



BROMLEY CIVIC CENTRE, STOCKWELL CLOSE, BROMLEY BRI 3UH

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DATE: 26 January 2022

To: Members of the
HEALTH AND WELLBEING BOARD

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

London Borough of Bromley Officers:

Richard Baldwin	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 3 FEBRUARY 2022 AT 1.30 PM

TASNIM SHAWKAT
Director of Corporate Services & Governance

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

AGENDA

1 APOLOGIES FOR ABSENCE

2 DECLARATIONS OF INTEREST

3 QUESTIONS

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

Questions specifically relating to reports on the agenda should be received within two working days of the normal publication date of the agenda. Please ensure that questions specifically on reports on the agenda are received by the Democratic Services Team by **5pm on Friday 28th January 2022.**

4 MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 25TH NOVEMBER 2021 (Pages 1 - 12)

5 HEALTH AND WELLBEING STRATEGY: JSNA PRIORITY AREAS

a PRESENTATION FROM THE FALLS AND FRACTURE PREVENTION SERVICE (Pages 13 - 26)

b WEIGHT MANAGEMENT (Pages 27 - 38)

c IMPACT OF COVID-19

To follow

6 ADULT MENTAL HEALTH HUB - OXLEAS

To follow

7 COVID-19 VACCINE PROGRAMMES (Pages 39 - 50)

8 BROMLEY SAFEGUARDING ADULT BOARD ANNUAL REPORT (Pages 51 - 152)

9 DISCUSSION - PUBLIC HEALTH LESSONS LEARNT FROM THE PANDEMIC

10 DISCUSSION - PUBLIC HEALTH AND WELLBEING PRIORITIES FOR 2022/23

11 WORK PROGRAMME AND MATTERS OUTSTANDING (Pages 153 - 158)

12 ANY OTHER BUSINESS

13 DATE OF NEXT MEETING

1.30pm, Thursday 31st March 2022

HEALTH AND WELLBEING BOARD

Minutes of the meeting held at 1.30 pm on 25 November 2021

Present:

Councillor David Jefferys (Chairman)

Councillors Gareth Allatt, Yvonne Bear, Mary Cooke,
Kira Gabbert, Diane Smith and Gary Stevens

Richard Baldwin, Director: Children's Social Care
Kim Carey, Director: Adult Social Care
Dr Nada Lemic, Director: Public Health
Sean Rafferty, Adult Services

Christopher Evans, Community Links Bromley
Lin Gillians, Healthwatch Bromley

Also Present:

Jonathan Lofthouse (King's College Hospital NHS Foundation
Trust)

15 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Judi Ellis, Councillor Robert Evans, Teresa Bell, Rachel Dunley, Jim Gamble, Harvey Guntrip and Dr Andrew Parson.

Apologies were received from Councillor Kevin Kennedy-Brooks, Dr Angela Bhan and Marzena Zoladz, and Councillor Vanessa Allen, Sean Rafferty and Lin Gillians attended as their respective substitute.

Apologies were also received from Councillor Mike Botting, Executive Assistant for Adult Care and Health and Jacqui Scott (Chief Executive – Bromley Healthcare).

16 DECLARATIONS OF INTEREST

There were no declarations of interest.

17 QUESTIONS

No questions had been received.

18 MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 23RD SEPTEMBER 2021

RESOLVED that the minutes of the meeting held on 23rd September 2021 be agreed.

19 UPDATE ON THE BROMLEY MENTAL HEALTH AND WELLBEING STRATEGY

Report ACH21-056

The Board considered a report providing an update on the Bromley Mental Health and Wellbeing Strategy 2020-25. The Chairman noted that the agenda item on 'Children and Young People's Mental Health' had been incorporated into this update.

The Associate Director – Integrated Commissioning, NHS South East London CCG (Bromley) ("Associate Director – Integrated Commissioning") informed Members that the Bromley Mental Health and Wellbeing Strategy (BMHWS) 2020-25 set out a five-year delivery plan to make improvements across mental health and wellbeing services in the borough. At the heart of the BMHWS were the voices of patients and service users who relied on good mental health services in Bromley. In the coming years, as the strategy was delivered with partners, no matter what area of mental health was involved, the Council and NHS were committed to ensuring that patients and service users were at the forefront of designing their own service offer in Bromley.

The BMHWS set out a joint vision to support communities and individuals to have improved mental health and wellbeing. The strategy set out an approach in which the Council and CCG would work together with partners to prevent children and adults reaching a crisis point through the provision of a strong prevention and early intervention offer. It also put in place a joint plan for the provision of a number of important services for people with mental health challenges, including good advice and information, talking therapies and counselling, employment and training schemes, mental health support in schools and supported housing. The BMHWS was led by the Bromley Mental Health and Wellbeing Partnership Board, which was made up of senior representation across Bromley mental health services. The specific actions for children and young people's services were being taken forward by the CAMHS Partnership Board. The Council and CCG provided oversight to this work through the Integrated Commissioning Board (ICB) and there was also broader partnership ownership of the work through the One Bromley Executive.

With regards to children and young people's mental health emergency and crisis cases, the BMHWS highlighted the need to develop stronger preventative and early intervention mental health and wellbeing services for children and young people in the borough. This priority was in part borne out of a recognition that the number of children and young people's mental health emergency and crisis cases had been increasing, year on year, since 2013/14. This issue was an area of focus of the Health and Wellbeing Board and Bromley Safeguarding Children's

Partnership prior to the COVID-19 pandemic. A deep dive exercise looking at the children and young people attending A+E with mental health issues had been considered in detail by the Bromley Safeguarding Children's Partnership and SEND Governance Board in September 2021. There had been a number of interesting correlations with regards to areas of the borough and certain schools, and work would be undertaken to provide additional support and monitoring.

Within the framework of the BMHWS, the following immediate actions in relation to children and young people's emergency and crisis cases were being taken: a new joint approach around crisis cases between Bromley Y/Oxleas CAMHS, with links into education and other partners as needed; and work with the Bromley Safeguarding Partnership Board on the next steps. This work would continue to be highlighted to the Bromley Health and Wellbeing Board as part of broader updates on the BMHWS.

The Associate Director – Integrated Commissioning said that since September 2020 the numbers entering children and young people's mental health services in Bromley had increased by 30%, which was a picture seen nationally. The children and young people were presenting with more challenging and complicated needs – they were staying in services longer and required more specialist support. It was noted that although they were looking to hire specialists, it had not been possible to recruit the full complement. It was highlighted that this cohort was limited, and a number of organisations were trying to recruit to these specialist post all at the same time. Waiting times for children and young people's mental health services were rising and for the first time in Bromley the 18-week target was not being achieved. The average waiting time was 25-weeks, which was better than some neighbouring boroughs, and the lists were managed based on risk. The focus would be on prevention and working with children and young people before they reached a level of challenge.

A Member enquired how reduced waiting times could be achieved, particularly for children and young people's mental health services. The Associate Director – Integrated Commissioning said that this was a huge challenge nationally. Not all children needed to access NHS services, and could be provided with support from elsewhere, such as the voluntary sector. However it was noted that this work was happening in other areas but waiting times had not been affected. Partners at Oxleas focussed on those presenting in crisis however there were lots at the other end of the spectrum that needed support in relation to loneliness and social isolation.

In response to questions, the Associate Director – Integrated Commissioning said that 48 primary and secondary schools in Bromley had taken part in the mental health support team (MHST) pilot. This was a long-term solution that helped ensure the resilience of Bromley schools to manage mental health challenges, in partnership with other mental health and wellbeing services. This support would shortly be rolled out to another group of schools, which would see the MHST delivered to 75% of the schools in Bromley. It was agreed that a list of the schools involved could be circulated to Board Members following the meeting. With regard to recruitment, the South East London CCG and NHS England were looking at the workforce and the development of a high-level strategy across the region. This

would consider whether other practitioners could do more if a clinical-based approach did not need to be taken.

A Member highlighted the importance of the wider support infrastructure for the families of those suffering with their mental health. The Associate Director – Integrated Commissioning emphasised that Children’s Social Care provided support to families. It was intended that this support would be further increased during 2022/23 with the introduction of more joined-up services.

The Director of Children’s Social Care said that he was pleased to see that prevention and early intervention was front and centre in the strategy. Work would continue to build on the initiatives mentioned, with Wellbeing Champions being launched in schools and families signposted to Bromley Y and other voluntary organisations. With the support of the Anna Freud Centre, the ‘Your Choice’ initiative would also be launched and to build interventions at every level. The data indicated that there were clusters of particular issues in the 13–17-year-old age group, and discussions would take place with staff to target this cohort.

With regards to adult mental health, the Associate Director – Integrated Commissioning said that overall, it was considered that the 5-year Action Plan was on target. However they would not be complacent and were aware that not all services were perfect – key deliverable had been achieved during year one, but there were now significant challenges in terms of recovery following the impact of the COVID-19 pandemic. Plans included the introduction of more digital and online services for children, young people and adults – another big change would be the Adult Mental Health and Wellbeing Hub which would be fully open from January 2022.

A Member highlighted that the strategy stated that ‘BAME community groups are over-represented across all types of severe mental health needs’, however there was no mention of an Equality Impact Assessment (EIA) having been undertaken. The Associate Director – Integrated Commissioning said that this had been an area of concern – the presenting challenges were very different, and this needed to be looked into further. An EIA had been completed for the strategy but as the document was so large, it may not provide as much detail as the Member would like to see for each point. It was noted that the Adult Mental Health and Wellbeing Hub would have an Equalities Officer and part of the role of the new Bromley Y youth ambassadors would look at whether services represented the borough as a whole. There was more work to do in terms of talking with community and church leaders, and these conversations would continue going forward. The Assistant Director for Integrated Commissioning advised Members that the draft strategy had been presented to the Adult Care and Health Policy Development and Scrutiny Committee last year, and an EIA had been included. The Chairman suggested that updates on the strategy could be provided to the Board on an annual basis, with information included on the EIA’s undertaken. In response to a question from another Member, the Associate Director – Integrated Commissioning advised that a dashboard was in progress to monitor how mental health services were performing in relation to the strategy and could be reported on in the next update to the Board.

The Chairman noted that this was great work, which looked at a multi-disciplinary approach to prevention and early intervention. Councillor Diane Smith, Portfolio Holder for Adult Care and Health thanked the Associate Director – Integrated Commissioning for his work in creating the strategy. This was an important subject, and the work was on the right track, however there was still more to be done, particularly in relation to children and young people’s mental health services. It was agreed that updates on the strategy would be provided at future meeting of the Health and Wellbeing Board.

RESOLVED that the progress to deliver the Bromley Mental Health and Wellbeing Strategy (2020-25) be noted.

20 BROMLEY WINTER PLAN UPDATE

Report ACH21-055

The Board considered a report providing an update on the planning and actions being taken by the ONE Bromley partnership to respond to winter demands.

The Associate Director – Urgent Care Hospital Discharge and Transfer of Care Bureau (“Associate Director”) informed Board Members that the ONE Bromley Winter plan brought together all actions being taken by ONE Bromley organisations in order to respond to additional pressures on the health and care system during winter. The plan was based around 5 pillars:

1. Increasing System Capacity
2. Data Sharing and Escalation
3. Single Point of Access and Discharge Arrangements
4. Admissions Avoidance
5. Communication and Engagement

Increasing system capacity would involve additional workforce to respond to the demand on services. This included Rapid Response Advance Nurse Practitioners (ANPs), Rapid Access to Therapy therapists, Care Managers (adult social care), brokerage and Moving and Handling Risk Assessors. There would also be additional service capacity, with over 500 extra Primary Care Access Hub appointments over the Christmas and New Year period to compensate for the opening hours of other services. Assistive Technology (AT) was also being used in creative ways across the borough to allow residents to remain at home whilst they received care.

With regards to pillar 2, data sharing and escalation, the Associate Director advised that a data dashboard would be mobilised to identify pressure on the system in terms of workforce challenges and extra demand. A Clinical and Professional Advisory Group had already been launched to break down operational and organisational boundaries and ensure that consistent messages were being heard by residents and patients. A Clinical Monitoring meeting was used to share current clinical pressures and information that would help the system to be responsive.

The Bromley Single Point of Access (SPA) and Discharge Partnership were now fully established. Capacity had been further increased by providing access to Bromley Rapid Access to Therapies (RATT); Hospital@Home for children and young people; and the Bromley Community Covid Management Service and Long Covid clinics. The Assistant Director for Integrated Commissioning chaired a Demand and Capacity meeting, which would continue to maintain system oversight of pathways and capacity, ensuring sufficient access to resources throughout the winter period. This year, in addition, a community in-reach offer would be delivered to reduce inpatients length of stay in hospital and an Enhanced Community N/AB short course would be offered to enable early supported discharge and admission avoidance. Integrated models of care would be used in relation to admissions avoidance, including the Community Respiratory Pathway, and the provision of dedicated St Christopher's Capacity into care homes (in line with the successful model delivered during the COVID-19 pandemic) to support rapidly deteriorating patients post discharge.

The Associate Director highlighted that communication and engagement would be undertaken to ensure that the same messages were being relayed to both the health care workforce and general public. The winter PR campaign 'Together Through Winter' had been launched and would support a system-wide communication and engagement plan, maintaining and providing 2-way communication on winter pressures, updates on winter schemes and capacity, and supporting the workforce. A leaflet had been distributed to households, providing information on what services could be accessed, and when, enabling residents to choose which service was right for them. In response to a question, the Director of Adult Social Care said that colleagues in Finance were putting plans in place, including signposting for residents, and would distribute the Housing Support Grant as required.

Jonathan Lofthouse, Site Chief Executive – PRUH and South Sites, King's College Hospital NHS Foundation Trust ("Site Chief Executive") informed Members that he had recently taken over the role of chair of the ONE Bromley Executive Board. There had already been a large swathe of winter monies into the SPA, and last week a further £2.5m of winter funding had been secured and would be brought into the system. It was considered that the system response was as well placed as it had ever been, going into what would be a difficult and challenging winter period.

In response to a question, the Site Chief Executive advised that across London the system was seeing pressures escalating. The PRUH had already used, and would continue to use, escalation processes to galvanise extra levels of response – this meant that they were asking more and more from health and social care workers. The Site Chief Executive informed Members that the London Region had recently refined guidance relating to ambulances presenting at A+E departments and the offloading of patients. It was noted that this was a challenge at the PRUH and South Sites due to the physical design of both the site and the A+E department. Three weeks ago, a pilot had been initiated to redirect the postcode boundaries for ambulances. The London Ambulance Service (LAS) had acknowledged that as the PRUH was in outer London there was nowhere else for ambulances to go and had therefore altered the postcode definition for the five hospitals on the most extreme curtilage. It was highlighted that there was a defined LAS protocol, and patients

aged over 65, children, and those already known to the hospital would still be directed to the PRUH.

In response to a question, the Site Chief Executive said the previous day, performance of the National Four Hour Standard stood at 77% for the PRUH – this was below the required 95%, but within the tolerance level. It was noted that the performance for our Type 3 patients, seen and treated within the Urgent Treatment Care (UTC), was significantly higher, at above 90%. There were three markers in terms of ambulance handover and drop-off – handover in 15 minutes, 30 minutes and 1 hour. Within the last 24 hours, there had been less than 10 handovers in the last two categories and the hospital was averaging 82 ambulance handovers per day. The Site Chief Executive said he would be happy to provide further statistics relating to this following the meeting.

A Member enquired if the LAS communicated with hospitals with regard to waiting times. The Site Chief Executive said that the LAS used an ‘intelligent conveyance’ level of technology, which allowed vehicles in the fleet to assess algorithms across London. However, it was highlighted that if one hospital was busy, it was extremely likely that its neighbouring hospitals would be in a similar position. Another Member enquired if the tracking of ambulances could be provided to the general public, allowing them to see where queues were building up. The Site Chief Executive said that he was not aware of any service that offered that level of information. It was emphasised that when there were ambulance handover delays, patients were kept in the vehicles and received clinical assessments and care from nurses and/or doctors – each patient was triaged and received pain medication if required. The Site Chief Executive confirmed that any patients waiting in ambulances were provided with the appropriate welfare, nutrition and hydration, depending on their circumstances. In an escalating situation, all patients would continue to be treated with dignity and respect. The Chairman considered that the Health Scrutiny Sub-Committee could request an update from the LAS at a future meeting.

In response to a question, the Site Chief Executive informed Members that COVID-19 was currently having less of an impact on the PRUH, as it became an endemic situation, which was lived with in society. At this time last year, there had been more than 300 positive cases of COVID-19 – however in comparison, as of that morning, there were 23 patients across the PRUH and South Sites with a confirmed inpatient diagnosis of COVID-19, and these numbers were not causing operational distress.

In response to a question from the Chairman, the Director of Public Health advised that the number of cases of flu was currently low, both in Bromley and nationally – however it was noted that the flu season had not yet fully started. A Member noted that countries, such as Austria, had made COVID-19 vaccinations compulsory and enquired if this may be implemented in the UK. The Director of Public Health said there was a requirement for social care staff to be double vaccinated, and this would soon be extended to medical and clinical staff – however she was not aware that this requirement would be introduced for the general public.

The Chairman thanked the Associate Director for her excellent presentation to the

Board and enquired if there was anything further that Members could do to support the system. The Associate Director said it would be useful for everyone to be giving the same message in terms of keeping well and getting vaccinated. It was agreed that a copy of the 'Together Through Winter' leaflet could be circulated to Board Members for onward dissemination.

RESOLVED that report be noted.

21 BROMLEY BETTER CARE FUND PLAN 2021-2022

Report ACH21-054

The Board considered a report setting out the Bromley Better Care Fund (BCF) 2021-22 Plan and sought approval for its submission to NHS England.

The BCF programme supported local health and social care systems to successfully deliver the integration of health and social care in a way that supported person-centred care, sustainability and better outcomes for people and carers. The BCF encouraged integration by requiring clinical commissioning groups (CCGs) and local authorities to enter into pooled budget arrangements and agree an integrated spending plan.

In support of BCF receipts from government, all local areas were required to have a BCF Plan. The last Bromley BCF Plan had been for the period 2019/2021 with the requirement to update plans in 2020 suspended due to the COVID-19 pandemic. Despite being past the mid-year point for the year it was a requirement to submit a BCF Plan for 2021/22 as part of the assurance arrangements for receiving the BCF grant. The BCF 2021-22 planning requirements, published on 30th September 2021, set out conditions for implementing the government's Policy Framework for the Better Care Fund programme for this financial year. This framework set out national conditions, metrics, and funding arrangements for the BCF programmes in 2021 to 2022. As the BCF was one of the government's national vehicles for driving health and social care integration, a key theme of local plans was the designing and delivery of integrated care across health and social care systems.

The Assistant Director for Integrated Commissioning advised that with the approval of the Chairman of the Health and Wellbeing Board, Portfolio Holder for Adult Care and Health, and agreed jointly with the Chief Executive of South East London CCG, the draft BCF Plan had been submitted to NHS England in time to meet the deadline of 16th November 2021. The BCF guidance allowed for an arrangement whereby the Plan may be submitted to NHS England in advance of the formal approval of the local Health and Wellbeing Board.

A Member noted that it would be helpful to have a summary chart listing the outcomes of the BCF work. The Assistant Director for Integrated Commissioning advised that the BCF Plan itself only allowed the inclusion of a limited number of indicators, however further information relating to the outcomes of the BCF was provided in the Information Briefing to the Health and Wellbeing Board – item 1 –

'Better Care Fund and Improved Better Care Fund Performance Update – Q2 2021/22'. It was noted that a summary chart could be considered for inclusion in the next BCF Plan submission.

In response to a question, the Assistant Director for Integrated Commissioning highlighted that admissions avoidance was a key priority of the Plan, with support given to people in their homes and care homes. The London Ambulance Service were involved in terms of wider practice or capacity discussions but not recipients of BCF funds. The London Ambulance Service did have greater involvement in the discharge planning arrangements outlined in the Bromley Winter Plan.

In response to a question from the Chairman, the Assistant Director for Integrated Commissioning said that funding of £42m was received specifically to spend on creating integrated care and health arrangements.

RESOLVED that the submission of the BCF 2021-22 Partnership Plan to NHS England be approved.

22 BROMLEY SAFEGUARDING CHILDREN PARTNERSHIP - ANNUAL REPORT

Report CEF21-042

The Board considered the Bromley Safeguarding Children Partnership (BSCP) Annual Report 2020/21.

The annual report of the BSCP covered the period from April 2020 to March 2021 and was a transparent assessment of the effectiveness of safeguarding and the promotion of child welfare in Bromley.

The BSCP Partnership Manager advised that it was a statutory requirement for safeguarding partnerships to publish this report under Working Together 2018. In line with statutory guidance and best practice, the report would be submitted to the Chief Executive, Leader of the Council, the local police and crime commissioner, Chairman of the Health and Wellbeing Board, Child Safeguarding Practice Review Panel and the What Works Centre for Children's Social Care.

This had been the first full year of the BSCP under new multi-agency partnership arrangements. These had been put in place in response to the Children and Social Work Act 2017 and Working Together 2018 and replaced Local Safeguarding Children Boards (LSCB). Safeguarding partnership arrangements had been improved to form the BSCP and its subgroups. The work of the partnership this year had inevitably been dominated by the COVID-19 pandemic – since March 2020, Partnership Board and Executive meetings had concentrated on the direct and indirect safeguarding impact of the pandemic. In order to do so they had focused on the health and wellbeing of children and young people, their families and the partnership workforce, as well as emerging safeguarding themes, individual and collective practice, and how to develop and support innovative responses.

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

- the governance and accountability arrangements for the BSCP. This provided information about the structures in place that supported the BSCP to do its work effectively, as well as the roles of partners, including designated professionals and lay members.
- the context for safeguarding children and young people in Bromley. This highlighted progress made by the partnership across a range of areas (e.g. Early Help, Private Fostering, child exploitation and the work of the Local Authority Designated Officer), as well as the challenges going forward.
- the lessons that the BSCP had identified through its Learning and Improvement Framework, including Learning Reviews and multi-agency audits. This section also detailed the actions taken to improve child safeguarding and welfare as a result of this activity.
- the range and impact of the multi-agency safeguarding training delivered by the BSCP (this year all training had been held virtual due to the pandemic).
- progress against the BSCP pledge four key areas: health and wellbeing of the workforce; understanding vulnerability; a focus on getting the basics right; continuous improvement.

The BSCP Partnership Manager informed Board Members of a number of activities undertaken by the BSCP:

- the Contingency Oversight Group (COG) meeting had been introduced to ensure that partners could collectively address issues linked to the health and well-being of the workforce, identify emerging safeguarding trends, and early critical interoperability issues;
- a COVID-19 survey to help provide oversight and scrutiny of partners' response to the pandemic;
- in response to the increased threat of online harms highlighted by national agencies, the BSCP had rolled out the Safer Schools App to schools, parents and carers, free of charge; and
- the establishment of a new Children's Scrutiny Board and a MASH Strategic Group; the latter resulting in a review of capacity and capability across the partnership.

In response to a question, the BSCP Partnership Manager said that during the periods of lockdown there had been a reduction in the number of referrals received from schools, however the number of referrals received from the police had increased. Once pupils had returned, there was a surge in the number of referrals received from schools. The education sector was doing all that it could to ensure that no one "slipped through the net" and there was a lot of work taking place in relation to this.

The Chairman led Board Members in commending the Independent Chair of the BSCP and BSCP Partnership Manager for the work undertaken during 2020/21.

RESOLVED that the Bromley Safeguarding Children's Board Annual Report 2020/21 be noted.

23 JSNA PRIORITY AREA - IMPACT OF COVID-19

Report ACH21-057

The Director of Public Health informed Members that a brief summary had been provided in relation to updates on the Joint Strategic Needs Assessment (JSNA) and Health and Wellbeing Strategy.

The Demography Chapter of the JSNS had been refreshed and was published on the Council's website. It was noted that this chapter would be refreshed again when the Census data was released next year.

The Director of Public Health advised that a chapter had been drafted on COVID-19. This JSNA chapter assessed and summarised the impact of the COVID-19 pandemic on the population of Bromley and inequalities across the population. The chapter examined the issues across the life-course and highlighted the inequalities that had been exposed and exacerbated by the pandemic. It was noted that final comments and data needed to be fed into the document, which would be brought to the Board in February 2022. The Public Health Intelligence Team had also planned to produce the Mental Health JSNA chapter in 2021, to support the commissioning of Mental Health Service.

The Director of Public Health noted that the Health and Wellbeing Strategy was due to expire in 2023. In light of the COVID-19 pandemic, and changes that had occurred as a result of it, it was suggested that the Health and Wellbeing Strategy be reviewed in 2022, with a particular focus on inequalities.

RESOLVED that:

- i.) The update on progress towards the JSNA chapter updates be noted; and**
- ii.) The plans proposed for updating the Health and Wellbeing Strategy be noted.**

24 QUESTIONS ON THE HEALTH AND WELLBEING BOARD INFORMATION BRIEFING

The Health and Wellbeing Board Information Briefing comprised 4 reports:

- Better Care Fund and Improved Better Care Fund Performance update – Q2 2021/22
- Pharmaceutical Needs Assessment Updated Timeline
- Changes to Public Health England
- Healthwatch Bromley – Patient Experience Report Q2 2021/22

RESOLVED that the Information Briefing be noted.

25 WORK PROGRAMME AND MATTERS ARISING

Report CSD21125

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

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

- Update on the Bromley Mental Health and Wellbeing Strategy / Children and Young People's Mental Health (31st March 2022)
- JSNA – Impact of COVID-19 (3rd February 2022)

The Chairman informed Board Members that the Long Covid item scheduled for the meeting had been deferred and would be presented on 3rd February 2022. The Director of Public Health advised that updates on the JSNA priority area of obesity would be presented to Board Members in the New Year.

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

26 ANY OTHER BUSINESS

There was no other business.

27 DATE OF NEXT MEETING

The next meeting of the Health and Wellbeing Board would be held at 1.30pm on Thursday 3rd February 2022.

The Meeting ended at 3.05 pm

Chairman

Falls & Fracture Prevention Service

Lindsay Pyne, Head of Adult Therapies



The Team

- Team Lead (OT) – currently on maternity leave.
- Consultant Geriatrician (Shared with other BHC services)
- Physiotherapist - 2.15wte
- Occupational Therapist – 0.6wte
- Fracture Liaison Nurse – 1.0wte (Based in PRUH)
- Assistant Practitioners – 2.0wte
- (OT & Physio students ad hoc)

The Pathway

- All referrals to Adult Therapy teams are filtered in our SPA.
- If referral is felt to be urgent or require a quick response to ensure safety & reduce risk of ED attendance, referral is passed to RATT.
- RATT team (Rapid Access to Therapy Team) assess patient in own home within 2 hours or 2 days then provide equipment/intervention & refer on for ongoing falls specific intervention.

Covid pandemic – where are we now?

- Following the last attendance at the Health & Wellbeing Board in May'21 & written update in Nov'21:
- Falls Therapy Clinic – open – Orpington & Beckenham, reduced capacity due to infection control.
- Home Visits for Initial Assessments - open.
- Falls Consultant Clinic – open with reduced capacity, 1 morning per week.
- Vestibular Clinic – open, 1 afternoon per month.
- Balanced Lifestyle Group (12 week programme) – open, face to face in West Wickham & Orpington.
- Home Visits for exercise/intervention - open

Covid pandemic – where are we now?

- Referrals: 80 per month.
- Caseload: 342 patients at present (not including Fracture Liaison Nurse)
- Waiting List: approx. 12 weeks
- Outcomes: TOMs & Tinetti
- Patient feedback:

“He was very complimentary of Falls interventions provided to him at home by Karen. Very impressed with her expertise and compassion.”

“My elderly mother fell & fractured her pelvis, she was visited by two lovely ladies who were very professional and assessed her needs and gave her a programme of physiotherapy which was invaluable for both her physical strength as well as her mental wellbeing. We all saw a marked improvement in her ability to walk unaided and her motivation to carry out general household chores which has boosted her confidence. We cannot thank Laura and Karen enough for all their hard work and encouragement which has given my mum back her independence.”

Team's future plans

- Team Away Day taking place 3rd Feb...likely to include:
 - Increase capacity of Falls Therapy Clinics
 - Increase BLG to include a Bromley group
 - Streamline the patient pathway (currently home working & measures put in place to reduce f2f contact need streamlining)
 - Improving responsiveness to reduce waiting list
 - Increasing student numbers aiming for 1 OT & 3 Physio students next academic year.
- Ongoing review to ensure compliance with NICE Falls Guidance, best practice and research.

Falls Prevention Working Group

Progress:

- Moving from monthly to bimonthly meetings.
- Falls Policy rewritten & implemented.
- Initial FRAT included in all adult services' initial assessment – to be audited Mar'22.
- Falls Awareness Week '21 – quiz, screensavers, social media.

Plans:

- Reviewing Falls Pathway in line with NICE Falls Guidance for all patients.
- Piloting internal referral for Falls Team.
- Implementing research to ensure right team see right patient.

Falls Pick Up Service (Urgent Falls)

- NHS England implementing Falls Pick Up Services.
- Aims – to avoid conveyance to ED when appropriate & to reduce pressure on ambulance services in order to minimise long lies for those who have fallen.
- BHC currently scoping potential service models to ensure service delivery closely working alongside partners eg. London Ambulance Service and to integrate into other urgent services within BHC – Home & Bed based Rehabilitation, Urgent Therapy assessment, Care agency involvement, Falls & Fracture Prevention Service.

SEL Falls Programme Lead

- BHC to host role – 6 month secondment with potential to extend.

Programme to include:

- Understand current SEL falls services
- Identify opportunities for improvement, especially in relation to strengthening the crisis component of these services
- Explore the feasibility and if viable, develop an operational model for an Alternative falls response service to be delivered by LAS in partnership with SEL UCR services.

University of Nottingham Falls Research

- Rehabilitation research team at the University of Nottingham conducted FinCH randomised controlled trial to evaluate the **Guide to Action Care Home (GtACH) falls prevention tool (2016-2019)**.
- GtACH multifactorial tool to assess risk of falling on an individual basis to enable the implementation of patient-centred fall preventative changes.
- Trial concluded a **43% reduction in falls** in care homes and was **cost effective** (peer reviewed)
- Resulted in ‘React to Falls’ resources, promoted by NHSE/I and shared with care homes in Bromley
(<https://www.reactto.co.uk/resources/react-to-falls/>)

- Following success of trial, the team will conduct a falls prevention implementation study - ***Falls in UK Care Homes Implementation Study (FinCH IMP National)*** - outside of trial conditions in preparation for nationwide implementation (supported by NIHR & DHSC)
- Programme consists of training package for care home staff, information manual, and the screening and assessment tool.
- Team originally contacted Bromley in September 2019, offering participation in study subject to securing funding. Progress stalled due to Covid.

Living with.. App development

- BHC working alongside the 'Living with' group to develop an app that could be used by patients in Bromley, this is still in the early stages of development.

Falls Digital Transformation

Digital Community Health Services Programme – London wide.

- Looking at high volume pathways – catheter and falls.
- Would like to map Bromley falls pathway in relation to digital maturity and access to timely patient information in order to optimise.
- To create blueprint to be used pan London.

Thank You for listening, any questions?

ONE BROMLEY

WORKING TOGETHER TO IMPROVE HEALTH AND CARE IN BROMLEY

Adult Weight Management Services in Bromley

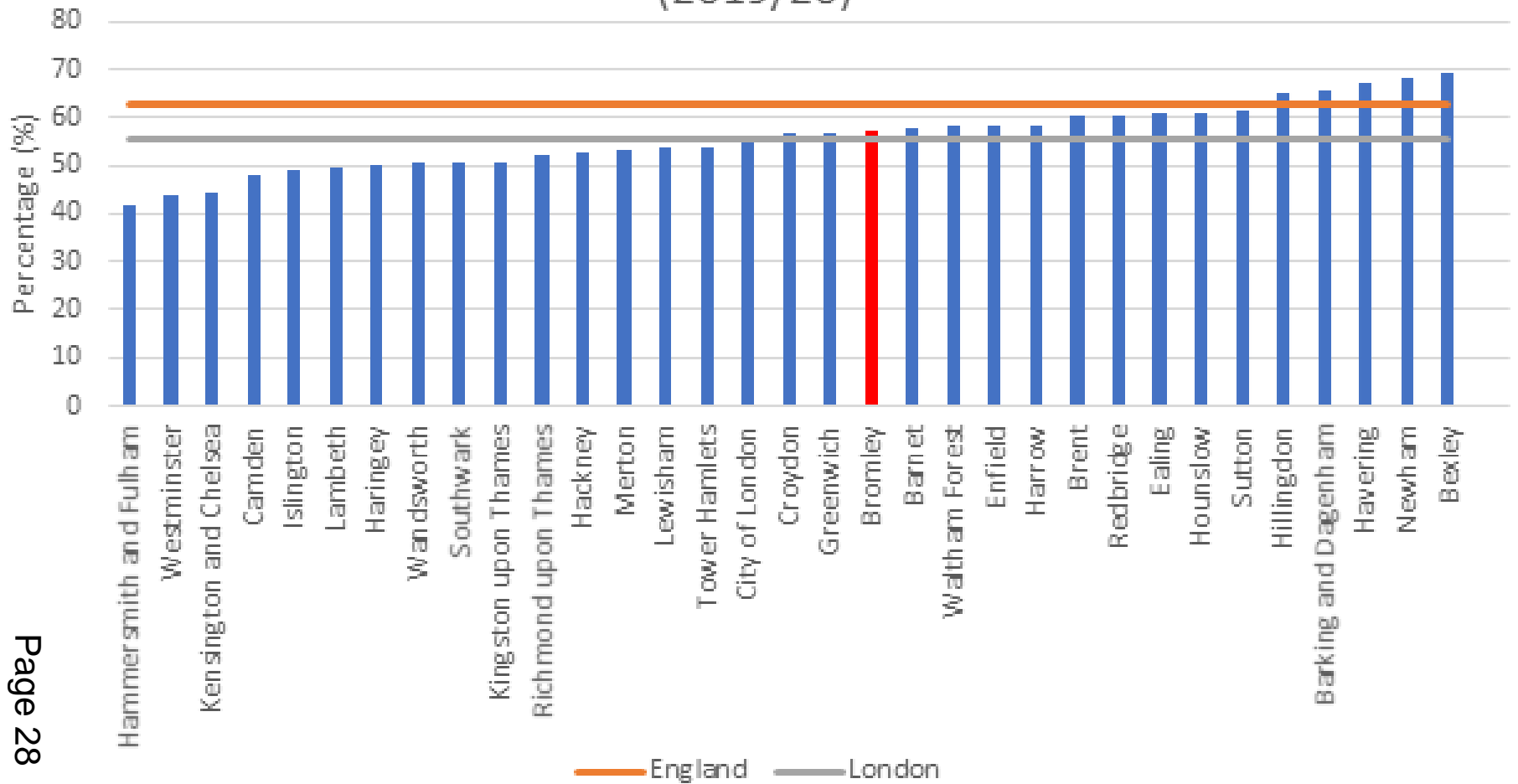
Gillian Fiumicelli

Head of Vascular Disease Prevention Programme, London Borough of Bromley

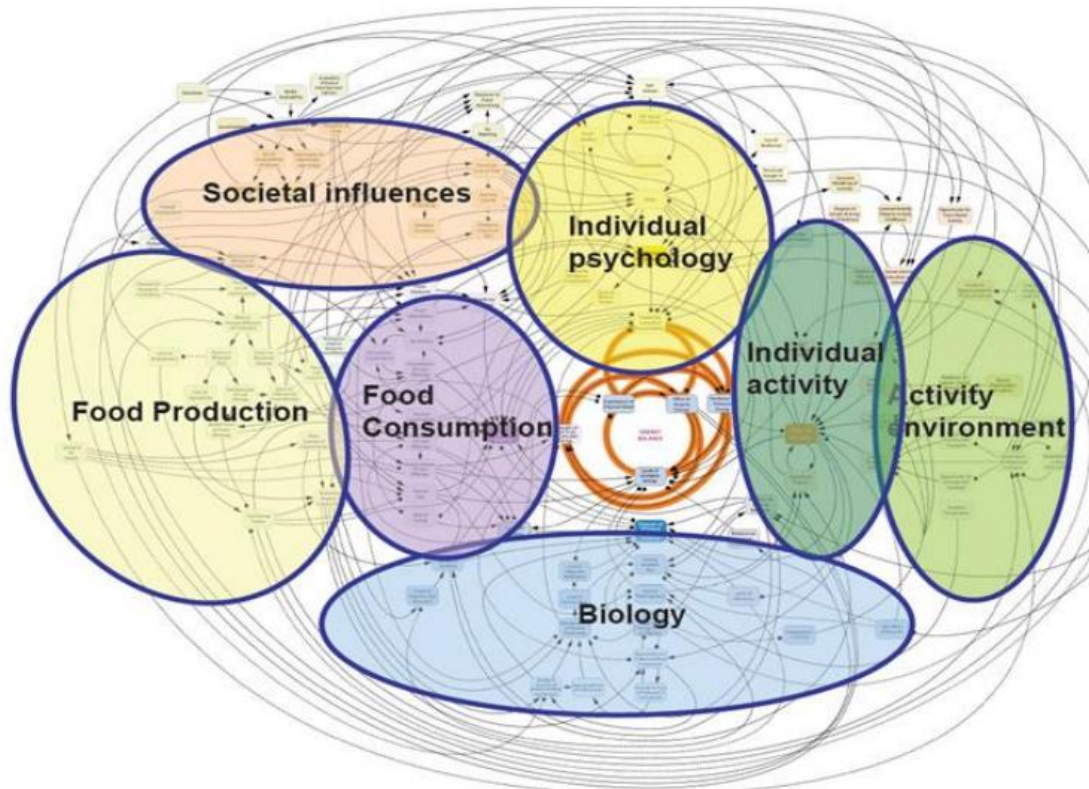
Jess Seal

Primary and Community Car Transformation Manager, South East London CCG

Percentage of adults (aged 18+) classified as overweight or obese (2019/20)



ANNEX 5: Examples of current and future activities by PHE mapped against the Foresight Report Tackling Obesity, Obesity Systems Map^{vi}



Examples of PHE activities under each theme:

- All
 - Whole systems approach programme of work
- Biology
 - Scientific Advisory Committee on Nutrition
 - National Child Measurement Programme
 - National Diet and Nutrition Survey
- Food Production
 - Government Buying Standards, Healthier Catering guidance
- Food Consumption
 - Sugar reduction programme , NHS Choices, Eatwell plate, 5-a-day
 - Workplace Wellbeing Charter
 - Regulating the growth of fast food outlets near schools
 - Support provision of healthier food within the NHS
 - Support the School Food Plan
- Societal Influence
 - Change4life campaigns
 - Start4life programme
 - Promote use of food competency framework
 - School and community based activities e.g. Social Landlords and Healthy Eating project. HITZ programme, Something to chew on programme
- Activity Environment
 - Town and Country Planning Association workshops on Healthy Weight Environments
 - Everybody Active Every Day framework
 - Workplace Wellbeing Charter
- Individual Psychology
 - Embedding mental health toolkit into programmes
 - Helping Overcome Obesity Pilot
 - Men's Health Forum practitioners guide
 - Active for life
- Individual Activity
 - EAED framework
 - School and community based activities e.g.

The complicated picture of Obesity – benefit from a Whole Systems approach



Bromley Adult Weight Management Workstreams

A number of groups with an Obesity focus.

- One Bromley Obesity Working Group - Local Bromley commissioners, providers, Public Health
- SEL CCG Obesity Group – New group of Public Health Obesity Leads.
- SEL Diabetes and Obesity Commissioning Group – Commissioners from across SEL
- Health and Wellbeing Board – Obesity identified as a priority.

Bromley Adult Weight Management Programmes

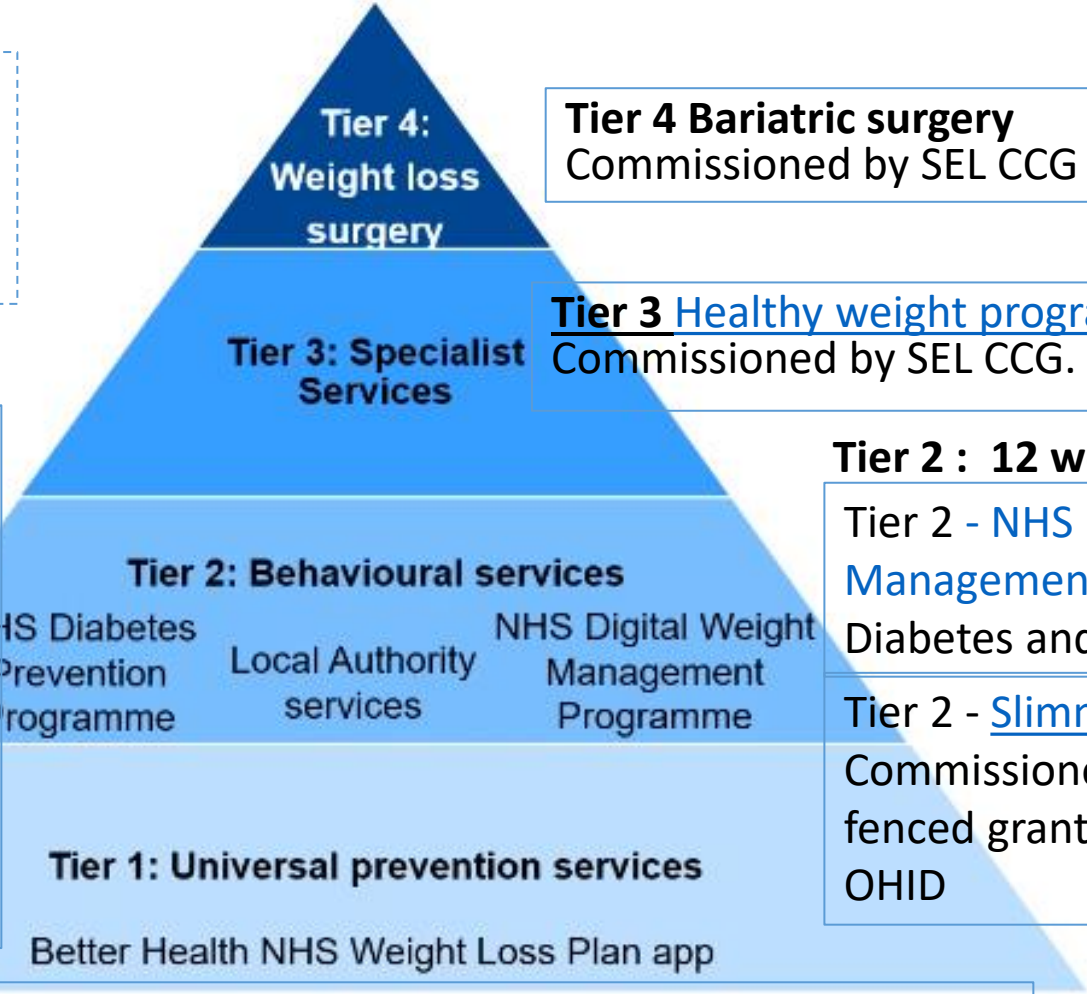


Exercise on referral
Commissioned by SEL CCG

Tier 4 Bariatric surgery
Commissioned by SEL CCG

Tier 3 Healthy weight programme referrals (GSTT)
Commissioned by SEL CCG. 1 year programme

NHS Diabetes Prevention Programme NDPP
Commissioned by NHS England
9 month programme



Tier 2 : 12 week programmes

Tier 2 - NHS Digital Weight Management Programme
Diabetes and/or Hypertension

Tier 2 - Slimming World
Commissioned by LBB with ring fenced grant for 2021-22 from OHID

Tier 1 – Universal – Better Health Lose weight - Better Health - NHS Physical Activity
<https://www.nhs.uk/better-health/get-active/>



Calculate BMI by measuring height and weight [BMI calculator](#) | [Check your BMI - NHS](#) | [Please fill in your details \(www.nhs.uk\)](#)

UNIVERSAL Support (Tier 1)

Better Health [Lose weight - Better Health - NHS \(www.nhs.uk\)](#) – link to free NHS 12 week digital weight loss programme, BMI calculator, Easy meals app, eating well on budget, recommended weight loss programmes (Physical Activity <https://www.nhs.uk/better-health/get-active/> Link to Couch to 5k & Active 10 app) (paper version 12 week programme [all-weeks.pdf](#)) ([create.nhs.uk](#))

Tier 2 weight management services

Non-Condition specific

Slimming World (Until March 2022)
12-week FREE multi-component weight management programme. Weekly 1-hour sessions.
(Need to attend first session before 31.03.22)
Borough wide
Eligibility criteria:

- Adults ≥ 18 years
- BMI ≥ 30kg or 27.5 for those from Black African/ Caribbean and Asian backgrounds.*

* The BMI threshold will be lower at 27.5 for people from Black, Asian and ethnic minority backgrounds, as we know people from these ethnic backgrounds are at an increased risk of conditions such as Type 2 diabetes at a lower BMI.
Exclusion: Not a paying member of SW for 3months
GP Practice referral – via the weight management ROP

Physical activity
Exclusion on referral schemes (* charges for some conditions) ([FreshStart](#) | [Mytime Active](#) | [HeartSmart](#) | [Mytime Active](#) and [ESCALA-Pain](#) | [Mytime Active](#)) Referrals on EMIS

Condition specific

Healthier You | Diabetes Prevention Programme NDPP - Prediabetes
9 Month behavioural change online course aimed to support long term behaviour change for weight loss to prevent onset of diabetes. Currently offered on-line and telephone, digital programme available, face to face will resume at some point. Available on-line/telephone in a range of community languages

Eligibility Criteria:

- Referrals EMIS form on ROP
- Not pregnant
- 18 years and over
- HbA1c 42-47 (6.0-6.4%) or Fasting Plasma Glucose between 5.5-6.9mmol/within last 24 months
- If patient has a history of Gestational Diabetes (GDM) then patient is eligible with HbA1c <42 mmol/mol or FPG <5.5mmol/l

NHS England x The NHS Digital Weight Management Programme
12-week programme offers free, online access to weight management services. 3 levels of support available incl. a combination of digital and human coaching

Ideally need access to internet using a smartphone or computer.

Eligibility criteria:

- 18 years and over
- BMI ≥ 30 (adjusted to >27.5 for BAME participants)
- Has a diagnosis of diabetes (T1 or T2) or hypertension or both
- e-RS Referral by GP Practice to the NHS Digital Weight Management Programme – Clinical templates available from Ardens or EMIS
- Patient will be contacted via text message or email within 2 working days. This message, from "NHS WMP" will contain a link to a website from which patients can access the list of available programmes e.g., Digital only offer, 50mins coaching, 100mins coaching.
- For those patients who are unable to receive text messages or access the internet, they will receive a phone call directly to landline or mobile including alternative language options.

Tier 3 weight management service

Tier 3 Healthy Weight Programme (GSTT) [Healthy weight programme referrals](#)
This is a 1 year multi disciplinary led programme of group based sessions (currently virtual)

A 1-1 initial assessment video call with a dietitian
A choice of 2 online programmes:
BALANCE – Nutrition education alongside behaviour change, psychology and physical activity. 18 group sessions over the course of a 12 month period
FAST – Evidence based total meal replacement programme for more rapid weight loss following by food reintroduction, nutrition education, psychology and physical activity. 18 group sessions over 12 months
FUP at 18 and 24 months
Review by a clinically led MDT within the medical obesity service
Integrated support from clinical psychologist with option for 1:1 support if required; Initial assessments take place every week day. Evenings and weekday groups available

Criteria

- Over 18s
- BMI >40 or BMI 35 with T2 Diabetes
- Motivated to lose weight
- Willing to take part in an online group based programme requiring regular attendance
- Referrals must be sent via e-RS available under "Dietetics" (speciality) and "Weight Management" (clinic type) and "SEL Tier 3 Healthy Weight Programme" (service name)

Tier 4 weight management service

Tier 4 Bariatric surgery criteria (from April 2019)

- BMI 40-44 plus two major co-morbidities
 - BMI 45 or more plus one major co-morbidity
 - All appropriate non-surgical methods have been tried
- The person has been receiving or will receive intensive management in a Tier 3 service, is generally fit for anaesthesia and surgery, and commits to the need for long-term follow-up
BMI over 50 can be referred directly to bariatric surgery.

For referral information see Weight Management ROP in EMIS

All information correct Jan 2022 - Public Health: brocc@Nhsccproviders@nhs.net

Programmes for patients with pre-Diabetes or Type 2 Diabetes

All newly diagnosed T2 diabetes & pre-diabetes pts must be referred to the following programmes below in the first instance including any pts who have not yet attended Diabetes Structured Education or NDPP



National Diabetes Prevention Programme

- Pre-diabetes or a previous gestational diabetes diagnosis
- No BMI specification

Diabetes Book & Learn – Type 2 Education

- Diabetes diagnosis - Access to diabetes courses in south London
- Referrals can be made by all healthcare professionals



Local Sports and Leisure Services

Please see here for the most up to date information

MyTime Active: for a variety of sport and leisure activities and venues*

Healthy Lifestyles schemes in parks and open spaces

Free Outdoor Gyms - Located in Betts Park, Anerley and Farnborough Recreation Ground: Free access to the public.

https://www.bromley.gov.uk/info/200073/parks_and_open_spaces/788/outdoor_gyms

Penge Green Gym: Winsford Gardens, Garden Road, London, SE20 7RN every Wednesday 11am-2pm. www.pengegreengym.org.uk

Bromley Green Gym: This meets at College Green and Slip, West Street, Bromley, BR1 1PA every Friday 11am-2pm. www.tcv.org.uk/Bromley-Green-Gym-TCV

Referral schemes: (free 12 sessions, if meeting eligibility criteria)

Health Start - for people with a wide range of medical conditions, from arthritis and diabetes, to depression, obesity and cancer, to name a few.

Heart Smart - for people who have Coronary Heart Disease (CHD)

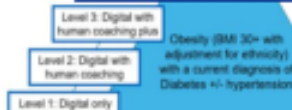
For more information: www.mytimeactive.co.uk Telephone: 0208 290 4000

Version 25/11/2021

NHS Digital Weight Management Programme

- BMI ≥ 30 (with adjustment for ethnicity)
- Current diagnosis of **diabetes** (type 1 or 2) and/or **hypertension**
- [NHS England » The NHS Digital Weight Management Programme](#)
- **NOTE:** Patients will only be able to access this programme if they have a smartphone or computer with internet access.

The NHS Digital Weight Management Programme



Tier 2/3 Weight Management Services



(Until March 2022)

- BMI ≥ 30 (≥ 27.5 for Black Caribbean, Black African and Asian ethnicities)
- 12 week free weight loss programme for people in tier 2
- GP Practice referral only
- Must be referred before 31/3/2022
- [Welcome to Slimming World - helping slimmers achieve their dreams since 1969 | Slimming World](#)

To make referrals: to Tier 2/3 weight management using the Referrals Optimisation Programme (ROP) for Weight Management within the EMIS system

Tier 3 Healthy Weight Management Programme (GSTT)

- BMI >40 or BMI 35 with type 2 Diabetes
- Support patients with complex needs associated with severe obesity
- Over 18s
- 12 month programme of group sessions (currently online due to pandemic)

Online Resources and Apps

- [Diabetes NHS](#)
- [NHS Weight Loss App](#)
- [Couch to 5k](#)
- [NHS LiveWell : Healthy Weight & Exercise](#)
- [NHS Better Health](#)
- [Low Carb Programme App*](#)
- [X-PERT – Junior Diabetes Education for Children pilot Tier 1 via Diabetes](#)
- *Charge applicable



Other Fitness Opportunities

- [Park Run Bromley](#)
- [Primetime*](#)
- [Silverfit*](#)
- [Get Active Activity finder](#)
- [Palace for life Foundation](#)
- [Walking for health – Relaunch due in Jan 2022](#)



Identifying individuals who would benefit from the Weight Management Programmes

- Opportunities for:
 - Community Champions,
 - Community Pharmacies,
 - Self referral for the universal programmes – Better Health campaigns
- Primary Care remains the main mechanism for individuals to be identified:
 - NHS Health Checks
 - Weight Management Referral Optimisation Protocol
 - Computer searches
 - National Incentive Scheme
 - Social Prescribing Team
 - Dietitians
 - Health Coaches - NEW

Primary Care Developments

- National enhanced service encourages practices to develop a supportive environment for clinicians to engage with patients living with obesity about their weight
- This enhanced service goes alongside a broader expansion of weight management services, including the launch of the NHS Digital Weight Management Service for those with hypertension and diabetes, and further investment into local authority tier 2 services.
- Workforce expanded who can refer into these pathways and now includes all healthcare professionals such as social prescribers and PCN dietitians

Outcomes and Future

- Slimming World are required to submit data to OHID and to LBB according to minimum dataset. [Adult weight management MDS technical guidance v1.2.pdf](#)
- Slimming World is currently only funded until the end of March. We are waiting to hear if we get further funding for next financial year.
- Outcomes for other programmes managed by the commissioning organisation

Thank you for listening

Questions?

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WORKING TOGETHER TO IMPROVE HEALTH AND CARE IN BROMLEY

Covid-19 vaccination programme

Cheryl Rehal

Bromley Primary & Community Care Team

NHS South East London CCG

February 2022

Overview of Bromley programme

- Commenced vaccination services in December 2020
- Over 500,000 vaccinations delivered in the borough
- Currently operating bookable and walk-in services from 12 sites across Bromley
- Multiple satellites and Pop Ups clinics held over the last 15 months
- Engagement events, information sharing sessions and clinical conversations offered to support questions and assist with individual needs
- Visits undertaken to vaccinate over 6000 housebound patients and care home residents
- Co-administration with flu vaccine offered wherever possible during 2021/22 season
- Schools Vaccination Programme has delivered almost 5000 vaccinations for 12-15 year olds in 37 schools, including special schools

Covid vaccination sites: February 2022

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

Mass Vaccination Site (KCH-led)

- F** Bromley Civic Centre

Community Pharmacies

- G** Macks Pharmacy
- H** Blackwells Chemist
- I** Peters Chemist
- J** Chislehurst Pharmacy
- K** Cray Hill
- L** Eldred Drive

Plus satellites in GP practices and community settings



Eligible cohorts

Universal offer

- All over 16 are eligible for a primary course of two doses, and a booster dose
- Severely immunosuppressed individuals are eligible for a primary course of three doses, and a booster dose

Children and Young People

- 12-15 year olds are eligible for two doses, 12 weeks apart
- 5-11 year olds with underlying health conditions will be offered a first dose, with a second dose offered at 12 weeks

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Professionals

- Vaccination is mandatory for care home staff and visiting professionals
- Vaccination will become mandatory for health and care staff with direct patient or service user contact, from 1 April 2022



Covid vaccine uptake in Bromley

Cohort	1 st Dose	2 nd Dose	Booster (of those eligible)
50y+	91.4%	90.3%	92.8%
18 to 49y	76.4%	73.2%	71.2%
16 to 17y	65.0%	40.6%	48.0%
12 to 15y	50.5%	14.1%	
Housebound	95.9%	94.2%	92.8%
Older People's Care Home Residents	97.4%	97.1%	92.4%
Older People's Care Home Staff	97.1%	96.8%	29.3%
Working Age Adult Care Home Residents	96.0%	92.7%	79.8%
Working Age Adult Care Home Staff	96.2%	95.7%	53.1%

Data source: EMIS 24/01/2022, and Capacity Tracker 17/01/22



Flu vaccine uptake in Bromley

Patient Cohort	Bromley average uptake to date	London average uptake to date
65+	77.10%	68.90%
<65 at risk	45.70%	40.60%
Pregnant	34.10%	29.00%
2 year olds	51.00%	39.50%
3 year olds	52.10%	40.70%

Inequalities in Covid vaccine uptake

Cohort	1 st Dose	2 nd Dose	Booster (of those eligible)
Pregnant Women	72.8%	67.6%	65.4%
People with Learning Disability	88.7%	84.3%	84.8%
People with Serious Mental Illness	82.3%	78.6%	82.0%
Black African (16y+)	69.2%	62.9%	35.9%
Black Caribbean (16y+)	56.3%	51.9%	32.0%
Mottingham	72.4%	67.8%	34.3% (over 16s)
Penge	74.4%	70.5%	47.8% (over 16s)
The Crays	77.8%	73.7%	48.9% (over 16s)

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Data source: EMIS, 13/01/22 and 24/01/22

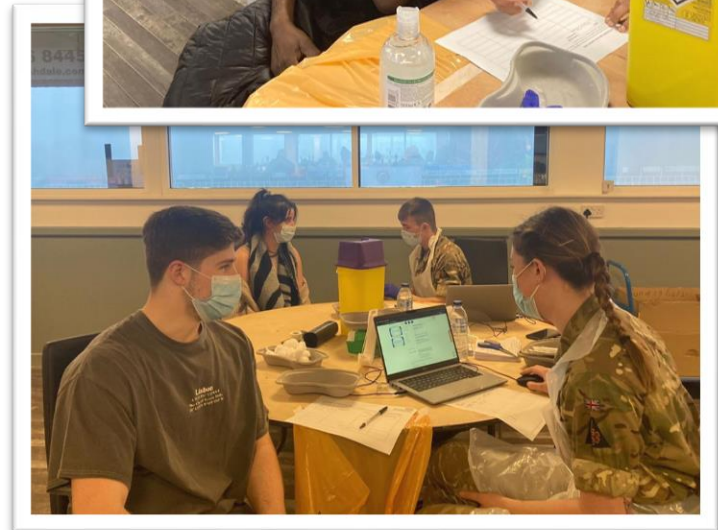


Inequalities in Vaccination Taskforce

- Commissioned by the Bromley Borough Based Director for SE London CCG and the Chief Executive of London Borough of Bromley
- Aim is to draw together existing workstreams across the Borough, analyse data and evidence on uptake, and develop and test innovative methods of addressing vaccine hesitancy through a programme of work.
- This group includes leadership and representation from Local Authority, CCG, Public Health communications teams, and other One Bromley partners.
- The Inequalities plan includes forthcoming work to continue outreach vaccination services, engagement with young adults, people affected by the mandatory vaccinations regulations, and to launch the One Bromley Community Champion Scheme.

Activities to address inequalities

- Helpline for health & social care staff
- Weekend clinics at Al-Emaan Mosque, Keston
- Working Group to improve uptake in people with Learning Disability
- Targeted pop up clinics in Lower Uptake Areas
- Roving vaccinations for homeless people
- Individual and small group support for staff in health and care settings
- Information Pod in The Glades
- Door-knocking initiative
- Leafleting in collaboration with local businesses
- Clinics at popular sports facilities



Better Health Support

This is a culturally specific wellbeing package (Better Health Support) for ethnic minority staff delivered by ethnic minority staff.

- This support package is designed to address the needs of Bromley health and care staff who are vaccine hesitant and engage in ways that address individual concerns.
- The aim is to provide culturally sensitive support in a non-judgemental way to support vaccine uptake and ensure staff wellbeing, so that they do not feel that it is all about vaccine uptake.
- A training and resource package has been developed for these sessions. 1-2-1 or small group (approx. 4 people) telephone/video calls are arranged. Covid safe sessions can also take place in discussion with the setting.
- This allows for direct and more meaningful dialogue which people find more engaging and more useful.
- Rather uniquely, the team members who deliver the sessions are happy to discuss and share religious perspectives where applicable; supporting spiritual messages that are available through SEL CCG and through PHE.

Horizon scanning

- Cancellations due to Covid infection
- Our essential volunteers workforce
- Covid infection/isolation impact on vaccination staff teams
- Maintaining security and safety for staff and patients
- Ongoing timely availability of vaccine supply
- Mandatory vaccinations
- Future cohorts/JCVI advice

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Report No.
ACH22-004

London Borough of Bromley

Decision Maker: HEALTH AND WELLBEING BOARD

Date: 03 February 2022

Title: BROMLEY SAFEGUARDING ADULTS BOARD 2020/21 ANNUAL REPORT

Contact Officer: Bulent Djouma, Bromley Safeguarding Adults Board Manager
Adult Services, London Borough Bromley
Tel: 020 8313 4176 E-mail: bulent.djouma@bromley.gov.uk

Ward: Borough-wide

1. Summary

- 1.1 Under the section 43 (1) of the Care Act 2014 the Local Authority is required to establish a Safeguarding Adults Board. The primary objective of the Board is to help and protect adults in Bromley by co-ordinating and ensuring the effectiveness of Board partners. The Board has an unrestricted remit in what it is able to do to achieve its objectives.
- 1.2 The Board is required, under Schedule 2 (4) the Care Act 2014 to produce an annual report outlining its achievements and those of its members in relation to the Board's strategic objectives. The Board must send a copy of the annual report to the Chief Executive of London Borough of Bromley, the Leader of the Council, the Bromley Metropolitan Police Service Borough Commander, CEO of SEL NHS Clinical Commissioning Group (Bromley), Chair of the Health and Wellbeing Board and Healthwatch.
- 1.3 Under section 44 of the Act the Board is required to publish any findings and recommendations from any Safeguarding Adults Reviews undertaken. The Board took the decision in February 2019 to commission a SAR relating to a care home in the borough, which was completed after the production of the 2020-21 annual report and will therefore be referenced in next year's report.
- 1.4 The Board is also required to develop and publish a strategic plan setting out how they will meet their objectives and how their member and partner agencies will contribute to these. A three-year strategy for 2020-23 was developed in September 2019. The annual report outlines the work achieved in relation to the Board's priority areas as outlined in its strategy.

2. Reason for Report going to Health and Wellbeing Board

- 2.1 The purpose of this report is to provide the Health and Wellbeing Board with an overview of Bromley Safeguarding Adults Board's (BSAB) 2020/21 Annual Report.
-

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

- 3.1 The Health and Wellbeing Board is requested to take note of the Bromley Safeguarding Adults Board's 2020/21 Annual Report.

Health & Wellbeing Strategy

1. Related priority: Not Applicable

Financial

1. Cost of proposal: Not Applicable

2. Ongoing costs: Not Applicable

3. Total savings: Not Applicable

4. Budget host organisation: Safeguarding Adults Board

5. Source of funding: Grant Funding

6. Beneficiary/beneficiaries of any savings: Not Applicable

Supporting Public Health Outcome Indicator(s)

Not Applicable

4. COMMENTARY

- 4.1 Teresa Bell is the Independent Chair of the Board having taken on this role in January 2021. The Board fulfils its statutory obligations in ensuring that representatives from SEL NHS Clinical Commissioning Group (Bromley) and the Metropolitan Police Service attend the Board. The Board is facilitated by a broad range of representatives from across the Borough, including from the private, voluntary and independent (PVI) sectors, as well as a Lay Member.
- 4.2 The Board's 2020/21 Annual Report provides information regarding the work that has been undertaken during the year. Specific reference is made to the impact of the COVID-19 pandemic in relation to the following key priority areas, domestic abuse, financial abuse, self-neglect, modern day slavery, transitional care of children into adulthood, and vulnerable adults in specialist care & residential homes.
- 4.3 The Board's partners have provided information on their work in respect of adult safeguarding and the impact of the COVID-19 pandemic. Further information is provided outlining the safeguarding picture in Bromley, adult safeguarding statistics, board structure and the work of its subgroups.
- 4.4 The report acknowledges the learning of its first Safeguarding Adults Review (SAR) and the commissioning of its second SAR. It also outlines how the work of the SAR subgroup contributes to the content of the BSAB website, in particular learning from regional and national SARs. A SAR library is now available of reviews carried out by other SABs.
- 4.5 The Board is required to collect safeguarding data and submit this to the NHS Digital Safeguarding Adults Collection (SAC). The information provided helps NHS Digital gain an understanding of the safeguarding landscape for England. This data is outlined in the report appendices.
- 4.6 As part of the wider community engagement agenda, the Board has also produced the annual report in an easy read format; the first time this has been achieved. This was done in consultation with members of its Communications and Service User Engagement Group (CSUEG).

Non-Applicable Sections:	Impact on Vulnerable People and Children, Financial and Legal Implications, Implications for other Governance Arrangements, Board and Partnership arrangements, including any policy and financial changes required to process the item, and comment from the Director of Author Organisation
Background Documents: (Access via Contact Officer)	Bromley Safeguarding Adults Board 2020/21 Annual Report



**BROMLEY
SAFEGUARDING
ADULTS
BOARD**

ANNUAL REPORT

2020 TO 2021





**BY LISTENING WE
WILL EMPOWER ALL
COMMUNITIES TO
WORK TOGETHER TO
PREVENT ABUSE AND
NEGLECT**

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EXECUTIVE SUMMARY

As we report on this year, we would like to acknowledge the impact that the COVID-19 pandemic had on everyone, every business and in particular Adult Safeguarding.

We begin by taking this opportunity to express our empathy and sympathy for those who have experienced grief, loss, struggle and distress.

We also express our appreciation to all who dedicated their time, energy, and experience to help support our community to keep those who are most vulnerable safe from abuse and harm during this challenging time.

We are proud of the steps and flexibility the Board took to adapt to a different way of working. **Our ongoing priority being to minimise risk to our vulnerable residents, our community, our colleagues, whilst ensuring business continuity.**

One immediate area of concern at the start of the pandemic was the low number of safeguarding referrals received, in particular those relating to Domestic Abuse during the national lockdown. To address this, access to support services and information were swiftly promoted in varying mediums via the work of the Board's subgroups. This included displaying related posters and stickers in all vaccine hubs, as well as providing advice to provider safeguarding teams.

Promotion of local and national support services are made available from the Board's website. Additional community engagement initiatives, such as targeted direct contact with vulnerable residents, has provided vital support during the most challenging lockdown period.

A Care Home Operational Group was established to review any challenges, with daily meetings chaired by the Director of Adult Services or Director of Public Health, attended by members from local health partners, Commissioning Teams, GPs, Southeast London CCG (Bromley) and Adult Services.

Practitioners have worked collaboratively with our partner agencies to:

- meet these unprecedented challenges
- respond to the increased number of safeguarding concerns
- provide timely interventions to safeguard vulnerable adults and families

Overall communication relating to COVID-19 was at an optimal level, avoiding the duplication of circulated messages. A dedicated section on the Board's website highlighted the key messages, whilst signposting visitors to broader information. Relevant policies in relation to the pandemic were also made accessible from the Board. The Board also took steps to develop or source materials that are in easy-read format as part of our inclusion culture.

As we emerge from the pandemic, the Board's work is realised through its strategic leadership and the efforts of each member working collaboratively with one another. Workstreams identified are adapted to meet the needs of our service users and executed via the subgroups. Findings from events such as the Safeguarding Adults Partnership Audit Tool (SAPAT) challenge event will further help shape our priorities and the work that we do.



FOREWORD



BY TERESA BELL,
INDEPENDENT CHAIR

I am very pleased to introduce the Annual Report for Bromley Safeguarding Adults Board (BSAB) for the period 2020 to 2021.

I started as the Independent Chair of the Board at the beginning of 2021. I am very grateful to all partners for their support and contributions to the BSAB. I feel privileged to be working with a partnership which has such committed and skilled representatives from the statutory, independent and third sector across Bromley.

At the time of writing (July 2021) we are due to move into another phase of our national experience of, and response to, the COVID-19 pandemic, with an easing of restrictions being proposed.

On behalf of BSAB, I would like to take this opportunity to mourn the deaths of residents who have died, acknowledge the grief of their families and friends, as well as commending the hard work, dedication, and commitment of health, social care staff and all the key workers who kept everything going during this last year.

Since joining the Board, I have received regular reports from partners of their creative and dedicated hard work during this challenging time. It is evident that there has been close working across agencies to meet the demands of the pandemic and lockdowns, providing assurance that they continued to meet their safeguarding responsibilities despite the additional and extreme pressures on services.

This annual report shows what the Board aimed to achieve during 2020 to 2021 and what we have been able to achieve. The annual report provides a summary of who is safeguarded in Bromley, in what circumstances and why. This helps us to know:

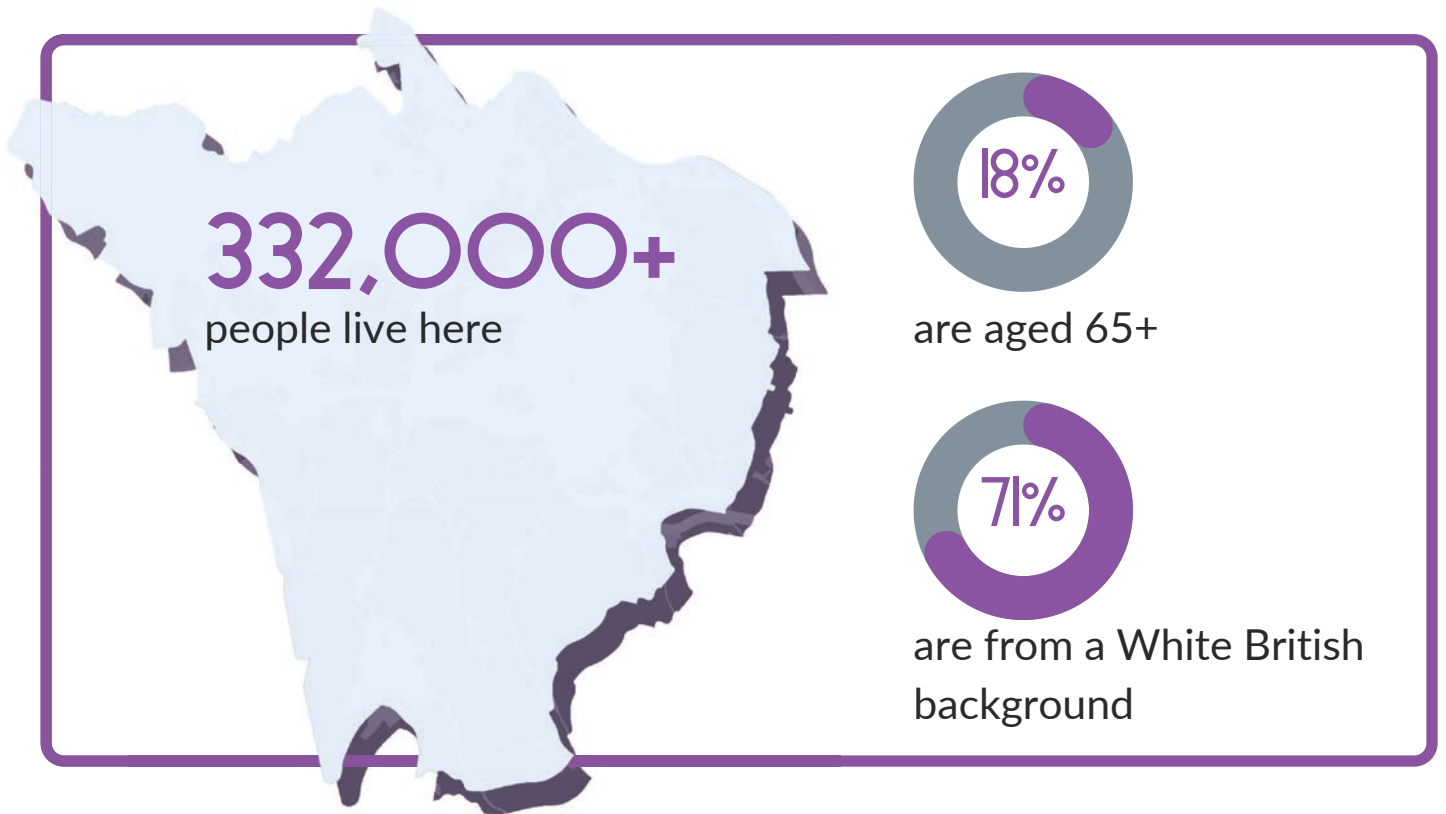
- what we should be focussing on for the future
- who might be most at risk of abuse and neglect
- how we can work together to support people who are most vulnerable to those risks

There continues to be significant pressures on partners in terms of resources and capacity, especially during the COVID-19 pandemic. I want to thank all partners and those who have engaged in the work of the Board for their considerable time and effort. My particular thanks go to the excellent BSAB team as well as to the Chairs of the Subgroups who do so much to ensure that our ambitions for safeguarding in Bromley can be achieved.

I look forward to chairing the partnership in the next year to continue this journey with you.



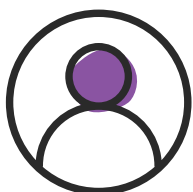
WHO LIVES IN BROMLEY?



49,000+
people live with a long-term illness



45,000+
adults aged 18-64 have a mental health diagnosis



70%
of those age 65 and over expected to have dementia are diagnosed



49,000+
people estimated live with a long-term illness

WHO USES SERVICES IN BROMLEY?

Bromley Well

23,399

people accessed services
from Bromley Well

9,852

of these were
new clients

4,613

came via the
Single Point of Access



14,000+

calls received by Adult
Early Intervention Service

1,180

calls per month,
on average

6,276

referrals to
adult social services



2,803

aged 18+ accessing
long-term support

237

adults aged 65+ admitted into
nursing or residential care

90%+

residential and nursing
home providers in
Bromley are graded
Good or better
by the Care Quality
Commission

OUR KEY PRIORITIES







PRIORITY 1



DOMESTIC ABUSE

Domestic abuse affects people of every age, race, disability, gender, or sexuality, and can either be physical, emotional, sexual, or financial, or it can be a combination of all of these. It can include an incident or a pattern of incidents of controlling, coercive, degrading, threatening and violent behaviour.

Domestic abuse is not only towards a partner, but it can also take place between family members or by carers. Although most domestic abuse is committed by men towards women, there are an increasing number of victims who are men.

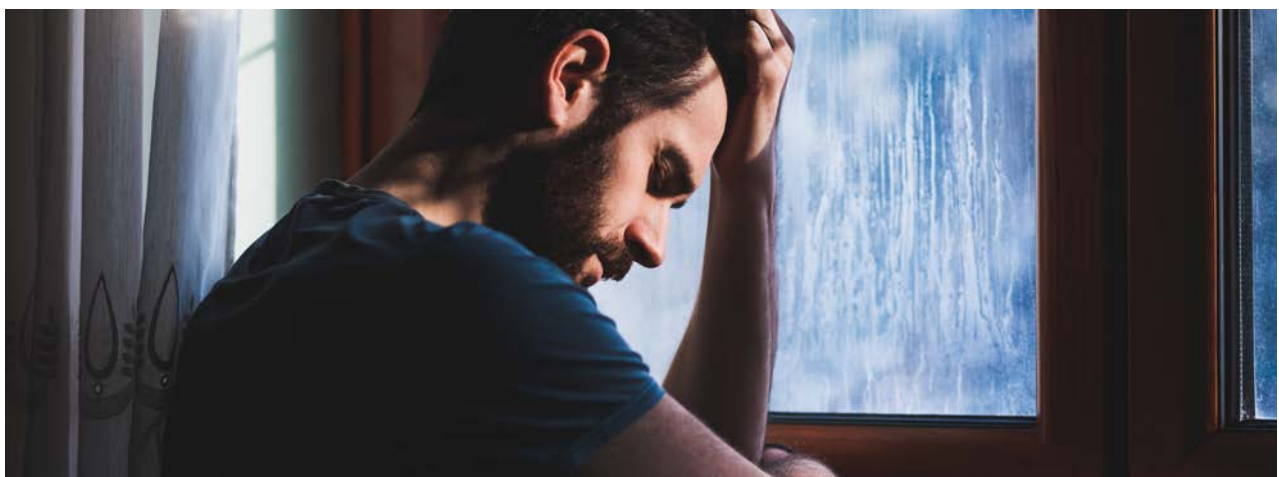
THE PICTURE IN BROMLEY

4,532 incidents of domestic abuse were reported to the Metropolitan Police in Bromley over the last year. This is 5% less than what was reported in the previous year.

Domestic abuse accounted for 3% of all safeguarding enquiries during 2020 to 2021, this is up 1% from the previous year. The highest proportion of these (50%) were amongst those in the 18-64 age group.

3%

of safeguarding enquiries were for domestic abuse





WHAT WE HAVE DONE

In response we have:

- Developed a dedicated webpage for domestic abuse on our website
- Promoted the availability of a pocket size printed card for victims and survivors of domestic abuse to discreetly keep with them should they need to access support
- Raised awareness of national initiatives to support victims of domestic abuse during the pandemic, such as the Ask for Ani domestic abuse codeword scheme, Safe Spaces, and the Hollie Guard digital app
- Provided domestic abuse training for professionals in webinar format during the national lockdown
- Promoted online domestic abuse related webinars delivered by The Survivors Trust and Hestia which included information on supporting employees affected by domestic abuse during COVID-19
- Worked together with Bromley and Croydon Women's Aid (BCWA) to deliver a learning session during the 2020 National Safeguarding Awareness Week, facilitated by BCWA Independent Domestic Violence Advocates
- Supported the implementation of the boroughwide Intergenerational Domestic Violence and Abuse Strategy for 2021 to 2024
- Supported the implementation of the Drive Perpetrator Panel to disrupt abuse and reduce reoffending amongst high risk and high harm perpetrators of domestic abuse





PRIORITY 2



FINANCIAL ABUSE

Financial abuse is often hard to detect as it is a type of abuse that can start subtly and can take many forms. This can be someone taking or misusing someone else's money or belongings for their own gain and the perpetrator is often known to the victim. Online fraud is another type of financial abuse and is often disguised in fake emails and texts.

THE PICTURE IN BROMLEY

Financial abuse accounted for 13% of safeguarding enquiries during 2020 to 2021, this is 7% less than the previous year.

The highest proportion of these (37%) were amongst those in the 75-84 age group.

13%

of safeguarding enquiries were for financial abuse



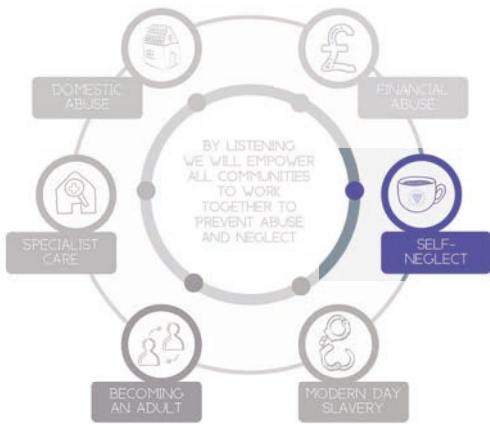


WHAT WE HAVE DONE

In response we have:

- Developed a dedicated webpage for Trading Standards on our website, which includes a video on spotting the signs of financial abuse
- Introduced a new online course for professionals and volunteers that covers scamming
- Promoted a campaign on Romance Fraud developed by regional partners
- Delivered a presentation to our partners on Scams and Doorstep Crime during the 2020 National Safeguarding Awareness Week
- Raised awareness of various online scams via our social media profiles
- Continued working with partners to identify emerging types of financial scams to raise awareness of these with the community





PRIORITY 3



SELF-NEGLECT

Self-neglect is a behavioural condition in which an individual neglects to attend to their basic needs, such as personal hygiene, appropriate clothing, feeding, or tending appropriately to any medical conditions they have. This can result in poor health and wellbeing, as well as impacting on those surrounding the individual including the public. In extreme cases self-neglect can be the leading cause of an individual's death.

THE PICTURE IN BROMLEY

Self-neglect accounted for 22% of safeguarding enquiries during 2020 to 2021, this is an increase of 0.6% compared with the previous year.

This was evenly spread across most age groups.

22%

of safeguarding enquiries were for self-neglect





WHAT WE HAVE DONE

In response we have:

- Developed a Complex Case pathway together with colleagues in Lambeth and Southwark which was influenced by the learning from our first Safeguarding Adults Review (SAR) where self-neglect was the key theme of its evaluation
- Shared learning from national Safeguarding Adult Reviews where self-neglect was an occurring theme
- Continued holding regular Self-Neglect and Hoarding Panel (SNaHP) meetings to discuss individual cases of concern, providing professional multi-agency advice to all agencies to help those who need support
- Held a learning session during the 2020 National Safeguarding Awareness Week on Self-Neglect and Hoarding to raise awareness of both definitions as well as the referral process to the Board's SNaHP meeting
- Updated our self-neglect leaflet and made this available in digital format for downloading and printing
- Continued raising the awareness of self-neglect through various professional safeguarding training
- Developed a dedicated webpage for self-neglect on our website
- Shared self-neglect awareness messages via our social media profiles





PRIORITY 4



MODERN DAY SLAVERY

Modern slavery is typically where one person has their freedoms removed from them by another person and are severely exploited. People can be entrapped working in unacceptable conditions in factories, serving our food, working in houses as cleaners, nannies, or cooks. Modern slavery is all around us but often difficult to see. People can be trafficked from other countries, as well as within the UK, to be kept as slaves.

THE PICTURE IN BROMLEY

There was a total of 48 modern slavery offences for Bromley this year, which was 12 more than the previous year. 52% of these were referred via the National Referral Mechanism by social care services, 38% by the Metropolitan Police, with the remaining referred by the Home Office and a Non-Government Organisation (NGO). County Lines accounted for 49% of these offences, the highest offence category for the Borough.

48

modern slavery offences





WHAT WE HAVE DONE

In response we have:

- Developed a page dedicated to modern day slavery on our website
- Promoted online training for human trafficking and modern day slavery
- Raised awareness of the National Referral Mechanism
- Raised awareness of what to do as a first responder during the COVID-19 pandemic
- Delivered a presentation by Human Trafficking Foundation to our partners on modern day slavery during the 2020 National Safeguarding Awareness Week
- Promoted a webinar on unlocking the hidden risks of modern slavery in supply chains
- Shared 'The Experience of Detention and Asylum for Modern Day Slavery Survivors' learning session for professionals to access
- Raised awareness of what Section 49 of the Modern Slavery Act 2015 means for local authorities
- Continued attending the meetings of the London Modern Slavery Leads virtually and disseminating information relevant to Bromley





PRIORITY 5



TRANSITIONAL CARE OF CHILDREN INTO ADULTHOOD

Transitional safeguarding is an approach taken to safeguard adolescents and young people as they prepare for their adult lives. This process can start as early as when the individual is 13 to 14 years of age. The aim is for there to be a continuation of care and support to meet the needs of the individual, with minimal disruption to their way of life as they progress from children’s support services to adults. It recognises that this period of transition will be experienced differently by young people at different times.

THE PICTURE IN BROMLEY

11 young adults (7 females and 4 males) under the age of 19 had a safeguarding enquiry completed. The primary area of abuse for 38% of these was neglect and acts of omission. 19% were self-neglect and financial abuse, 13% were physical abuse, and the remaining enquiries concluded with domestic and psychological abuse as the primary area of abuse.



11 young adults had a safeguarding enquiry completed





WHAT WE HAVE DONE

In response we have:

- Promoted the availability of the following during the COVID-19 pandemic:
 - Access to over 30 services, locally and nationally, offering support for those experiencing all types of abuse
 - The 'Approaching the Cliff-Edge of 18' webinar
 - The 'Child Criminal Exploitation and County Lines' webinar by Human Trafficking Foundation
 - The 'How are our Children Coping?' workshops by the Council
 - Suicide prevention training
 - The 'Transition from Children to Adults Safeguarding' webinar from Research in Practice
- Organised and offered training on Prevent and Stalking Awareness
- Raised awareness of the 'Bridging the Gap' briefing report and the supporting online learning session
- Provided access to the toolkit for the Drive Perpetrator Panel in Bromley
- Updated our Practitioners Library with the revised MARAC (Multi Agency Risk Assessment Conference) referral form
- Included national reviews in our SAR library that are related to young adults
- Made available safeguarding awareness posters in digital format for downloading and printing, which depict young vulnerable adults
- Shared awareness messages on Transitional Safeguarding via our social media profiles





PRIORITY 6



VULNERABLE ADULTS IN SPECIALIST CARE AND RESIDENTIAL HOMES

Keeping all adults in specialist care and residential homes safe from abuse and neglect is important to us. To do this, we must understand what the potential indicators of abuse and neglect by individuals, or organisations, is within these settings. Care home providers, managers, staff, volunteers, health, and social care practitioners working with adults in care and residential homes always have a professional duty of care. They must also all ensure they have a good understanding of the safeguarding process from when a concern is first identified through to Section 42 safeguarding enquiries.

THE PICTURE IN BROMLEY

118 safeguarding enquiries concluded this year where abuse had taken place in a care home setting. This accounts for 15% of all concluded enquiries for 2020/21.

15%

of safeguarding enquiries were for abuse in a care home setting



WHAT WE HAVE DONE

In response we have:

- Remained informed of all changing local and national developments during the COVID-19 pandemic that have an impact on specialist care and residential homes, ensuring that this information is shared with agencies swiftly and appropriately
- Held regular multi-agency meetings with providers during the COVID-19 pandemic to provide support with any needs identified
- Delivered a learning session during the 2020 National Safeguarding Awareness Week on Professional Curiosity, which shared learning from case studies on residents in care home settings
- Shared a briefing on the legal complexities arising in respect of Temporary Alternative Discharge Destination (TADD) beds and restrictions on visitors to care homes and hospitals
- Provided access to Government guidance on how care homes can support residents on visits outside of the care home
- Shared guidance on safeguarding adults in care homes produced by the National Institute for Health and Care Excellence (NICE)
- Promoted the availability of a pocket guide for registered managers of care homes which outlines good practice in safeguarding training
- Shared a quick guide for registered managers of care homes on creating a safeguarding culture
- Promoted a range of helpful services for those in care home settings via our website, including the Keeping Well service which provides free wellbeing and psychological support to all NHS and care home staff in South East London
- Shared awareness messages relating to care home settings via our social media profiles

WORK OF OUR SUBGROUPS



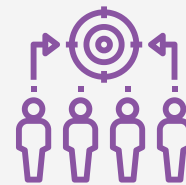
COMMUNICATIONS AND
SERVICE USER ENGAGEMENT



PERFORMANCE,
AUDIT AND QUALITY



POLICIES AND
PROCEDURES



SAFEGUARDING ADULTS
REVIEW COMMITTEE



SELF-NEGLECT AND
HOARDING PANEL



TRAINING AND
AWARENESS





COMMUNICATIONS AND SERVICE USER ENGAGEMENT GROUP (CSUEG)

CHAIR

Rob Vale

Head of Service:
Trading Standards and
Commercial Regulation

Bromley Council

KEY ACHIEVEMENTS

The group refreshed its workplan to reflect the impact of the COVID-19 pandemic, taking into consideration how this affects the various workstreams. Moving to holding meetings virtually has enabled additional representation of partners, including from the voluntary sector.

The Terms of Reference of this working group were updated, changing its remit from being a Task and Finish Group to an official subgroup of the Board. The update also includes a reference to the inequality around the Black, Asian and Minority Ethnic (BAME) community, accessibility of communication platforms, and acknowledges the potential barriers around digital communication.

We officially launched the BSAB website in June 2020, which is the Board's first standalone digital platform. Working closely with our partners, all BSAB subgroups and the corporate communications team, our site offers information on:

- Who we are as a Board
- What is safeguarding
- How we can help
- Resources for professionals
- Training for partners, volunteers, and carers
- Latest news items and any emerging developments in the world of adult safeguarding

An editorial group was also established to oversee the content management of the website, as well as to analyse the performance, including traffic to the site, using various tools including Google Analytics.

To complement the website launch, we established our first social media presence by launching a Twitter account (@BromleySAB). A Twitter strategy was also written and approved by the subgroup.

As Financial Scamming is one of the Board's key priorities, we developed a dedicated page to Trading Standards on our website, which raises awareness of rogue traders and current matters which potentially impact on our community. The 'TS Alert!' newsletters, launched in February 2021, also feature on this page.

We further developed our safeguarding awareness materials to include a concertina style pocket guide and easy read options of our general poster campaign, which was done in consultation with service user representatives. Our products are available in digital format that can be downloaded and printed, accessible from the Board's website and were shared widely across the partnership.

MAIN OBJECTIVES FOR THE YEAR AHEAD

To develop a Safeguarding Awareness and Communication Calendar that outlines key events throughout the year. This will place emphasis on promoting key messages that coincide with local and national safeguarding events to make the most of local and national resources.

We will continue working closely with all the Board's subgroups to identify what support can be offered to raise awareness of key communication matters.

We will aim to engage with the wider community seeking opportunities to link in with other partners, such as One Bromley, to connect to a wider audience.

We will listen to the voice of the service user and seek opportunities to provide a platform for those to share their safeguarding experiences.



PERFORMANCE, AUDIT AND QUALITY (PAQ)

CHAIR

Heather Payne

Head of Adult
Safeguarding

King's College Hospital
NHS Foundation Trust

KEY ACHIEVEMENTS

The group updated the PAQ workplan to reflect the Board's Strategy for 2020 to 2023, prioritising the Board's thematic priorities and to acknowledge the potential impact of COVID-19 through learning.

The Mental Capacity Act (MCA) training compliance, and the implementation of the Liberty Protection Safeguards (LPS) is regularly reviewed at each meeting.

The group continued to review safeguarding referrals and areas of concern from partners to understand the local picture. Agencies provided regular activity update with a key focus on the following:

- Categories of abuse
- Outcomes
- Challenges
- Priorities
- Response to COVID-19

Challenges faced by partners were discussed with a solutions-based focus.

The Board's thematic priorities were discussed whilst monitoring statistics on specific areas of concern, such as domestic abuse and neglect, which may have been further impacted by the pandemic. Any awareness raising requirements identified were taken to our respective subgroups to deliver this work.

Learning from our first SAR has progressed to the development of a tri-borough Complex Case Pathway together with Lambeth and Southwark. Ensuring this does not duplicate the work of the existing SNaHP, the new framework is to complement and support the work of the SNaHP.

The progress of existing SARs is monitored by members of the PAQ, with a key focus on agency updates on the actions which derived from the review recommendations.

Case studies are reviewed for shared learning, which cover a range of existing safeguarding matters such as honour-based violence and those related to neglect. Looking at how we formulate strategies and who stakeholders are in individual cases is our approach to ensuring we make safeguarding personal.

The group had oversight of the Board's Risk Register, which was updated to include the potential impact of COVID-19.

MAIN OBJECTIVES FOR THE YEAR AHEAD

Monitor how safeguarding is embedded by partner agencies in their recovery plans from the COVID-19 pandemic.

The subgroup will continue reviewing case studies for shared learning, embedding into practice lessons learnt.

The Board will hold its first Safeguarding Adults Partnership Audit Tool (SAPAT) challenge event, the process of which will be monitored through the PAQ.

The group will continue to ensure that Making Safeguarding Personal is embedded into practice and is promoted at all opportunities.

The remit of the PAQ subgroup will be reviewed together with the Independent Chair, ensuring that its workstreams are congruent with the local and wider safeguarding picture.

Measuring improvements against our key priorities will be established, exploring the option of developing a dashboard to capture progress. Understanding how we have 'made a difference' as a Board will be an essential part of tracking the work of our partnership.



POLICIES AND PROCEDURES

CHAIR

Paul Sibun

Adult Safeguarding
Manager

NHS South East London
Clinical Commissioning
Group (Bromley)

KEY ACHIEVEMENTS

The Policies and Procedures subgroup workplan has been updated to reflect and complement the BSAB 2020-23 strategy, prioritising the Board's thematic priorities, to reflect the current position of Policy progress, and to acknowledge the potential impact of COVID through learning.

We have adopted a standardised version control system, to enable a more efficient policy and procedures process going forward.

We now include an equal opportunity and anti-discriminatory statement in all BSAB policies.

BSAB Thematic priorities - policy updates:

Domestic abuse

A new Policy has been created and published, replacing the previous 2015 Violence against Women and Girls (VAWG) policy. The policy title was changed to reflect that domestic abuse is committed across all sections of our population. It complements the Bromley multi-agency endorsed *Intergenerational Domestic Violence and Abuse Strategy 2021 To 2024* (visit www.bromley.gov.uk/domesticabuse).

Self-neglect

The existing policy was reviewed and updated.

Modern day slavery

A new policy is being developed. The Human Trafficking Foundation is being consulted during this process to provide peer review.

Vulnerable adults in specialist care and residential homes

The National Institute for Health and Care Excellence (NICE) 'Safeguarding Adults in Care Homes' guidelines, released 25/2/21, are published on the BSAB practitioners' library. The SELCCG Care Home Quality Nurse has instigated a working group, to look at the implications of these guidelines for Bromley.

MAIN OBJECTIVES FOR THE YEAR AHEAD

Review the domestic abuse policy when the new Domestic Abuse Act 2021 comes into effect.

Review the Mental Capacity Act (MCA) policy when the new Mental Capacity (Amendment) Act 2019 Codes of Practice are published.

Review the Service Level Enquiry Policy to clarify thresholds and authorisation levels.

Review the appeals procedure to include an escalation policy and clarify authority levels.



SAFEGUARDING ADULTS REVIEW (SAR) COMMITTEE

CHAIR

David Williams

Detective Chief Inspector:
Public Protection Hub,
South Basic Command
Unit for Bromley,
Croydon and Sutton

Metropolitan Police
Service

KEY ACHIEVEMENTS

The SAR Committee Terms of Reference was reviewed and updated to reflect the progression of the subgroup.

SAR referrals received are carefully reviewed by core partners, assessing whether the threshold for a Care Act Section 44 enquiry is met, if so, these are progressed to a full learning review whilst providing the opportunity for the referrer to be involved in the process where appropriate.

Where SAR referrals do not meet the threshold for a SAR, the subgroup explores opportunities for alternative learning practices, whether it is the sharing of information, or raising awareness of certain matters.

A logging system is developed to track all referrals so we can gauge the level of SAR understanding by individual agencies making referrals. This has led to us identifying the requirement for further awareness of the SAR process for all practitioners and volunteers – to this end we are working with our CSUEG subgroup to develop suitable awareness materials, and currently exploring options for appropriate SAR practice training via our Training & Awareness subgroup.

The progress of existing SARs is carefully monitored by the group to ensure these are compliant with the SAR policy and the individual review schedule.

The BSAB is at the final stages of completing an organisational SAR related to a former Care Home in Bromley. The Board recognises the complexities surrounding this SAR and appreciates the patience of those involved in the review process. The Board also acknowledges that implementing actions from initial key findings in a timely manner is important and therefore convened a panel meeting in March 2021 ahead of the final report completion to determine these.

The SAR policy is reviewed and updated, in consultation with committee members, to adapt to improved practice prior to ratifying via the Policy & Procedures Subgroup.

Domestic Homicide Reviews (DHRs) are also monitored in the committee, and any learning from these are shared accordingly.

The work of this subgroup contributes to the content of the BSAB website, in particular learning from regional and national SARs. A SAR library is now available of reviews carried out by other SABs.

We contributed to the 'National SAR Analysis of Safeguarding Adult Reviews April 2017-2019' report, which was written by Prof Michael Preston-Shoot et al. This provided us with further insight into what is considered good practice when conducting SARs.

MAIN OBJECTIVES FOR THE YEAR AHEAD

Continue to explore opportunities for alternative learning practices for SAR referrals that do not meet the threshold, whether it is the sharing of information, or raising awareness of certain matters.

Monitor the progress of existing SARs to make sure they are compliant with the SAR policy and the individual review schedule.

Monitor Domestic Homicide Reviews (DHRs) and share any learning from these.



SELF-NEGLECT AND HOARDING PANEL (SNAHP)

CHAIR

Sara Bean

Regional Sustainment
Manager (South London)

Clarion Housing

KEY ACHIEVEMENTS

The SNaHP continued throughout the year with meetings moving to the digital platform, which has gone smoothly. This has enabled easier access to the panel due to members no longer having to travel to attend in person.

The Panel had 40 referrals between April 2020 and April 2021, which mainly came from the following agencies:

- Bromley Healthcare (District Nursing Service and HIV Service)
- Clarion Housing Association
- Evolve Housing + Support
- GPs
- Bromley Council (Adult Services)
- Oxleas NHS Foundation Trust
- St Christopher's Hospice

Despite the busy year agencies have experienced, the panel members have shown continued commitment which is valued by the Chair.

Colleagues in other boroughs have shown an interest in the remit and value of the Panel here in Bromley and are keen to learn from good practice exhibited by this function. To this end, external professionals are always signposted to the BSAB website where information about the Panel is available.

Panel meetings continued monthly; however, flexibility was adopted during periods of low referrals to meet the needs of the BSAB business.

A new Complex Case pathway is being developed, which aims to provide guidance to professionals on supporting those who are self-neglecting.

A one-hour learning session was delivered during the Annual Safeguarding Awareness week on the work of the Panel, where attendees were given the opportunity to have a discussion on the panel's remit. Training was also delivered to Borough GP's, arranged through Dr Tessa Leake, the CCG named GP, who regularly attends the Panel, which further raised awareness of Self-Neglect.

Anecdotally, those who attend and bring cases for discussion say they have found the input received helpful.

MAIN OBJECTIVES FOR THE YEAR AHEAD

Continue to receive referrals for those who meet the criteria for the Panel to provide a multi-agency perspective.

Develop the Complex Case pathway to provide guidance to professionals on supporting those who are self-neglecting.

Continue to raise awareness of the work of the Panel.



TRAINING AND AWARENESS

CHAIR

Antoinette Thorne

Assistant Director of
Human Resources

Bromley Council

KEY ACHIEVEMENTS

The Training and Awareness subgroup Terms of Reference was reviewed and updated to reflect the progression of the subgroup.

Face-to-face training was suspended because of the COVID-19 pandemic; however, a programme of courses was made available in webinar format, and where possible the impact of the pandemic was included in each course. Domestic Abuse and Coercive Control training was made immediately available amid concerns of the immediate impact of the pandemic on this area of abuse – this was very well attended.

Booking training courses via Evolve – this new system is now fully automated with online booking, confirmation, attendance checking, evaluation feedback and certificate of attendance. This is available for all BSAB partner agencies wishing to book the webinar offer, providing a system which is dynamic and user friendly.

The existing online ME Learning courses was extended to volunteers helping with the pandemic, and the following additional courses were added:

- Hoarding & Scamming
- Multi-Agency Working
- Personal Safety – Lone Working

A page on the Board's website is now dedicated to training. This promotes both the BSAB training offer as well as learning resources available locally, regionally, and nationally to complement the Board's offer for a 'total' learning experience.

This year's Annual Safeguarding Awareness week focused on the Board's thematic priorities: domestic abuse, financial abuse, self-neglect, modern day slavery, transitional care of children into adulthood, and vulnerable adults in specialist care & residential homes. Presentations delivered during this week is made available on the Board's website.

A new training strategy 2021-23 was developed to reflect both the BSAB 2020-23 strategy and the shift in training delivery. This also aims to support the development of best practice in adult safeguarding work to ensure that people working with adults at risk across all sectors, are able to meet the standards outlined in the London Multi Agency Safeguarding Adults Policy and Guidance as well as the statutory safeguarding duties introduced under the Care Act 2014.

We have updated the BSAB training specifications to include Safeguarding adults during the COVID-19 crisis.

MAIN OBJECTIVES FOR THE YEAR AHEAD

Deliver the latest training strategy for the whole adult services workforce.

Promote continuous professional development across the workforce.

Help facilitate the Annual Safeguarding Awareness week for 2021.

WORK OF OUR BOARD MEMBERS

BROMLEY COUNCIL

ADULT SOCIAL CARE



Dirk Holtzhausen

Head of Service:

Safeguarding, Practice and Quality Improvement

As the lead agency, Adult Services is responsible for considering all safeguarding adult concerns. The Care Act 2014, Section 42 (2) requires a local authority to make statutory enquiries, or cause others to do so, where it has reasonable cause to suspect that an adult with care and support needs is experiencing, or is at risk of, abuse or neglect and as a result of those care and support needs is unable to protect him/herself against the abuse/neglect or the risk of it.

Adult Services must fulfil this statutory duty to protect an adult's right to live in safety, free from abuse and neglect. The aims of adult safeguarding are to prevent harm and reduce the risk of abuse or neglect to adults with care and support needs and stop abuse or neglect wherever possible.

We safeguard adults in a way that supports them in making choices and having control about how they want to live. We promote an approach that concentrates on improving life for the adults concerned.

WHAT WE HAVE ACHIEVED IN 2020/2021

- Several adult safeguarding policy and procedures, which include Advocacy Safeguarding, Care Duty of Candour, Coroner, Home Fire Safety Initiative Referral Procedure, Managing Allegations Against Staff, Safeguarding Adults Reviews Policy and Risk Threshold Decision Making Tool have been reviewed and updated. In particular, the Adult Safeguarding Adults Policy and Procedure 1 - for conducting adult safeguarding enquiries in Bromley was newly developed. This helps ensure consistency and conformity in all partner agencies' decision-making on section 42 enquiries.
- A new Supervision Policy for Adult Services focusing on practitioners' continuous competencies improvements and consistent practice development has been developed. Our social care staff are supported with the right skills, knowledge, and professional capabilities necessary to carry out their role; particularly in providing effective responses to potential abuse or neglect; and improving the outcomes for service users and their families/carers.
- The restructure of the Assessment and Care Management teams have been written and circulated for formal consultation. The new teams will work in conjunction with GP practices and similar boundaries to Bromley Health Care wherever possible. Safeguarding processes will be more streamlined.
- The new Liquidlogic social care information system is being designed by workers across children's and adults' services to replace CareFirst. This should ensure a more consistent approach to safeguarding workflows.
- A Principal Social Worker was appointed to lead on, oversee quality assurance activities and develop excellent social work practice.
- As part of our Transformation Programme, we have worked with Social Care Institute for Excellence (SCIE) to develop a Making Practice Personal Framework which supports the implementation of strengths and outcomes-based practice.
- Safeguarding adult case file audits have been routinely undertaken to measure frontline practitioners' compliance with the legislative requirements in carrying out safeguarding enquiries and identify gaps in their knowledge and skills in Making Safeguarding Personal (MSP).
- All Deprivation of Liberty Safeguards (DOLs) referrals that the Council received in the period have been considered and responded to; and adults who might lack capacity for some essential decisions were fully assessed without delay. The DOLs team has worked effectively with our partner agencies, such as care providers and commissioners to protect the human rights of the most vulnerable adults in Bromley.
- We have followed the most up-to-date government guidance on shielding and protecting people who are clinically vulnerable and provided the necessary support, such as personal protective equipment (PPE), to our frontline practitioners and care providers who work to safeguard adults and families during the COVID-19 outbreak.

- Recognising that coronavirus has challenged the capability of our staff to deliver a safe and timely service, and that people we support have been adversely affected, our practitioners have worked collaboratively with our partner agencies to meet these unprecedented challenges, respond to the increased number of safeguarding concerns and provide interventions to safeguard vulnerable adults and families, particularly in the initial easing of restrictions and the second wave of infection in the beginning of 2021. Our adult social care staff continue to minimise personal contact with vulnerable adults, but at the same time have face-to-face meetings when required.
- The use of Information Communication Technology has greatly improved the work where we need to meet with colleagues from other organisations as it has saved vast amounts of time. There have been cases of very successful multi-agency working brought on by using virtual meetings.
- The Council has worked closely with Care providers, SELCCG, Public Health and GP Practices to support local arrangements for coronavirus testing and set up forums to ensure social care providers were working in line with Government Guidance. We addressed vaccination hesitancy issues and encouraged up-take of vaccination, in particular staff working in different care settings to prevent the spread of coronavirus and safeguard the most vulnerable adults living in care homes from infection. A confidential helpline was set up for social care staff who may have had concerns about vaccinations and support was provided to set up vaccination clinics.
- A weekly newsletter for care homes and extra care housing has been developed to share information and good practice in infection prevention and control. There have been increased frequency of forums with our care providers to address issues of managing the care environment, keeping safe with personal protective equipment, understanding what staff in care homes can do to protect both themselves and the people they care for.
- We have worked jointly with colleagues to support care homes with outbreaks of coronavirus during the pandemic and provided them with the additional funding from the government grant to maintain their workforce supply, effectively manage symptoms and care for their infected residents with appropriate medical treatments.



WHAT WE PLAN TO DO IN 2021/2022

- Assess the impact of the COVID-19 pandemic on our adult social care workforce and our local community, consult our partners on how we can best support the vulnerable adults during the challenging time of lockdown and the recovery period following the ease of restrictions.
- A Network of Health Protection Champions (HPC Network) has been set up with champions from 128 care settings in Bromley. A steering group will support this HPC Network to develop into mature peer-run, self-support networks where mutual support is available with shared learning and disseminated good practices. The steering group will also guide the HPC Network in identifying its own / peers' infection prevention and control measures; developing new skills, improving knowledge within the network, and ensuring their practice meet the agreed and proven standards. The Council will keep these champions informed of the latest advice and guidance so that they can help people to stay safe and healthy and maintain high infection prevention control across care settings.
- Continue to support our local care homes and other care providers to ensure that they comply with the government's COVID-19 guidance for maintaining services within health and care settings and recommendations on infection prevention and control.
- Ensure that our local care providers have access to personal protective equipment (PPE) supplies to meet increased need or emergencies that has arisen because of the COVID-19 pandemic.
- Continue to review and update the Council's safeguarding adult policy and procedures, provide advice and guidance to our social care staff in a timely manner and enable them to adapt and develop new ways of working with people in our communities and partner agencies to prevent harm and reduce the risk of abuse or neglect to adults with care and support needs.
- Continue to focus on a 'strength-based approach to assessment and care management', aiming to involve the adult, build on their strengths and those who they have contact with, to ensure that support is appropriate to their individual needs and recognises the support that is provided by families, friends, and the wider community as well as other agencies.
- Implement the new structure of assessment and care management teams and gather feedback on the effectiveness of this operational model. Continue to ensure that the service is effective whilst accepting that increased remote working of social care staff will become the new approach. Make best use of improved technological systems. Support frontline practitioners to develop swift and personalised responses to safeguarding concerns and help vulnerable adults to recover, build resilience and achieve better outcomes through the safeguarding enquiry process.
- Implement the new Liquidlogic social care information system with the primary objective to improve our frontline working practices and processes for safeguarding.

- Develop toolkits for Making Safeguarding Personal (MSP) as part of the implementation of strengths and outcomes-based practice.
- Undertake routine safeguarding adult case file audits to gather evidence of good practice and ensure that our adult social care practitioners and colleagues from partner agencies fulfil the statutory responsibility for safeguarding.
- The Mental Capacity (Amendment) Act 2019 will replace the Deprivation of Liberty Safeguards (DoLS) with a scheme known as the Liberty Protection Safeguards (LPS) in April 2022. We will prepare for the full implementation of the Liberty Protection Safeguards, develop, and produce local guidance to practitioners and partner agencies on the use of the mental capacity assessment tool and decision making.



Tracey Wilson

Head of Service:

Compliance and Strategy

WHAT WE HAVE ACHIEVED IN 2020/2021

- Moved services remotely.
- Maintained core emergency and statutory functions at the height of the pandemic.
- Responded to the 'Everyone In' government initiative and providing emergency accommodation and support.
- Worked with Ministry of Housing, Communities & Local Government (MHCLG) and received grant funding to support homeless households or those at risk of homelessness, this enabled us to provide a 'hot clinic' in partnership with Public Health and GP Alliance and employ a Rough Sleeping Complex Needs Navigator as well as having enhanced funding to support people into settled accommodation.
- We have secured more than 50 ex-housing association homes that were earmarked for disposal and which will now be used as permanent homes for households on our housing register.
- In the process of converting a number of temporary homes procured via the More Homes Bromley scheme into settled homes.
- Bromley re-opened its Housing Revenue Account (HRA) and working with colleagues in Regeneration, a number of sites have been identified and approved for planning permission, some of which are already have development underway.



WHAT WE PLAN TO DO IN 2021/2022

- Support people affected by the legacy of the pandemic, in particular those affected by job losses and the resumption of the evictions for rent arrears.
- Re-design our front-line services to offer an enhanced early intervention and homeless prevention-based service, particularly focussing on partnership working and developing services to ensure that the positive aspects of online and remote support retained.
- Reviewing the Allocations Scheme.
- Implement a Rough Sleepers Strategy.
- Implement changes brought about by the Domestic Abuse Act 2021.
- Bring forward a number of settled housing schemes to provide good quality and affordable accommodation in order to reduce the numbers in costly nightly paid temporary accommodation.
- Improve the housing related information on the Council's website so it provides a comprehensive service overview, easy access to advice and information, promoting self-help.



BROMLEY COUNCIL

TRADING STANDARDS



Rob Vale

Head of Service:

Trading Standards and Commercial Regulation

WHAT WE HAVE ACHIEVED IN 2020/2021

Partnership working

In the past year we have received around 180 direct referrals from the national Trading Standards team, requiring visits to Bromley residents who have been targeted by scammers, as well as referrals from partners such as police, adult safeguarding, and Citizens Advice.

In total, Trading Standards received nearly 300 complaints and enquiries about scams and doorstep crime over the past 12 months, with total financial impacts of over £1million. 101 calls were made to the dedicated rapid response number.

Trading Standards (TS) Alerts

In February 2021 Trading Standards launched a new electronic newsletter, the TS Alert! – which aims to alert residents and partners of scams, in particular those who can prevent someone being a victim of a scam. It will also create awareness on spotting scams and where to report a concern and advise on what to do if you've been caught by a scam.

There are currently 250 direct recipients of the Alert! and many of these have committed to sharing within their own groups. For example, Biggin Hill Police (PCSO) RC shares the TS Alert! with 300 plus local residents, and Neighbourhood Watch (NW) chief Alf Kennedy forwards the Alert! to 600 NW coordinators. We estimate that at present the Alert! reaches more than 2,000 inboxes.

This is further promoted on a page dedicated to Trading Standards on the Board's website.

Call blockers

Over the past 12 months trading standards have installed twelve call blocking devices in the homes of older adults who have been plagued by phone scammers. The units block scam calls and provide intelligence about the perpetrators. A total of 35 units have been installed since 2015. We estimate that the project has already prevented 10 scams and made savings of £36,272. Over the 5-year life of these units they will have blocked 58,167 nuisance calls (of which 11,701 will have been scam phone calls), prevented 69 scams, saved vulnerable households £128,543 and led to a reduction of £116,324 in NHS and health & social care costs. This will be a total saving of £244,867 for a project cost of £5,425 – a payback of 45 times the cost.

Friends Against Scams Organisation

Bromley Council is now a Friends Against Scams Organisation and the Trading Standards team are leading on this initiative for Bromley.

Friends Against Scams is a National Trading Standards Scams Team initiative which aims to protect and prevent people from becoming victims of scams by empowering people to take a stand against scams.

Members of the Trading Standards team are already SCAM Champions, having completed a short online awareness session and the team would like to invite you to undertake this training too. You can do so by visiting: friendsagainstscams.org.uk/elearning/Bromley

PREVENT

Workshops to Raise Awareness of Prevent have switched to online sessions, with several delivered throughout 2019/2020.

The first Channel Panel Assurance Statement was submitted at the end of 2020 with areas of improvement identified.

The Channel Panel has met on a needs basis to support residents who have been referred due to a risk of radicalisation.

WHAT WE PLAN TO DO IN 2021/2022

Doorstep Crime, Scams and protecting the vulnerable

- We are developing the Trading Standards Alert! continually through increasing the audience and looking at ways of expanding access – an electronic sign up is already available on our webpage. We will continue responding to 100% of referrals from the National Scams Team with a greater emphasis on (safe) face to face contact in light of the loosening of restrictions as this maximises the benefits from interaction with vulnerable people and those, if any, close to them. Likewise talks and presentations can now be done in the same room, as well as retaining our virtual capability, and includes those community groups who missed out during the pandemic. We are now as of 2021 a Friends Against Scams organisation.
- We intend to be proactive and focus on identifying possible victims of doorstep crime, as well as scams. Rapid response remains a vital part of our armoury, and as well as presenting to community groups we will reach out to, and wherever practicable to work alongside, partner agencies and organisations who will have face to face contact with and across the community.

PREVENT

- Continue to deliver the WRAP online with aims to return to the classroom by 2022.
- Deliver on areas of improvement identified in Channel Panel Assurance Statement.
- Update the PREVENT leaflet and National Referral Form and share with stakeholders and front line Council teams.



METROPOLITAN POLICE SERVICE

David Williams

Detective Chief Inspector

Public Protection Hub, South Basic Command Unit
for Bromley, Croydon and Sutton



WHAT WE HAVE ACHIEVED IN 2020/2021

Over the past year a key focus of ours was on the work carried out from our Mental Health team and their effort to support vulnerable adults suffering from mental ill health. Supporting officers who do not have specialist knowledge was also important to us, and the following was achieved during the year:

- Immediate Mental Health Assessments carried out when needed – where there is a significant public safety issue, these were swiftly responded to. We also attend as a means of support in addition to existing resources.
- Support and advice provided to investigating officers to aid identifying Mental Health leads when required.
- Proactive visits to our NHS colleagues to provide reassurance, as well as support for health professionals who have been assaulted, under Operation Cavell.
- Effectively addressing issues that arise, whilst ensuring these are discussed at regular team briefings, incorporating relevant legislation and policies. Matters such as information on high-risk patients within individual Hospital Trusts and are also discussed.
- Implemented contingency plans, such as a Crisis Plan, which agrees a response to violence and threat to life that may take place by potential perpetrators identified.
- Worked together with Learning Difficulty leads to support staff caring for high-risk patients, which includes uploading individual support plans to police intelligence systems.
- Appointed two designated Single Point of Contacts (SPOCs), specialising in autism, and learning disability, to work with partners to increase awareness of this field and offer additional training to frontline officers.
- The continuation of the Crisis Assessment Team (CAT) car programme – to attend urgent crisis calls, together with a health professional, in relation to mental health incidences. This proved successful in reducing the need for a Section 136 when attending, with early diversions and support put in place.
- Serenity Integrated Mentoring (SIM) officers continued working with a cohort of high-volume service users, setting out with health professionals a plan to reduce individual anxiety and requirements for calls to this service.

WHAT WE PLAN TO DO IN 2021/2022

- Establish relevant hub projects that deal with calls for support services regarding mental health incidents. This is currently being dealt with by a central transformation team with a multi-agency group from health and police working on the processes. The delivery of this is intended to be borough wide later in the year, and it is expected that operational effectiveness will be improved as access to the NHS 0300 number will provide officers with up-to-date information and advice. This will lead to greater confidence to deal with incidents, greater knowledge and clearer decision-making processes based on evidence from Medical Practitioners.
- Continue to develop the autism and learning disability SPOC programme, so that best practice can be passed onto frontline officers so that a joined-up approach with partners can be facilitated.
- Work on developing local projects to achieve a “one front door “approach to dealing with vulnerable adult enquiries and encourage strategy discussions between police and partners.
- Deliver training and awareness in relation to linked CQC and police investigations, and how to recognise best practice in vulnerable adult investigations relating to care homes.



NHS SOUTH EAST LONDON CLINICAL COMMISSIONING GROUP (SELCCG): BROMLEY BOROUGH-BASED BOARD



Claire Lewin
Head of Safeguarding

WHAT WE HAVE ACHIEVED IN 2020/2021

Supporting the Health response to the COVID-19 pandemic:

- Safeguarding was identified as 'business critical' at the beginning of the pandemic; the Bromley Borough based Safeguarding team continued to be fully staffed and functional throughout, with some staff redeployed to support the pandemic response both as part of their set roles and in temporary redeployment, including latterly during the vaccination program.
- The Care Home Quality Liaison Nurse worked collaboratively with Public Health, supporting Bromley care homes implementing government guidance on managing COVID-19, delivering training on the use of PPE and Infection and prevention control, and being part of the outbreak response team, supporting staff, residents, and families in those care settings with COVID outbreaks. The Nurse also worked to reduce vaccine hesitancy amongst Health and Social Care staff via a local engagement campaign.
- Supporting Mental Capacity and Best Interest provision through the Hospital to community discharge processes, including where safeguarding concerns were potentially delaying discharge through Acute Hospital to community settings.

Ensuring that health representation is effective and visible through the domestic abuse survivor journey by:

- Initiating the formation of a multi-agency Bromley Domestic Abuse Health Forum to support a whole Health response to domestic abuse in Bromley.
- Contributing to the development of, and committing to the priorities set out in, the Bromley Intergenerational Domestic Abuse strategy 2020-23.

- Supporting the Mayor’s Office for Policing and Crime (MOPAC) launch of the Ask for ANI (Action Needed Immediately) codeword scheme through the sharing of promotional materials, information, and resources via our Health networks. The scheme allows victims of domestic abuse to access immediate help from the police, or other support services, from the safety of a local pharmacy signed up to the scheme, covering a wide proportion of the borough.
- Recommissioning the Identification and Referral to Improve safety (IRIS) programme across Bromley, increasing the number of IRIS accredited GP practices to 38. IRIS is a domestic abuse training, support and referral programme for GPs and primary care staff.

Strengthened safeguarding practice in Primary Care through:

- The Named GPs for Safeguarding Adults and Safeguarding Children delivered a series of joint safeguarding training webinars to Bromley GPs, with an average of 160 GPs in attendance at each session.
- A Local Enhanced Service (LES) has been embedded, enabling assurance from GP surgeries on their safeguarding practice through the completion of an annual Safeguarding self-assessment return; these inform areas where practices require further support and identify future priorities.

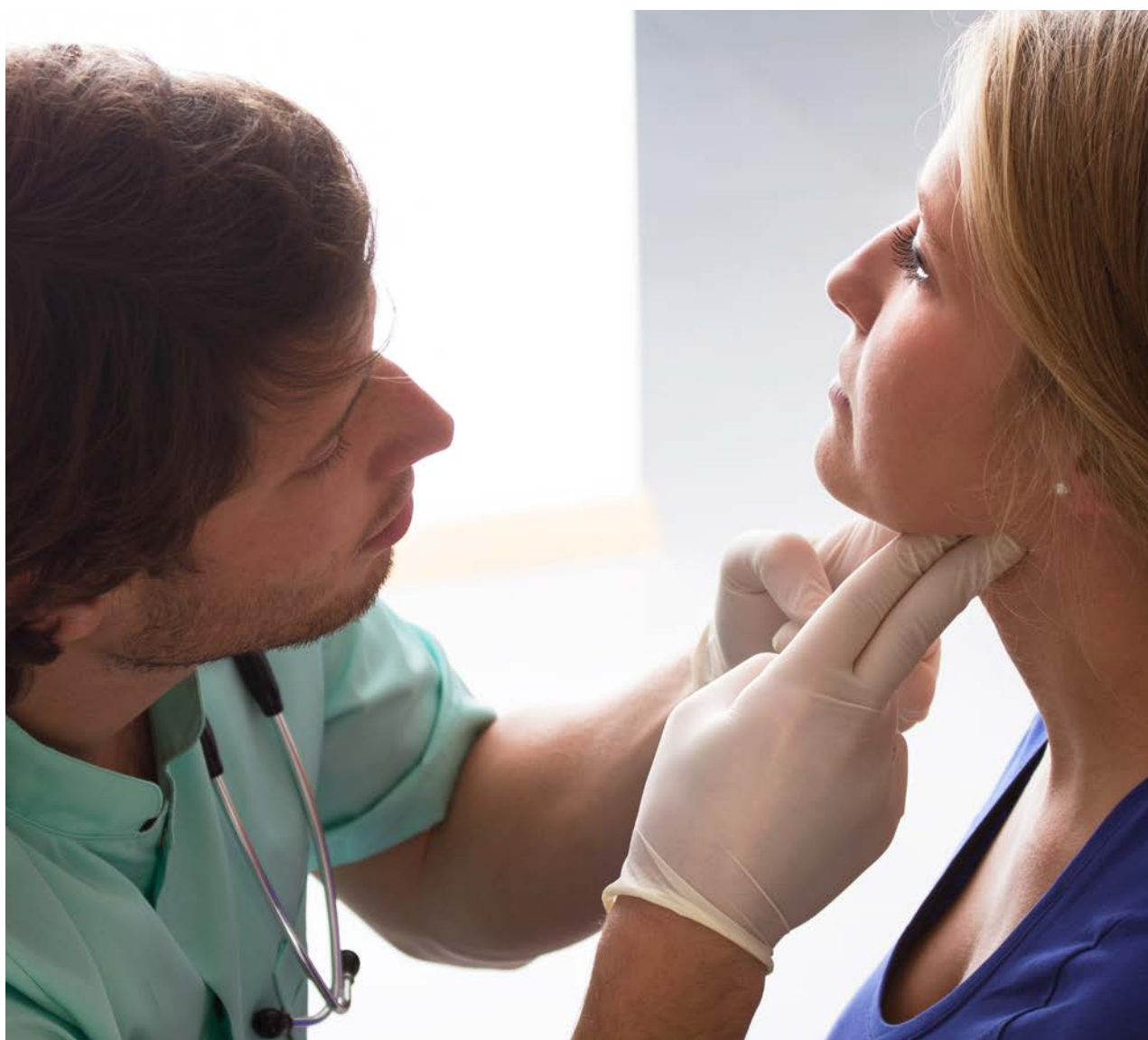
WHAT WE PLAN TO DO IN 2021/2022

We will continue to support the health and wellbeing of our staff, as well as those of our commissioned Health providers, understanding that COVID 19 has been the greatest challenge the NHS has ever faced. We will continue to embed a ‘Think Family’ approach to all our work as the COVID Pandemic hopefully begins to ease. The safeguarding team has adopted a ‘life course’ approach (pre-birth to end of life), including the transition between children and adults, allowing for continuous service improvement within the CCG and across the health economy.

Our priorities include:

- Working in collaboration with other health partners to develop a ‘Coming out of COVID together’ rehabilitation blueprint for care settings, as well as continuing to develop, support and monitor a mature Enhanced Health in Care Homes (EHCH) model in Bromley. The EHCH national model moves away from a traditional reactive one of care delivery towards proactive care that is centred on the needs of individual residents, their families and care home staff, through a whole-system, collaborative approach.

- Implementing the recommendations for Health in the National Institute for Health and Care Excellence (NICE) 2021 guidance for 'Safeguarding adults in care homes', through working in partnership with Providers, Bromley Council and the BSAB.
- Prepare for the implementation of the new Mental Capacity (Amendment) Act 2019, due for implementation in April 2022, by continuing with our delivery plan. The Act will replace the current Deprivation of Liberty Standards (DoLS) with the new Liberty Protection Safeguards (LPS).
- Continue to prioritise domestic abuse by striving to ensure that health representation is effective and visible through the domestic abuse survivor journey i.e., that they are in an environment confident to disclose to staff, who take them seriously and show understanding, and that the local health system supports them to do so. We will also work with partners to prepare for the implementation of the Domestic Abuse Act 2021.
- To pro-actively explore opportunities to contribute to the development of adult safeguarding roles and responsibilities within the Integrated Care System (ICS) as it develops across South East London.



Mark Ellison
Chief Executive

WHAT WE HAVE ACHIEVED IN 2020/2021

- The pandemic left a lot of older people more isolated and vulnerable. We were conscious that it may have been more difficult for older people to access services due to lack of knowledge of modern technology, or through digital poverty.
- As an organisation we were also aware that those new to online services are more susceptible to scams and online fraud.
- During the pandemic staff adapted well to online and virtual working, and although safeguarding issues may be more difficult to pick up virtually, training ensured that staff were aware of the added strains for older people. We maintained our planned Safeguarding training for all staff and volunteers.
- We spent more time ensuring our clients were safe and well protected. Our staff and volunteers increased the number of welfare checks, and appropriate cases were raised as safeguarding concerns.

WHAT WE PLAN TO DO IN 2021/2022

- As virtual working continues, we will ensure that our safeguarding training is relevant to the virtual world. All staff and volunteers will continue to have safeguarding training annually.
- Working with carers will continue to be a priority. We will provide support to adult carers to try and reduce the amount of carers stress and fatigue, which will hopefully reduce the need for some safeguarding referrals.

Mati Pasipanodya

Named Adult Safeguarding Lead

WHAT WE HAVE ACHIEVED IN 2020/2021

- We maintained high quality safeguarding adult referrals in the year April 2020 to March 2021 despite the COVID-19 restrictions as we continued to visit patients in the community, so they were seen face to face. The number of safeguarding adult concerns raised increased in 2020/21 compared to the previous year.
- We successfully adjusted and adapted from face-to-face adult safeguarding training to virtual training delivery and maintained high compliance in all levels of adult safeguarding training.
- We focused on improving staff knowledge relating the Mental Capacity Act audit and KPMG gave a rating of significant assurance with minor improvement opportunities in an audit they undertook to test this, which concluded that BHC is compliant in key areas.
- We implemented an upgraded our incident reporting system (Datix Cloud IQ) which enables all safeguarding data to be captured and disseminated easily. Safeguarding reports can be easily extracted according to categories of abuse, thresholds, and outcomes.

WHAT WE PLAN TO DO IN 2021/2022

- We will continue with our plan to deliver the revised Level 3 Adult Safeguarding training in line with the intercollegiate document requirements which will be achieved by year end.
- We will revise and enhance safeguarding supervision by convening quarterly group supervision opportunities for staff so there is a greater understanding, knowledge, and competence of safeguarding practice.
- We will ensure compliance with the new legislations in Mental Capacity Act/ Deprivation of Liberty Protection Safeguards when passed.
- We will continue to focus on embedding “Making Safeguarding Personal” (MSP) in all safeguarding concerns that are raised.

BROMLEY, LEWISHAM AND GREENWICH MIND



Dominic Parkinson
Director of Services

WHAT WE HAVE ACHIEVED IN 2020/2021

- We have seen a 50% increase (from 10 to 15) in safeguarding referrals from the previous year, despite an initial fall in reports for the first few months of the year, which was linked to the start of lockdown and a change with how individuals were being supported.
- We continued monitoring of all incidents across the organisation, with scrutiny at Committee and Board level.
- We have achieved good staff engagement and attendance at Safeguarding Training and Awareness raising sessions across Bromley, Lewisham & Greenwich Mind.

WHAT WE PLAN TO DO IN 2021/2022

- We will ensure staff are alert to and aware of the different and varying types of abuse, the common behaviours/effects associated with them and their responsibilities and duties as outlined in the local guidance and legislation. We will achieve this through continued development of staff through training, conferences, meetings, and staff supervision.
- A commitment to tackling Domestic Violence and Abuse, to include training and awareness raising across the organisation.
- We will review our safeguarding policy and guidance for staff.
- We will continue to ensure that safeguarding is discussed/raised at every Board of Trustee's meeting and Senior Management Team Meetings.

WHAT WE HAVE ACHIEVED IN 2020/2021

- Through the pandemic, Bromley Mencap continued to deliver a wide range of services to disabled people and their carers/families, significantly increasing our reach by working with over 2,200 people in 2020/21. Over half of those we worked with were newly referred to us in the year.
- We moved many of our services online during the year and worked hard to maintain regular contact with clients through regular phone calls and zoom sessions, with a focus on safety and addressing isolation, particularly during periods of lockdown. Closed groups were created on Facebook and WhatsApp to facilitate safe contact with isolated clients and peer support amongst beneficiaries.
- Online workshops addressed issues relating to safety in the context of the pandemic including scams awareness, maintaining personal safety and vaccination. Information on COVID-19 was distributed to clients with learning disabilities in easy read format.
- Through external grant funds we addressed digital exclusion for many clients by providing a large pool of free tablets and Chromebooks, along with mobile Wi-Fi devices including a free data allowance, supported by a dedicated volunteer who provided one-to-one training for clients. This enabled us to keep in contact with clients who otherwise would have been isolated.
- Within the year, a new senior manager took on responsibility for safeguarding across the organisation, and members of the management team undertook Safer Recruitment training during the year. Our staff attended a number of sessions held during the BSAB Safeguarding Awareness Week in November 2020.
- An update on safeguarding issues is reported to the Board of Trustees at every meeting, and our individual supervision template includes space to raise issues related to safeguarding.

WHAT WE PLAN TO DO IN 2021/2022

- In 2021/22, we plan to enhance existing safeguarding training with sessions on local processes, so that all staff are familiar with procedures in Bromley.
- We will introduce a new induction process for permanent and casual staff to ensure that all new starters receive tailored training within the first month of their employment.
- We will continue to discuss safeguarding issues with partners at the Bromley Well Operational Service Group, as this allows a wider perspective on emerging issues.

Stuart Beddard

Director of Clinical Services

WHAT WE HAVE ACHIEVED IN 2020/2021

- Having newly joined BMI Healthcare, we were invited to attend the Bromley Safeguarding Adults Board and undertook an induction session.
- With the support of Bromley and Croydon Women's Aid, Domestic Violence training was undertaken via MS Teams. This was the second session and was evaluated very well by staff.
- Currently our site Training compliance is as follows (includes clinical and non-clinical staff):
 - Safeguarding Vulnerable Adults Level 1 - 95.7%
 - Safeguarding Vulnerable Adults Level 2 - 89.9%
 - Safeguarding Vulnerable Adults Level 3 - 80%
 - Safeguarding Vulnerable Adults & Children Level 4 - 100%

WHAT WE PLAN TO DO IN 2021/2022

- Moving forward a hospital Safeguarding strategy will be developed. This will include a focus on equipping staff with knowledge and skills to recognise signs of abuse within our local demographic.



CHANGE GROW LIVE (DRUG AND ALCOHOL SERVICES)



**Change
Grow
Live**

Lauren Mulligan
Services Manager

WHAT WE HAVE ACHIEVED IN 2020/2021

- Remained open during the whole of the pandemic with a robust offer of virtual support such as via telephone/Zoom counselling, groups and 1-1s, and face-to-face support for those with clinical or safeguarding concerns.
- In April 2020, we launched a large-scale delivery of Naloxone and safe storage boxes to all opiate service users with 90% receiving Naloxone and 71% receiving a safe storage box. This helped to safeguard adults, their children, and vulnerable people in the home by keeping medication safe and having the means to administer Naloxone should a service user overdose.
- Supported community pharmacies to continue dispensing opiate substitution therapy and providing a needle exchange programme; provided a postal needle exchange for those who were not able to go to a pharmacy to reduce risk of injecting related harm.
- Developed a transition pathway between our Young People and Adult services to ensure a vulnerable at risk 'older younger person' (over 18) still gets an offer of support that is equitable and in touch with their current social/cultural realities, with the aim of maintaining young adults in treatment, reducing a risk of drop out.
- Developed the Young People service to offer more support to parents/carers of those who were using drugs and/or alcohol. This in turn reduces the risk of conflict and parent/carer harm.
- Ensured all staff and volunteers completed safeguarding e-Learning (100% compliance) and delivered in house workshops on topical issues and concerns
- With the DRIVE service coming to Bromley, we conducted work with them around their service user needs. When finding out that 38% of their caseload have substance misuse issues, we arranged for them to co-locate from BDAS office to build our joint working and to support more shared service users. This, in turn, will strengthen our relationship with BCWA to form a more effective and responsive approach to domestic abuse within Bromley.
- Worked closely with Oxleas NHS Trust to offer treatment and support to those with dual diagnosis needs (Co-Occurring Mental Health, Drugs and Alcohol).
- Supported the Bromley Homeless Winter Project, engaging people into treatment and providing a walk-in clinic.

WHAT WE PLAN TO DO IN 2021/2022

- To learn from last year and develop a blended delivery moving forward, such as a remote and face-to-face offer, so we can continue to offer a menu of treatment interventions and increase accessibility of the service.
- Reintroduce and build upon our offer of community satellites to encourage people into treatment where travel is a barrier and improve access to services.



HESTIA IN BROMLEY



Caroline Davis
Head of Business Development

WHAT WE HAVE ACHIEVED IN 2020/2021

- Orwell House remained open and operational during the year, with all 9 bed spaces being fully utilised, and 4 service users moving on into their own accommodation during this time. Staff at Orwell did not incur any sick days associated with COVID-19 and no shifts had to be readjusted, thus ensuring consistency and continuity of support to residents. Orwell House carried out a series of internal redecorations in consultation with service users on how best to improve the property in-line with a psychologically informed environment. Service user drew up plans for designs, jointly decided on colour schemes, and worked on budgets for these projects, a useful skill for moving into one's own home!
- Bromley Tenancy Support adopted a flexible but robust "working from home" approach in response to COVID-19. Contact with service users was initially set at every 2 days and extended out to weekly contact, designed to consider the immediate challenges facing service users because of COVID-19. This ensured we maintained regular contact with service users who were experiencing heightened feelings of loneliness and isolation.
- Over the past year Hestia's Bromley MH Flexible support team have continued to do an incredible job supporting service users in their own homes. During the 2021 lockdown (January to April), 13 staff members made an incredible 1474 house visits, providing 622 support hours to 83 service users across the borough with the average visit lasting 45 minutes. Hestia's robust COVID-19 policies & procedures ensured that no staff members reporting having symptoms or tested positive for COVID-19 throughout this entire period.

WHAT WE PLAN TO DO IN 2021/2022

The year ahead will be interesting for both services and we are working closely with service users to support them in managing their finances, particularly as services re-open and COVID-19 payments decrease/cease. Both services are looking forward to the reopening of the foodbanks in Bromley and the clinics that BTSS previously operated. These clinics are a wonderful way of working with Bromley residents who do not always need intensive work offered by the service but benefit from a friendly face to seek advice from. Both Orwell House and BTSS are commissioned by Bromley Council to support service users in their daily lives overcome some of the challenges associated with managing a tenancy, managing finances, and linking in with community services; this will remain our priority for the year ahead.



Marzena Zoladz

Healthwatch Bromley Coordinator

WHAT WE HAVE ACHIEVED IN 2020/2021

- Healthwatch Bromley has continued to participate at the local Safeguarding Adults Board (SAB), including subgroups, to contribute to the wider local safeguarding agenda.
- Throughout the pandemic we adapted our engagement activities with residents to remote forms of working. Despite the challenges of COVID-19, our model enabled us to collect and listen to feedback from local residents and share it with local partners.
- We retained safeguarding as a key focus of our day-to-day activities, such as training staff and volunteers to identify and report safeguarding issues raised in virtual contacts and telephone calls with local residents.
- We continued to visit local health and care services through our Enter and View tool which we successfully adapted to a remote "virtual" format.

WHAT WE PLAN TO DO IN 2021/2022

- We will provide new staff with safeguarding training which will cover domestic violence.
- We will train our staff to recognise signs of domestic violence and signpost local residents to appropriate services including Bromley and Croydon Women's Aid. Our website will be updated with links to domestic violence services, signposting website users to them.
- Safeguarding Bromley adults, children and young people at risk will remain a top priority and focus for Healthwatch Bromley.
- We will arrange appropriate levels of DBS checks for all our staff and volunteers.

KENT ASSOCIATION FOR THE BLIND (KAB)



**Kent
Association
for the
Blind**

Eithne Rynne
Chief Executive

WHAT WE HAVE ACHIEVED IN 2020/2021

- Undertook an extensive programme of wellbeing calls targeted at our most vulnerable and isolated service users as part of our COVID-19 response. This supported early identification of any issues affecting the safety or health of individual clients.
- Launched a new shopping service as part of our COVID-19 response, ensuring safe delivery of essential items to any clients who were shielding or self-isolating.
- Adapted our service delivery in light of the pandemic, with examples including transferring our befriending service to telephone, increasing the capacity of our telephone counselling service and launching a range of new online social and support groups.
- Continued to provide COVID-secure face to face services to meet urgent and essential needs including provision of mobility aids or support with technology to allow service users to shop, bank and communicate from home.
- Followed a successful commissioning process, securing a new contract with the London Borough of Bromley for the provision of services to sight impaired adults, including a more streamlined pathway for specialist assessment of people with dual sensory loss.

WHAT WE PLAN TO DO IN 2021/2022

- Continue with the gradual return of our service delivery model to a blend of face to face and virtual provision, in consultation with the needs of our service users and other stakeholders.
- Raise awareness of KAB services, reaching more people with sight impairments and promoting preventative messages around eye health to the general public, via our new Mobile Sight Centre 'Iris' – a community vehicle to help us engage with service users locally.
- Launch a face-to-face counselling service in Bromley, alongside our ongoing telephone provision, to offer choice and access to our client group.

Kevin Mckenzie

Borough Commander Bromley

WHAT WE HAVE ACHIEVED IN 2020/2021

New Community Safety Tools – Person at Risk (PAR) form

London Fire Brigade Community Safety have rolled out new changes to our Home Fire Safety Visit (HFSVs) Database by launching the new Person at Risk (PAR) form which will enable staff to record information more accurately at HFSVs as well as streamline our approach to raising safeguarding referrals or welfare concerns. All concerns raised will be escalated by the relevant senior officer. Data will be stored along with all other relevant documents in a case management system, which can be updated by relevant staff as a case progress. All operational staff including senior officers have received training in this process.

Home Fire Safety Visit (HFSV) Database

We have made changes to our HFSV Database to bring it in line with current policy as well as reflecting the Brigade's criteria on high-risk individuals. Our staff are now able to record risk more accurately in properties such as:

- whether there were signs of any previous fires
- whether there is any hoarding (and at what level) and cooking risks
- provide more detail on what risk reduction methods were offered (such as the provision of smoke alarms and fire-retardant bedding) and whether these were accepted or rejected by the occupant

Home Fire Safety Checker

We have launched our new Home Fire Safety Checker (HFSC) which offers a new way for everyone to check their own homes, and the homes of people they care for. Our HFSC is a simple tool that begins by asking a few easy questions about the home. It then guides the occupant around each room, helping them to uncover risks, and providing tailored advice. If it seems that the occupant might be at higher risk, the HFSC will suggest you book an in-person Home Fire Safety Visit (HFSV) from one of our crews.

WHAT WE PLAN TO DO IN 2021/2022

Staff training

We will continue to implement Safeguarding training across staff in the borough through online training packages, face-to-face inputs, and invitation to partners to join us for Borough training days where we can share information in the form of case studies on past cases and the outcomes. We will also continue to educate our staff about issues such as modern-day slavery, dementia awareness, and exploitation.

Hoarders

We will carry out a review of our process for identifying and recording hoarders both internally and externally. Review our operational risk database to ensure up to date information is held and maintained by sharing with our partners where appropriate.

Community Safety

We will continue to install specialist fire alarms for those with impaired hearing, as well as issue fire retardant bedding where appropriate.

Further plans

We are keen to offer more training and quality assurance around domiciliary care workers as it is our view this is the key to preventing fire related deaths. It was previously suggested that more training was required to help staff recognise and respond accordingly to fire safety risks.

We will attend more safer neighbourhood boards to help us establish wider connections with the community. We are particularly keen to explore better links with the faith community and other community-based organisations, such as Neighbourhood Watch.

We will explore a more structured approach to communicating to our fire safety messages to those in the community who typically do not use computers.

Stacy Washington

Trust Lead Safeguarding Adults and Prevent

WHAT WE HAVE ACHIEVED IN 2020/2021

- Following a Domestic Abuse task and finish group the safeguarding team have successfully updated and published a new domestic abuse policy and a handbook on Domestic Abuse and Multi Agency Risk Assessment Conference (MARAC) for staff. We updated local resources in our handbook and on the intranet for staff, developed a new E-learn package specifically on Domestic Abuse and included additional Domestic Abuse updates in our level 3 Safeguarding Awareness training.
- After a successful roll out of face-to-face level 3 safeguarding adult workshops in 2019, due to the pandemic in 2020 we stopped our face-to-face sessions but have developed our participatory learning offer on Microsoft Teams. This rolled out in March 2021 and has allowed the trust to maintain its training compliance levels and has been well received by our staff, we will be continuing to use this model in the future.
- We have developed safeguarding adult hubs in all 3 of our boroughs which allows staff to bring difficult and complex cases to a monthly session where they can discuss and get support from senior staff in that borough and the safeguarding team. The sessions have been held virtually throughout the pandemic and have led to some great safeguarding activity being completed.



WHAT WE PLAN TO DO IN 2021/2022

- In 2020 our safeguarding children and safeguarding adult's teams were reconfigured to become 1 team and our joint quarterly safeguarding committee has been very successful in progressing our think Family agenda. Our next plan will include more joint training and events and will be the development of a joint children and adults safeguarding policy in 2022 to progress our Think Family work further.
- Due to the increasing number of SAR's and DHR's that the organisation is involved with we plan to develop staff intranet to give more information about these including 7minute briefings for each SAR/DHR to enable us to embed the actions and learning effectively locally and share the learning across the organisation.
- To develop a trust wide Domestic Abuse steering group to be led by the safeguarding team. This will bring together feedback from our 3 boroughs MARAC and perpetrator programmes in order to advance training and development for our staff. Embedding any learning from the actions from Domestic Homicide Reviews will also be a priority.



Heather Payne

Head of Adult Safeguarding

WHAT WE HAVE ACHIEVED IN 2020/2021

Adult safeguarding remains a priority for Kings College Hospital NHS Foundation Trust. Adult Safeguarding Service maintained business continuity throughout the pandemic. No safeguarding staff member was redeployed during the reporting period. Staff worked a mix of remote and onsite working. The service opened weekend working during the first wave of the pandemic and continued this up until the end of January 2021. Face to face safeguarding training was adapted to online training and good levels of training compliance was maintained.

WHAT WE PLAN TO DO IN 2021/2022

- Further embedding the Mental Capacity Act with a focus on 16 and 17 year olds.
- Roll out of the new Safeguarding Awareness level 3 training programme.
- Embed learning from SARs, Domestic Homicide Reviews (DHRs) and Learning Disability Mortality Reviews (LeDeR).
- Develop an Adult and Child Safeguarding strategy that embraces the 'Think Family' ethos.



Vincent Docherty

Head of Patient and Family Support

WHAT WE HAVE ACHIEVED IN 2020/2021

- Significant progress was made of guardianship plans within the Advance Care Planning (ACP) process – as seen in contact with children social services.
- Continued planning for the implementation of the Liberty Protection Safeguards (LPS) which is expected to come into effect in 2022.
- Continued to improve staff education and training in relation to adult and children safeguarding compliance.
- Monitored the impact of COVID-19 on the safeguarding statistics and safeguarding practice, which included the Best Interest Meeting audit.

WHAT WE PLAN TO DO IN 2021/2022

- Continue with the preparation for the Implementation of LPS in April 2022 ahead of the LPS Code of Practice publication.
- Review and implement key recommendations arising out of the Best Interest Meeting audits.
- Raise awareness of the Domestic Abuse Act 2021 within all aspects of the organisation including within the store division.
- Disseminate Dementia Safeguarding guidance and the Cascade Project – SCIE and Alzheimer's Society.



David Lynch

Trust Safeguarding Adults/Prevent Lead

WHAT WE HAVE ACHIEVED IN 2020/2021

During 2020/21 South London and Maudsley NHS Foundation Trust have worked with partner agencies to address the impact of COVID19. Our number one priority has been to keep our patients and staff safe. We have also been looking ahead and initiated a mental health summit to bring together a range of partners to address the longer-term impact of COVID-19 on the mental health of our local communities. Together with other NHS mental health trusts and commissioners and local authorities, Healthwatch, Public Health England, Citizens UK, Black Thrive and other community partners we established South London Listens. South London Listens aims to give everyone in South London a voice as solutions is developed to help promote and protect mental health and prevent people falling into a mental health crisis.

The Royal Bethlem Hospital is a psychiatric hospital providing local and national specialist inpatient care. During the last year we made some significant improvement in how we manage safeguarding concerns within our hospital site:

- A Safeguarding Lead was recruited to work within the Royal Bethlem Inpatient service. The role is designed to improve the quality of our safeguarding response. The focus has been on advising our staff on complex safeguarding issues and working across the health and social care partnership. This appointment has greatly improved communication between the Bromley Mental Health Safeguarding Team and the hospital site.
- We have made significant inroad into improving our internal and external reporting systems within the trust and ensured that all our staff remain vigilant in terms of recognising and responding to abuse and neglect.
- The risk of domestic abuse increased as a consequence of spending more time within the home environment. We have responded to this by ensuring that our mental health practitioners routinely ask about domestic abuse. This question is now embedded in our risk assessment tool.
- Our safeguarding adult policy was reviewed in partnership with service users who provided useful examples on how we can work towards making safeguarding personal.

WHAT WE PLAN TO DO IN 2021/2022

- To maintain and build on our close partnership alliance with Bromley Safeguarding Team.
- To promote learning and awareness of safeguarding risk within the inpatient services by developing safeguarding supervision within the inpatient setting.
- To ensure that our inpatient ward managers continue to provide assurance on our ability to identify, and report abuse in a timely and responsive manner.



KEY PRIORITIES FOR 2021-22

As we adapt to a new way of working, we will assess the impact of the COVID-19 pandemic on individual agencies and service users. We will schedule an annual challenge event, and by using the Safeguarding Adults Partnership Audit Tool (SAPAT), we will share individual agency information and experience on the following areas related to safeguarding:

- Achievements and Challenges
- Making Safeguarding Personal
- COVID-19 Pandemic
- Learning from SARs

The findings from the annual SAPAT event will give us the opportunity to review our existing key priorities and shape our forward plans.

We will explore methods of further engaging our service users to enhance our practices. Linking in with other Safeguarding Adult Board's across London, we aim to gain an understanding of the wider service user experience. This will support shaping the work we do whilst providing insight to the needs of our community.

Providing ongoing support to our colleagues will remain a priority, identifying opportunities that will alleviate the pressures experienced over the past year.

Our safeguarding awareness promotional material will be further developed so they are available in digital and printed format, with easy-read options developed in consultation with service users.

The Board's website will be a main source of information on Adult Safeguarding for service users, volunteers, and professionals. This will host updated Board policies and procedures and will promote existing and new support services.

Our training offer will be reviewed and updated to meet the needs of the existing climate and the needs of the Board's members. Working with our neighbouring boroughs, we aim to share learning opportunities with one another. We will further promote regional and national learning seminars that complement the Board's training programme.

We will commission SARs when needed, exploring ways in which learning is achieved in a quick and effective method. Any learning from existing reviews will be disseminated without delay when appropriate.

Working closely with the Bromley Safeguarding Children's Partnership, Bromley Health and Wellbeing Board and the Bromley Safer Partnership, we will map the work and priorities of each Board to further strengthen the synergy across Boards.

The Board's Executive will oversee the overall business of the Board, making strategic decisions to ensure the ongoing cohesion amongst all of its subgroups. The Executive will also review the Board's membership to identify opportunities that will ensure the best use of members' time supporting the Board.





INDEPENDENT CHAIR

Teresa Bell

CORE PARTNERS

LONDON BOROUGH OF BROMLEY

- Adult Social Care – Director: Adult Services *Kim Carey*
- Housing Services – Director: Housing, Regeneration and Planning *Sara Bowrey*
- Public Health – Director of Public Health *Dr Nada Lemic*
- Public Protection – Head of Trading Standards and Commercial Regulation *Rob Vale*

NHS SOUTH EAST LONDON CLINICAL COMMISSIONING GROUP

- Place Based Director, Bromley *Sonia Colwill*

METROPOLITAN POLICE SERVICE

- Detective Chief Inspector *David Williams*

OTHER PARTNERS

HEALTH SERVICES

- Bromley Healthcare – Director of Nursing *Fiona Christie*
- GP/Primary Care – Named GP for Adult Safeguarding *Dr Tessa Leake*
- Kings College Hospital NHS Foundation Trust –
 - Deputy Chief Nurse *Jo Haworth*
 - Head of Adult Safeguarding *Heather Payne*
- Oxleas NHS Foundation Trust – Trust Lead Safeguarding Adults and Prevent *Stacy Washington*
- South London and Maudsley NHS Foundation Trust – Trust Wide Safeguarding Lead for Adults *David Lynch*

EMERGENCY SERVICES

- London Ambulance Services – Head of Safeguarding *Alan Taylor*
- London Fire Brigade – Borough Commander *Kevin McKenzie*

PROBATION SERVICES

- CRC Probation – C&P Manager *AJ Brooks*
- National Probation Service – Interim Head of Service *Katie Nash*

VOLUNTARY SECTOR

- Advocacy for All – Chief Executive *Jon Wheeler*
- Age UK Bromley and Greenwich – Chief Executive *Mark Ellison*
- Bromley and Croydon Women's Aid – Chief Executive *Constanze Sen*
- Bromley Healthwatch – Coordinator *Marzena Zoladz*
- Bromley, Lewisham and Greenwich Mind – Head of Services *Dominic Parkinson*
- Bromley Mencap – Chief Executive *Eddie Lynch*
- Bromley Third Sector Enterprise – Partnership Manager *Toni Walsh*
- CGL Bromley Drug and Alcohol Service – Service Manager *Lauren Mulligan*
- Choice Support – *Kevin Hulls*
- Community Links Bromley – Chief Executive *Christopher Evans*
- Hestia – Director of Performance and Development *Paula Murphy*
- Kent Association for the Blind – Chief Executive *Eithne Rhyne*

PRIVATE HEALTH, CARE, AND HOUSING SECTOR

- BMI Healthcare – Director of Clinical Services *Lucy Jefcoate*
- Priory Group Hospital – Director *Denise Telford*
- Registered Social Landlords – *Sara Bean* (Clarion Housing)
- St Christopher's Hospice – Head of Patient and Family Support *Vincent Docherty*

EDUCATION

- Bromley Adult Education College – Head of Centre *Elena Diaconescu*
- London South East Colleges – Head of Safeguarding and Designated Lead Officer *Clive Ansell*

INDEPENDENT

- Lay Member – *Fasil Bhatti*

ELECTED MEMBERS

- Portfolio Holder Adult Care and Health – *Cllr Diane Smith*
- Portfolio Holder Public Protection and Enforcement – *Cllr Angela Page*

REPRESENTATIVES FROM OTHER PARTNERSHIPS

- Bromley Safeguarding Children Board – Independent Chair *Jim Gamble*
- Community Safety Partnership – Chair *Cllr Angela Page*
- Health and Wellbeing Board – Chair *Cllr David Jefferys*

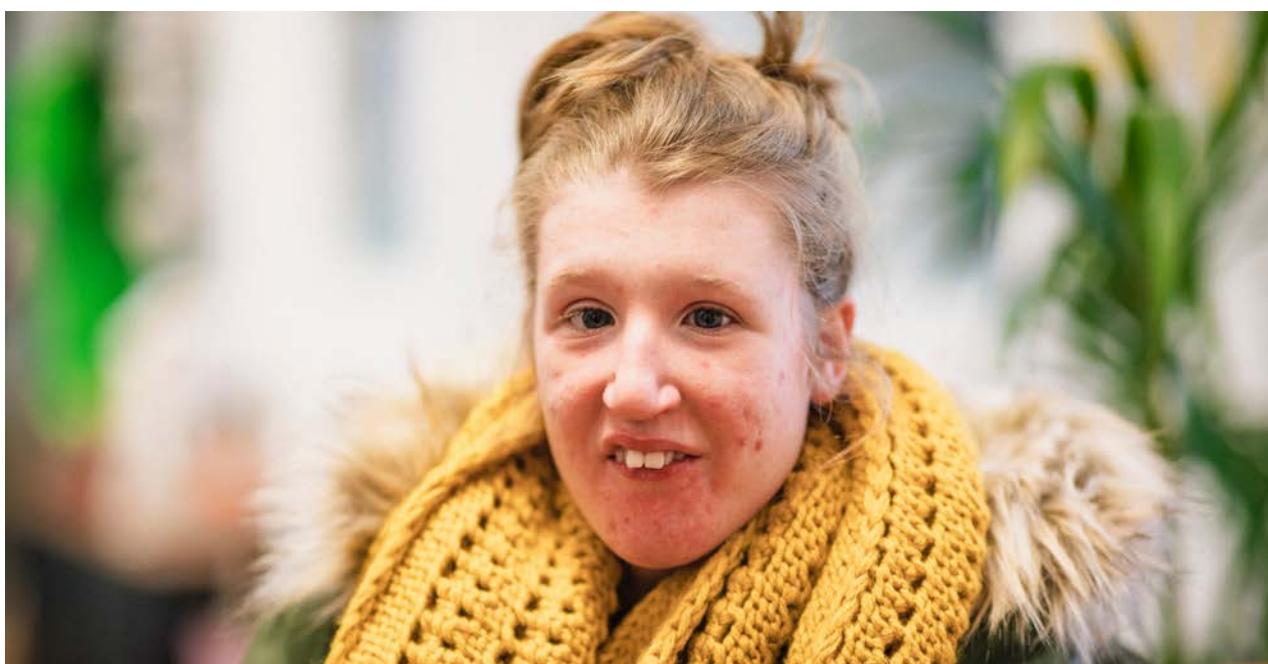


The data in this section was collected by the Council's Strategy and Performance Team, as all local authorities in England are required to submit their safeguarding data to NHS Digital – the national provider of information for commissioners, analysts and clinicians in health and social care.

NHS Digital is responsible for compiling the Safeguarding Adults Collection (SAC), which provides an overview of safeguarding trends across the country.

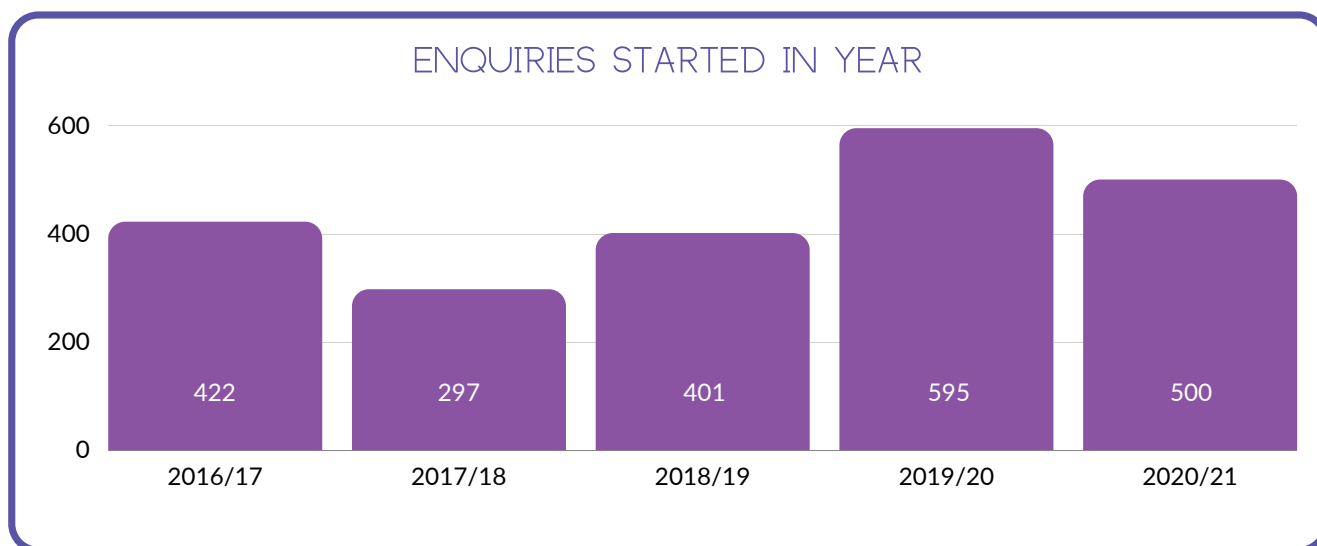
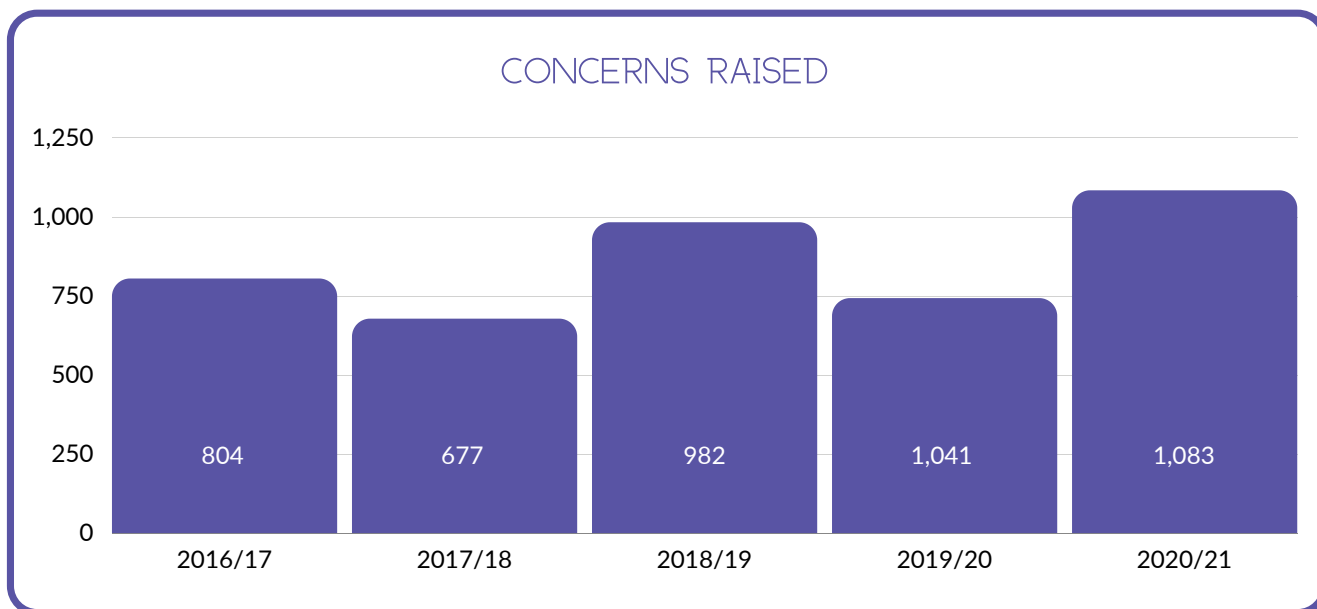
SAFEGUARDING REFERRALS INTO BROMLEY COUNCIL

A total of 1,083 concerns were received in 2020/21, of which 500 progressed to safeguarding enquiries: a conversion rate of 46%. This represents a 66% increase in the number of concerns raised compared with the previous year, however only 500 of these progressed to enquiries; 16% less enquiries compared with the previous year.



CONCERNS AND ENQUIRIES

The graph compares the number of safeguarding enquiries & concerns raised over the last 5 years. Although this year saw the highest number of concerns over the 5 year period, the number of these progressing to an enquiry fell by 16% compared with the previous year.



GENDER OF INDIVIDUALS INVOLVED IN SAFEGUARDING ENQUIRIES

The proportion of male safeguarding enquiries increased from 41% in 2019/20 to 45% in 2020/21. However, the overall pattern is in line with national statistics, where most safeguarding enquiries are amongst the female population.

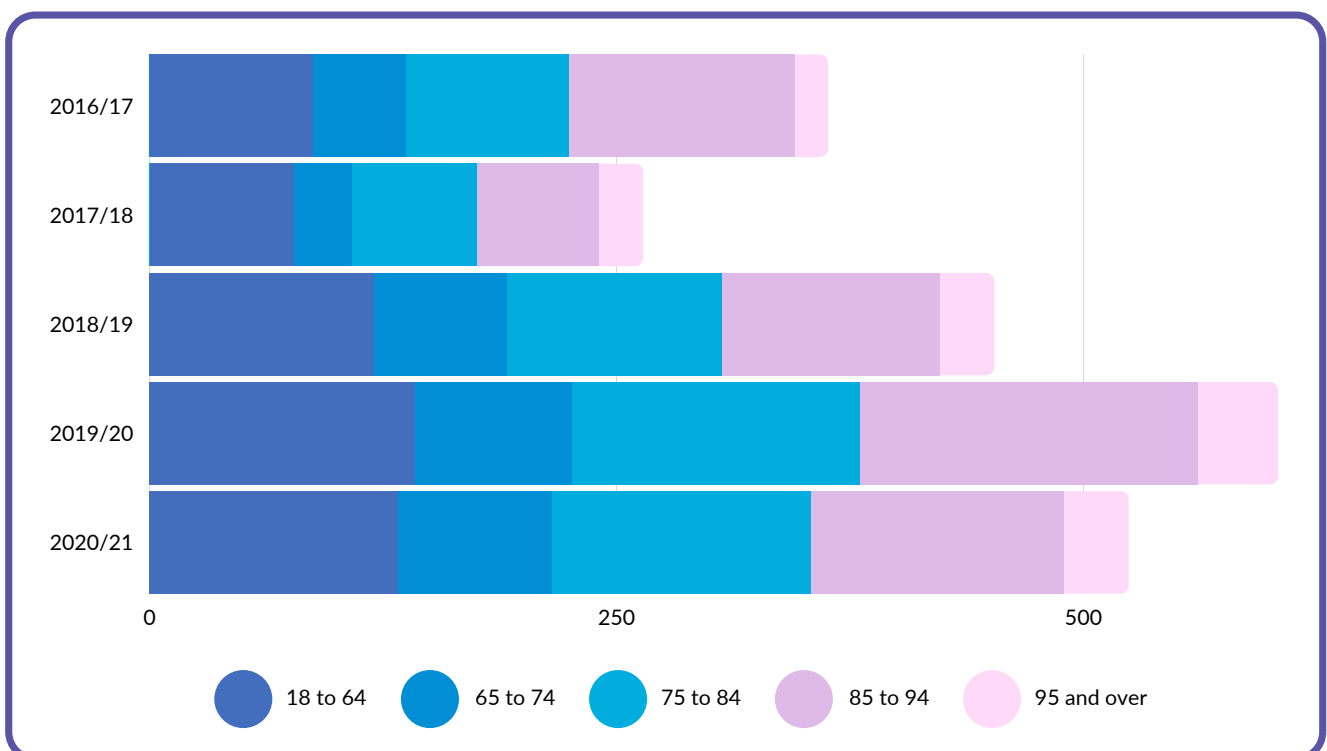


AGES OF INDIVIDUALS INVOLVED IN SAFEGUARDING ENQUIRIES

The age of individuals involved in safeguarding enquiries remains variable. The highest number of enquiries started during the year was amongst the 75-84 age group, which accounted for 27% of enquiries started during 2020/21; this compares to 26% with the previous year.

The 85-94 age group accounted for 26% of the number of enquiries started this year, followed by 25% amongst the 18-64 age group.

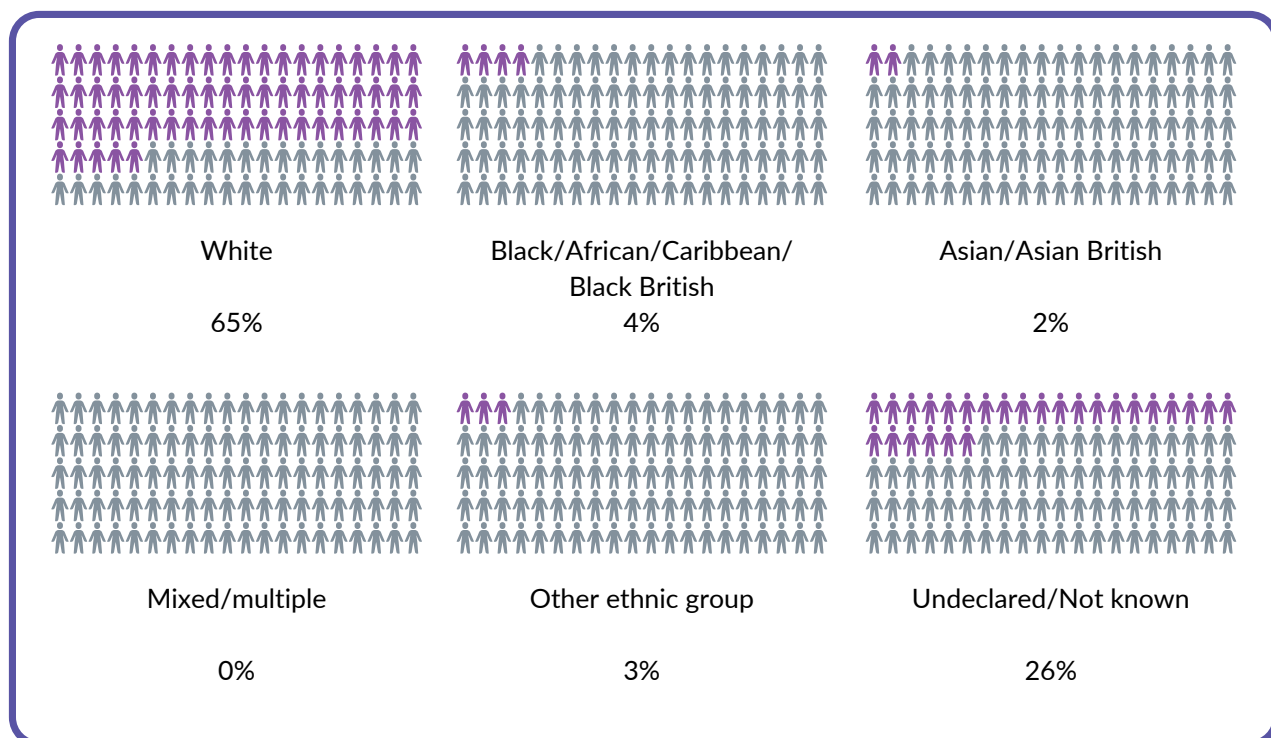
The lowest number (7%) of enquires started were amongst the 95+ age group, which is reflective of the population size of this age group within Bromley.



ETHNICITY OF INDIVIDUALS INVOLVED IN SAFEGUARDING ENQUIRIES

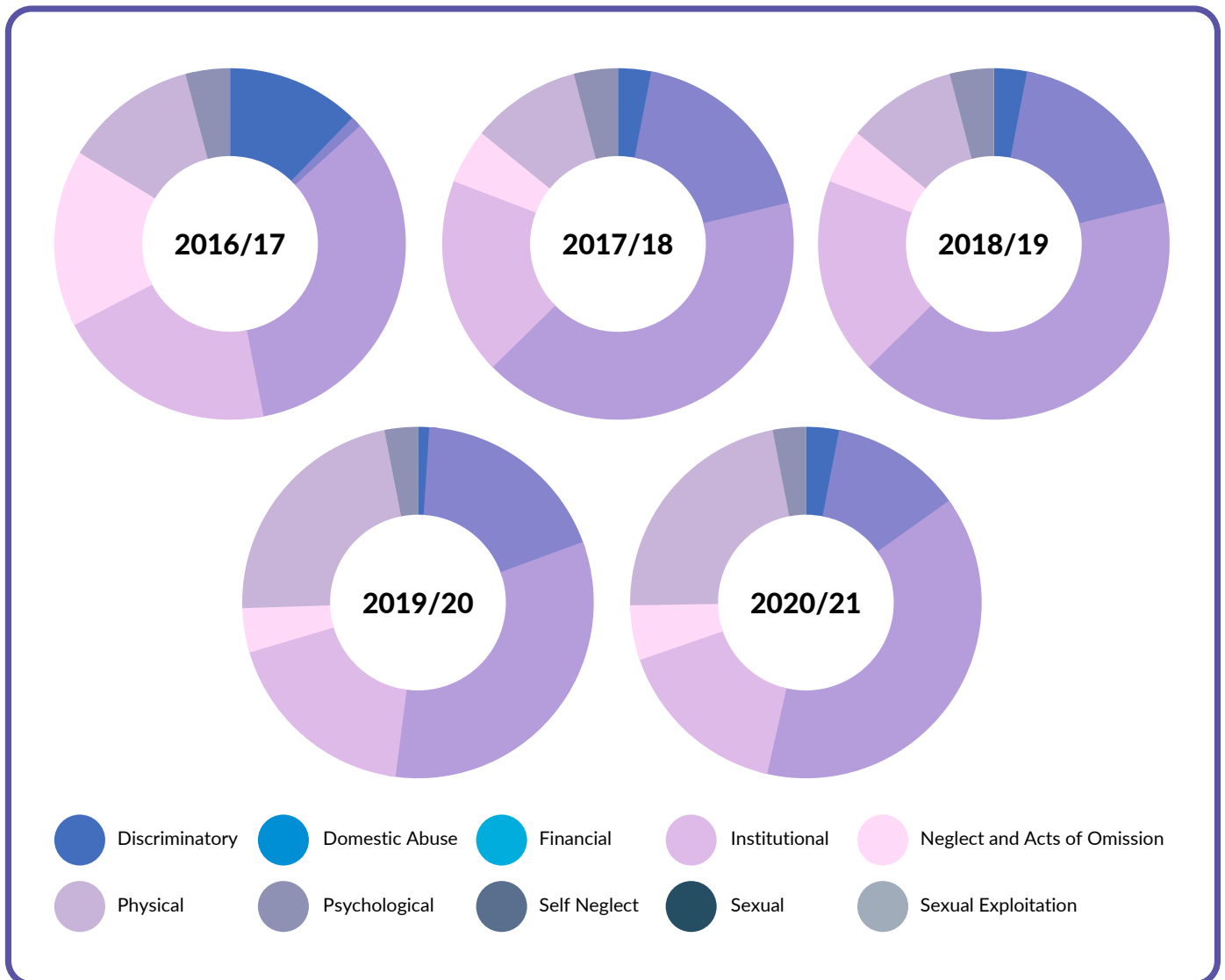
9% of safeguarding enquiries raised in 2020/21 were for those of an ethnic minority group, who make up 24% of Bromley's demographic. The majority (65%) of enquiries involved those of white ethnic origin; a 2% increase compared with the previous year.

The ethnicity of a large proportion of safeguarding enquiries (26%) was not declared or unknown.



TYPES OF ABUSE

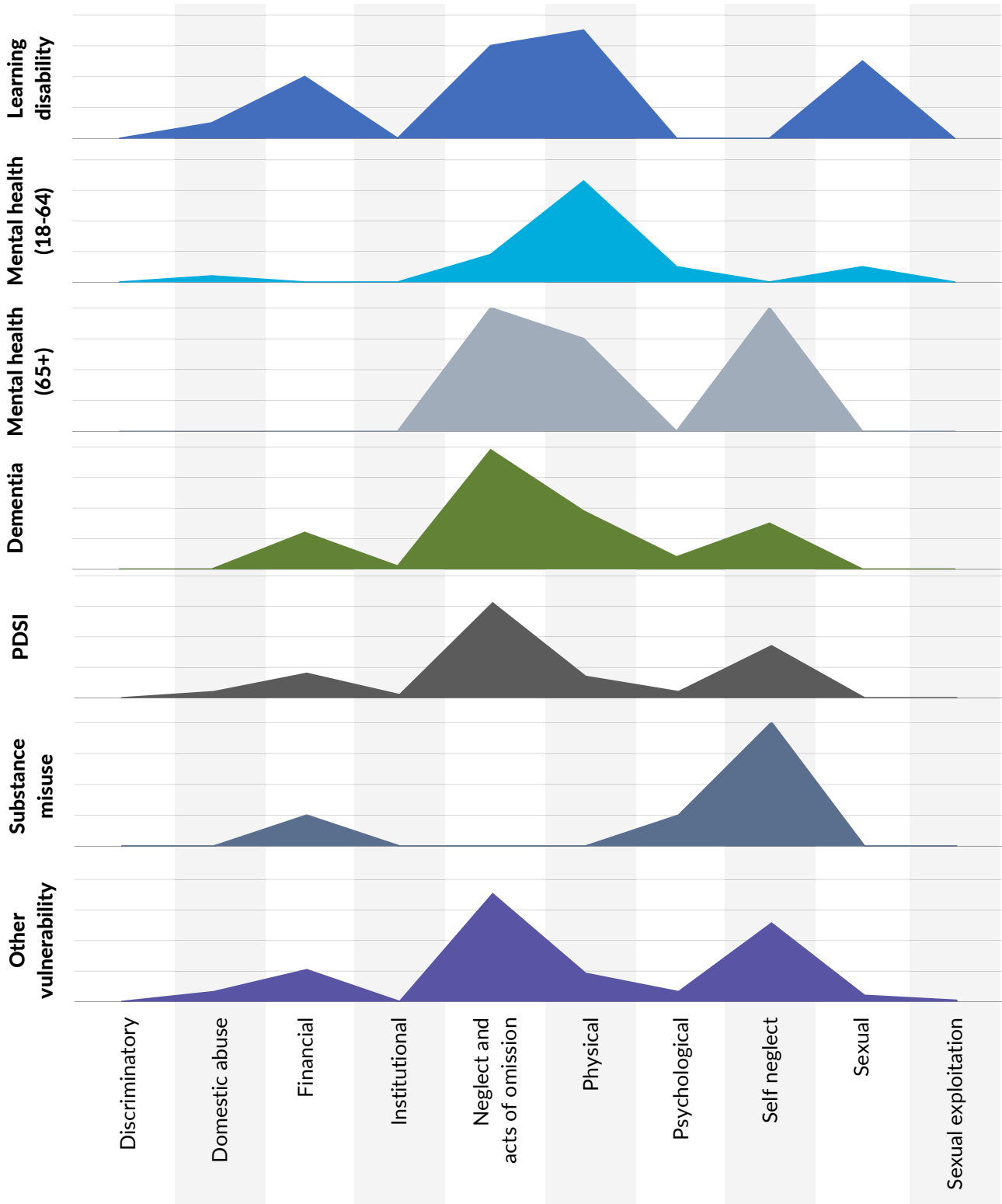
Neglect and acts of omission continues to be most prevalent in Bromley, however there is an increase in the number of self-neglect incidences compared with previous years.



PRIMARY SUPPORT REASON AND PRIMARY ABUSE

Most safeguarding incidences occurred to those in the 'other vulnerable people' group, followed by those with mental health care & support needs and those who have a Physical Disability, Sensory Impairment (PDSI).

Nature of Primary Abuse (Enquiries Concluded during 2019/20)



*Concluded Cases only, NOT individuals. PRIMARY abuses ONLY

LOCATION OF ABUSE FOR CONCLUDED ENQUIRIES

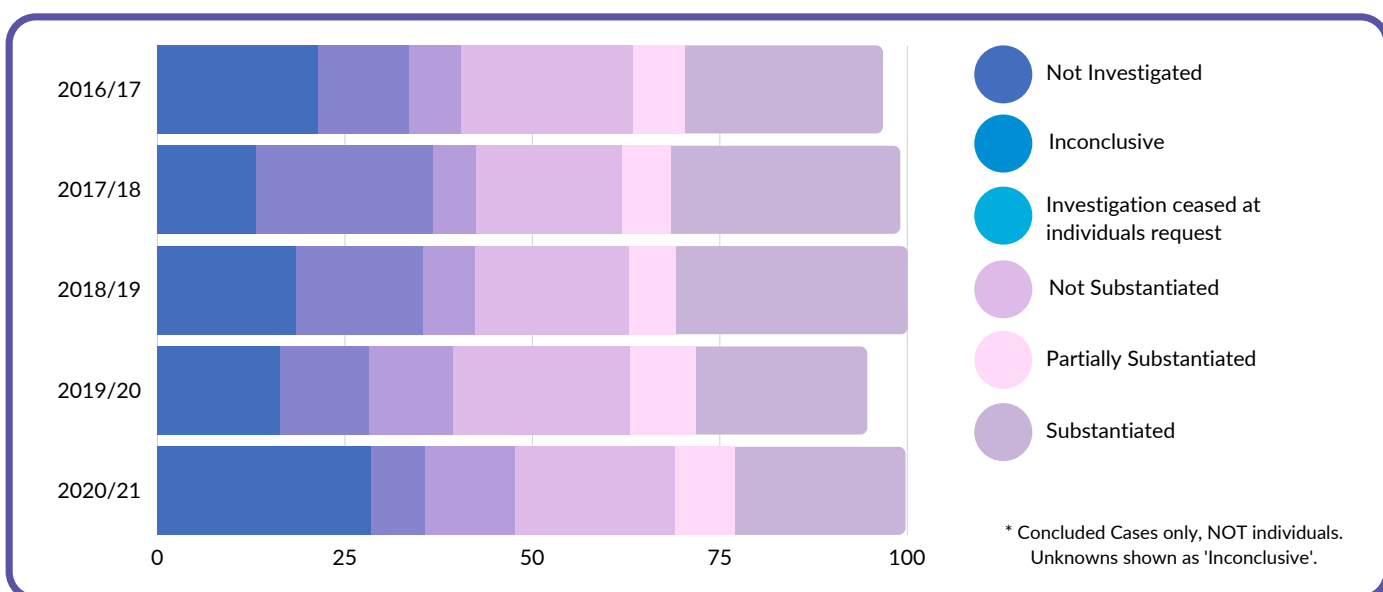
Most safeguarding incidences occur in the victim's own home, which has seen a significant increase in 2020/21 compared with previous years. This is followed by incidences in a care home setting.

	2016/17	2017/18	2018/19	2019/20	2020/21
Own home	194	211	197	436	499
Community	15	12	9	17	19
Care home	103	87	101	131	118
Hospital	18	22	8	26	33
Other	49	50	103	132	110
TOTALS	379	382	418	742	779

OUTCOME FOR ENQUIRIES CONCLUDED

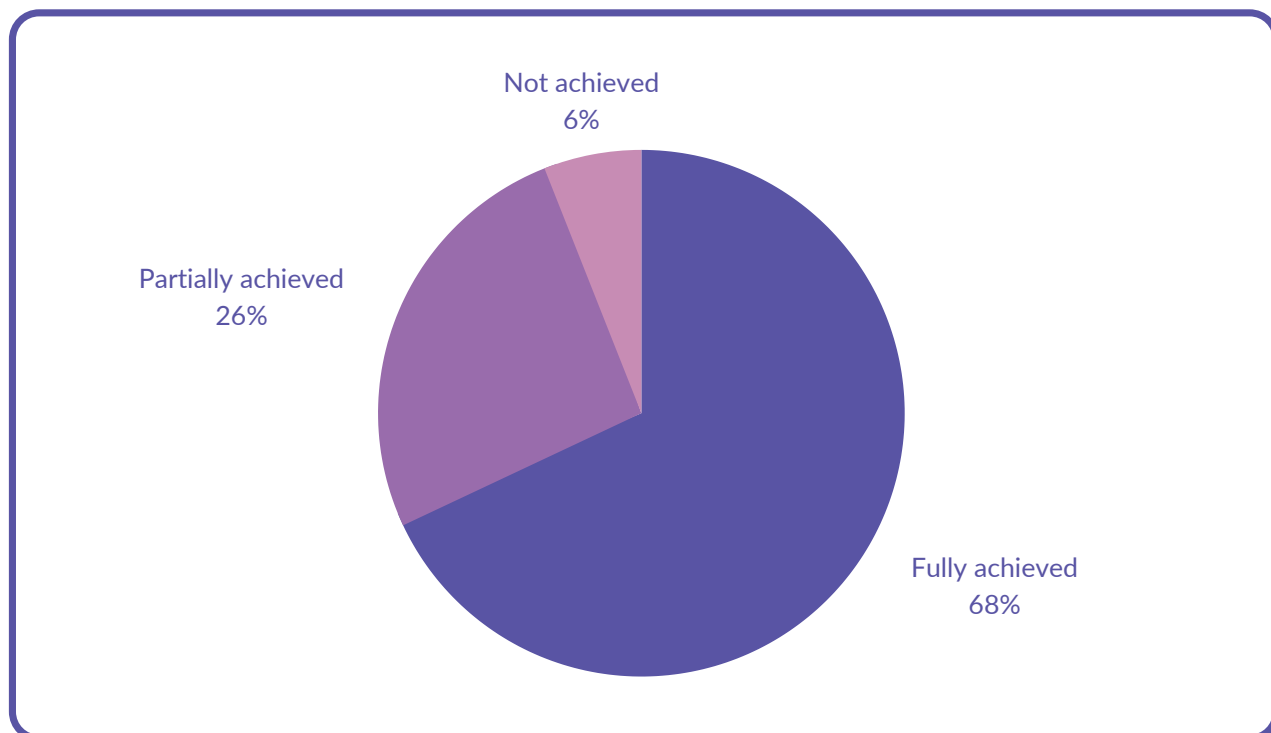
The proportion of enquiries substantiated (22.7%) for 2020/21 was similar to the number of those substantiated in the previous year (22.8%). However, the highest proportion of enquiries (28.4%) did not lead to further investigations.

The smallest proportion (7.3%) of enquiries concluded were found to be inconclusive; the fewest over the last 5 year period.



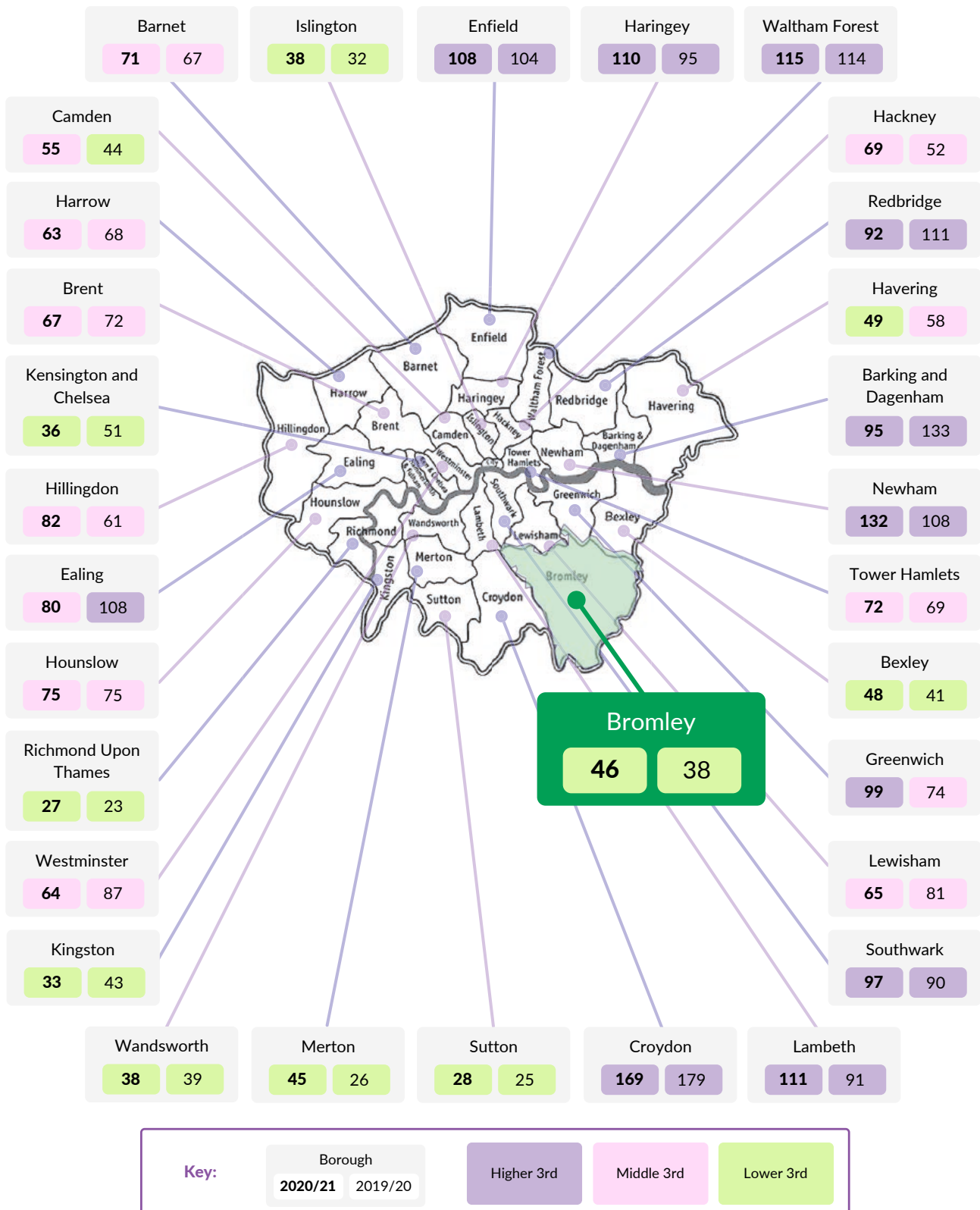
MAKING SAFEGUARDING PERSONAL (MSP)

With the enquiries concluded during 2020/21 where the individual or their representative was asked whether they had any desired outcomes and a desired outcome was expressed, 94% of these were fully or partially met; a decrease of 1% from the previous year.

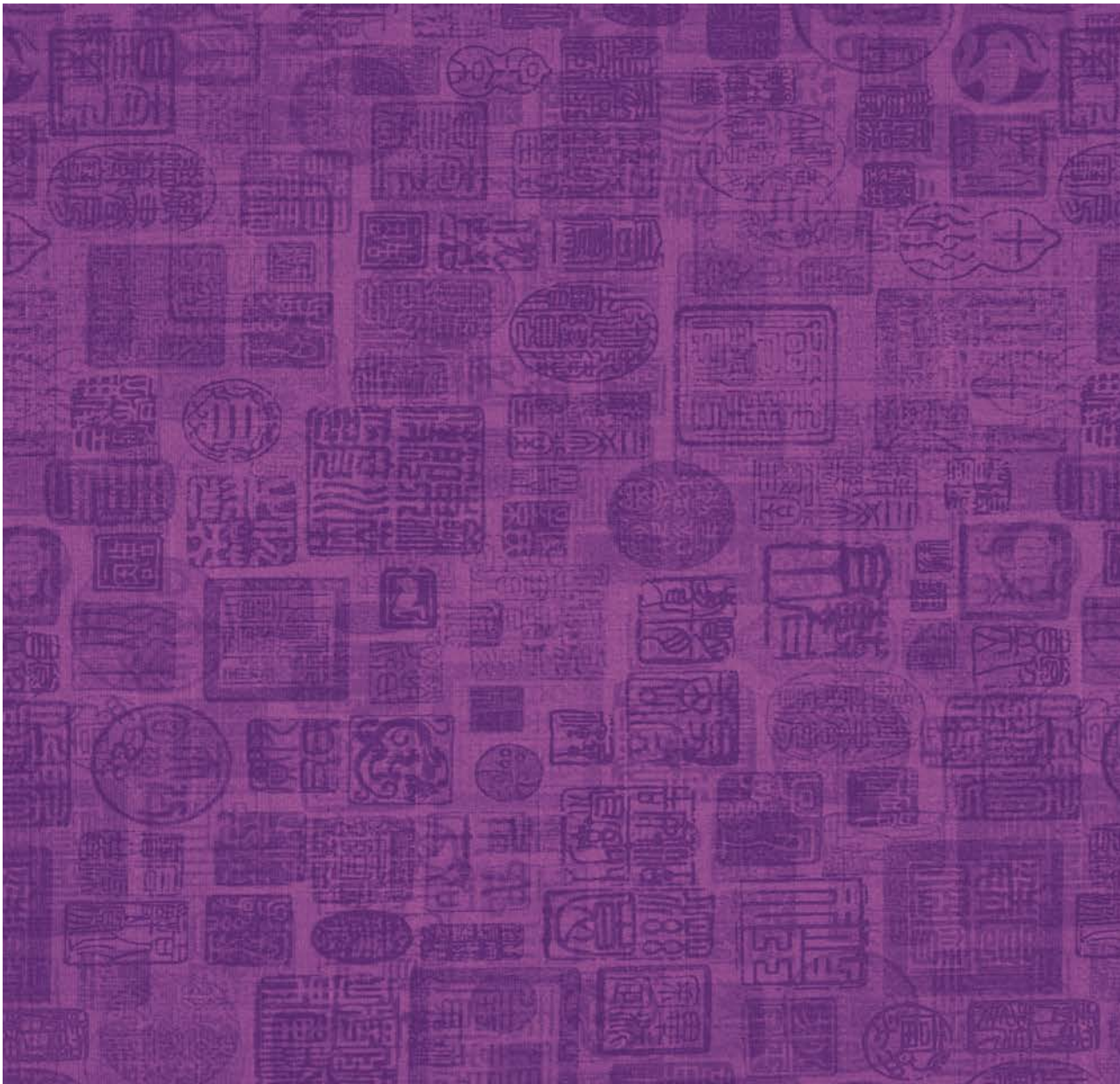


MODERN DAY SLAVERY DATA

The data in this section was collected from the government National Referral Mechanism statistics, with some information also provided by the Metropolitan Police Service to the Human Trafficking Foundation. The number of Modern Slavery offences in Bromley during the year rose to 48 compared with 36 in 2019/20. However, this is significantly lower compared with the rest of London, where neighbouring boroughs such as Croydon had the highest number of offences.







Produced by:

Adult Services
London Borough of Bromley
Civic Centre
Stockwell Close
Bromley BR1 3UH



**BROMLEY
SAFEGUARDING
ADULTS
BOARD**

www.bromleysafeguardingadults.org



**BROMLEY
SAFEGUARDING
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BOARD**



**Annual report
for 2020 to 2021**



Introduction



I am Teresa, the Independent Chair of the Bromley Safeguarding Adults Board.

Thank you for reading this report.



This report is about what the Bromley Safeguarding Adults Board has done over the last year to keep adults with care and support needs safe from abuse and neglect.



Every year the Board must write a report to let people know how the board is working.



This report is a summary of what the Board has done to make sure adults with care and support needs are protected from abuse and neglect.



The Board is a group of agencies that work together to **protect adults with care and support needs from abuse and neglect.**



The Board includes people from Bromley Council, the police, health services, criminal justice services, Healthwatch, charities and community groups, and care providers.



Abuse is when someone

- hurts other people
- treats people badly
- says things that makes them upset or frightened



Neglect is when people who are there to help others do not look after them properly or they cannot look after themselves properly.

What has the board done over the last year?



The Board makes sure that all partners, like social care, police, ambulance service and hospitals are working together to protect adults from abuse and neglect.



During the year, **1,083 concerns** were looked at because of the risk to the adult.



The Board looked at **500 of these** in more detail - 9 out of 20 of these people were men.



The Board looked at lots of information from all our partners to make sure they are providing a good service that protects people from harm and abuse.



The Board looked at the policies and procedures to update them and make them easy to find for people who work with adults.

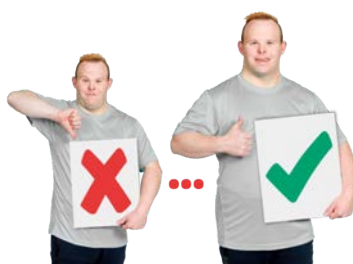


The board finished one review looking into how adults are safeguarded. This is called a Safeguarding Adults Review (SAR).

We are still completing one more review.



The Board worked with staff across Bromley to carry out safeguarding adults checks on financial abuse and Mental Capacity Act.



What the Board finds out from the checks that are carried out help to make changes to local policies and procedures and how people work with adults to keep them safe.



The Board worked with partners to make available and promote training that is needed and useful to all organisations.



The Board told people about how to stay safe and how to get help.



The Board launched its new website where you can find information on helpful services as well as posters and leaflets that can be downloaded and shared.



Since March 2020, the COVID-19 pandemic has changed how the Board works.

What we are focused on

6

We have **six priorities** which focus our work:

- domestic abuse



- financial abuse



- self-neglect





- modern day slavery



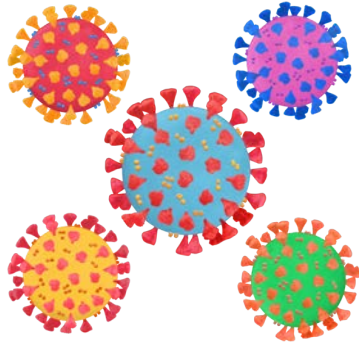
- becoming an adult



- specialist care

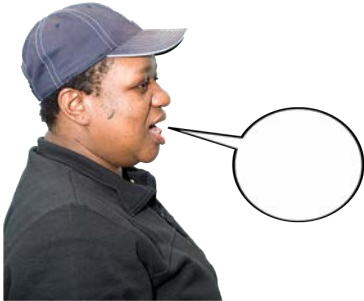


During the next year we will:



- Use our Safeguarding Adults Partnership Audit Tool (SAPAT) to look at the **impact of COVID-19** on organisations and the people living in Bromley.
- Improve how people can **tell us what they think** about our services.
- Tell more people about **how to stay safe** and how to get help.
- Provide **more training** to our staff.

How to report concerns about an adult



If you are worried about an adult with care and support needs, talk to someone or report your concerns using the details below:



Telephone Bromley Council on
020 8461 7777



You can report your worries to the Council on their website:
www.bromley.gov.uk/AdultAtRiskReport



Or you can call the police on **101**.

If it is an emergency, always phone **999**.

More information



If you would like more information or you would like to tell us your story, please contact Bromley Safeguarding Adults Board on:

- email bsab@bromley.gov.uk



- Or visit our website:
www.bromleysafeguardingadults.org



Produced by:

Adult Services
London Borough of Bromley
Civic Centre
Stockwell Close
Bromley BR1 3UH



**BROMLEY
SAFEGUARDING
ADULTS
BOARD**

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Report No.
CSD22013

London Borough of Bromley

Decision Maker: HEALTH AND WELLBEING BOARD

Date: Thursday 3rd February 2022

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: Tasnim Shawkat, Director of Corporate Services & Governance

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 Making Bromley Even Better, 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 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	Changes to the proposed scheme have been agreed with the London Borough of Bromley and the Outline Business Case is now being updated to reflect the shared nature of the new development. This will be available early in the new year 2022.	Open
Minute 19 25th November 2021 Update on the Bromley Mental Health and Wellbeing Strategy	A list of the school involved in the team (MHST) pilot to be circulated to Members following the meeting.	Associate Director – Integrated Commissioning	The list of schools was circulated to Health and Wellbeing Board Members.	Complete
Minute 20 25th November 2021 Bromley Winter Plan Update	<p>Further statistics on ambulance waiting time and handovers to be provided following the meeting.</p> <p>A copy of the Together Through Winter leaflet to be circulated to Members for onward dissemination.</p>	<p>Site Chief Executive</p> <p>Associate Director – Urgent Care Hospital Discharge & ToCB</p>	The press release including link to the leaflet was sent to all Councillors in November 2021. The leaflet can be viewed via the following link - Bromley-Winter-Campaign-Leaflet-2021.pdf (selondonccg.nhs.uk)	Complete

HEALTH AND WELLBEING BOARD WORK PROGRAMME

3rd February 2022	
Health and Wellbeing Strategy: JSNA Priority Areas: - Presentation from the Falls Service - Weight Management - Impact of COVID-19	Lindsay Pyne (Bromley Healthcare) Jess Seal (CCG) / Gillian Fiumicelli Dr Nada Lemic/Chloe Todd
Adult Mental Health Hub – Oxleas	Lorraine Regan / Helen Jones
COVID-19 Vaccine Programmes	SEL CCG
Bromley Safeguarding Adult Board Annual Report	Bulent Djouma
Discussion - Public Health lessons learnt from the pandemic	
Discussion - Public Health and Wellbeing Priorities for 2022/23	
Work Programme and Matters Outstanding	Democratic Services
31st March 2022	
Health and Wellbeing Strategy: JSNA Priority Areas (x 2)	Dr Nada Lemic
Update on the Long COVID Service	SEL CCG
Screening Update	SEL CCG
Integrated Commissioning Board Update	Sean Rafferty
Update on the Bromley Mental Health and Wellbeing Strategy	Richard Baldwin / James Postgate / Sean Rafferty
Chairman's Annual Report 2021-22	Chairman
<i>Information Briefing:</i> Better Care Fund and Improved Better Care Fund Performance update – Q3 2021/22	Ola Akinlade
Work Programme and Matters Outstanding	Democratic Services

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