



BROMLEY CIVIC CENTRE, STOCKWELL CLOSE, BROMLEY BRI 3UH

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DATE: 15 September 2021

To: Members of the
HEALTH AND WELLBEING BOARD

Councillor David Jefferys (Chairman)
Councillor Robert Evans (Vice-Chairman)
Councillors Gareth Allatt, Yvonne Bear, Kevin Brooks, Mary Cooke, Judi Ellis,
Kira Gabbert, Diane Smith and Gary Stevens

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
Marzena Zoladz	Healthwatch Bromley

A meeting of the Health and Wellbeing Board will be held at Bromley Civic Centre on
THURSDAY 23 SEPTEMBER 2021 AT 1.30 PM

ADE ADETOSOYE OBE
Chief Executive

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 29TH APRIL 2021 (Pages 1 - 16)

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 17th September 2021.**

5 MYTIME ACTIVE PRESENTATION (Pages 17 - 26)

6 PUBLIC HEALTH CAMPAIGNS (Pages 27 - 28)

7 LEARNING DISABILITY - OXLEAS (Pages 29 - 38)

8 UPDATE FROM THE SEL CCG

a LONG COVID SERVICE (VERBAL UPDATE)

b PLANS FOR THE COMING VACCINATION SEASON (Pages 39 - 48)

9 INTEGRATED COMMISSIONING BOARD UPDATE (Pages 49 - 54)

10 QUESTIONS ON THE HEALTH AND WELLBEING BOARD INFORMATION BRIEFING

The briefing comprises:

- Better Care Fund and Improved Better Care Fund Performance Update - Q4 2020/21 and Q1 2021/22

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?Cld=559&Year=0>

This item will only be debated if a member of the Board requests a discussion be held, in which case please inform the Clerk 24 hours in advance indicating the aspects of the information item you wish to discuss. Questions on the briefing should also be sent to the Clerk at least 24 hours before the meeting.

11 WORK PROGRAMME AND MATTERS OUTSTANDING (Pages 55 - 60)

12 ANY OTHER BUSINESS

13 DATE OF NEXT MEETING

1.30pm, Thursday 25th November 2021

1.30pm, Thursday 3rd February 2022

1.30pm, Thursday 31st March 2022

14 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.

15 BSCP STRATEGIC THREAT ASSESSMENT
(Pages 61 - 82)

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

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HEALTH AND WELLBEING BOARD

Minutes of the meeting held at 1.30 pm on 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

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Mytime Active Update Report September 2021

Executive Summary

Mytime Active is a charitable Social Enterprise with a mission to improve the wellbeing of the local community. We do this by delivering programmes in leisure and golf facilities in line with our ethos of #BeActive #EatWell #BePositive and #BeTogether.

During the Covid-19 period, from March 2020 to April 2021, Mytime Active was forced to close the leisure centres during the three different lockdown periods. This resulted in leisure centres only being open for 4 months of that 12 month period. Where possible we continued with programmes remotely and in other Covid-19 secure ways, but this was limited.

Since re-opening in April 2021, we have prioritised reinstatement of those programmes that add most to the health and wellbeing of the local community. This includes:

- our Primetime programme for older adults
- our Exercise Referral Programmes for people with health conditions (e.g. HeartSmart and Fresh Start),
- our Escape Pain programme for people with chronic pain
- our swimming lessons for children and young people and our swim programme for families.

Given the changed needs of local residents as a result of Covid-19, we are expanding our services in:

- Fresh Start / Escape Pain to grow the programme and offer an ongoing membership programme.
- Water Wellbeing classes for those with joint and mobility problems who find exercising in the pool is beneficial
- Health Assessments, available to members and non-members alike, attracting those who prefer a community setting
- Motivational Interviews, a one to one consultation to explore the underlying causes of unhealthy lifestyle and to jointly develop a personalised approach to behaviour change
- Weight Management, building on a decade of successful delivery of Public Health contracts in weight management and Health trainer services, we will be offering 10 week courses open to both members and non-members
- Long Covid recovery programmes, based on one to one coaching, from experienced trainers who are specially and specifically qualified in this area.

Together this will make up a wide ranging programme for an expanded group of members who benefit from a discounted “health” membership while also having a direct impact on their lifestyle.

We are seeking to deepen and broaden the partnerships we have across the borough, and to work more strategically with a range of partners, including Bromley Well and social prescribing, and with schools and colleges. Partnerships can include joint grant funding bids to London and national funders, volunteering initiatives, supporting vaccine roll out, as well as maximising cross referral pathways.

Introduction

Mytime Active is a charity and a social enterprise. We are:

- dedicated to supporting people to improve their wellbeing and adopt and lead an active and healthy lifestyle.
- committed to do so by being financially self-sustainable and operating without recourse to public funds. We fund the services and upkeep of the facilities by customers paying (monthly membership or “pay and play” session by session), and re-invest profits into the community programmes and facilities.

Our ethos is based on research and best practice on health and wellbeing, from which we have derived our 4 pathways to wellbeing:

- Be Active
- Eat Well
- Be Positive
- Be Together

We run our programmes mostly from the leisure facilities owned by the London Borough of Bromley, which we occupy under a 40 year lease. This provides a good geographical spread easily accessible to Bromley’s community:

- Walnuts Leisure Centre, Darrick Wood Swimming Pool and Crofton Halls
- Biggin Hill Memorial Library and Pool
- High Elms Golf Centre in Downe
- West Wickham Leisure Centre
- Spa in Beckenham and Beckenham Public Halls
- Pavilion Leisure Centre in central Bromley as well as Bromley Common Golf Centre, and the Great Hall in the Civic Centre

In addition we operate Orpington Golf Centre (Cray and Ruxley) under lease from a private landlord.

Our Covid-19 story

We are a thriving business, loved and valued by the local community. Pre Covid-19, we:

- had over 18,000 members who paid a monthly subscription to access all our facilities
- welcomed in excess of 4 million customer visits per year
- employed over 1,000 staff, on both permanent and flexible hours contracts
- had a turnover £28m per annum – circa £2.5m per month

When Covid-19 hit, we were obliged by government to close all facilities and services. This meant our income collapsed to close to zero overnight. Since March 2020, we closed and re-opened 3 times, a challenge to re-mobilise mothballed facilities and re-engage furloughed employees.

Service provision during the Covid-19 period April 20 – April 21

Leisure sites, which represent circa 70% of our income, were closed for 8 months out of 12 from April 20 – April 21. Even when open, we have been operating under space restrictions and working hard to encourage consumer confidence in getting back to the gym and swimming pool.

Golf was permitted to re-open sooner and for longer than leisure. As such, the sport has enjoyed a “pay and play” boom in the summer months, but less so in annual memberships which are needed for the long term financial sustainability of the golf courses. There was negligible food and bar income during the year.

We maintained other key services where possible, often either voluntary by employees on furlough or at a loss e.g. childcare for NHS and other key workers; exercise classes via zoom; engaging the over 60s community online or in specially large and accessible community halls; continuing critical rehab programmes for heart patients as far as possible. In addition, we provided assistance to the Bromley Covid-19 response through a team of volunteers, who specifically supported vulnerable residents who were shielding.

Emerging from Covid-19 April 21 onwards

As facilities re-open and customer confidence grows, membership is recovering. In Golf it is back to over 100% of pre-Covid-19 levels. In Leisure return is slower, running at 60-70% of pre-Covid-19 levels. While this is above the industry average, we are forecasting we will need until next May 2022 to achieve 100% in Leisure.

We have adapted our programming to respond to changing customer demand, for example re-instating classes for older adults as a priority; bringing on more health related programmes for overweight or deconditioned customers; and providing catch up courses in swimming lessons.

We have also changed our operating model, in particular in asking customers to book in advance online or via our app or phoning our new central contact centre. We have had good feedback that this provides a more reliable and better service, and customers feel confident and safe using our facilities. It has also allowed us to re-mobilise our teams to be more customer focused and efficient.

Financial impact

Despite furlough, and reducing all possible costs, the financial burden on the business during 20/21 was substantial. Running facilities requires a high level of unavoidable fixed costs and to survive, we have drawn on all available support including furlough, National Leisure Recovery Fund, various small grants for SMEs and rent waivers, as well as drawn on our reserves.

The Board of Trustees were forced to seriously consider solvency, and met monthly in order to review financial viability as Covid-19 circumstances changed. It has been a challenging responsibility for the Trustees who are highly experienced professionals but who give their service voluntarily. To survive we have been forced to draw heavily on our charitable reserves which we had built up in order to re-invest in the business and the community. These are now forecast at the lowest permitted level under our policy. London Borough of Bromley recognise the importance of their leisure facilities being open and acknowledge that our charity is now unable to support any more losses. They have therefore agreed to support us with deficit funding for FY2021/22, payable monthly as needed.

Adults & Older Adults

What we know

“Physical inactivity is responsible for one in six UK deaths and is estimated to cost the UK £7.4 billion annually. Around 1 in 3 (34%) of men and 1 in 2 (42%) of women are not active enough for good health.” (Public Health England)

It is crucial we continue to offer inclusive, accessible and affordable opportunities for adults to get active, maintain and increase their levels of physical activity. It is also important that we offer targeted programmes to support people who have barriers to overcome on their journey to adopting an active lifestyle.

Targeted Programmes – Health Programmes

What we know:

“If you have a long term condition being more active will help you to manage the condition more effectively and stop progression, leading on to other benefits such as lower medication use, less pain, and increased overall quality of life.” (NHS)

“The main causes of death in Bromley are cancer (29.5% of deaths), circulatory disease (27.9%) and respiratory disease (13.9%). (JSNA Bromley)

It is therefore imperative we continue to provide a number of Exercise Referral programmes to those who have a medical condition, are inactive, deconditioned and / or those lacking confidence due to Covid-19. It is also important we develop new products to meet the changing needs of Bromley’s communities.

What we offer	Description
Phase 3	Patients on cardiac rehab go through 4 phases and our involvement starts at phase 3, where we facilitate the transition from Phase 3 cardiac nurse led sessions into our HeartSmart programme (phase 4). Since Covid-19 we have hosted four phase 3 sessions per week at the Spa. Sessions include an educational element (First Aid/CPR/ Cardiac medications and procedures/ Health eating etc.), as well as a physical activity element which is delivered by our Exercise Specialists.
Heartsmart	A 12 session programme of exercise (to be completed within 16 weeks) for those with heart disease. The weekly sessions are designed to accommodate higher risk customers.
Fresh Start	A 12 session programme (to be completed within 16 weeks) for those with defined medical conditions that can be improved with an increase in their physical activity.
Escape Pain	Rehabilitation programme helps those living with chronic pain due to osteoarthritis of the knees and/or hips. This is a designated 6-week course delivered twice a week.
Health Memberships	Concessionary monthly / annual membership for those that complete their health programme
Fresh Start Friendly	On-going programme of classes designed for those completing any of our referral programmes or for those referred with low-risk medical conditions
Health Assessments	A series of body composition tests which enable a more effective personal solution to be designed whilst accurately tracking progress.

Personal programme	Fitness coaches guide the customer through a quarterly 1-2-1 appointment and support them to identify the most appropriate and effective solution to meet their individual needs which the customer will complete predominantly on their own with the general support of the fitness team.
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Statistics & Feedback

Fresh Start & Heartsmart	Number	Comments	
No. of Referrals	409	148 referrals April to June 2021 261 referral during Covid-19-19 closure	
No. of people contacted who are not interested	160	Reasons vary for not wanting to start the scheme - too ill, not interested, etc.	
Initial Assessments	Available	Booked	Attended
Totals	333	249	197
		75%	79%

Session Attendance	Number of sessions per wk.	Attendances April	Attendances May	Attendances June	Total Attendances	No of completers
Phase 3	4	0	40	144	184	N/A
Fresh Start	9	92	220	346	658	38
HeartSmart	5	0	68	221	289	13
Escape Pain	2	0	15	33	48	N/A
Totals	20	92	343	744	1,179	51

No. with a Health Membership	June 2021
Totals	142

Programme Developments	Number of sessions per wk.	April Attendances	May Attendances	June Attendance	Total
Fresh Start Friendly (FSF)	11	0	52	144	207
Health Assessments	N/A	28	95	77	200
Programme Updates	New additions to the FSF sessions include Water Wellbeing, based on the Swim England model. Aquatic activity helps develop aerobic fitness and is good for the development of strength, mobility, balance and can help reduce joint pain.				

Patient Journey through Fresh Start as told by Gloria one of our Exercise Advisers:
This lady was nervous about starting Fresh Start as she never used a gym before. She was referred by her GP because of her low mood and back pain but was reluctant to attend as her family were telling her that exercise is too hard for her and she shouldn't do it. She attended the initial assessment to see what it was all about. We discussed that the programme will be tailor made to her requirements.

The gym induction was a difficult one, as nerves had taken over and she found it hard to do anything. We just sat down and did some basic sit to stand, and walking around the gym, However simple that may sound, to her it gave her confidence and returned to her next session being more open minded.

The lady went on to complete her Fresh Start programme - she used some of the resistance equipment to increase all over strength which helped improve her posture. Her main achievement was walking on the treadmill, which was trial and error as she found it difficult to use, but this is now her favourite piece of equipment and she goes on it for about 20mins.

She was thrilled to lose nearly two and a half kilos in weight and 5.5cm off her girth. Her general health has improved and her physical activity has increased to 340 mins of light and moderate PA a week.

She is now planning to take out a health membership and try other classes as well as the gym

New Services

Motivational Interviews	The motivational interview is designed to assist the customer in identifying their goals, support behaviour changes and deliver a concise solution to achieve goals.
Health Assessment +	A more comprehensive series of body composition tests than the Health Assessment and therefore enabling the Coach to design a personal wellbeing journey.
Personal Coaching (Training)	Regular 1-2-1 coaching and tuition with a trainer. Fully qualified staff help the customer improve training effectiveness and efficiency whilst maximising the opportunity for achieving the customers personal goal with our comprehensive personal coaching support. This has been divided into 4 targeted groups: <ol style="list-style-type: none"> 1. RECOVER – get back to fitness after an injury or illness. 2. SHAPE – sculpt and tone your body. 3. REDUCE– develop healthier habits to achieve a healthier weight. 4. BUILD – become stronger with the power of weights.
Restore & Recover COVID-19 rehabilitation	We are partnering with CAWS (educational provider) to support individuals in their rehabilitation from Covid-19 after the acute phase, and in particular, managing individuals out of Long-Covid. Our staff are undergoing specialist training to support people on a 1-2-1 basis. The aim is to potentially link with the hospital Covid-19 clinics to offer a physical activity programme for patients.
Wellbeing Walks	Mytime active will be taking on the coordination of the well-established Walking for Health programme run by the Ramblers association volunteers. We will potentially expand the programme with targeted walks / groups.
Weight Management	Branded as Healthy Habits, this is a 12-week course that has been accredited by Active IQ and is based on eat well guidelines. This programme goes a step further to deliver an associated education in behavioural change, the importance of activity and intensity in addition to the nutritional content. Every session will be completed with a physical activity designed for the specific group of participants.

Targeted Programmes – Primetime for older adults

What we know regarding the impact of Covid-19

“As geriatricians predicted would occur, being closeted away at home for long periods has left significant numbers of older people with reduced mobility and experiencing deconditioning, muscle weakness, and joint pain”. (Age UK Impact of Covid-19)

What we knew Pre-Covid-19

We know older adults are less active than the general adult population and we know Bromley has an increasingly ageing population and the prevalence of dementia in the Bromley population is steadily increasing (JSNA Bromley). Therefore more so than ever we must continue to target older adults to take part in physical activity.

What we offer	Statistics & Feedback		
Primetime A weekly programme of activities developed for older / deconditioned adults. Additional seated exercise classes have been added to programme post Covid-19 for those who are deconditioned or lacking confidence.			
	Primetime	Pre-Covid-19	April – June 21
	No of sessions per week	103	77
	No of attendances	13,250	7,653
	No of members	3,339	2,206
	No of Primetime buddies	28	21
	To ensure the programme is relevant and promoted we link with a range of stakeholders including: Bromley Well, Falls Service, Social Prescribers and the Dementia Hub.		
Primetime Buddies Our volunteer team who encourage and support their peers to be active.	<i>“I love being a buddy, I like helping people and get a lot of satisfaction. I have made a lot of friends. It is a two way street. It gives me something to look forward to each day and I feel needed again” (Buddy)</i> <i>“All members have been so pleased to be back, it’s a great feeling for us all, thank you” (Buddy)</i>		
Primetime Customer Feedback:			
<i>“Thank you for your help and encouragement at this difficult time especially those living alone. You not only help keep our bodies and mind in shape but give a structure to our days as without you the days would simply run into each other” (Beryl)</i> <i>“I don’t think we would have made it without Primetime. All you do or have done is important to us and our moral. Thank you so much. Without Primetime we would not exist” (Danie)</i> <i>“Thank you so much for the classes. It has been an incredible gift being able to take part. It’s helping with my mental as well as my physical health” (Jenny)</i>			

Targeted Programmes – Adults with Learning Disabilities

What we know

“People with learning disabilities have poorer health than the general population” Bromley Health & Well Being Strategy 2019-23

What we offer	Update
Activities for adults with learning disabilities	<p>We continue to link with adults with a learning disability through the Round the World Challenge, working in partnership with Community Links Bromley and Bromley Mencap.</p> <p>Every hour of activity translates into miles and travel round the UK, Europe and the World. We have delivered group exercise session via Zoom sessions, bowling, keep fit, Tai Chi, tennis and dance, with more sessions planned.</p> <p>We will use stakeholder and participant feedback from the Round the World Challenge to review and develop a future programme. We have worked with Bromley Mencap to secure a small grant (circa £5k) from London Sport to support the development and delivery of this revised weekly programme.</p>

Children & Young People (C&YP)

What we know

“Regular physical activity helps a child develop in a range of ways. Not only does it help their physical health, but it also helps improve their brain function and emotional wellbeing”. (aboutkidshealth)

“Opportunities for young children to benefit from funded early education appear to be reducing for 3 & 4 year olds” (JSNA Bromley C&YP)

“Obesity in children is a significant concern in terms of their health and well-being” (JSNA Bromley C&YP)

We must therefore continue to offer a range of programmes that encourage children and young people to be physically active.

What we offer	Statistics & Feedback											
Swimming Lessons Offered at 6 pools The Spa, West Wickham, Walnuts, Pavilion, Biggin Hill & Darrick Wood.	<table><tr><th>Swimming Lessons - weekly participants</th><th>April 21</th><th>May 21</th><th>June 21</th></tr><tr><td>Total</td><td>6,124</td><td>6,675</td><td>6,896</td></tr></table> <p><i>“I am so proud of Ariana today. The pandemic has made her so socially anxious and not swimming for a year has really rocked her confidence but today she put her head in the water and even tried kicking and spoke to some of the kids in the class. Thank you, it means the world”. (Ariana’s mum, West Wickham)</i></p>				Swimming Lessons - weekly participants	April 21	May 21	June 21	Total	6,124	6,675	6,896
Swimming Lessons - weekly participants	April 21	May 21	June 21									
Total	6,124	6,675	6,896									
Soft Play 3 soft play facilities at the	291 = average daily attendance across soft play (247 pre-Covid-19-19).											

Walnuts, The Spa and The Pavilion	Soft Play provides a much needed physical activity and energy release for children age 0-10 years, as well as a time for parents to get together to socialise. <i>"Such great customer service...Amy was great with all the kids...super impressed with the management of the place". (Grace, mum of 2)</i>			
Childcare Manage 5 breakfast and after school clubs at: Alexandra, St Nicholas, Kent house, Darrick Wood and Unicorn School				
		No. of Daily Places Available per day	No. of children registered to attend	Average Weekly attendances
	Childcare	230	231	690
	<i>"I am very happy with the service provided. I feel confident that my children are in safe hands...and that they are well cared for with fun activities and given responsibility to help with cleaning and washing up, et cetera which I know they enjoy and it's good for them to learn. (Catherine, Parent)</i> <i>"The girls have loved it, so thank you for making them so welcome and keeping them entertained while we work. It is so much appreciated" (Joanne, parent)</i>			
London Youth Games (LYG)	There is a reduced programme of sporting competitions taking place as part of LYG 2021 due to Covid-19. Team Bromley will however be entering 9 teams across 7 different sports, including, BMX & road cycling, football, kayaking, hockey, netball and para-athletics.			
ArtsTrain Creative music project targeting young people	Arts Council England continue to support the ArtsTrain programme and have committed funding to support the rebuild and refresh of the ArtsTrain programme during 2021/22. We will be working with a range of schools and community organisations to develop programmes for young people who are not engaged in formal music-making and face challenging circumstances.			
Feedback:				
<i>"Having run some swimming lessons and been involved in some of the activities it has been quite heart breaking to see the trepidation of children returning to activities but amazing to see their progress. We have children who previously were gregarious and confident that now have separation anxiety and a fear of germs and other children, children who could swim pre pandemic and have regressed in their swimming journey but we are getting there and every session we have little wins. It's wonderful seeing parents reactions in the pools or picking up from childcare clubs where their children have had a good day and the biggest compliment we can get is 'oh they will sleep well tonight!'" Mytime Active Children & Families Manager</i>				

Contributors to this report

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Agenda Item 6

Calendar of Public Health Campaign/Events August to October 2021

DATE	CAMPAIGN/EVENT	THEME/ACTIVITY
August		
August	Better Health – general health promotion campaign	<ul style="list-style-type: none"> • Link with Better Health national campaign • Promote getting active, stop smoking and healthy weight • Sign-posting to local resources and support •
September		
September	<p>Focus on weight management promoting the Bromley Tier 2 adult weight management support (to be confirmed once procurement processes have been completed)</p> <p>Healthy Weight & obesity prevention</p>	<ul style="list-style-type: none"> • Signposting and key behaviour change information and signposting to local and national support including OneYou & Better Health • Further details to follow
September – week commencing 7 th September	'know your numbers' Blood Pressure awareness	<ul style="list-style-type: none"> • Link with 'Blood Pressure UK' and use their promotional campaign materials • The focus of the campaign this year is very much about people self-testing • Raise awareness of high blood pressure risks, encouraging all Bromley adults to understand the blood pressure readings and to seek medical help if necessary • Supporting residents to take steps to look after their blood pressure and lead a long and healthy life • Webinar arranged & will be facilitated by the vascular disease prevention nurses for LBB staff

October		
October	Stoptober - annual stop smoking campaign	<ul style="list-style-type: none"> • Link with the national campaign to support local residents to take the 28 day stop smoking challenge • Further information to follow once the theme and details are released by PHE

Adult Learning Disabilities Health & Wellbeing in Bromley

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Corraine Regan

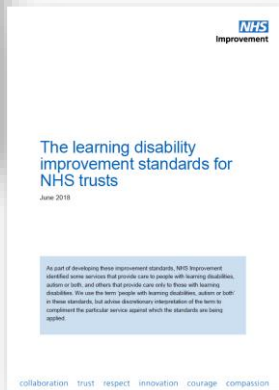
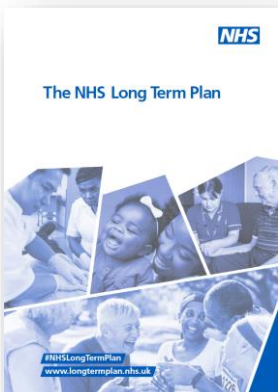
Service Director for Bromley and Trustwide ALD

Improving lives



Agenda Item 7

Supporting People with Learning Disability in Bromley



- Overview (National & Local):
- Poorer general health
- LeDeR report – average age of death 27 years younger for women and 23 years younger for men)
- Long Term Plan (young people, reduced admissions, autism, AHCs etc)
- NHSI standards for people with LD (rights, inclusion, workforce & specialist services).

Bromley – Total CCG registered population:	Estimated population with learning disabilities (2%):	GP registered population with learning disabilities:	Receiving Oxleas Adult Learning Disability Services:
353,043	7,061	1,338	342

UNDERSTAND ME:



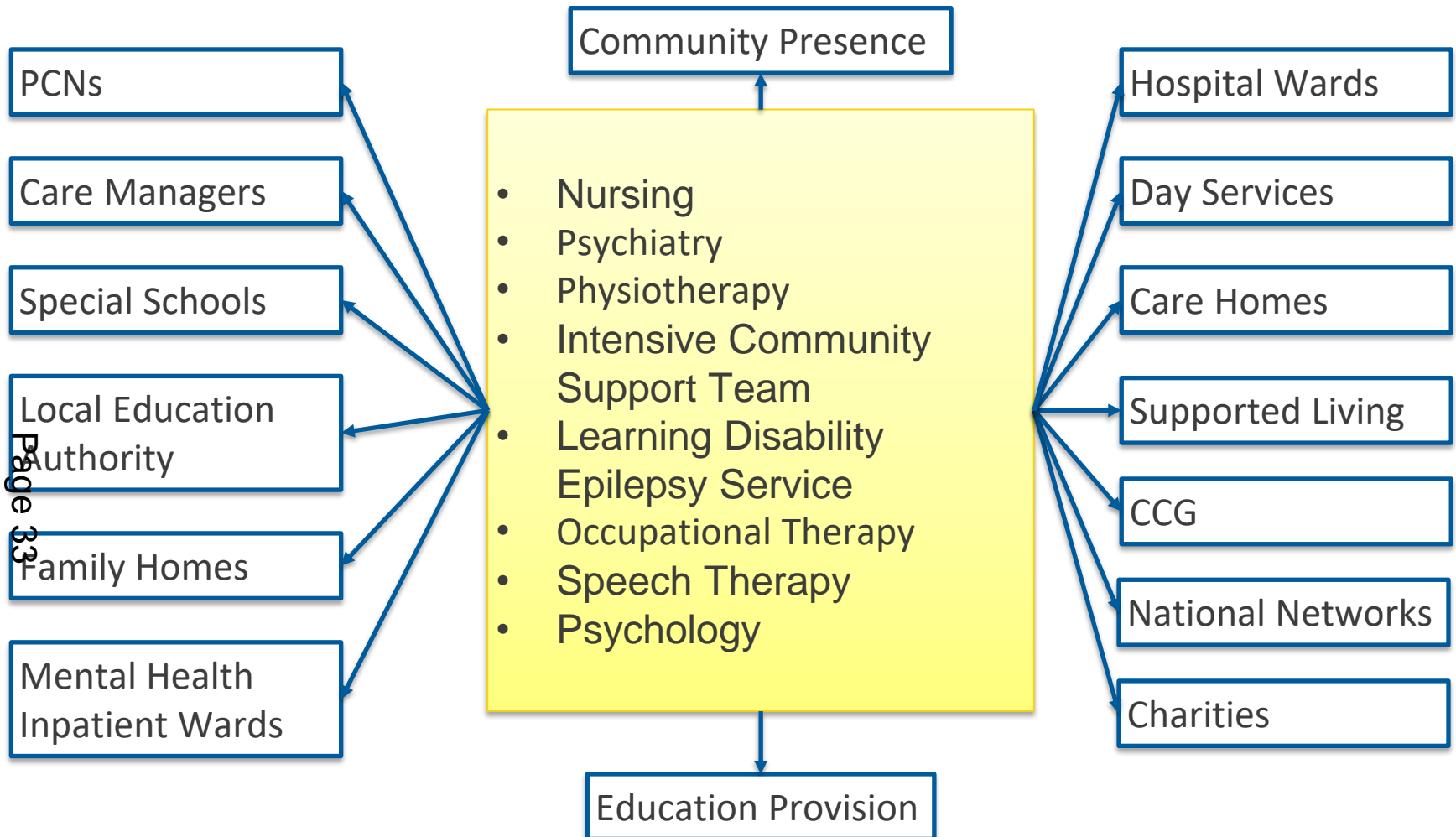
Specialist support for people with a learning disability:



- Accessing the **same services as everyone else...**
- **Reasonable adjustments** are needed...
- The challenge of managing some health needs can be **complex & compounded** by a learning disability.
- Specialist CLDT Support is needed when that challenge goes **beyond the capacity of mainstream NHS services.**



Adult Community Learning Disability Services in Bromley



Reducing Health Inequalities



A summary and overview of the Learning Disability Annual Health Check electronic clinical template (2017)

- GPs and pharmacists in all PCNs have **tailored support** with **Annual Health Checks & prescribing**.
- Social Care providers receive **bespoke training** relating to often complex cases.
- The new **ECHO community** (hosted by St Christopher's Hospice) is also supported with general awareness training.
- **Black Books** are offered to everyone receiving CLDT support.
- **Hospital Passports** – provide hospital staff with essential information to make adjustments for people in their care.
- **'Can you understand it?' group** – easy read materials.
- Working in partnership with Bromley Public Health – **analysis of data from annual health checks** – supporting ongoing learning & service development.



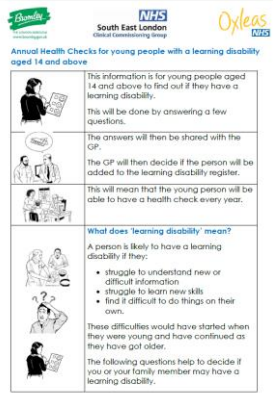
Reducing Hospital Admissions / expediting discharge



- In line with 'Building the right support', Bromley CLDT are currently supporting 125 people in the community with learning disabilities, mental illness and/or challenging behaviour – **preventing hospital admission.**
- The **Intensive Community Support Team** – working with complex challenging behaviour and risk likely to result in an admission or placement breakdown.
- **Nursing and therapeutic interventions** combine to support people's physical & mental health in the Bromley community (people's homes, care provider services, work places etc).
- CPH nurses **respond to every admission** with a focus on reasonable adjustments and expediting safe discharge.
- The Bromley Learning Disability **Epilepsy** Service has currently over 80 people receiving **bespoke support to manage the risks** associated with their epilepsy.

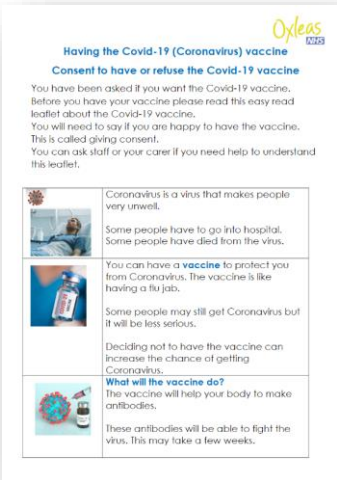


Young People in Transition



- Recently appointed **2 transition nurses** in Bromley.
- Identifying and supporting young people with a learning disability within the **local SEND population**.
- Working with the CCG's **Designated Clinical Officer (DCO)**
- Engaging with **family carers** – developing resources for families & assessing health need.
- Working with **schools** – head teachers, teacher training.
- **Children's community health services** – paediatricians and school nursing engagement.
- **SEND teams** – supporting the health component of EHCPs
- **Children's Social Care** – Assessment of need and future service planning.
- **CAMHS** – policy development for seamless discharge.

- Documented increased risk to those we work with.
- Service user risk assessment, regular welfare calls, supporting vaccinations.
- Easy read information and video resources.
- ensuring that work continues on known health inequalities (e.g. AHCs).
- Staff rota, risk assessments, vaccination uptake.
- Hydrotherapy at Orpington hospital suspended, and remains so.





Thank you



WORKING TOGETHER TO IMPROVE HEALTH AND CARE IN BROMLEY

Covid-19 and Seasonal Influenza vaccination programmes

Cheryl Rehal
Bromley Primary Care
NHS South East London CCG

23 September 2021

Bromley Covid vaccination sites

Local Vaccination Services (PCN Sites)

- A** Oaks Park
- B** London Lane
- C** Coldharbour Leisure Centre
- D** West Wickham & Shirley Baptist Church
- E** Orpington Health & Wellbeing Centre

- X** **Mass Vaccination Site**
Bromley Civic Centre

- 1** **Hospital Hub (winter only)**
PRUH

Pharmacies

- F** Cray Hill
- G** Eldred Drive

- ★** New pharmacies for Phase 3

Plus satellites in GP practices
and community settings



Eligible cohorts

Cohort	Covid Vaccine Doses	Availability
Care home residents and staff	TWO doses	Mandatory from 11 November; includes visiting professionals
All adults	TWO doses	Evergreen offer
16-17 year olds	ONE dose only	Walk-ins or invited by GP
12-15 year olds with underlying health conditions	TWO doses	Invite only; at GP-led or hospital vaccination services
Expanded cohort of 12-15 year olds with underlying health conditions	TWO doses	Due to commence (awaiting national indemnity)
Individuals who were severely immunosuppressed at time of vaccination	THIRD primary dose	Due to commence
Universal offer to 12-15 year olds	ONE dose	Announced 13 September, for w/c 20 September
Boosters: Stage 1: over-70s, frontline staff and vulnerable Stage 2: over-50s and others at risk	ONE dose	Announced 14 September

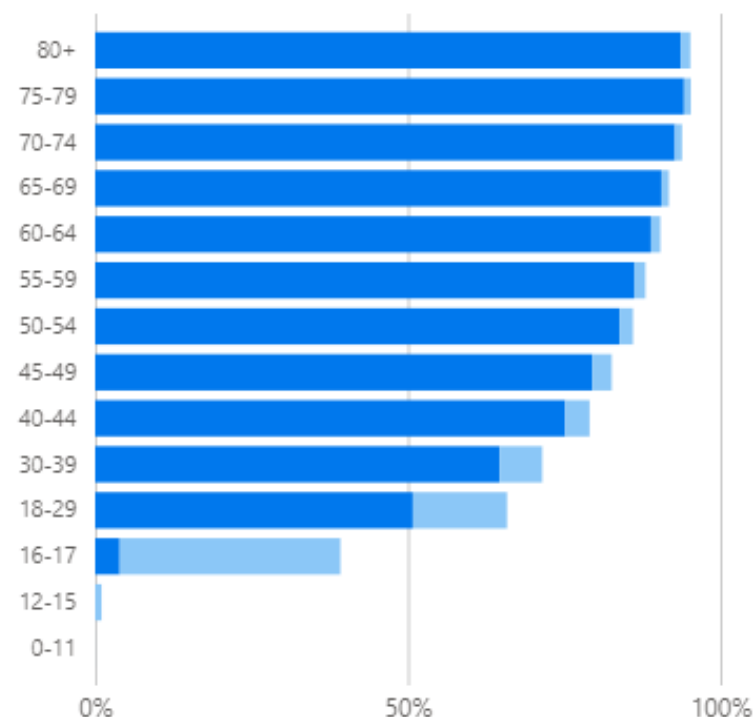


Overall uptake in Bromley

% 2nd Vaccine, % 1st Vaccine, % 1st Vacc...

BY AGE BANDS

● % 2nd Vaccine ● % 1st Vaccine



Bromley continues to benefit from a high overall rate of vaccine uptake.

Through June and July, the OneBromley system participated in a vaccine 'sprint' to achieve maximum uptake amongst all eligible cohorts in advance of lockdown easing.

GP practices continue to reach out to patients at greatest risk of severe illness, including pregnant people.

GSTT is operating an SEL call centre to assist further, contacting age groups where uptake is lower.



Data source: Bromley filter; SEL COVID Vaccinations Dashboard, 14/09/21

Uptake within the population

Adults (over 16) registered with a Bromley GP have taken up the vaccine in large numbers.

Efforts during the vaccine sprint resulted in a continued rise in uptake amongst all eligible age cohorts.

Local clinicians led outreach through pop-up vaccination clinics at convenient-to-access locations, InfoPods at shopping venues, and webinars/Q&A sessions online.

Region	% uptake – 1 st dose
Bromley	80%
SEL	69%
London	67%
England	89%

Care home resident and staff uptake has continued to rise as part of the ongoing offer, with targeted education and information events to address queries and concerns.

	Older People care homes – 1st dose		Working Age Adults homes – 1st dose	
Bromley	Residents %	Staff %	Residents %	Staff %
	98.0%	92.1%	95.2%	90.5%

Data sources: SEL COVID Vaccinations Dashboard, 14/09/21; Capacity Tracker, 13/09/21; UK government dashboard, 14/09/21



Workforce

- Volunteers through Community Links Bromley, Royal Voluntary Service, GoodSAM plus further support through PPGs and community groups
- Core general practice teams continue to play a critical role at sites: GPs, nurses, HCAs, pharmacists and clerical staff
- Bromley GP Alliance staff bank continues to grow with trained clinical and clerical staff
- GSTT staff bank supports the MVC at the Civic Centre
- Some staff required additional training and enhanced DBS checks to assist with children and young people cohort

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Services in general practice and hospitals are now operating at peak levels.

Workforce is now increasingly sourced from outside the core teams to maintain the vaccination services in the borough.



Inequalities in vaccine uptake

Outreach clinics and engagement overseen by joint LBB-CCG group



Insights gathered have informed communications and engagement activities

Promotion and pop-up clinics centred around communities with lower uptake



Dedicated clinics have been reaching out to our most vulnerable residents

Engaging and social-media friendly communications designed for audiences



Phase 3 & Influenza programmes

1. **Covid boosters:** JCVI advises these should be offered to eligible adults six months after their primary course as follows:

Stage 1: over-70s, frontline staff and vulnerable

Stage 2: over-50s and others at risk

2. Individuals who had **severe immunosuppression**: third primary dose
3. **All 12-15 year olds**: in schools, by school aged immunisation providers
4. **Flu vaccine**: to an expanded cohort this year, including secondary school age children and 50-64 year olds

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Principle of **co-promotion** to eligible individuals and, if recommended by JCVI, **co-administration** wherever possible.



Preparing for winter 2021/22

- The circulation of flu was very limited in the 2020/21 season. As a result, a lower level of population immunity against flu is expected this winter
- This is expected to be the first winter when seasonal influenza virus (and other respiratory viruses) will co-circulate alongside Covid-19
- To mitigate the potential impact from flu, the NHS will vaccinate additional cohorts, and aim for a high uptake of flu vaccine to maximise protection
- Learnings from the past year will be incorporated into flu delivery plans alongside Covid boosters. These include:
 - Offering a diversity of delivery channels for vaccination services
 - A heightened focus on the effect of health and social inequalities on vaccination uptake, with a view to targeting promotion, recall and outreach
 - The importance of insights and effective communications to motivate and engage a variety of audiences to take up their vaccine offer



National flu uptake ambitions

Cohort	National uptake 2020/21	2021/22 ambitions	Variance to target
Over 65s	80.9%	85%	4.1%
Under 65s at risk	53%	75%	22%
Pregnant women	43.6%	75%	31.4%
Preschool: 2-3 years	56.7%	70%	13.3%
Children: Reception-year 7	61.7%	70%	8.3%
Young people: year 8-11	-		
Health care workers	76.8%	85%	8.2%
50-64	45.2%	75%	29.8%

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Report No.
ACH21-042

London Borough of Bromley

Decision Maker: **HEALTH AND WELLBEING BOARD**

Date: **23 September 2021**

Title: **Integrated Commissioning Board Update**

Contact Officer: Sean Rafferty, Assistant Director for Integrated Commissioning
Adult Services Department, London Borough of Bromley
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.

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 4.3 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 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	Multi-agency health and care	An Action Plan was agreed at

Wellbeing Strategy	strategy for adults needing mental health services support	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
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.	Early proposals on changes to children's therapies were agreed at the Board in March and are now being discussed with schools and other stakeholders. Work on reviewing the Community Equipment Service began in Autumn 2020.
Hospital Discharge and Single Point of Access (SPA)	Multi-agency programme and integrated service to support hospital discharge and with Single Point of Access (SPA) integrated service supporting Covid-19 hospital discharge	It has been agreed to mainstream this interim service and work to jointly commission the service on a permanent footing is under way
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 agreed in Autumn 2021
Domiciliary Care	Recommissioning domiciliary	The new service contracts

	care services	began on 27 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.
Primary and Secondary Interventions Service – (Bromley Well)	Recommissioning of health and care preventative services for September 2022 (Bromley Well Service)	The service will go to tender imminently.
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
New: Children & Young People's Integrated Commissioning Programme	Programme of work covering the review of children's therapy services; a review of community paediatrics, and; the recommissioning of children and young people's services from Bromley Healthcare	A senior integrate commissioner post has been appointed to lead this work across the CCG and LBB
New: Assistive Technology	A business case has been agreed to test out the introduction of some new innovations to support services and residents	A programme of pilots is being developed

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 direct 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.

Non-Applicable Sections:	<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
Background Documents: (Access via Contact Officer)	Agenda and papers for the Integrated Commissioning Board

Report No.
CSD21100

London Borough of Bromley

Decision Maker: HEALTH AND WELLBEING BOARD

Date: Thursday 23rd September 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: Ade Adetosoye OBE, Chief Executive

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: £366k
 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 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 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 71 29th April 2021 Update from the CCG	A detailed breakdown of vaccine uptake by staff groups across King’s College Hospital NHS Foundation Trust to be provided to Board Members.	Site Chief Executive – PRUH and South Sites	Information circulated to Board Members on 26 th May 2021.	Completed
Minute 72 29th April 2021 Update on the Non COVID Immunisation Programme	Board Members to provide any feedback on the COVID-19 Briefing dashboard reports directly to the Director of Public Health.	Board Members		Closed
Minute 74 29th April 2021 Health Campaign - Discussion	Board Members to provide suggested areas of focus for future Communications campaigns to the Director of Public Health. A link to the latest Communications signposting information on the Council’s website to be circulated to Board Members for reference.	Board Members LBB Communications Executive / Clerk	To be discussed during the 23 rd September meeting. Information circulated to Board Members on 26 th May 2021.	Completed Completed

HEALTH AND WELLBEING BOARD WORK PROGRAMME

23rd September 2021	
Mytime Active Presentation	Marg Mayne / Debra Weekes / Kelly Stead
Learning Disability – Oxleas	Lorraine Regan
Update on the Long COVID Service	SEL CCG
Update on plans for the coming vaccination season	SEL CCG
BSCP Strategic Threat Assessment	Jim Gamble / Joanna Gambhir / Kerry Davies
Better Care Fund and Improved Better Care Fund Performance update – Q4 2020/21 and Q1 2021/22	Ola Akinlade
Integrated Commissioning Board Update	Sean Rafferty
Public Health Campaigns	Dr Nada Lemic
Work Programme and Matters Outstanding	Democratic Services
25th November 2021	
Update on the Bromley Mental Health and Wellbeing Strategy	James Postgate
Bromley CAMHS A&E Referral Service Evaluation March 2019 – April 2020 – London Borough of Bromley and NHS South-East London CCG Response and Next Steps	James Postgate
Children and Young People's Mental Health – Oxleas	Lorraine Regan
Update on the Long COVID Service	SEL CCG
Screening Update	SEL CCG
CCG Winter Schemes 2021/22	Sean Rafferty
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
Work Programme and Matters Outstanding	Democratic Services
3rd February 2022	
Health and Wellbeing Strategy: JSNA Priority Areas (x 2)	Dr Nada Lemic
Adult Mental Health Hub – Oxleas	Lorraine Regan
Update on the Long COVID Service	SEL CCG
Bromley Safeguarding Adult Board Annual Report	Bulent Djouma
<i>BSCP Strategic Threat Assessment (TBC)</i>	<i>Jim Gamble / Joanna Gambhir / Kerry Davies</i>
Work Programme and Matters Outstanding	Democratic Services

31 st March 2022	
Health and Wellbeing Strategy: JSNA Priority Areas (x 2)	Dr Nada Lemic
Update on the Long COVID Service	SEL CCG
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
Work Programme and Matters Outstanding	Democratic Services

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

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