

## HEALTH AND WELLBEING BOARD

Minutes of the meeting held at 2.00 pm on 31 March 2022

### Present:

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

Richard Baldwin, Director: Children's Social Care  
Dr Nada Lemic, Director: Public Health

Dr Angela Bhan, Borough Based Director: South East London  
Clinical Commissioning Group  
Harvey Guntrip, Lay Member: South East London Clinical  
Commissioning Group  
Dr Andrew Parson, GP Clinical Lead: South East London  
Clinical Commissioning Group

Charlotte Bradford, Healthwatch Bromley  
Christopher Evans, Community Links Bromley

### Also Present:

Councillor Mike Botting, Executive Assistant for Adult Care and  
Health  
Katie Barratt (Healthwatch Bromley)  
Teresa Bell, Independent Chair: Bromley Safeguarding Adults  
Board (*via conference call*)  
Kim Carey, Director: Adult Social Care (*via conference call*)

## 41 APOLOGIES FOR ABSENCE

Apologies were received from Councillor Gary Stevens, Rachel Dunley, Jonathan Lofthouse (Site Chief Executive – PRUH and South Sites: King's College Hospital NHS Foundation Trust) and Jacqui Scott (Bromley Healthcare).

Apologies for absence were also received from Marzena Zoladz and Charlotte Bradford attended as substitute.

## 42 DECLARATIONS OF INTEREST

There were no declarations of interest.

**43 QUESTIONS**

No questions had been received.

**44 MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 3RD FEBRUARY 2022**

**RESOLVED** that the minutes of the meeting held on 3<sup>rd</sup> February 2022 be agreed.

**45 LATEST PHASE OF THE PANDEMIC/REVIEW OF WINTER - SEL CCG**

**Report ACH22-012**

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 Bromley Borough Director advised Members that the system had worked well – a difference this year had been the degree of partnership working which would see them well placed for next year. A workshop would be held to look at what could be done better, and data would be analysed to ensure the system was in the best position possible to deal with future pressures.

The Associate Director – Urgent Care Hospital Discharge and Transfer of Care Bureau (“Associate Director”) informed Board Members that the update highlighted all actions taken / being taken by One Bromley organisations in order to respond to the additional pressures felt on the health and care system during winter. The report was based around 5 pillars which were:

1. Increasing system capacity
2. Data sharing and escalation
3. Single Point of Access and discharge arrangements
4. Admissions avoidance
5. Communication and engagement

Information had also been provided in relation to vaccinations, outbreak management, recommendations and next steps.

Data regarding increasing system capacity, up until February 2022, demonstrated the additionality that had been incorporated, including:

- More than 19,000 primary care appointments had been provided, with standard and additional appointments offered through the extended hours GP access hubs;
- Over 43,000 patients were treated at Urgent Treatment Centres (UTC), which was a significant number;
- 3,324 patients were visited by the community Rapid Response team;
- 2,688 visits had been made by the urgent therapy team to support

- admissions avoidance and facilitate early supported discharge; and,
- 5 additional organisations had been added to the framework of domiciliary care providers.

The Associate Director advised that month on month, utilisation rates for GP hub appointments had remained above 93% and had increased throughout the winter period. It was noted that staffing hub appointments became a challenge, and due to work pressures, some moved to virtual appointments. There had also been a request from NHS England for the mobilisation of a local Clinical Assessment Service (CAS) which had responsibility for Bromley patients who phoned 111 with primary care dispositions. Initial findings indicated that the service had a positive impact on patient access, and reduced pressure on UTCs with a 10% reduction on the number of patients being booked in. Throughout the period, the system had been intelligence-led – demand and capacity dashboards had demonstrated the need for escalation. These had been presented at regular Winter Demand and Capacity meetings to quantify demand on local services and respective teams and highlight any potential surges in activity across pathways to allow for forward planning.

A Member congratulated the Associate Director and Bromley Borough Director on the format and content of the report provided. It was highlighted that it was good to see better access to GP appointments being provided, and it was hoped that this would continue to be seen going forward. The Bromley Borough Director noted that complaints were still received in relation to access to GPs. This would be part of the embedding process, not just in relation to capacity, and they were looking to improve other parts of the service, such as telephony systems.

Board Members were informed that the Bromley Single Point of Access (SPA) had won a national award for the work undertaken. Throughout the 2021/22 winter period there had been a total of 5,824 discharges from the Princess Royal University hospital and 2,373 supported discharges were also facilitated for Bromley residents – 80% of discharges had taken place within 24 hours of a patient being declared medically fit for discharge. Professionals had worked together, and it was noted that, despite its older population, Bromley continued to perform in line with the national and London average percentage of patients discharged to their usual place of residence.

The Vice-Chairman asked for clarification regarding the statement that ‘community in-reach to the PRUH as part of the Stranded Reviews to ‘pull’ patients supporting the Trust when under significant bed pressures’. The Associate Director advised that this brought together clinicians to look at how patients, who were medically fit, could best be supported. The Bromley Borough Director emphasised that those who were not medically fit would not be moved and noted that this was being seen much less since the introduction of the SPA. If patients remained in hospital when they were deemed to be medically fit for discharge there was an increased risk of them becoming unwell again, as they were more prone to developing chest infections, and this aimed to break the cycle. This was something that they were embedding as normal practice rather than as an emergency intervention.

In relation to pillar 4, a pilot service had been introduced which currently focussed

on admission avoidance and early supported discharge from the PRUH allowing patients to receive intravenous antibiotics for simple infections at home rather than in hospital. The pathway had seen growth in utilisation and had conducted over 347 home visits – feedback had been very positive and had laid the foundations to develop an offer for expanding support to nursing homes and end of life care services. Enhanced end of life support had also been added into the system, the St Christopher's Winter Support Team working in partnership with Bromleag Care Practice, to provide palliative care to patients, and Advance Care Plans had been undertaken for care home residents post discharge to establish clear escalations of care.

The Associate Director advised that a comprehensive One Bromley winter plan had been developed to deliver national, regional, south-east London wide and borough specific information regarding flu, COVID-19 and winter health. A One Bromley staff event had been held to launch the winter campaign and encourage working together and referrals to different parts of the system to help with winter pressures. This had been attended virtually by 200 people and may more had viewed videos produced of main winter schemes to help promote availability and how to refer across the local system. A new monthly 'Together Through Winter' e-bulletin had been created to give information about resilience schemes, winter challenges, pressures and share key information with the workforce – before Christmas, a winter health leaflet had also been delivered to every household in Bromley which provided information on vaccinations, using the right service, children's health and self-care. In response to a question, the Associate Director said that communication would be an area of focus as they were aware that this was something which could be improved. They were keen to have regular user involvement to provide insight on hospital discharge.

The Bromley Borough Director highlighted that the success of partnership working had been reflected in the achievements of the borough's COVID-19 vaccination programme – Members and partners had assisted in encouraging one of the best uptake rates in London. Since December 2020, over 500,000 vaccinations had been delivered across borough and the One Bromley collaboration had been central to achieving excellent uptake. It was noted that uptake from the younger age groups was not as good as they would like, but was higher than many other boroughs, and the following day they would begin delivering vaccinations for at risk 5–11-year-olds. Residents were still coming forward for first doses and variations in uptake were continually being monitored. This included, for example, uptake from pregnant women – Bromley had the best uptake rate across south east London, but this was still only 70%. Work was also continuing to manage outbreaks of COVID-19 in care homes. In response to a question, the Bromley Borough Director advised that some specific pop-up COVID-19 vaccination hubs had been held in Penge, but uptake could sometimes be slow. The data on vaccination uptake by ethnicity was monitored by ward on a monthly basis and could be provided to Board Members.

The Bromley Borough Director advised that next steps would include a tapering of additional winter capacity to revert back to 'business as usual' levels. A winter reflection workshop would be held on 12<sup>th</sup> April 2022 to identify what had gone well; analyse unpredicted issues that emerged, their impact, how they were

addressed and could feed into relevant organisation's business continuity plans; and identify recommendations for next winter. All approaches would be celebrated at the upcoming One Bromley Awards which would recognise the work undertaken by staff, particularly throughout the winter period.

The GP Clinical Lead – SEL CCG said it was important to note that a number of the interventions implemented to address winter pressures would be embedded, which they would look to improve and extend going forward. This was in addition to other work related to long-term conditions – work would continue across the system as a whole to ensure the right escalation plans were in place and residents were able to get the advice and help they required quickly. It was hoped that the winter reflection workshop would allow new initiatives to be taken forward as lots of the work had manifested from the collaboration of clinical professionals.

The Chairman thanked the Associate Director and Bromley Borough Director for their update to the Board. It was stated that this had been a fantastic effort and the slides should be publicised more widely. The Portfolio Holder for Adult Care and Health said that a phenomenal piece of work had been undertaken and staff had remained resilient throughout unprecedented times.

**RESOLVED that the report be noted.**

## **46 INTEGRATED COMMISSIONING BOARD UPDATE**

### **Report ACH22-009**

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

The Integrated Commissioning Board provided leadership, strategic oversight and direction for all health and social care integrated commissioning programmes and processes undertaken jointly by Bromley health and care partner agencies. Key responsibilities included:

- Leading and directing arrangements for integrated commissioning of health and social care within the borough of Bromley;
- Supporting the work of the Health and Wellbeing Board in delivery of the key priorities identified in the Health and Wellbeing Strategy;
- Overseeing the management of joint resources that enabled effective integrated commissioning programmes;
- Producing a Local Plan, which allowed the Council and SEL CCG (Bromley) to draw down the Better Care Fund (BCF);
- Develop a co-ordinated approach to managing and developing the local provider market across health and care services; and
- Ensuring the SEL CCG (Bromley) and the Council were well positioned to meet the emerging requirements from legislation, national/regional policy or best practice guidance.

A key outcome of the Board's work in 2019/20 was the creation of an Integrated

Commissioning Service that brought together the health and care commissioning teams for out of hospital and community services from across the Council and the Bromley Borough service from South East London CCG. Led by the Assistant Director for Integrated Commissioning, who worked across the Council and CCG, this new service now played a key role in supporting the work of the Board. The new service was established in April 2020.

The Bromley Borough Director noted that a huge amount of joint working was being undertaken, including the SPA, All Ages Autism Board Action Plan and Child and Adolescent Mental Health (CAMHS) Programme. New projects included:

- Mental Health Recovery and Rehab/Support and Accommodation – recommissioning of supported rehabilitative accommodation schemes; and,
- Bromley Healthcare Assurance – a sub-group of the Board was leading on assurance of Bromley Healthcare Services following the publication of their CQC inspection report in February 2022.

It was noted that as the new Integrated Care Service arrangements for south east London come into effect on 1<sup>st</sup> July 2022, the work of the ICB would become increasingly important. The Director of Adult Social Care agreed that Bromley was well placed to move to the new integrated ways of working across south east London.

In response to a question from the Vice-Chairman, the Bromley Borough Director noted that the waiting times for the Child and Adolescent Mental Health (CAMHS) Programme had lengthened due to the impact of the pandemic. It was noted that there were also issues with workforce capacity, however they were looking at new models to address this issue. The waiting times for Bromley Y (tier 2) were not affected, but CAMHS (tier 3) were being carefully monitored and additional services added. The Chairman requested that the Bromley Borough Director and Director of Children's Social Care provide an update to Board Members following the meeting.

In response to further questions from the Vice-Chairman, the Bromley Borough Director advised that they were looking to improve children's therapies for speech and language. It was noted that there had been workforce issues and they were in the process of recruiting to provide additional occupational therapy services to support children in Bromley. A Member suggested that early intervention needed to be made a priority and considered that a deep dive may be required to identify if this was a wider issue. With regards to the proposal for a new free school in Bromley, the Director of Adult Social Care advised that an update could be requested from the Director of Education following the meeting.

The Bromley Borough Director provided an update on the development of the South East London Integrated Care Partnership and One Bromley. A copy of the presentation is attached at Appendix A.

A Board Member advised that the CCG had agreed to fund a post across all six boroughs which would represent the voluntary and community sector on the partnership board. Community Links Bromley would host the role and this

opportunity should be communicated when the post was advertised. It was considered that there needed to be conversations regarding participation and what contribution Bromley could make towards the priority of building resilient communities.

The Vice-Chairman noted that there had been a number of changes made to the system over several years – he hoped that these proposals would be positive for the residents of Bromley. The Portfolio Holder for Adult Care and Health echoed the comments made by the Bromley Borough Director and considered that Bromley was well placed to move to the new arrangements. The presentations received by the Board during the meeting highlighted the benefits already being provided by the system in Bromley. The GP Clinical Lead – SEL CCG said that it was important for Bromley to move forward and strengthen relationships, including bringing providers and the voluntary sector together. Providers were delivering good standards of care and making early diagnosis – improvements had been made due to the changes across south east London. The Chairman noted that the changes were modelled on what was already being done in Bromley – residents were seeing the benefits and could help shape the future agenda.

**RESOLVED that the Integrated Commissioning Board update be noted.**

#### **47 SUMMARY OF THE ROUGH SLEEPER WORKSHOP**

The Chairman welcomed Lydia Lewinson, LBB Head of Housing Options and Support to the meeting to provide an overview of the rough sleeper stakeholder event held in January 2022. A copy of the presentation is attached at Appendix B.

The LBB Head of Housing Options and Support advised that the numbers in Bromley were generally low, with two or three occasional rough sleepers. It was highlighted that this was something that could happen to anyone, and it was important that the right partnership approach was taken.

During the stakeholder event, several questions had been discussed regarding the care pathways for rough sleepers in Bromley, including:

- whose responsibility was it to safeguard/keep rough sleepers safe, when it was their personal choice to sleep rough?
- at what point should a safeguarding referral be made, and what could be expected from the service?
- whose responsibility were rough sleepers when they refused multiple offers of accommodation?
- how quickly could they get a dual diagnosis or psychiatrist to assess them on the streets?
- what if they present as having capacity and navigate themselves around the system again?

Agreed actions following the stakeholder event had included:

- Creating a directory of services – resources, threshold, transparency of provision;
- Appointment of a dedicated Single Point of Contact in each agency;

- More training in relation to cuckooing;
- Early intervention to prevent homelessness;
- Thinking outside the box;
- GP registration/list of health services; and,
- List of frequent visitors to A&E to see if intervention/support could be provided.

A Board Member said that the time intensive work being undertaken was extremely impressive and was having a really positive impact. The service operating in Bromley was “leading the way” and she would be keen to share this example with other Safeguarding Adult Board colleagues.

A Member said she was aware of families who were coping with adult children returning to the family home with mental health issues due to the impact of the pandemic and highlighted the need for interventions prior to relationships breaking down. The LBB Head of Housing Options and Support advised that the support and resettlement team received referrals and provided early intervention. They looked at things such as pathways, alternative accommodation, and access to benefits for this group of “hidden homeless”. Another Member agreed that prevention was better than cure and emphasised the need for work to be undertaken prior to behaviours becoming entrenched. A Member enquired if engagement took place with landlords to ensure that there was a timeline for people living with their parents, and not on the tenancy, to find alternative accommodation when it was required. The LBB Head of Housing Options and Support advised that a landlord would be acting illegally if they just changed the locks – prior to eviction, the landlord would need to issue a notice to the tenant and obtain a court possession order.

A Board Member enquired as to how easy, or difficult, it was for the team to get rough sleepers access to GPs or health services. The LBB Head of Housing Options and Support said it was much easier if the rough sleeper gave their permission. However permission was not usually given, and GDPR could not be bypassed, so they made full use of the medical clinic hosted by Bromley Homeless Shelter. It was considered that in the future a mobile unit would also be beneficial. The team would continue with a person-centred approach, and it was noted that target meetings took place every two weeks and the LBB Assistant Director for Public Health provided advice on the best way forward.

The Chairman congratulated the LBB Head of Housing Options and Support and the LBB Assistant Director for Public Health on delivering a powerful stakeholder event and the great work being undertaken.

**RESOLVED that the update be noted.**

## **48 FUTURE COVID-19 SURVEILLANCE**

The Director of Public Health informed Board Members that the team had stopped producing the weekly COVID-19 briefing as testing had reduced over the last couple of months and the data on the prevalence of COVID-19 was becoming

inaccurate.

Nationally, there had been lots of discussion regarding the surveillance of COVID-19. Currently the Office for National Statistics (ONS) survey involved a random sample of the population undertaking a blood test – this would continue, and the sample size would be increased to provide more accurate results. It was hoped that local data could be provided, and Members would be kept informed if this could be built into future surveillance.

In response to questions, the Director of Public Health advised that current ONS data indicated that in London 1 in every 16 people had a COVID-19 infection. In the last fortnight around 400 cases were recorded in the borough per week, and this had now plateaued – however it was highlighted that as local data on COVID-19 had reduced significantly since January 2022, this figure was likely to be an underestimate. From the following day, free lateral flow tests would no longer be available to the general public and therefore the number of cases recorded were expected to decrease even further.

In response to a question from the Chairman, the Director of Public Health advised that there was an internal Bromley system for the surveillance and management of COVID-19 in care homes, which would continue. There was a good amount of data relating to care homes – they were informed about cases of COVID-19 through the local system which allowed support to be provided.

A Member considered that there had not been much coverage in the national press about the COVID-19 spring booster jab for those aged 75 and over. The Director of Public Health advised that residents aged 75 and over, and those who were immunosuppressed, would be invited to book a booster jab – a fair amount of information had been shared on TV and radio, but more could always be done. The Bromley Borough Director – SEL CCG said that letters were currently being sent to this cohort, inviting them to book a vaccination appointment. Previously the GP system had also called patients to book appointment – this had not yet taken place, but it was hoped that these additional calls would soon be utilised. The Chairman emphasised that data should be monitored closely as national figures indicated that uptake had been slow.

**RESOLVED that the update be noted.**

**49           DISCUSSION - PUBLIC HEALTH AND WELLBEING PRIORITIES  
FOR 2022/23**

**Report ACH22-011**

The Director of Public Health advised Board Members that the Health and Wellbeing Strategy 2019-2023 was due to be refreshed by 2023 ([www.bromley.gov.uk/downloads/file/4759/bromley\\_health\\_and\\_wellbeing\\_strategy\\_2019-2023](http://www.bromley.gov.uk/downloads/file/4759/bromley_health_and_wellbeing_strategy_2019-2023)). It was noted that work was planned to provide an update on progress against the ten priorities of the current Strategy and developing priorities for the refresh.

The ten priorities of the Health and Wellbeing Strategy 2019-2023 were:

1. Cancer
2. Obesity
3. Diabetes
4. Dementia
5. Adults Mental Health
6. Homelessness
7. Learning Disability
8. Drugs and alcohol in young people
9. Youth Violence
10. Adolescent Mental Health

An analysis of the key public health outcomes using the OHID Public Health Outcomes Framework, JSNA and other key public health datasets and indicators would be used to assess potential areas for improvement. Potential priority areas for the Health and Wellbeing Strategy refresh would be developed using the methodology adopted previously. This was based around the production of a matrix that classified health and wellbeing issues according to their potential impact on the Bromley population (defined by the prevalence or incidence of disease or mortality) and the recent direction of trends (improving or worsening). It was noted that a report of the findings would be presented at the June meeting of the Health and Wellbeing Board.

The Chairman considered that the ten priorities listed were likely to remain as significant issues. However there was also the need to consider issues such as Long Covid Syndrome and the COVID-19 and catch-up vaccination programmes. A Member suggested that a future priority should be 'drugs and alcohol' across the population, rather than specifically related to young people. Another Member highlighted that some priorities may feed into others as subcategories.

The Chairman noted that the number of priorities was not restricted to ten, and Board Members were asked to provide any further suggestions by the end of April 2022.

**RESOLVED that the update be noted.**

## **50 CHAIRMAN'S ANNUAL REPORT**

Board Members had been provided with a copy of the Chairman's annual report of the Health and Wellbeing Board 2021/22 prior to the meeting. The document captured the issues that had been addressed throughout the year and were likely to remain going forward. The Chairman advised that the report would be provided for information to the July meeting of Full Council.

**RESOLVED that the report be noted.**

## **51 QUESTIONS ON THE HEALTH AND WELLBEING BOARD INFORMATION**

The Health and Wellbeing Board Information Briefing comprised of 2 reports:

- Better Care Fund and Improved Better Care Fund Performance update – Q3 2021/22
- Healthwatch Bromley – Patient Experience Report Q3 2021/22

**RESOLVED that the Information Briefing be noted.**

## **52 WORK PROGRAMME AND MATTERS OUTSTANDING**

### **Report CSD22045**

The Board considered the proposed work programme for 2022/23 and matters arising from previous meetings.

The Director of Public Health said that at the June meeting it was proposed for additional time to be spent discussing the Health and Wellbeing Strategy and a report would also be presented on the Public Health management of the COVID-19 pandemic.

A Board Member asked for an update in relation to the COVID-19 impact assessment. The Director of Public Health said that the JSNA chapter had been delayed as a full year of data was needed to evaluate the impact of COVID-19. It was anticipated that data for 2021/22 would be available in the coming months and a report presented before the end of the year. The Director of Public Health advised that the Consultant in Public Health had undertaken an extensive literature review, however there was little data available by borough.

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

## **53 ANY OTHER BUSINESS**

Board Members agreed that they were happy with the proposal for the meeting on Thursday 9<sup>th</sup> June 2022 to start at 2.00pm.

The Chairman noted that this was the final Health and Wellbeing Board meeting of the municipal year – it had been a challenging year, but had ended on an optimistic note. Members and officers were thanked for their contributions throughout the year.

**RESOLVED that the issues raised be noted.**

**54            DATE OF NEXT MEETING**

The next meeting of the Health and Wellbeing Board would be held at 2.00pm on Thursday 9<sup>th</sup> June 2022.

The Meeting ended at 4.08 pm

Chairman



WORKING TOGETHER TO IMPROVE HEALTH AND CARE IN BROMLEY

# Development of the SEL Integrated Care Partnership and One Bromley

Health and Well Being Board  
31st March 2022

# National policy on Integrated Care Partnerships

- Integrated Care Systems - a requirement to establish an Integrated Care Partnership, a committee based on equal partnership between NHS and Local Authorities.
- 42 ICSs in England, each serving a population of 1-3 million.
- Integrated Care Partnerships will be required to develop an integrated care strategy to address the broad health and social care needs of the population within the Partnership's area, including determinants of health such as employment, environment, and housing.
- Part of NHS Long term Plan
- This includes facilitating joint action to improve health and care services, tackling health inequalities, addressing social determinants of health, supporting social and economic development and supporting sustainability.
- The Health and Care Bill is making its way through Parliament, with proposed start dates for the ICS scheduled for 1<sup>st</sup> July 2022

# Our ambitions for the Partnership in South East London

- South East London Integrated Care Partnership – Boroughs of Bromley, Bexley and Greenwich, Lambeth, Southwark and Lewisham, acute trusts, MH health trusts, community services, third sector and the population
- A longstanding commitment to working in meaningful partnership with local authorities to ensure a truly integrated approach to
  - improving health outcomes
  - improving the wellbeing of our residents
  - reducing health inequalities
  - improving health and care in a sustainable way
  - support social and economic development

Page 42

We have put forward a limited membership for the Partnership so that it can act as an effective body for transacting business, with scope to bring together a broader range of partners within committees supporting the Partnership and the board.

# Three Key Components of the Integrated Care System

## Integrated Care Partnership:

- Wider integration across settings and geographies
- Organisations working together
- Strategies based on feedback from the local community, data and evidence

## Integrated Care Board:

- Interface between NHS bodies and local government
- Oversight and delivery of joint programmes
- Ensure partnerships between the NHS itself
- Managing the budget

## Local Care Partnership:

- One Bromley Partnership
- Develop local services
- Work as a single system
- Prevention of ill health and disability
- Delegated Budget

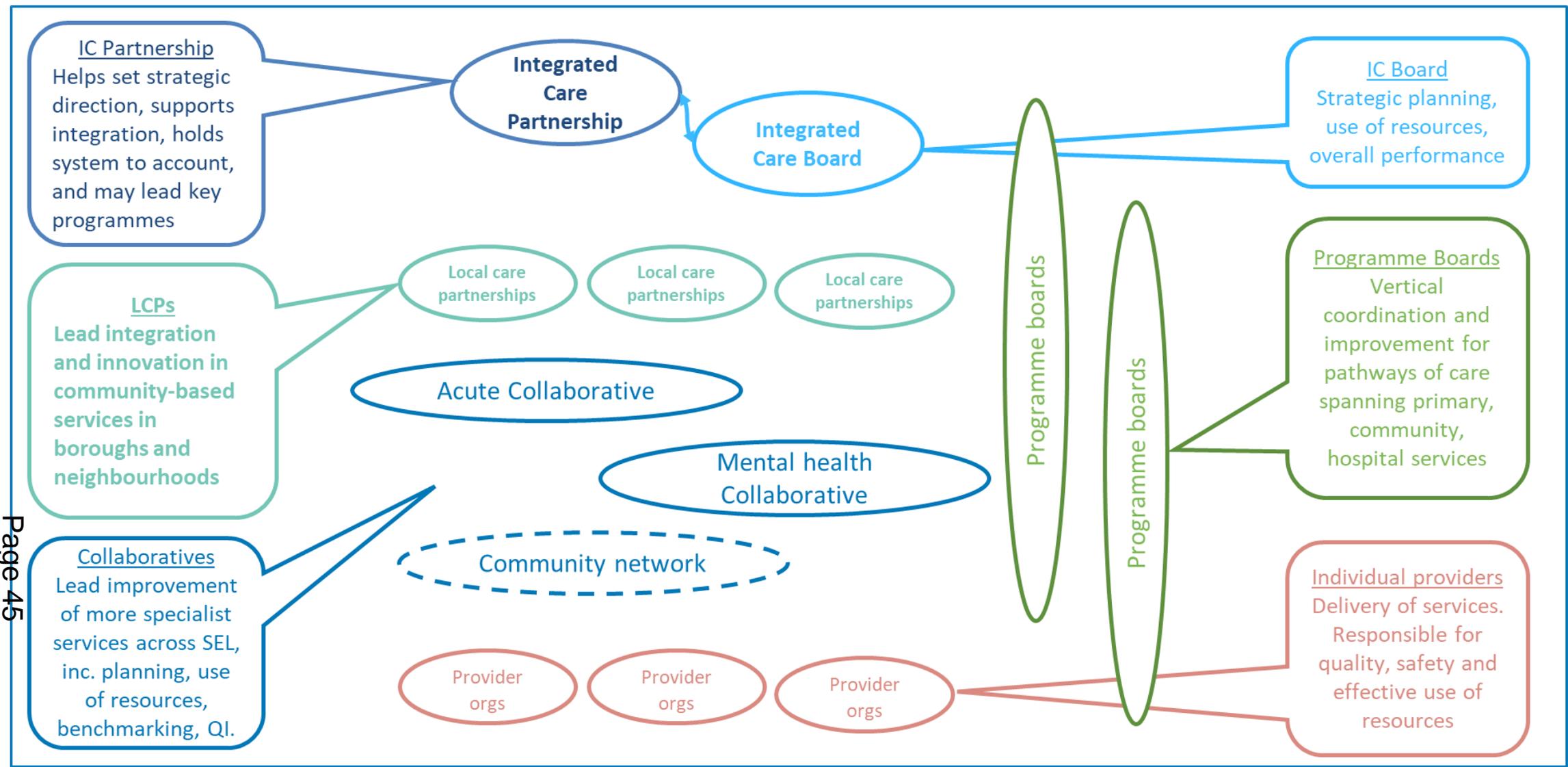
# SEL Integrated Care Partnership Membership

- Integrated Care Board Chair
- Integrated Care Board Chief Executive
- Elected leaders or nominated cabinet members of our six local authorities
- Chairs of GSTT, LGT, KCH, Oxleas, SLAM and Bromley Healthcare
- A lead Director of Adult Social Care
- A lead Director of Children's Services
- A lead director of Public Health
- A senior representative of King's Health Partners
- A Primary Care / Primary Care Networks representative
- A representative of VCSE services in SEL
- A representative of SEL Healthwatch organisations

Page 44

**Partnership to be chaired jointly by the IC Board Chair and one of the six Local Authority leaders**

# The Integrated Care Partnership within the System Architecture



# The focus on place or boroughs is essential

- **Place is where people live, work and learn** and where most people will access their health & care information, advice, support and treatment.
- **Supporting people's health and care in their community** and as near home as is feasible, will be a key goal for any ICS
- **Residents/patients identify themselves with the borough in which they live** – it is their 'place.'
- **Communications and engagement with residents/patient and co-production** of better health and care outcomes should be led at borough level.
- **Integration with social care may only happen at the place level**, e.g. hospital discharge, equipment
- **Social capital and the voluntary/community sector** have greatest impact and involvement at place level and with many organisations only operating at the place level, e.g. end of life care provision
- **At the local level, NHS and care and partner agencies will want to take a role in shaping each 'place' in the widest sense**, e.g. making the link between social and economic policy on health determinants
- **Primary Care Networks and neighbourhoods are the place-based building block** for improving population health
- **Local democratic scrutiny and oversight is place based**

# The One Bromley Local Care Partnership

- Each borough should have a Local Care Partnership (LCP) Board (a committee of the ICB)
- Bromley has already been working as an integrated system through the One Bromley partnership, overseen by the Bromley Borough Based Board
- Delivery is through the One Bromley Executive
- Examples of One Bromley integrated service initiatives:
  - Covid Management Service
  - Bromleag Care Practice and Enhanced support for care homes
  - Single Point of Access for Discharge - national award
  - Proactive Care Pathway
  - Long Covid Service
  - Covid vaccination programme

- In Bromley, we are proposing that the One Bromley Local Care Partnership Board further evolves:
  - is jointly chaired by the Council leader and a clinician as this combination has worked well over the last couple of years for the borough based board
  - membership will include representation from local Primary Care Networks, Acute, Mental Health and Community services providers, the local authority (and specifically Adults and Children's services and Public Health), Healthwatch and the VCSE sector
  - The appointment of an Executive leader/Place Lead for health for Bromley who will have delegated authority and budgets, who will discharge these responsibilities through the Local Care Partnership
  - The 'Place Lead' will be a member of the SEL Integrated Care Board (ICB).

# What will be different for Bromley ?

- Potential for greater place-based delegation and resources
- Strengthened role of local agencies
- Commissioner/ Provider relationships
- Provider collaborations
- Strengthened public health leadership and influence
- Opportunities for further integration for
  - benefit of patients and residents
  - potential reduction of risk to organisations through reduced overlaps and less duplication



THE LONDON BOROUGH

Lydia Lewinson

HEAD OF HOUSING OPTIONS AND SUPPORT

# Stakeholder event

## Discuss Care Pathways for Rough Sleepers in Bromley

- Whose responsibility is it to safeguard/keep rough sleepers safe, when it is their personal choice to sleep rough?
- How do we safeguard them and ensure there is no threat to life?
- At what point, should a safeguarding referral be made, and what can be expected from the service?
- What about rough sleepers who have Nil-Recourse to Public Funds, with no capacity to make a homeless application?

# Stakeholder event

- Whose responsibility are they when they refuse multiple offers of accommodation?
- What happens when the police have no powers under which to take action?
- How quickly can we get a dual diagnosis or psychiatrist to assess them on the streets?
- What if they present as having capacity and navigate themselves around the system again?
- What do we say to the residents of Bromley, the MP's or Councillors?

# Case Study - Ella

- Reports – Lady sleeping in a tent
- London Street Rescue
- Evicted from Supported Accommodation
- Paperwork
- Complex needs
- Access to GP
- Attempts to move to accommodation
- Sustaining Temporary Accommodation
- ASB ? Unable to manage a tenancy ? Capacity ?
- Professionals are engaging with Mental Health
- Working with the community to support rough sleepers

# Case Study - Brenda

- Reports – Woman walking around Bromley
- Entrenched rough sleeper
- London Street Rescue – over 90 times
- Family involved
- Intervention required
- Mental Health Colleagues and Police
- Revolving door
- Engaging with Mental Health Treatment on the Ward
- Capacity Assessment

# Case Study - Brenda

“I am sending you a high-profile case which I have discussed with two of your colleagues copied into this email. Lydia and Calvin have been very supportive to get to where we are with Brenda.

She has made a tremendous progress and can hold down a tenancy. We have identified XXX House as the most ideal given the level of support and proximity to shops.”

**Mental Health Social Worker**

**January 2022**

# Case Study - Brenda

Brenda is signing tenancy today.

Bromley CMHRES coming to assess this week.

## **PLAN is for the team to**

1. Support with day structure and routine
2. Freedom pass application
3. Appointeeship application ongoing
4. PIP application – in progress
5. Candace to do relapse prevention.

**Mental Health Social Worker**

# Actions arising

- Create a directory of services – resources, threshold, transparency of provision
- Appoint dedicated SPOC in each agency
- Cuckooing – training
- Early intervention to prevent homelessness
- Think outside the box
- GP registration
- List of frequent visitors to A&E

# Single Homelessness Team

Housing Options & Support Service  
Single Homelessness Pathway

## Team

- Rough Sleeping Co-ordinator (Emma Harthieh)
- TA and Resettlement Officer (Marsharine Lindsay)
- PRS Procurement Officer (Dionne Carr)
- Complex Needs Navigator (TBC)
- Support, Engagement and Resettlement Officer (VACANT)



THE LONDON BOROUGH

Lydia Lewinson

[lydia.Lewinson@bromley.gov.uk](mailto:lydia.Lewinson@bromley.gov.uk)