Bhan, Borough Based Director: South East London
Clinical Commissioning Group

Harvey Guntrip, Lay Member: South East London Clinical
Commissioning Group

Dr Andrew Parson, GP Clinical Lead: South East London
Clinical Commissioning Group

Jim Gamble QPM, Independent Chair: Bromley Safeguarding
Children Partnership

Christopher Evans, Community Links Bromley
Frances Westerman, Healthwatch Bromley

51 APOLOGIES FOR ABSENCE

Apologies for absence were received from Dr Nada Lemic.

Apologies for lateness were received from Dr Andrew Parson.

The Chairman welcomed Teresa Bell, Independent Chair of the Bromley Safeguarding Adults Board; Jonathan Lofthouse, Site Chief Executive – PRUH and South Sites, King's College NHS Foundation Trust; Jacqui Scott, Chief Executive Officer – Bromley Healthcare; and Matthew Trainer, Chief Executive – Oxleas NHS Foundation Trust, to the meeting. The Chairman also welcomed back Dr Angela Bhan – Borough Based Director, South East London CCG following a period of absence.

52 DECLARATIONS OF INTEREST

There were no declarations of interest.

53 QUESTIONS

No questions had been received.

54 MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 3RD DECEMBER 2020

In respect of Minute 38, a Member noted the presentation received regarding the 'Don't Wait to Lose Weight' campaign, which had emphasised the important link between obesity and COVID-19, and asked for a further update.

The Portfolio Holder for Adult Care and Health highlighted that communications relating to the campaign had been posted on both the Council's website and Twitter feed, and would run throughout the year. The Consultant in Public Health advised that some further work had been undertaken relating to the campaign, which would also be revisited as part of the ongoing Better Health Campaign.

The Chairman noted that an Obesity Task and Finish Group had been established back in the summer, and suggested that a further meeting could be arranged to consider the next steps. Members agreed that the Obesity Task and Finish Group should reconvene within the couple of weeks.

RESOLVED that the minutes of the meeting held on 3rd December 2020 be agreed.

55 HOMELESSNESS UPDATE

Report ACH21-023

The Board considered a report providing an overview of the work undertaken by the Housing department and health partners to support homeless households in response to the COVID-19 pandemic.

The Assistant Director for Housing advised that staff in Housing, Planning and Regeneration had 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. Whilst a small number of officers had continued to provide in-person assistance at the Civic Centre in order to assist those presenting in an emergency, the majority of staff had been working at home since March 2020. Services had adapted quickly, and a significant amount of work had been undertaken in order to maintain contact with clients and provide the necessary support and essential services.

The department 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. A particular challenge for the service had been the additional assistance given to support those effected by rough sleeping as part of the government's 'Everyone In' initiative, and the subsequent work that had 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 was ongoing. Across London more than 5,000 households have been assisted under 'Everyone In'.

Working jointly with colleagues from Public Health, MHCLG and Thamesreach, the department had formed a Rough Sleepers Response group to provide critical oversight and additional support to those they were assisting. This has allowed for a clear referral and rehousing pathway to ensure any person or agency who had knowledge of a rough sleeper could refer them through to services for assistance, and for enhanced services to be allocated to those clients with the most complex needs. Colleagues had worked together to ensure that timely, joint interventions were put in place. When officers had carried out the rough sleeper headcount in November, an annual exercise which saw 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 had been reports of rough sleepers, thankfully only one rough sleeper had been identified. Unfortunately, they were well known to the service and had not accepted repeated offers of assistance, but they continued to try to help.

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 had enabled them 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. They were working closely with partner agencies to ensure that the grant was fully utilised in order to achieve the agreed delivery plan.

In response to a question, the Assistant Director for Housing said that typically, the Borough had very few entrenched rough sleepers. The previous year's rough sleeper headcount had found six people bedded down, and two people up and walking (who could not be counted, but were known to be long-term rough sleepers). The number identified through the 'Everyone In' initiative was much higher due to the direction from government being interpreted at its broadest sense, and including all those considered to be "at risk" of rough sleeping. For example, in the middle of the previous year, there had been a rise in the number of friend and relative evictions due to increased tensions within households. These were people that may have ordinarily been able to make alternative arrangements – however these opportunities were severely reduced due to the pandemic, and therefore they were included within 'Everyone In' as there had been enough evidence to suggest that they may end up sleeping rough. The Assistant Director for Housing noted that there were ebbs and flows of new people sleeping on the streets, however the team worked with London Street Rescue and local churches to quickly identify them. If made aware, they could get someone out to speak with these people, and establish the circumstances as to why they were on the street, and offer support if appropriate. It was highlighted that there had been a number of incidents of people appearing as rough sleepers and begging, but actually had homes to return to. At the present time, the team were only aware of one entrenched rough sleeper, who they had tried to engage with for over a year. They were currently working with mental health services to try and provide additional

support.

For Bromley, like most London boroughs, one of the most significant long-term pressures was the impact of homelessness and provision of temporary accommodation. Currently, there were approximately 1,800 households in Temporary Accommodation (TA) – this was a net increase of 21 per month and approximately 1,100 households were in costly forms of nightly paid TA, putting a continued strain on the Council's revenue budget. There were concerns regarding the number of families who were facing financial hardship as a result of job losses and reductions in income. Rent arrears were increasing and whilst evictions had been temporarily halted, a surge of eviction action was likely to be seen through 2021/22. Officers in Housing had been undertaking pre-emptive work through their Money Advice, Housing Management and Housing Options teams to intervene at an early stage, and attempt to bring any increasing arrears down before they became unmanageable and ran the risk of leading to eviction action being commenced. As well as reaching financial arrangements, they had also sought to make best use of Discretionary Housing Payments to support households. Bromley had received £754k under the COVID Winter Grant Scheme, £151k of which was being utilised by Housing to provide assistance for vulnerable households to buy food, pay utility bills and provide warm winter clothing for children.

In response to a question, the Assistant Director for Housing advised that the 'More Homes Bromley' scheme had now concluded, with just under 300 properties purchased and tenanted. Work was now being undertaken to consider reprovisioning the properties, as they were good quality homes, so tenants could remain in them on a permanent basis – converting them from temporary accommodation into a settled homes, as a number of families had made connections within their local areas. The department would now be looking at a secondary scheme, expanding access to settled accommodation, and moving away from costly nightly accommodation.

A Member highlighted the freezing temperatures that had been experienced locally in the last week, and queried if accommodation had been provided to all those that required it. The Assistant Director for Housing advised that the Local Authority took a proactive approach to dealing with rough sleepers throughout this period. They had also engaged with London Councils in relation to the Severe Weather Emergency Provision to provide emergency accommodation to anyone requiring it, and would continue to do so. Another Member queried what happened in terms of providing support to these people following a period of cold weather. The Assistant Director for Housing said that the department would look at how these people had ended up in this position – as a result of the pandemic, legislation had been altered to expand the group of people that they were able to assist. They looked at how they could support them into settled accommodation; reconnect them with friends and family; or support them into a private sector property. It was considered a failure if these people returned to the streets, however some would still return to what was familiar, or there were other factors involved such as substance misuse. There was also a Support and Resettlement Service for those people with higher needs; supported accommodation; and access to a variety of other options to provide support.

The Chairman led Board Members in extending their thanks to the Assistant Director for Housing, and the rest of the team, for the excellent work being undertaken.

RESOLVED that the Homelessness Update be noted.

56 UPDATE ON SAFEGUARDING ISSUES (VERBAL UPDATE)

Independent Chair of the Bromley Safeguarding Adults Board

The Independent Chair of the Bromley Safeguarding Adults Board (BSAB) thanked the Chairman for providing an opportunity to give a brief summary of the work which was going on in terms of prevention, service provision and assurance for people's safety during the current phase of the pandemic.

The Independent Chair – BSAB informed Board Members that since taking up the post at the beginning of the year, she had received a very helpful induction to understand more about local context. The BSAB was participating in a national project (Insight Project), co-sponsored by the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS), which had been established at the beginning of the pandemic to share data and provide a comparative baseline to understand the impact of the pandemic. The concerns seen in Bromley were much the same as elsewhere across the country, and included:

- Care homes (support for homes and their staff);
- Closed institutions (and the need to ensure good quality assurance);
- Impact on carers (including informal, unpaid carers with more people being cared for at home, and some services being less accessible);
- Self-neglect – hidden harm (increase in self-neglect referrals);
- Impact on the workforce (staffing levels, and increased pressures, particularly in care homes); and
- Domestic Abuse.

A meeting had recently taken place with the BSAB's statutory partners to seek assurance from them, particularly in relation to the current phase of the pandemic, and responses to these areas of concern.

One of the areas which the Independent Chair – BSAB considered to be particularly impressive was the Care Home Operational Group. The group met on a daily basis, chaired by either the Director of Adult Social Care or Director of Public Health, with a membership that included representatives from across the local health and social care sector. At each meeting, members looked at the number of COVID-19 cases in care homes, which allowed them to make contact with providers and offer support as required. There was a clear escalation process in place, and the system was an example of very good practice.

With regards to Domestic Abuse, Board Members were advised that less referrals had been received during the initial phase of the pandemic than expected. However, it was noted that since the beginning of this year, referrals had started to

increase. This increase was considered to be a breakthrough, and was being attributed to the large amount of work which had been undertaken to raise awareness in, for example, vaccine hubs and with front line staff across the partnership.

The Independent Chair – BSAB advised that there had been an enhancement of community outreach programmes to the most vulnerable groups – this was positive to hear as a number of the centres used by residents had closed as a result of the pandemic. There was also a multi-agency complex case pathway and guidance agreed for referrals of self-neglect. For those at risk of “falling through the gaps”, or were less likely to readily approach services, this network had been established to monitor them and ensure that interventions were put in place.

Staff resilience had been identified as an area of concern during the pandemic – staff were working extremely hard and there were increases in the level of staff sickness due to self-isolation, some contracting COVID-19, as well as general stresses and strains on staff. There were some good examples of the support and counselling offered to staff across the partnership, and this had been identified as an item for review at the next BSAB meeting – providing the opportunity to share good practice in supporting staff of all levels during the pandemic.

The Independent Chair – BSAB noted that she had a particular interest in support for informal carers, and in one of her other roles was involved in a project to update an advice note for front line staff on support for carers during the pandemic, which was co-sponsored by the ADASS, LGA and Carers UK.

In summary, the Independent Chair – BSAB highlighted that so far, she had been very assured by the awareness and efforts being made to understand the impact of the pandemic – some really good practice was emerging, and being put in place, to address the concerns raised.

The Portfolio Holder for Adult Care and Health said that she was particularly impressed with the aspect relating to carers, as this was something very close to her heart, and that she looked forward to working with the Independent Chair – BSAB on the areas identified.

The Chairman of the Adult Care and Health Policy Development and Scrutiny Committee noted that some Members of the Committee were concerned that not enough attention had been paid in relation to Domestic Violence, so she had been comforted by the update from the Independent Chair of the BSAB. In response to a question, the Independent Chair – BSAB confirmed that she would be happy to provide a copy of her briefing note for circulation to Members of both the Health and Wellbeing Board and Adult Care and Health Policy Development and Scrutiny Committee.

Independent Chair of the Bromley Safeguarding Children Partnership

The Independent Chair of the Bromley Safeguarding Children Partnership (BSCP) highlighted that the Strategic Threat Assessment document provided to Board

Members (item 16) was currently confidential. Board Members were assured that lessons had been learnt from the first lockdown, and during the early phases of the pandemic partners had considered that shorter and more frequent meetings were required. During these meetings, they had considered what were believed to be the key strategic issues:

- The health and wellbeing of the workforce;
- Identifying emerging safeguarding themes; and
- Maintaining multi-agency interoperability.

In relation to the health and wellbeing of the workforce, the Independent Chair – BSCP noted that during the first phase of the pandemic, concerns relating to the pressures on staff significantly impacting on sickness, morale and resilience did not manifest as anticipated, and with a few exceptions, the workforce had remained remarkably stable and resilient. Looking at this in further detail, key issues had related to the COVID-19 vaccination roll-out for staff; COVID fatigue and associated workforce pressures. A number of staff were experiencing high levels of demand for their particular service, and in some instances, this had resulted in difficulty accessing breaks, taking annual leave or rest days. There had been some strategic and organisational difficulties, for example, Kings College Hospital NHS Foundation Trust had experienced some significant staff shortages and for a period this had an unavoidable impact on their numbers and the availability of their safeguarding team. This had been quickly resolved but was a good example of the impact on the overall safeguarding partnership when key frontline partners had to shuffle resources to meet critical needs.

The Independent Chair – BSCP noted the issues raised by the Assistant Director for Housing, and emphasised that the Housing department had been an excellent safeguarding partner. The team had provided real insight and meaningful support, and partners had come together to engage with children. In addition to frontline health and social care staff, it was recognised that teachers were doing an excellent job – schools were providing support to pupils at home; SEND provisions remained operational; and schools were open for vulnerable children and the children of key workers to attend.

With regards to the emerging issues, the Independent Chair – BSCP noted that a return to lockdown conditions had once again exacerbated difficulties in maintaining a direct line of sight of, and physical contact with vulnerable children, young people, and their families. However, some great work had been undertaken by partners following the first wave of the pandemic, identifying lessons learnt and a ‘Safeguarding Resilience Audit’ had taken place in relation to potential periods of further lockdown. Engagement was taking place with families via telephone and virtual technology, however some face to face visits were still taking place utilising the appropriate PPE.

It was noted that lessons were also learnt in term of identifying opportunities to engage potential victims at times, and in places, where they could safely communicate and disclose abuse, such as in pharmacies. As a result, Children’s Social Care and other partners had been early adopters of initiatives to prompt professionals to be professionally curious and provide coded language that would enable a victim to indicate that they required help. It was noted that the recently

published Home Office initiative and guidance on 'Ask for ANI' had been welcomed.

The Independent Chair – BSCP highlighted that a study published by King's College on engaging with, and safeguarding, those children who were not in direct line of sight, included a number of issues which were mirrored in the Borough. These included some parents, with children who had a safeguarding need for being in line of sight, being reluctant to engage with their school. It was noted that the relationship between Children's Social Care and Education partners was strong, and they were able to monitor which children should be in school and follow up as required. This pattern was also seen in regard to routine medical appointments, with some parents reluctant for their children to attend. This had been a national issue throughout the pandemic, with a small, but significant, number of infants sustaining head injuries, household 'slips and trips' and non-accidental injuries in non-mobile babies.

Board Members were advised that whilst Child Criminal Exploitation (CCE) and Child Sexual Exploitation (CSE) had not manifested as anticipated, there was an anomaly at the Demark Hill site of King's College Hospital, which had experienced a surge in cases of young people presenting as victims of CCE and CSE. The police were not picking up these cases as they would outside of the pandemic, which may relate to a lack of opportunities to see or engage with young people who were not on the street or using the transport infrastructure. Whilst children remained inside during lockdown, an online environment had presented opportunities for predators, and messages relating to the Bromley Safer Schools App had been reinforced. The UK's National Crime Agency estimated that around 300,000 individuals posed a sexual risk to children in the UK at any given time.

With regards to mental health, it was highlighted that referrals were increasing – there were high levels of self-harm and eating disorders reported, and a more detailed analysis was being undertaken. Feedback from the Royal College of Paediatrics and Child Health suggested that the increase in referrals were related to isolation; school closures; exam cancellations; worrying about family, and parents being furloughed.

The Independent Chair – BSCP informed Board Members that during the first period of lockdown, police had not received many reports of domestic abuse, but numbers surged once restrictions were lifted and victims could safely seek help. The measures put in place had helped to flatten this curve, and police were reporting that cases of domestic abuse were still coming through. The Director of Children's Social Care had undertaken some work with the Department for Education (DfE), and it had been reported in December 2020 that there had been a 29% increase in referrals compared to the previous year. It was anticipated that the level of referrals would again be heightened once the current period of restrictions were eased, and the direct and indirect impact of domestic abuse on children and young people would need to be considered. In terms of substance misuse, there had been an increase in access and requests for support from Change Grow Live (Bromley's substance misuse service provider), as well as an increase in the number of referrals for 'Hidden Harm' support for children and young people. As a result, some young people were reporting an escalation in

their recreational drug use as a coping strategy to stressors.

Other emerging issues related to housing, homelessness, and other financial pressures – whilst much of the data related to adults, there was a direct and indirect impact on the health and wellbeing of children. It was noted that the Assistant Director for Housing had raised concerns regarding the temporary removal of stamp duty and the impact this would have on the market, relating to increased rents and increased competition for housing stock. Children's Social Care had also reported a significant increase in the number of calls to MASH for food parcels, winter clothing and basic necessities, some of which could mask a need for other safeguarding services. Whilst Bromley residents generally had a good digital footprint, there were issues with some families experiencing difficulty accessing technology for home schooling, which were being addressed by Children's Social Care and other agencies.

The Independent Chair – BSCP highlighted that a line of sight had been maintained on safeguarding child practice reviews and “business as normal” – in difficult circumstances Public Health, Children's Social Care, the voluntary sector and colleagues in the police and youth services were seeing the benefits of the blended safeguarding provision.

In relation to staff wellbeing, the Director of Children's Social Care advised that weekly returns had been completed, and over 90% of staff had been working throughout both the first and second waves of the pandemic. Board Members were also informed that a daily return was received from the schools. This flagged if any child subject to a plan or open to Children's Social Care had not attended and allow the team to check-in with their social worker. It was felt that line of sight was being provided, and ensured that children were safeguarded.

Jonathan Lofthouse, Site Chief Executive – PRUH and South Sites, King's College Hospital NHS Foundation Trust noted that a strong reflection of the teams agility to respond, even when they had been faced with challenges, had been provided by the Independent Chair of the BSCP. A variety of inputs and outputs were being seen as a result of the pandemic, and the strength of the multi-agency approach and established links were highlighted. More and more cases were being seen, but it was hoped that an agile application of the system would protect vulnerable children, young people and adults.

Matthew Trainer – Chief Executive, Oxleas NHS Foundation Trust advised Board Members that a 10% increase in referrals into higher tiered CAMHS services had been seen across all boroughs, and in November 2020 demand in Bromley had been up by 30% compared to the previous year. The increase in demand highlighted by the Independent Chair of the BSCP was very much recognised by Oxleas services. It was noted that some of the consequences of the pandemic would only be understood in the longer term – the economic impact of the pandemic would start to be felt in the coming months. The integrated work of the system would be critical, and it was acknowledged that primary and secondary mental health services, schools and other partners would work together to protect children and young people during these challenging times.

A Member stated that the Strategic Threat Assessment was a very good report and highlighted that a large proportion of the issues raised affected both children and adults. It was questioned if the Independent Chair of the BCSP considered that honest and open reactions had been received from academies within the Borough. The Independent Chair – BSCP said that throughout their improvement journey, engagement with academies had improved over recent years, particularly through the Education Safeguarding Advisory Forum. They had also been looking to introduce a different type of safeguarding self-assessment audit, which by next year, could provide a statistical evidence-based answer to this question.

The Chairman noted that the snapshots provided were extremely helpful, and on behalf of Board Members thanked the Independent Chairs of the Bromley Safeguarding Adults Board and Bromley Safeguarding Children Partnership for their updates.

RESOLVED that the update on Safeguarding issues be noted.

57 PARTNER UPDATES REGARDING THE PANDEMIC (VERBAL UPDATE)

The Borough Based Director – SEL CCG (“Borough Based Director”) advised Board Members that a large amount of work had been undertaken over the last couple of months to deliver, increase, and try to manage any inequalities in the uptake of the COVID-19 vaccination. Bromley had been doing very well in terms of uptake – over 89% of the over 80’s age group, a similar percentage for the 75-79 year old cohort; and 88% of 70-75 year olds had received their vaccinations. Work was also taking place to vaccinate health and social care staff, and residents classed as clinically extremely vulnerable. It was noted that the denominator of who was considered to be clinically extremely vulnerable kept changing, however it was thought that over 70% of this cohort had been vaccinated, largely due to the PRUH’s ‘Hospital Hub’ contacting in-patients that they were aware fell into that category.

GPs had been vaccinating residents through their Primary Care Network (PCN) vaccination sites, which the GP Federation in Bromley had been instrumental in helping to deliver. It was highlighted that pharmacists were not delivering the vaccinations in Bromley. Satellite services had been established, so some GPs could deliver vaccinations where they needed to, and over 100 residents had received their vaccinations at the mosque in Keston the previous weekend. There were plans to have a mass vaccination centre and the Civic Centre, and they were extremely grateful to partners for making this available.

With regards to residents and staff in care homes, vaccinations had been administered through the GP Practice for Care Homes. So far, 91% of people had been vaccinated, and this figure continued to increase – there had been delays going into some care homes due to outbreaks of COVID-19, so vaccinations would continue to be offered. It was noted that in Bromley, as across the country, there was a lower uptake from care home and hospital staff than had been anticipated. Commitment had been made to vaccinating 75% of the top four cohorts by the 14th

February 2021 – this had already been achieved, however it was emphasised that the programme would not stop, and they would be continuing to offer the vaccine to the most vulnerable residents. There were a number of people within these groups that were housebound, or reluctant to go out, and as a result they were looking to adapt their services. Work was also being undertaken with partners to encourage social care and care home staff to receive their vaccine.

In response to questions, the Borough Based Director advised that in relation to care homes for older adults and those with Learning Disabilities, around 60% of care home staff had been vaccinated. It was noted that the vaccination programme for this cohort was still underway, and they would continue to offer them the opportunity to receive the vaccination on numerous occasions. The Director of Public Health and Director of Adult Social Care had also been working to set up webinars, however there was still more work to be undertaken to improve the uptake from this cohort. They were aware that some ethnic minorities and lower socio-economic groups were less likely to take up the offer of the vaccine. There was some data available, and it was hoped that within the next few weeks they would be able to obtain details of uptake by ethnic group within each PCN. These communities were considered to be very specific, and more granular information was needed – work needed to be undertaken to understand these specific groups in more detail through community engagement. It was highlighted that the AstraZeneca vaccine could be delivered at pop-up clinics, which allowed them to be administered in venues such as the mosque in Keston, and with community leaders present.

The Chairman queried if anything further could be done by Elected Members with regards to pop-up clinics. The Borough Based Director advised that she had been contacted by several Councillors, with whom she had had discussions regarding extending the reach of vaccination services into specific communities. Work was being undertaken with Directors of Public Health to look at the inequalities in the vaccination uptake across South East London, and it was noted that it would be good to have input from local Ward Councillors too. The Chairman suggested that an external meeting could be set up, as and when required, to look at this in further detail, and Members were asked to contact the clerk to the Health and Wellbeing Board if they wished to participate.

The Borough Based Director advised that they were starting to see a reduction in both the number of COVID-19 cases, and the number of people being hospitalised. However, there would be a significant lag before the pressures on hospitals would be reduced, due to the length of time patients were currently needing to spend in hospital.

Safeguarding remained a concern, as they were aware that adults, children, and young people were particularly vulnerable during this time, including some that would not usually fall into this category feeling isolated and separated. They were doing their best to ensure services were available for those that needed them. It was noted that they were also trying to keep other areas “running as normal”, with elements such as MASH service reviews continuing despite COVID-19 pressures.

The Borough Based Director highlighted the need to return to addressing the

backlog of patients, and the new services that had been developed during this period. This included a Community Respiratory Service and Respiratory 'virtual ward', so that patients recovering from COVID-19 could be managed in the community. These services were jointly delivered through the One Bromley approach, and highlighted the partnership work that was being undertaken.

The GP Clinical Lead – SEL CCG highlighted the need to recognise the impact and demand that had been placed on the combined workforce of partner organisations, to put the vaccination hubs; centres; and Respiratory services in place. It had required a considerable amount of collaborative work and goodwill. The vaccination programme would be running for a long period of time, and the resilience of these centres would need to be maintained – how these centres were staffed would be a key consideration.

The Borough Based Director advised that some of those vaccinated in December 2020 would be approaching their second dose in March 2021. Modelling work had been undertaken to look at the delivery of the second dose, whilst also delivering the first dose to the other age groups. The Borough Based Director noted her personal experience of the hospital services and stated that they had been doing a fantastic job of looking after people during the pandemic. Alongside these services, they had also been running the 'Hospital Hub' to deliver vaccinations – the way in which partners had come together to work collaboratively and manage the pandemic had been extraordinary. It was highlighted that some staff were extremely tired, and in relation to adult safeguarding, going forward further thought would need to be given as to how support could be provided across the statutory organisations.

The Chairman suggested that these issues could be discussed at the April 2021 meeting of the Health and Wellbeing Board, along with the delivery of the second dose of the COVID-19 vaccine and the possibility of a further booster dose during the autumn.

A Member highlighted concerns regarding the spread of negativity relating to the contents of the COVID-19 vaccinations, and queried what could be done to address this. The Borough Based Director said that if staff members expressed a reluctance to receiving the vaccination, they tried to combat this by providing them with the correct information, which was provided on their public website and social media channels. In general, they did not allow people to vaccinate others if they had not already received the vaccination themselves, as they would be in contact with a substantial amount of people which increased their level of risk.

The Site Chief Executive – PRUH and South Sites, King's College Hospital NHS Foundation Trust ("Site Chief Executive") informed Members that they referenced the second wave of the pandemic from the 1st December 2020 until the current point in time. Comparing this period to the first wave (March – June 2020), the PRUH had been 109% busier in terms of the volume of patients that had been admitted for COVID-19 related care. The peak across the PRUH and South Sites had been the 8th January 2021, on which they had been caring for over 300 COVID-19 positive patients. As of that afternoon, this number had reduced to 127 – of these patients, 115 were in general and acute beds, and the remainder in

Level 3 ITU care. The wider King's organisation had been one of the hardest hit across the NHS, in terms of the total number of COVID-19 patients treated.

The Site Chief Executive highlighted that other services had been impacted by the pandemic, with face to face outpatients' appointments paused and a reduction in operative elective care across all sites. These were queries that had been raised by the Chairman and Members of the Health Scrutiny Sub-Committee, and responses had been provided on specific case issues. It was noted that there was a sizeable backlog of elective patients across the Trust, and the PRUH and South Sites. In line with guidance for the London region, patients currently on waiting lists had been risk assessed, and prioritised for restarted elective care on a spectrum of 1 (most urgent) to 4 – across the Trust there were over 1,400 patients ranked as priority 2, and required an operation within 28 days. This figure changed on a daily basis, and as COVID-19 volumes decreased they were able use more theatres for routine use.

The Site Chief Executive advised that some of the Trust's physical developments had also been delayed as a result of the pandemic. However, it was confirmed that the new Frailty Assessment Unit and Mental Health Assessment Unit (in partnership with Oxleas), both located on the PRUH site, would "go live" before the end of March 2021, as would the larger waiting area in the Emergency Department to meet social distancing requirements. With regards to the building of the Endoscopy development and single-deck car parking facility, plans were expected to be put forward for approval during February / March 2021. Plans for the theatre expansion at the Orpington Campus were currently being drawn up, and it was anticipated that these could be presented during March / April 2021.

A Member highlighted the current need for health care workers to take a break from their work, and queried how this was being tackled locally. The Site Chief Executive said that the Trust had a huge regard for the entire workforce, both those on the frontline and support staff that had been redeployed. At certain points during the pandemic, such as entering into wave 2 over the Christmas and New Year period, leave had been paused or cancelled. However, to rebalance this, they had actively encouraged any member of staff that had not taken any leave since November 2020 to do so. Routinely, medical staff were required to give a greater notice period prior to taking leave, but this had been reduced from 8 weeks, down to 5 days. Individuals had also been encouraged to take leave before the restart of large-scale outpatient and elective surgeries.

The Chief Executive – Oxleas NHS Foundation Trust ("Chief Executive") highlighted that the Mental Health Assessment Unit, mentioned by the Site Chief Executive, would provide the opportunity to care for patients with severe mental illness in an appropriate area, away from the busy Emergency Department.

In relation to vaccination uptake, 2,700 staff members had received their vaccination. It was noted that they were still seeing a disparity between the number of white and BAME frontline staff being vaccinated, and work would need to continue to address hesitancy around the vaccine. They would also be looking at a further vaccination programme during the autumn, and therefore the programme would be kept rolling.

The Chief Executive advised that pressures were reducing, however the number of inpatients with a COVID-19 diagnosis within the last seven days was still higher than at the peak of the first wave. As previously mentioned, CAMHS had seen a significant increase in referrals. In relation to adult presentations, over recent months there had been a trend of people previously unknown to health services accessing help, and this was a sign of the new demand which they would need to accommodate in the months ahead. Calls to the crisis line, which had more than trebled during the first period of lockdown, had now settled at a volume 30% higher than pre-pandemic levels, which again highlighted the demand for mental health services.

The Chief Executive Officer – Bromley Healthcare (“Chief Executive Officer”) informed Board Members that all community services had remained open throughout the second wave of the pandemic, with around 700 face to face visits taking place per day, plus virtual consultations. Along with partners, they had been running the Bromley Community COVID Monitoring Service (BCMS), which provided community support to residents that were displaying COVID-19 symptoms. Patients received a daily phone call from the integrated team of GPs and Community Matrons. At the peak of the pandemic, the service had been making around 180 call per day – this had now reduced to around 43. Over the whole period of the pandemic, 4,700 patients had been cared for in the community through this service. The Chief Executive Officer advised that, despite the pandemic, partners had established a new Hospital@Home service for children, which had commenced on the 1st February 2021. This was a Nurse led service, for which the PRUH had medical responsibility, and was a good example of partnership working.

In terms of staffing, it was noted that colleagues displaying symptoms had fallen to 1.8% across the organisation – however it was highlighted that during the second wave staff had been more unwell, and off work for longer periods of time. They were also experiencing challenges similar to other partners in relation to the uptake of the vaccination. Around 62% of staff had received their vaccinations, however the figures for BAME and lower graded staff were much lower. Staff had been receiving their jabs at the PRUH, which it was noted had been an extremely well organised process.

The Director of Adult Social Care emphasised that the strength of the response to the pandemic in Bromley had been testament to working so well as a system. As noted earlier in the meeting by the Independent Chair – BSAB, the Director of Adult Social Care confirmed that the Director of Public Health or herself attended the daily surveillance meetings. Thanks were extended to the Consultant in Public Health for organising these meetings, and co-ordinating a number of multi-agency partners to look at the care sector in particular, identify any problems arising, and provide support. This system was working very well, bringing partners together to see where incidents may lead to providers struggling – it enabled more testing to be undertaken, or additional staff provided to keep care homes running.

With regards to staffing, it was acknowledged that there were issues related to the uptake of vaccinations by staff in the care sector. This had partly been due to a large number of staff in this sector being unwell in recent weeks, and the

vaccination would continue to be offered as they returned to work.

In addition to the ongoing support provided to the sector, the department had also continued to work with the voluntary sector to provide support to the clinically extremely vulnerable. The voluntary sector had done an excellent job of providing emotional and practical support to this group, as well as supporting the Public Health Test and Trace programme.

The Portfolio Holder for Adult Care and Health expressed her thanks to all staff at the London Borough of Bromley, across health services and highlighted the valuable contribution of the voluntary sector. Partners had been required to move incredibly quickly to establish new models of care, and credit was due to all organisations across the Borough for tackling the pandemic as a whole system.

The Chairman thanked partners for the updates provided, which highlighted the scale of the work being undertaken.

RESOLVED that the partner updates regarding the pandemic be noted.

58 LONELINESS AND SOCIAL ISOLATION - VETERANS

Report ACH21-020

The Consultant in Public Health advised that it had been agreed, as part of the JSNA process, that a chapter relating to the health and wellbeing needs of veterans be developed and published. 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, data for Bromley was not routinely available, which presented a problem in identification of all veterans in the Borough.

It had therefore been decided to explore the 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 information currently available for a section on veterans in the JSNA. NHS England had recently asked GPs to sign up to become “veteran friendly” practices, and it was hoped that some GPs in the Borough would be interested in doing so.

The question to be included in a survey to all GP practices in Bromley had been developed, and these were agreed by the Board in late November of 2019. The GP Practice Survey was then promoted to GP Practice colleagues with an ask that they all complete the survey by the end of March 2020. However due to the pressures of the COVID-19 pandemic, the survey was paused. The GP Practice Survey was then promoted again in November 2020, with 11 (out of 47) GP Practices responding. Due to the increasing work for GP Practices in relation to the COVID-19 pandemic, and the low response rate received so far, it was proposed that this work be paused again – with the survey re-visited with GP Practices in Bromley at a later point in 2021.

A Member enquired as to the definition of a 'veteran'. The Consultant in Public Health said that her understanding was that a veteran was someone, of any age, who had worked within the Armed Forces and then left the service. There was still a responsibility on society to look after these individuals as they had served their country. Another Member highlighted that the report stated that a veteran was 'any one of any age who has formally served for *at least one day* in the Armed Forces'.

Councillor Botting advised Board Members that he had been working with Councillor Fortune, Armed Forces Champion on the Armed Forces Covenant. This focussed on helping members of the Armed Forces community to have the same access to government and commercial services and products as any other citizen – such as housing, education, and health services. Historically, work undertaken had not identified many veterans living within the Borough, as there were no military establishments. However, it was noted that there were a number of Cadet groups, who had veterans helping out that had worked in the Armed Forces. It was suggested that most would not consider themselves as 'veterans of need', as they knew where to access services if required, and did not need the assistance that the Covenant provided.

The Chairman advised that the main motive for looking at this area had been Post-Traumatic Stress Syndrome, which it transpired affected more veterans within the Borough that had been anticipated and was the reason a survey was required.

Following a brief discussion, Members agreed that that GP Practice Survey should be postponed until later in the year.

RESOLVED that:

- 1) The update on progress towards the planning for a veterans JSNA Chapter be noted; and**
- 2) The postponement of the GP Practice Survey be approved.**

59 JSNA UPDATE

Report ACH21-019

The Board considered a report providing an overview of plans for further chapter updates and development of needs assessments.

The Consultant in Public Health advised that the following JSNA chapters had been completed:

- An older people JSNA chapter to support the Ageing Well Strategy (2019);
- A Learning Disabilities JSNA chapter to support the Joint Learning Disabilities Strategy (2019);
- 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; and
- GP practice profiles, PCN profiles and School profiles were produced in

2019 and the early part of 2020.

Work planned for 2020 had been put on hold due to the COVID-19 pandemic and the Public Health Intelligence Team were unable to produce any updates to the JSNA during that period. Therefore, it was planned that the Team would produce the following JSNA chapters during 2021:

1. Demography – refresh to bring the chapter up to date, providing a live dashboard;
2. Mental Health – to support the commissioning of Mental Health Services across the Local Authority and CCG; and
3. Impact of COVID-19 on the Bromley population – looking at health inequalities and the wider determinants of health.

RESOLVED that:

- 1) **The update on progress towards the JSNA chapter updates be noted; and**
- 2) **The work being undertaken on further needs assessments be noted.**

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

The Consultant in Public Health informed Board Members that the majority of the Health and Wellbeing Strategy: JSNA Priority Areas had been on hold as a result of the pandemic. However, it was important to note that they were in the process of “picking up” some of this work.

The Cancer group were looking at a campaign to promote breast screening, due to the reluctance of residents to attend during the pandemic. Screening rates were now up to around 60%, but there was still work to be undertaken to achieve the figure of 85% which had been seen prior to the pandemic.

The Diabetes group would be meeting at the end of February 2021, after which they would continue to meet on a regular basis; the Obesity group would be continuing with the ‘Don’t Wait to Lose Weight’ campaign; and the Mental Health Strategic Board would be meeting towards the end of the month.

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

61 WORK PROGRAMME AND MATTERS ARISING

Report CSD21025

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

The Chairman noted that the Mental Health Resilience presentation from Oxleas NHS Foundation Trust had been deferred to the meeting of the Health and Wellbeing Board on the 29th April 2021.

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

62 HEALTH AND WELLBEING BOARD INFORMATION BRIEFING

The Health and Wellbeing Board Information Briefing comprised one report:

- Better Care Fund (BCF) and Improved Better Care Fund (iBCF) 2020-21 Quarter 3 Performance Report.

RESOLVED that the Information Briefing be noted.

63 ANY OTHER BUSINESS

There was no other business.

64 DATE OF NEXT MEETING

The next meeting of the Health and Wellbeing Board would be held at 1.30pm on Thursday 29th April 2021.

65 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.

66 BSCP STRATEGIC THREAT ASSESSMENT

The Board noted the Part 2 information within the report.

The Meeting ended at 3.35 pm

Chairman

Improving lives

Bromley Adult Mental Health
update
April 2021
Lorraine Regan – Service Director



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Agenda

1. How we are working - through and beyond Covid
2. What our patients think about new ways of working
3. Demand for Adult Mental Health services
4. Service developments
5. Oxleas wider developments

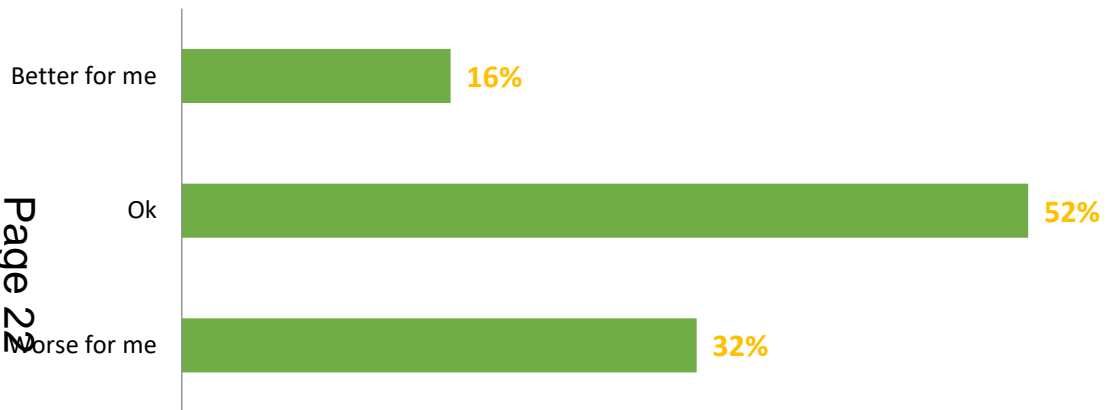
How we are working

- All services are operating
- Appointments continue to be a mixture of virtual and face to face with face to face increasing
- Community staff are largely working a mixture of home and office based
- Staff vaccine uptake is at 73%
- Working with local partners to ensure patients are vaccinated
- Care plans reviewed post shielding

What our patients told us

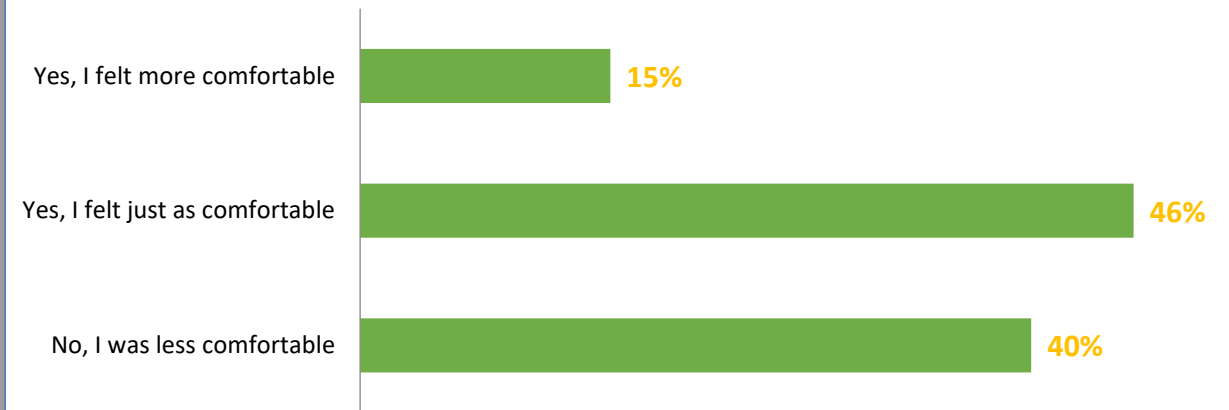
Bromley Mental Health Services

How did you find using video, phone calls or text messaging rather than meeting face-to-face?



Bromley Adult Mental Health Services

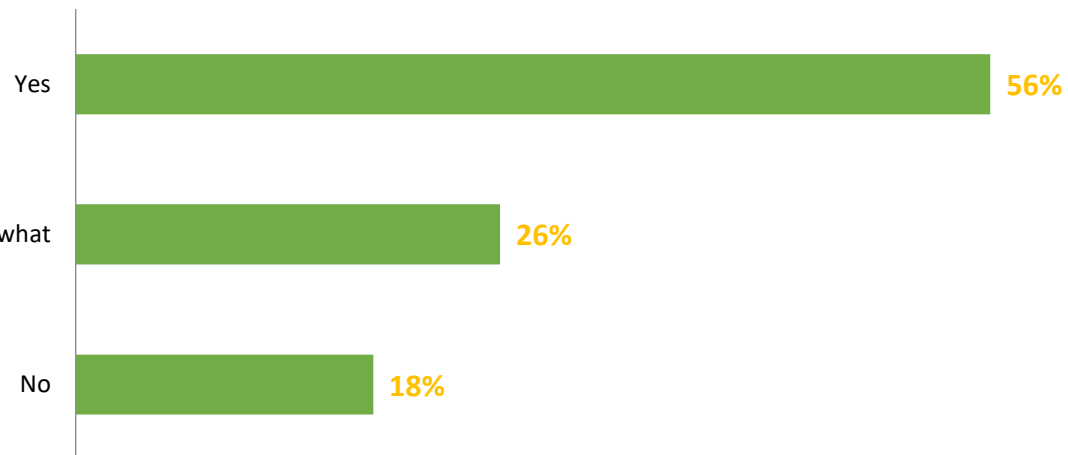
Did you feel comfortable to talk about problems or worries during your appointment as you would in a face-to-face appointment?



What our patients told us

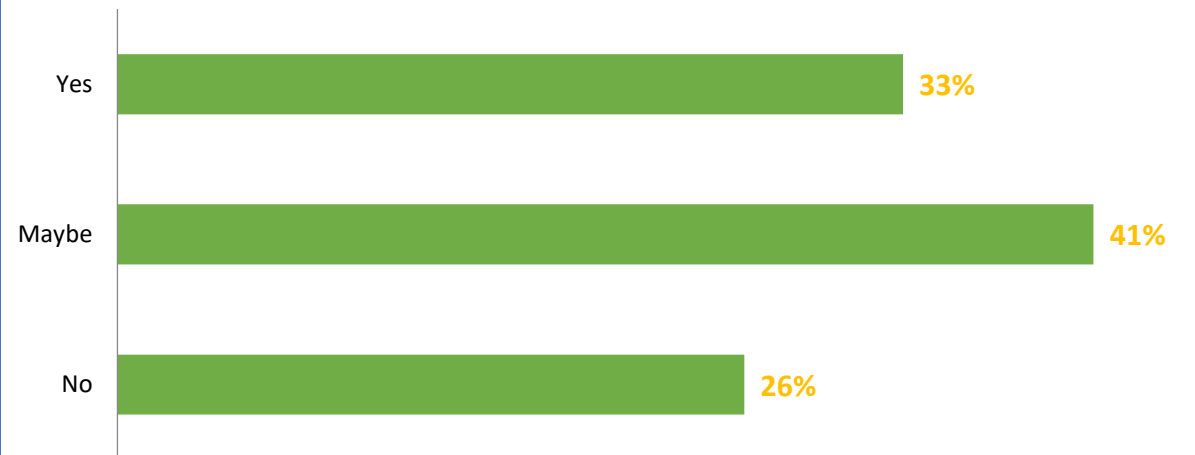
Bromley Mental Health Services

Were you happy with the care and treatment you received in your appointment?



Bromley Mental Health Services

Would you like to be able to use video, phone calls or text messaging for future appointments?



Bromley Adult Mental Health

“Was easier due to not needing to travel.” The Woman’s Service
(Female, 35-54)

“I found it logistically much easier and I felt better not having to travel with my baby.”
Bromley Perinatal Mental Health Team (Female, 35-54)

“I get very anxious going out... A phone call does not present me with these challenges.”
Bromley West ICMP (Female, 35-54)

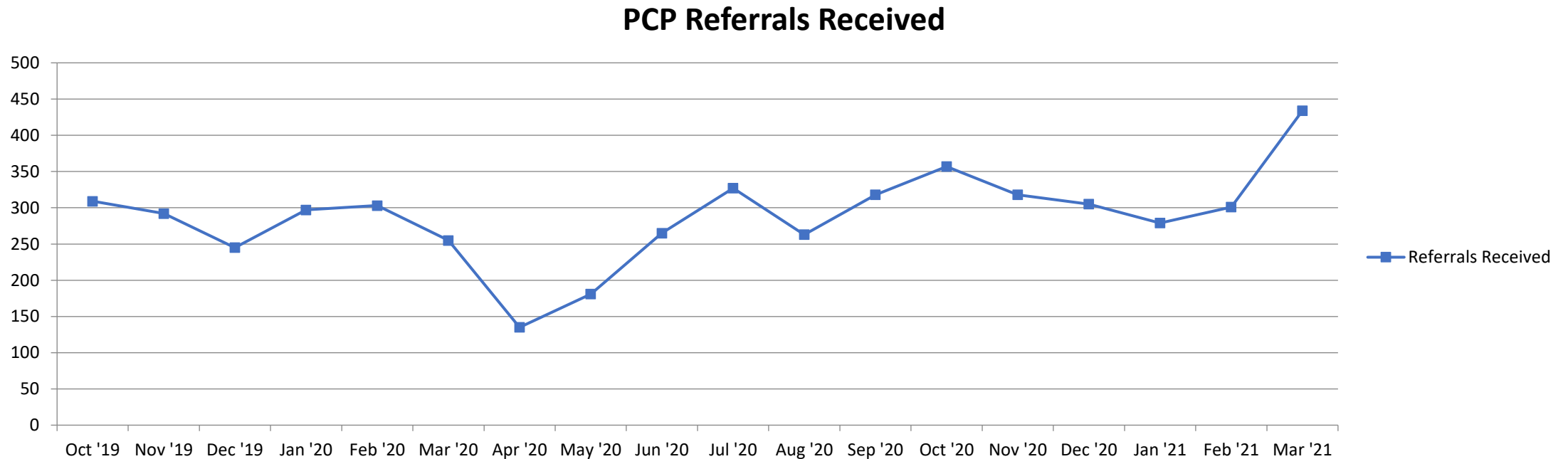
“It just did not feel right with anxiety levels I just find it less stressful just talking face-to-face.” Bromley West ADAPT
(Male, 55-64)

“Helpful to have alternatives during the COVID-19 pandemic. Meeting face-to-face is the ideal scenario.” Bromley CMHRES
(Male, 55-64)

“Face-to-face meetings are more helpful. Facial expressions are totally lost over the phone.”
Bromley CRHT (Female, 35-54)

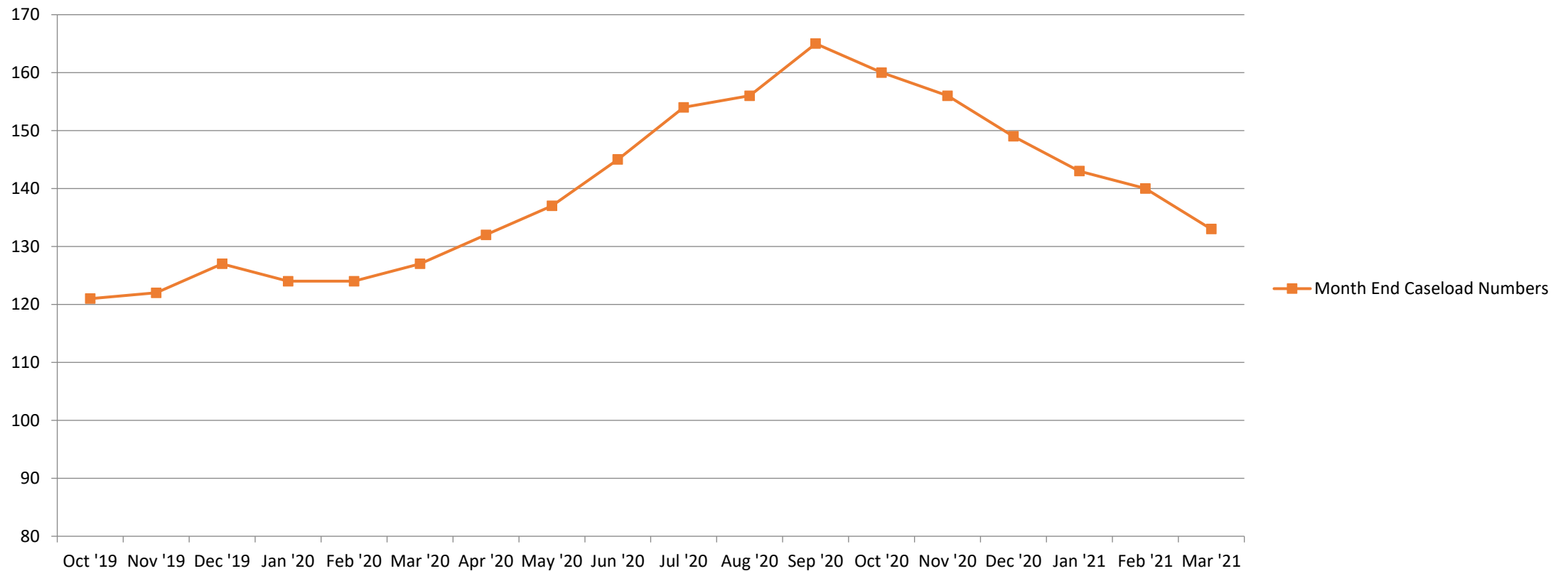
Demand for Mental Health services

Our PCP service is our front door and whilst at the start of the pandemic referrals dropped we are now seeing sustained high numbers of referrals



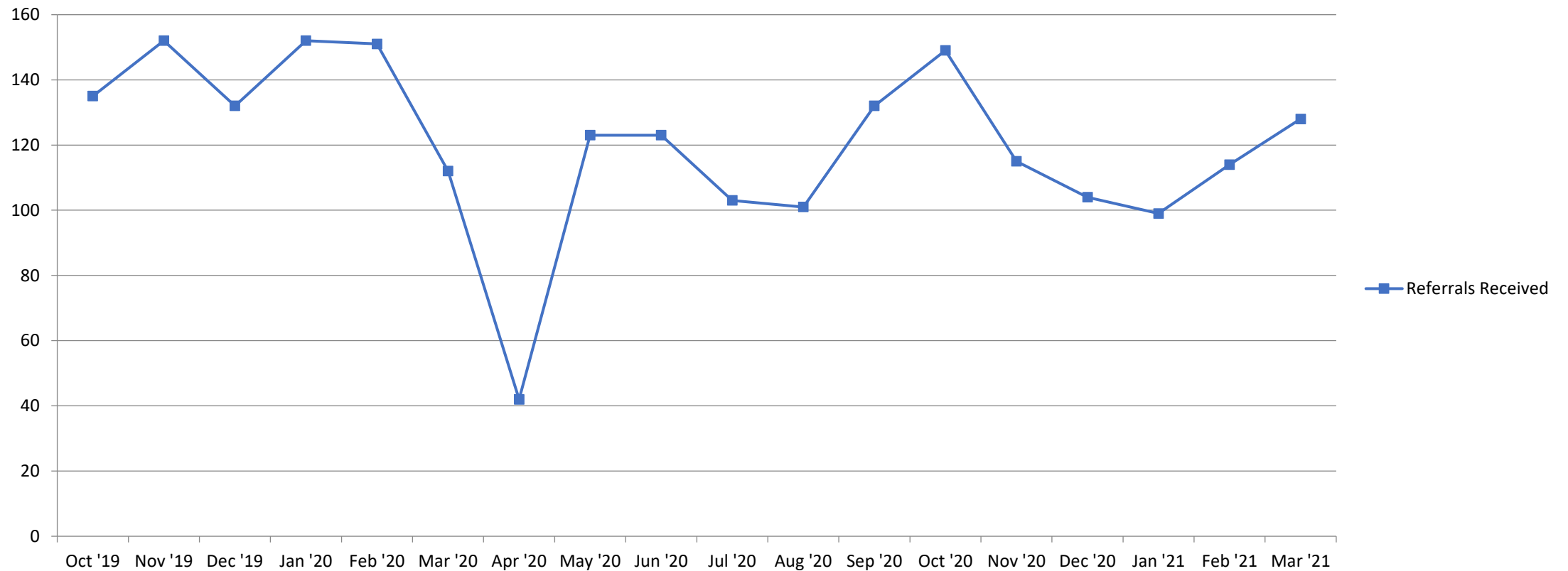
This shows our early intervention in Psychosis caseloads which are designed to sit at 100 they rose from the start of the pandemic and only started to come back down last October and still sit above target

EIP Month End Caseload Numbers



We saw an initial significant drop in referrals to our memory service at the start of the pandemic but those numbers quickly recovered which is very positive

OPMH Memory Service Referrals Received

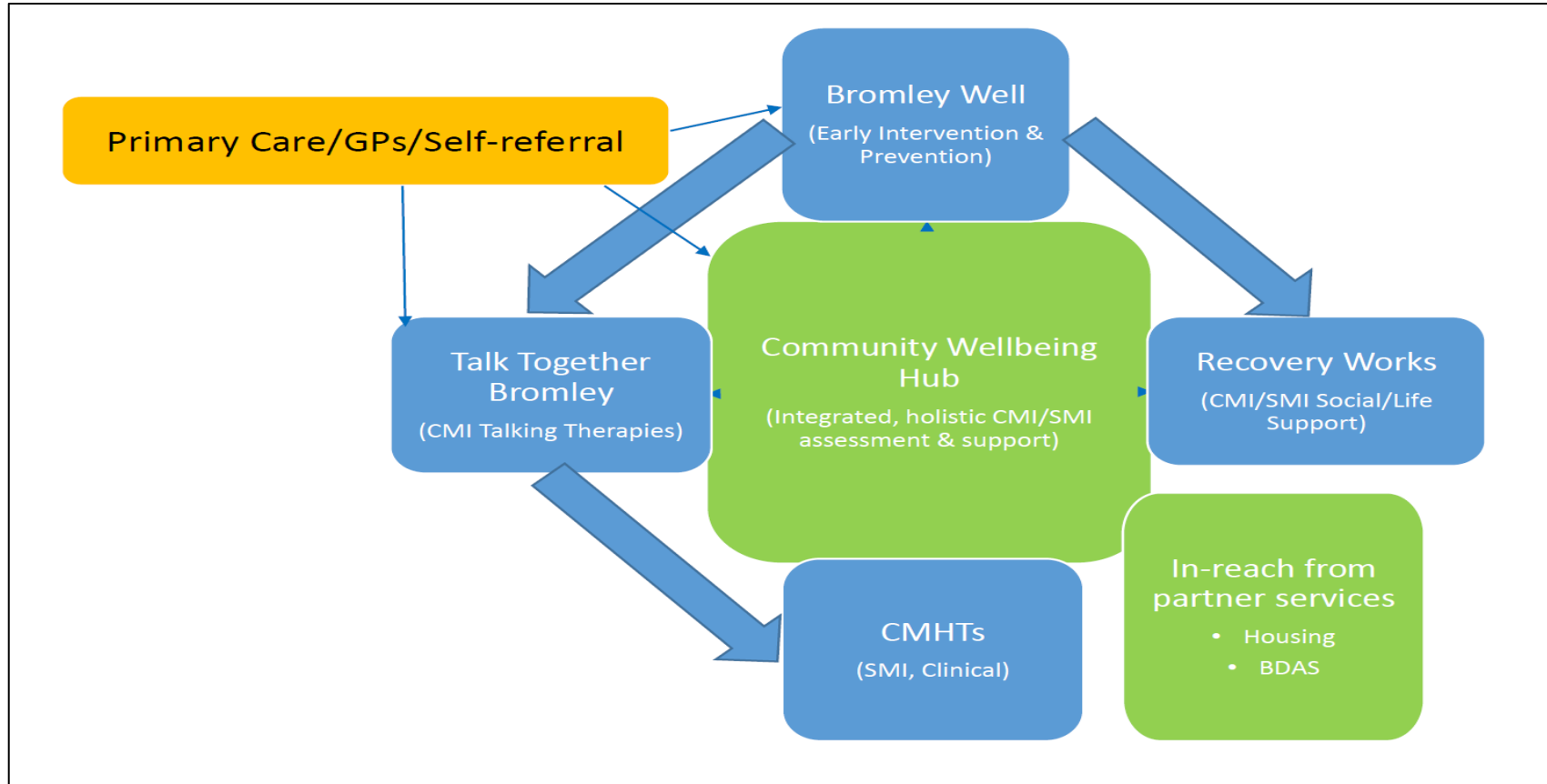


Service Developments

- We are working with colleagues at the PRUH to establish a dedicated Mental Health assessment area
- We are at the final stages of working up the adult mental health hub with MIND and other partners, recruitment should begin next month.
- Bromley are leading an agile working project

Local Community Mental Health Service Model

- The overall service model of the new adult community wellbeing hub in Bromley is set out below. The hub will be established in alignment with existing community mental health services in the borough.
- The wellbeing hub will be a joint delivery vehicle across the NHS and voluntary sector, with a workforce which combines clinicians and other practitioners within a single team.
- The role of Primary Care Networks (PCNs) at the forefront of delivery will be further developed as part of the model. This will be supported by new mental health practitioners in PCNs across Bromley.



Wider Oxleas developments

- We have launched our new strategy with new values – detail on next few slides
- We are restructuring our management teams along service lines to bring together the best of borough based and service line delivery with dedicated borough based leadership

Our strategy development

Sept 19 – Feb 20
Gathered feedback through the Our Next Step consultation



Oct 20
Reflected on what we had learned from Covid-19 and impact of Black Lives Matter



Nov 2020
Discussed draft strategy priorities and trust values with teams and networks



Jan - Feb 21
Drafted strategy document



April 21 onwards
Strategy launch and implementation plans started



March 21
Strategy agreed by Board of Directors and Council of Governors



Oxleas
NHS
Improving lives

we're **kind** we're **fair** we **listen** we **care**



They are:

- quality management
- service user and carer involvement
- safety and learning culture
- service user inequalities
- reducing violence and aggression
- partnership working
- digital working
- sustainability



Any questions ?

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Report No.
ACH21-027

London Borough of Bromley

Decision Maker: HEALTH AND WELLBEING BOARD

Date: 29 April 2021

Title: Integrated Commissioning Board Update

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

Ward: All

1. Summary

The Integrated Commissioning Board provides leadership, strategic oversight and direction for all health and social care integrated commissioning programmes and processes undertaken jointly by Bromley health and care partner agencies. It is an officer led board and reports to the Health and Wellbeing Board on its work twice a year.

Some of the work of the Board in 2020/21 was put on hold whilst health and care partners focused on responding to the demands of Covid-19. The Board's work has also helped with the local response to Covid-19 through the delivery of an integrated health and social care response.

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

2. Reason for Report going to Health and Wellbeing Board

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

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

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

Health & Wellbeing Strategy

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

Financial

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

Supporting Public Health Outcome Indicator(s)

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

4. COMMENTARY

4.1 Background to the Integrated Commissioning Board

The Integrated Commissioning Board (ICB) provides leadership, strategic oversight and direction for all health and social care integrated commissioning programmes and processes undertaken jointly by Bromley health and care partner agencies. Its key responsibilities include:

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

The Board is an officer led working group and is co-chaired by the Council's Director of Adults Services, Kim Carey, and the CCG's Borough Director for Bromley, Angela Bhan.

4.2 The Integrated Commissioning Service

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

4.3 Impact of Covid-19 and Recovery Planning

The Covid-19 pandemic has impacted on the work of the ICB in a number of ways. In some cases projects and programmes led by the Board were temporarily put on hold while agencies gave priority to work on responding to the pandemic. In many instances the work of the Board made a significant contribution through the facilitation and delivery of an integrated health and care response to the pandemic. The Board has continued to meet throughout the pandemic.

Now that the second wave of the Covid-19 pandemic is subsiding work is resuming on all those projects and programmes that had been paused.

4.4 The Integrated Commissioning Board Work Programme 2021/2022

The current workload of the Board is as follows:

Project/Programme	Detail	Next steps
One Bromley Local Care Partnership	Supporting the work of the One Bromley Local Care Partnership and Integrated Care System developments	Integrated commissioning in support of the One Bromley Covid Recovery Plan.

Ageing Well Strategy	Multi-agency health and care strategy for older people	Delivering on Action Plan
Learning Disabilities Strategy	Multi-agency health and care strategy for adults with a learning disability	A Partnership Board to lead on the strategy was launched in October 2020
Care Homes Market Position Statement	A market position statement for care homes has been in development over the last year	This work is being reviewed due to the impact of Covid-19 on care homes
Integrated Mental Health and Wellbeing Strategy	Multi-agency health and care strategy for adults needing mental health services support	An Action Plan was agreed at the Board in September 2020 and has now been consulted on with the LBB Policy & Development Scrutiny Committee. A Multi-agency board is taking the work forward
New: The Bromley Community Mental Health Services (CMHS) Transformation Programme	With new government funding delivering a 3-year programme to transfer community based mental health services in alignment with the Integrated Mental Health and Wellbeing Strategy (see above)	Initial priorities and plans for investment in 2021/22 agreed by the Integrated Commissioning Board in March 2021
Falls Project	Implementing a new therapies response to falls	Learning from Covid and developing pathways with Kings College Hospital NHS Trust
All Ages Autism Board Action Plan	Multi-agency action plan focused on improving advice, information and support to children and adults with autism	Developing the support to adults actions in the plan; Supporting the Board in implementing plans
Integrated Therapies Programme (including Community Equipment Service)	Programme of work to consider all therapies provision and look at how services and professionals can work better together and with clearer pathways.	<p>Early proposals on changes to children's therapies were agreed at the Board in March and are now being discussed with stakeholders.</p> <p>The work on adults therapies was put on hold during wave two of the pandemic but has now restarted.</p> <p>Work on reviewing the Community Equipment Service began in Autumn 2020.</p>
Hospital Discharge and Single Point of Access (SPA)	Multi-agency programme and integrated service to support hospital discharge and with Single Point of Access (SPA) integrated service supporting Covid-19 hospital discharge	Proposals on the post-Covid longer term arrangements for the SPA and hospital discharge are being discussed across health and care partners with the intention of agreeing final proposals by the Summer

End of Life Programme	Establishing a new programme of work to consider end of life care provision	A new End of Life Board was launched in October 2020
Child and Adolescent Mental Health (CAMHS) Programme	Recommissioning of the CAMHS provision and development of trailblazer project	A new CAMHS contract was awarded in the autumn to Bromley Y and is being mobilised from April 2021
Better Care Fund (BCF) and iBCF	Oversight of Bromley allocation of funds that support joint health and care working	Ongoing oversight of the fund – reported separately to the Health and Wellbeing Board
Integrated Brokerage project	Project to develop an integrated brokerage service across the Council and CCG (Bromley)	Service changes to be introduced in 2021
Domiciliary Care	Recommissioning domiciliary care services	Service procurement began in September 2020 with new services beginning in August 2021
Special Educational Needs and Disabilities (SEND) Commissioning	Linked to SEND Governance Board work programme, delivery of key aspects on the SEND Reforms as well as improvements to commissioned services	Post-inspection action plan completed Development of proposal for new free school in Bromley with an integrated health/care offer
Personalisation	Roll out of personal health and care budgets across services. Work instigated to improve infrastructure to support personalised services.	Proposals on developing a joint infrastructure to expand Personal Health Budgets and Direct Payments are under development.
New: Primary and Secondary Interventions Service – (Bromley Well)	Recommissioning of health and care preventative services for September 2022 (Bromley Well Service)	Project plan and project board agreed to take forward this recommission
New: Working Together to Improve Health & Social Care for All - Government White Paper	The White Paper brings together proposals that build on the recommendations made in <u>Integrating care: next steps to building strong and effective integrated care systems across England</u> .	The CCG/LBB Bromley Borough Based Board is leading on the response to the emerging new legislation on future health and care joint working

5. IMPACT ON VULNERABLE PEOPLE AND CHILDREN

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

6. FINANCIAL IMPLICATIONS

There are no financial implications arising from this report.

The Integrated Commissioning Board has oversight of the Better Care Fund and Improved Better Care Fund allocations, the 2020/21 budgets for which are £25.3m and £6.3m respectively.

<p>Non-Applicable Sections:</p>	<ul style="list-style-type: none"> • LEGAL IMPLICATIONS • IMPLICATIONS FOR OTHER GOVERNANCE ARRANGEMENTS, BOARDS AND PARTNERSHIP ARRANGEMENTS, INCLUDING ANY POLICY AND FINANCIAL CHANGES, REQUIRED TO PROCESS THE ITEM • COMMENT FROM THE DIRECTOR OF AUTHOR ORGANISATION
<p>Background Documents: (Access via Contact Officer)</p>	<p>Agenda and papers for the Integrated Commissioning Board:</p> <ul style="list-style-type: none"> • 20 July 2020 • 21 September 2020 • 23 March 2021

Report No.
CSD21055

London Borough of Bromley

Decision Maker: HEALTH AND WELLBEING BOARD

Date: Thursday 29th April 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

1. Reason for report

1.1 The Health and Wellbeing Board is asked to review its work programme and to consider progress on matters outstanding from previous meetings of the Board.

2. **RECOMMENDATION**

2.1 **The Health and Wellbeing Board is requested to:**

- 1) **Consider matters outstanding from previous meetings; and,**
- 2) **Review its work programme, indicating any changes required.**

Impact on Vulnerable Adults and Children

1. Summary of Impact: Not Applicable
-

Corporate Policy

1. Policy Status: Existing Policy: As part of the Excellent Council workstream within Building a Better Bromley, the Health and Wellbeing Board should plan and prioritise its workload to achieve the most effective outcomes.
 2. BBB Priority: Excellent Council
-

Financial

1. Cost of proposal: No Cost
 2. Ongoing costs: Not Applicable
 3. Budget head/performance centre: Democratic Services
 4. Total current budget for this head: £359k
 5. Source of funding: Revenue budget
-

Staff

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

Legal

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

Procurement

1. Summary of Procurement Implications: None.
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): This report is intended primarily for the benefit of members of this Board to use in controlling their work.
-

Ward Councillor Views

1. Have Ward Councillors been asked for comments? Not Applicable
2. Summary of Ward Councillors comments: Not Applicable

3. COMMENTARY

- 3.1 The Matters Outstanding table updates Board Members on “live” matters arising from previous meetings and is attached at **Appendix 1**.
- 3.2 The Health and Wellbeing Board’s Work Programme is attached at **Appendix 2**. In approving the Work Programme, Board Members will need to be satisfied that priority issues are being addressed in line with the priorities set out in the Board’s Health and Wellbeing Strategy and Terms of Reference which were approved by Council in April 2013.

Non-Applicable Sections:	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
Minute 44 21st November 2019 Transitional Safeguarding Workshop	An initial mapping exercise of the current transition support available to be undertaken.	Independent Chair: Bromley Safeguarding Adults Board	This was an action that the previous Independent Chair: BSAB had identified, but did not start. Work on developing the 0-25 service will improve transitional arrangements and the two Independent Safeguarding Board Chairs will be working more closely to identify issues that concern both Boards.	Closed
Minute 55 30th January 2020 Bromley Local CAMHS Transformation Plan	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.	In progress
Minute 24 24th September 2020 COVID-19 Update	The recovery plan document, addressing lessons learnt and managing expectations, to be shared with Board Members once finalised.	One Bromley Programme Director – SEL CCG		
Minute 25 24th September 2020 Update on the Flu Immunisation Programme	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	The Associate Director – Discharge Commissioning, Urgent Care and Transfer of Care Bureau advised that this data was not available by ward.	Closed

Minute 26 24th September 2020 Bromley Health and Wellbeing Centre Update	A copy of the Bromley Health and Wellbeing Centre outline business case to be circulated to Board Members.	One Bromley Programme Director – SEL CCG		
Minute 40 3rd December 2020 Mental Health Resilience - Current Position and Actions	A summary of the Bromley Y school survey to be provided to Board Members.	Director – Bromley Wellbeing Service for Children and Young People	Information circulated to Board Members on 13 th April 2021.	Completed
Minute 44 3rd December 2020 Update from the SEL CCG	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	Update to be provided at the meeting on 29 th April 2021.	Closed
Minute 54 11th February 2021 Minutes of the Meeting of the Health and Wellbeing Board Held on 3rd December 2020	A meeting of the Obesity Task and Finish Group to be convened.	Clerk	The Obesity Task and Finish Group met virtually on the 24 th February 2021.	Completed
Minute 56 11th February 2021 Update on Safeguarding Issues	The Independent Chair of the Bromley Safeguarding Adults Board to provide a copy of her briefing note for circulation to Members of both the Health and Wellbeing Board and Adult Care and Health Policy Development and Scrutiny Committee.	Independent Chair: Bromley Safeguarding Adults Board / Clerk	A copy of the briefing note was circulated to Members of the Health and Wellbeing Board and Adult Care and Health Policy Development and Scrutiny Committee on 17 th February 2021.	Completed

HEALTH AND WELLBEING BOARD WORK PROGRAMME

29th April 2021	
Health and Wellbeing Strategy: JSNA Priority Areas (x 2)	Dr Nada Lemic
Health Campaign – discussion	Dr Nada Lemic / Susie Clark
Mental Health Update – Oxleas	Lorraine Regan
Update on the non COVID immunisation programme for 2021	CCG
Update from the CCG	CCG
Integrated Commissioning Board Update	CCG / LBB
Chairman's Annual Report 2020-21	Chairman
Information Item: DVA Strategy	Rachel Dunley
Work Programme and Matters Outstanding	Democratic Services
10th June 2021	
Health and Wellbeing Strategy: JSNA Priority Areas (x 2)	Dr Nada Lemic
Better Care Fund and Improved Better Care Fund Performance update – Q4 2020/21	Ola Akinlade
Information Item: Update on DToC Performance (TBC)	Jodie Adkin
Work Programme and Matters Outstanding	Democratic Services
23rd September 2021	
Health and Wellbeing Strategy: JSNA Priority Areas (x 2)	Dr Nada Lemic
Better Care Fund and Improved Better Care Fund Performance update – Q1 2021/22	Ola Akinlade
Integrated Commissioning Board Update	Sean Rafferty
Information Item: Update on DToC Performance (TBC)	Jodie Adkin
Work Programme and Matters Outstanding	Democratic Services
25th November 2021	
Health and Wellbeing Strategy: JSNA Priority Areas (x 2)	Dr Nada Lemic
CCG Winter Schemes 2021/22	CCG
Better Care Fund and Improved Better Care Fund Performance update – Q2 2021/22	Ola Akinlade
Bromley Safeguarding Children Partnership Annual Report	Jim Gamble / Joanna Gambhir / Kerry Davies
Bromley Safeguarding Adult Board Annual Report	Teresa Bell / Bulent Djouma
Information Item: Update on DToC Performance (TBC)	Jodie Adkin
Work Programme and Matters Outstanding	Democratic Services

3rd February 2022	
Health and Wellbeing Strategy: JSNA Priority Areas (x 2)	Dr Nada Lemic
BSCP Strategic Threat Assessment	Jim Gamble / Joanna Gambhir / Kerry Davies
Information Item: Update on DToC Performance (TBC)	Jodie Adkin
Work Programme and Matters Outstanding	Democratic Services
31st March 2022	
Health and Wellbeing Strategy: JSNA Priority Areas (x 2)	Dr Nada Lemic
Integrated Commissioning Board Update	Sean Rafferty
Chairman's Annual Report 2021-22	Chairman
Better Care Fund and Improved Better Care Fund Performance update – Q3 2021/22	Ola Akinlade
Information Item: Update on DToC Performance (TBC)	Jodie Adkin
Work Programme and Matters Outstanding	Democratic Services

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