



BROMLEY CIVIC CENTRE, STOCKWELL CLOSE, BROMLEY BRI 3UH

TELEPHONE: 020 8464 3333

CONTACT: Jo Partridge
Joanne.Partridge@bromley.gov.uk

DIRECT LINE: 020 8461 7694

FAX: 020 8290 0608

DATE: 23 March 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 31 MARCH 2022 AT 2.00 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 25th March 2022.**

4 MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 3RD FEBRUARY 2022 (Pages 1 - 14)

5 LATEST PHASE OF THE PANDEMIC/REVIEW OF WINTER - SEL CCG (Pages 15 - 38)

6 INTEGRATED COMMISSIONING BOARD UPDATE (Pages 39 - 44)

7 SUMMARY OF THE ROUGH SLEEPER WORKSHOP

To follow

8 FUTURE COVID-19 SURVEILLANCE

9 DISCUSSION - PUBLIC HEALTH AND WELLBEING PRIORITIES FOR 2022/23 (Pages 45 - 50)

10 CHAIRMAN'S ANNUAL REPORT (Pages 51 - 52)

11 QUESTIONS ON THE HEALTH AND WELLBEING BOARD INFORMATION

The briefing comprises:

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

Members of the Health and Wellbeing Board have been provided with advance copies of the briefing via email. The briefing is also available on the Council's website at the following link:

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

12 WORK PROGRAMME AND MATTERS OUTSTANDING (Pages 53 - 58)

13 ANY OTHER BUSINESS

14 DATE OF NEXT MEETING

1.30pm, Thursday 9th June 2022

1.30pm, Thursday 22nd September 2022

1.30pm, Thursday 8th December 2022

1.30pm, Thursday 2nd February 2023

1.30pm, Thursday 30th March 2023

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HEALTH AND WELLBEING BOARD

Minutes of the meeting held at 1.30 pm on 3 February 2022

Present:

Councillor David Jefferys (Chairman)
Councillor Robert Evans (Vice-Chairman)
Councillors Gareth Allatt, Yvonne Bear, Kira Gabbert,
Simon Jeal, Keith Onslow and Diane Smith

Richard Baldwin, Director: Children's Social Care
Kim Carey, Director: Adult 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

Marzena Zoladz, Healthwatch Bromley

Also Present:

Councillor Mike Botting, Executive Assistant for Adult Care and
Health and Jonathan Lofthouse (King's College Hospital NHS
Foundation Trust)

28 APOLOGIES FOR ABSENCE

A minute's silence was held in memory of Councillor Mary Cooke.

Apologies for absence were received from Councillor Kevin Kennedy-Brooks and Councillor Gary Stevens, and Councillor Simon Jeal and Councillor Keith Onslow attended as their respective substitutes.

Apologies were also received from Rachel Dunley, Christopher Evans, Jim Gamble, Dr Andrew Parson and Jacqui Scott (Bromley Healthcare).

29 DECLARATIONS OF INTEREST

There were no declarations of interest.

30 QUESTIONS

No questions had been received.

31 MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 25TH NOVEMBER 2021

RESOLVED that the minutes of the meeting held on 25th November 2021 be agreed.

32 HEALTH AND WELLBEING STRATEGY: JSNA PRIORITY AREAS

A PRESENTATION FROM THE FALLS AND FRACTURE PREVENTION SERVICE

The Chairman welcomed Lindsay Pyne, Head of Adult Therapies – Bromley Healthcare (“Head of Adult Therapies”) to the meeting to provide an update on the Falls and Fracture Prevention Service.

The Head of Adult Therapies informed Board Members that all referrals to Adult Therapy teams were filtered via the Single Point of Access (SPA). If a referral was considered to be urgent, or required a quick response to ensure safety and reduce risk of attendance at an Emergency Department (ED), it was passed to the Rapid Access to Therapy Team (RATT). The RATT assessed patients in their own home within two hours, or two days, and then provided equipment/intervention and referred them on for ongoing falls specific intervention.

Since an update was last provided to the Health and Wellbeing Board, the Falls Therapy Clinic had opened with locations in Orpington and Beckenham although it was noted that there was reduced capacity due to infection control. A Falls Consultant Clinic had also opened, with reduced capacity, one morning per week; a Vestibular Clinic was open one afternoon per month; home visits for initial assessments and exercise/intervention were also available; and Balanced Lifestyle Groups (12-week programme) were held face to face in West Wickham and Orpington. In response to a question, the Head of Adult Therapies said that the locations were not based on areas that had a particularly high number of falls – there were limitations due to the spaces available, and they would continue to look for further options to deliver these programmes.

The Head of Adult Therapies advised that the Falls and Fracture Prevention Service received on average 80 referrals per month. At present, the caseload stood at 342 patients, which it was noted did not include the caseload of the Fracture Liaison Nurse. The waiting time was approximately 12 weeks, which was impacted by both staffing capacity and the capacity available within the clinics. Outcomes for patients were measured by TOMs and Tinetti and positive feedback was received from patients. (TOMs stands for Therapy

Outcome Measures and was in use across many therapy services in Bromley Healthcare. It was completed during the initial assessment and then end of intervention to determine if improvements had been made in four areas in line with International Classification of Functioning, Disability and Health: Impairment, Activity, Participation and Wellbeing. Tinetti was also an outcome measure used predominantly by Physiotherapists to assess a patient's gait and balance and provided a score on completion which could be compared pre and post intervention to determine progress/improvement. In response to questions from the Vice-Chairman, the Head of Adult Therapies advised that it was acknowledged that the 12-week waiting time was too long and an increase in capacity and efficiency would be needed to return to the standard waiting time of 4-6 weeks. It was highlighted that the Rapid Access to Therapy Team (RATT) assessed patients at immediate risk and referred them on if necessary.

With regards to future plans for the service, the Head of Adult Therapies said that a Team Away Day had recently taken place to discuss some positive changes. These included:

- Increasing the capacity of Falls Therapy Clinics to reduce waiting lists;
- Increasing the Balanced Lifestyle Group to include a group in Bromley;
- Streamlining the patient pathway (currently home working and measures put in place to reduce face to face contact need to be streamlined);
- Improving responsiveness to reduce waiting list;
- Increasing student numbers, aiming for 1 Occupational Therapist and 3 Physio students next academic year; and,
- Ongoing review to ensure compliance with NICE Falls Guidance, best practice and research.

The Falls Prevention Working Group were moving from monthly to bimonthly meetings, which involved staff across Bromley Healthcare, to ensure they were thinking about risks when providing care, and the Falls Policy had been rewritten and implemented. An initial Falls Risk Assessment Tool (FRAT), which was included in all adult services' initial assessments, would be audited in March 2022. Other future work for this group would include reviewing the Falls Pathway in line with NICE Falls Guidance for all patients, piloting internal referrals into the Falls Team and implementing research to ensure the right team were seeing the right patient.

Members were advised that the NHS England 'Falls Pick Up Service' was to be implemented in Bromley. It aimed to avoid conveyance to ED, when appropriate, and to reduce pressure on the ambulance services in order to minimise long lies for those who had fallen. Bromley Healthcare were currently scoping potential service models to ensure that service delivery aligned closely with working partners, such as the London Ambulance Service, and to integrate into other urgent services within Bromley Healthcare (Home and Bed based Rehabilitation, Urgent Therapy assessment, Care agency involvement, Falls and Fracture Prevention Service). In response to questions, the Head of Adult Therapies said that patient referrals were received from GPs and other professionals, but they would be open to

receiving referrals from other organisations, however patients could not refer themselves directly. With regards to falls awareness, it was noted that Bromley Healthcare was only commissioned to train its own staff – they would like to engage with the public more widely, however this would require further resources.

The Head of Adult Therapies informed Members that Bromley Healthcare would host the role of SEL Falls Programme Lead (a 6-month secondment, with some potential to be extended). The programme would include work to:

- Understand the current SEL falls services;
- Identify opportunities for improvement, especially in relation to strengthening the crisis component of these services; and,
- 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.

The Rehabilitation research team at the University of Nottingham had conducted a FinCH randomised controlled trial to evaluate the Guide to Action Care Home (GtACH) falls prevention tool (2016-2019). The GtACH multifactorial tool was used to assess the risk of falling on an individual basis to enable the implementation of patient-centred fall preventative changes. The trial had concluded a 43% reduction in falls in care homes and was cost effective (peer reviewed) and had resulted in the 'React to Falls' resources, promoted by NHS England/Improvement and shared with care homes in Bromley. Following the success of this trial, the Head of Adult Therapies advised that the team would be conducting a falls prevention implementation study outside of trial conditions in preparation for nationwide implementation. The programme consisted of a training package for care home staff, information manual, and a screening and assessment tool.

Bromley Healthcare had worked alongside the 'Living With' group to develop a falls prevention app that could be used by patients in Bromley, which was still in the early stages of development. In response to a question from the Chairman, the Head of Adult Therapies said that the first phase of the app had taken a couple of months to develop, with the last update on this work provided in November 2021. A Member enquired if research had been undertaken with the current cohort of patients to see if they would use this app once it was launched. The Head of Adult Therapies advised that this was currently being discussed with patients. Work would also continue on the London-wide Digital Community Health Services Programme. This would include looking at high volume pathways (catheter and falls), mapping the Bromley falls pathway in relation to digital maturity and access to timely patient information, and creating a blueprint to be used across London.

In response to a question from the Chairman, the Head of Adult Therapies said that it was currently too early to estimate the number of falls prevented by the service – there were difficulties in collating data across the system, which made this hard to evidence. A Member enquired as to whether information was gathered on the circumstances surrounding a fall. The Head of Adult

Therapies advised that a number of questions would be asked, and a report could be created to help inform which interventions were put in place.

The Chairman thanked the Head of Adult Therapies, Bromley Healthcare for her presentation to the Board and requested that a further update be provided at the end of the year.

B WEIGHT MANAGEMENT

The Chairman welcomed Gillian Fiumicelli, LBB Head of Vascular Disease Prevention Programme and Jess Seal, Primary and Community Care Transformation Manager, South East London CCG (“Primary and Community Care Transformation Manager”) to the meeting to provide an update on adult weight management services in Bromley.

Members were advised that data from the Active Lives survey 2019/20, which was prior to the pandemic, indicated that around 57% of adults in the borough were classified as being overweight or obese. The complicated picture of obesity and the benefits of a whole systems approach were highlighted.

The LBB Head of Vascular Disease Prevention Programme informed Members that in regard to the Bromley adult weight management workstreams, there were a number of groups which had a focus on obesity:

- One Bromley Obesity Working Group (Local Bromley commissioners, providers, Public Health);
- SEL CCG Obesity Group (a new group of Public Health Obesity Leads);
- SEL Diabetes and Obesity Commissioning Group (Commissioners from across SEL); and,
- the Health and Wellbeing Board had itself identified obesity as a priority.

Tier 1 (universal prevention services) of the Bromley adult weight management programmes were open to everyone – the Better Health NHS Weight Loss Plan app was continually being developed and provided a wide range of useful information. During 2021/22, there had been new 12-week programmes implemented within Tier 2 (behavioural services) – NHS Digital Weight Management Programme and Slimming World. The Local Authority would fund 1,364 places on the programmes – GP practices currently referred patients, however they would be working with the social prescribing team to increase the number of referrals, and self-referrals would be accepted to fill the places before the end of March 2022. It was noted that in Tier 3 (specialist services), they were looking to recommission the healthy weight programme for patients who were more severely obese. Board Members were provided with an overview of both the general adult weight management pathway, and the pathway that focused on diabetes.

With regards to identifying individuals who would benefit from the Weight Management Programmes, there were opportunities for Community Champions and Community Pharmacies to assist, in addition to self-referrals

for the universal programmes (Better Health campaigns). Primary care remained the main mechanism for individuals to be identified via NHS Health Checks; Weight Management Referral Optimisation Protocol; computer searches; National Incentive Scheme; social prescribing team; dietitians and Health Coaches. The Primary and Community Care Transformation Manager advised that developments in primary care included the national enhanced service which encouraged practices to develop a supportive environment for clinicians to engage with patients living with obesity about their weight. This enhanced service worked 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. The workforce that could refer into these pathways had been expanded and now included all healthcare professionals, including social prescribers and PCN dietitians.

In response to a question, the LBB Head of Vascular Disease Prevention Programme advised that rather than waiting for patients to attend face to face GP appointments for referrals, systems had been used to identify patients with weights in the target area. These patients had been sent text messages, asking them to reply 'yes' if they were interested in participating in the programme, and then further interaction would take place. It was acknowledged that GPs were extremely busy, and they were mindful of the March 2022 deadline, which was why the programme had now been opened up to self-referrals.

The LBB Head of Vascular Disease Prevention Programme informed Board Members that Slimming World were required to submit data to OHID and to the Local Authority according to minimum dataset. Slimming World was currently only funded until the end of March 2022, and the outcome of further funding for next financial year was awaited. It was noted that the outcomes for the other programmes were managed by the commissioning organisation. The Portfolio Holder for Adult Care and Health highlighted the issue of 'yo-yo dieting' and said it would be beneficial to see data provided on sustainability, and how long these interventions worked for.

The Chairman highlighted that it had been eighteen months since the launch of the Council's 'Don't Wait to Lose Weight' campaign and asked what could be done to reinforce this message and further encourage residents. The LBB Head of Vascular Disease Prevention Programme advised that there were lots of communications planned, and they had recently been notified that a GP registrar would be identified to help boost primary care referrals. With regards to the Slimming World programme, as there had been a limited number of places they had been cautious about opening up the offer too wide, too soon. It was acknowledged that this offer now needed to be opened up further and it was hoped that the methods stated would help to fill the spaces by March 2022. The Primary and Community Care Transformation Manager said that Members could continue to echo the messages from primary care, keeping these issues at the forefront of people's minds and increasing awareness. The Director of Children's Social Care noted that prevention was key and highlighted the need to "get in early" to ensure that young people had

good habits in relation to exercise, diet and healthy eating. In response to a question, the LBB Head of Vascular Disease Prevention Programme advised that these programmes had been promoted at the pop-up vaccination clinic in Mottingham. Another Member highlighted the need to provide pre-diabetic advice and its implications.

A Member noted that the PHE mapping diagram on page 29 of the agenda pack did not make any reference to alcohol consumption, and that dramatic weight loss could occur if someone stopped drinking. The LBB Head of Vascular Disease Prevention Programme advised that the PHE diagram was used to show the complexity of obesity, but that there were a number of other things that needed to be considered. It was recognised that alcohol was a factor in obesity, as it was high in calories and drove unhealthy eating, and this was something that could be taken forward with colleagues. The Chairman agreed that alcohol consumption was a significant problem and considered that this could be included as a priority focus for the Board during the coming year.

The Chairman proposed that, going forward, the Obesity Task and Finish Group be reconvened.

The Chairman thanked the LBB Head of Vascular Disease Prevention Programme and Primary and Community Care Transformation Manager, South East London CCG for their presentation to the Board.

C IMPACT OF COVID-19

The Chairman noted that this JSNA chapter assessed and summarised the impact of the COVID-19 pandemic on the population of Bromley. In order to ensure that the level of detail required was included in the document, this item would be deferred to later in the year when the data for 2021-22 would be available.

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

33 ADULT MENTAL HEALTH HUB - OXLEAS

The Chairman welcomed Helen Jones – Associate Director, Community Mental Health (Bromley), Oxleas (“Associate Director”) and Ben Taylor – Chief Executive, Bromley, Lewisham and Greenwich Mind (“Chief Executive – BLG Mind”) to the meeting to provide an update on the Community Mental Health Transformation Programme.

The core offer was for adults in South East London, aged 18+, experiencing mental health problems. This would include people with severe mental illness (SMI) as well as individuals with mild mental health illness who required care and intervention. The aims were to:

- have a diverse and personalised range of interventions for people

- experiencing mental health problems within the community setting;
- enable earlier access to support; to support people to recover and stay well; to prevent mental ill health and crisis intervention; and,
- reduce inequality in access and experience of mental health and physical health care for people with severe, moderate and mild mental illness across South East London.

The underpinning principles were for community services with clear access points that provided flexible care that considered both mind and body (i.e. mental and physical health), with targeted and measurable outcomes to assess and evaluate the benefits for residents in South East London and across the wider health and care economy. These drew on local system knowledge and feedback from service users. Four 'Bromley principles' had also been developed:

- Bridging the gap across primary and secondary care;
- No wrong door into services and frictionless movement between them;
- Holistic approach to assessing and meeting needs; and,
- Integrated, multi-disciplinary team providing clinical and non-clinical support.

The Associate Director advised that the Community Hub provided an opportunity to bring services together, with a holistic triage assessment of needs aiming to support reablement and integration into the local community. It was noted that social prescribing support would facilitate access to mainstream resources and activities and MDT meetings would include representatives from IAPT/secondary care to facilitate frictionless movement between services. If required, the Community Hub would also allow reengagement post-discharge to be a straightforward process.

Board Members were advised that NHS England Transformation funding for Bromley totalled £872k in 2021/22 – this was a significant investment which would mainly be used for additional staffing roles. The first year of the Community Hub would involve an integrated team of approximately 26 people, including existing Oxleas staff as well as some new roles, and BLG Mind staff. In response to a question from the Chairman, the Associate Director advised that around half of the 26 posts were newly established – for Year 1 the majority were now in post or would be appointed shortly. Work was underway to shape the new service model ready for a soft launch at the end of February 2022. Oxleas and BLG Mind teams would be co-located to carry out joint assessments, shared care planning and interventions, and service user/carer engagement groups had been established to ensure active co-production in the new service. From April 2022 the Community Hub would be operational and recruitment for Year 2 would commence.

The intended outcomes of the Community Hub were to:

- reduced waiting times and ensure individuals received the appropriate support in a timely manner so engagement in services was reduced;
- increase self-management skills, engagement in community resources and activities;
- reduced escalation of mental health problems as a result of unaddressed issues such as debt, housing, unemployment and social isolation; and,
- reduced health inequalities, in particular for people from BAME

communities, as a result of tailored support.

In response to questions, the Chief Executive – BLG Mind said that a long-term ambition of the Community Hub would be to accept self-referrals, but initially pathways would be used to manage capacity and demand. It was noted that a similar model to the Bromley Community Hub was being used in Greenwich. No specific targets had been set in terms of waiting times, but a similar scheme in Lewisham and seen these reduce significantly, and from April 2022 the national target would be 14-days from referral to intervention. Board Members were advised that staff were already working to build relationships with other department/areas which had the potential to create mental health crisis. It was planned that a housing specialist would be employed in Year 2 as part of the Hub team to connect people with additional support.

The Chairman thanked the Associate Director – Community Mental Health (Bromley), Oxleas and Chief Executive – Bromley, Lewisham and Greenwich Mind for their presentation to the Board and requested that a further update be provided in a years' time.

RESOLVED that the update be noted.

34 COVID-19 VACCINE PROGRAMMES

Cheryl Rehal, Acting Head of Primary Care, Bromley – SEL CCG (“Acting Head of Primary Care”) provided an update on vaccination uptake in Bromley.

The Acting Head of Primary Care informed Members that the COVID-19 vaccination services had commenced in December 2020, and since then over 500,000 vaccinations had been delivered in the borough. Currently, both bookable and walk-in services were operating from 12 sites across Bromley, offering first, second and third doses, and multiple satellites and pop-up clinics had been held over the last 15 months. Engagement events, information sharing sessions and clinical conversations had been offered to support questions and assist with individual needs. Visits were undertaken to vaccinate over 6,000 housebound patients and care home residents, and co-administration with the flu vaccine had been offered wherever possible during the 2021/22 season. The Schools Vaccination Programme had delivered almost 5,000 vaccinations for 12–15-year-olds in 37 schools across the borough, including special schools. The Acting Head of Primary Care advised that since the last update was provided to the Health and Wellbeing Board, four new pharmacies had become vaccination sites – the benefits and trusted nature of community pharmacies was recognised, and they also provided a sustainable and accessible walk-in offer for residents. A Member highlighted the need for a list of the facilities available at the community pharmacies to be publicised. The Acting Head of Primary Care said that the facilities available varied from site to site and this feedback would be provided to the team. It was noted that in regard to the sites used to deliver the vaccine to people with Learning Disabilities, a lot of thought had been given to the location and range of needs.

Board Members were advised that, in terms of the universal offer, anyone aged over 16 was eligible for a primary course of two doses, and a booster dose. Individuals who were severely immunosuppressed were eligible for a primary course of three doses, and a booster dose. For children and young people, 12–15-year-olds were eligible for two doses, 12 weeks apart, and 5–11-year-olds with underlying health conditions would be offered a first dose, with a second dose offered at 12 weeks. Vaccination was mandatory for care home staff and visiting professionals – this was due to become mandatory for health and care staff with direct patient or service user contact from 1st April 2022, however it was noted that the Secretary of State for Health and Social Care had recently announced that this was to be reviewed, and the outcome was awaited. In response to a question, the Acting Head of Primary Care advised that a booster dose of the COVID-19 vaccination was not a requirement of employment for care home staff, however it was expected that uptake would be encouraged. The Director of Public Health said that webinars had also been held for those staff that were hesitant about getting the vaccine, and this would continue to be an open-ended offer.

The Acting Head of Primary Care advised that uptake of the COVID-19 vaccination in the borough was positive – 92.8% of those eligible in the 50 years+ cohort had received their booster dose, and 71.2% of those aged 18-49 years. The Acting Head of Primary Care noted that there was a CCG campaign to target 16–17-year-olds in a vibrant way, through the use of social media, to increase the uptake of the vaccination within this cohort. With regards to the flu vaccine, it was highlighted that uptake in Bromley was above the London average for all eligible cohorts. The Acting Head of Primary Care noted that the circulation of flu had not been as prevalent within the population as anticipated, but they would continue to support the offer of flu clinics.

Activities to address inequalities in the uptake of the COVID-19 vaccine included the establishment of the Inequalities in Vaccination Taskforce, which was commissioned by the Bromley Borough Based Director for SEL CCG and the Chief Executive of the London Borough of Bromley. Its aim was 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. The group included leadership and representation from Local Authority, CCG, Public Health communications teams, and other One Bromley partners. The Inequalities Plan included forthcoming work to continue outreach vaccination services, engagement with young adults, people affected by the mandatory vaccination regulations, and to launch the One Bromley Community Champion Scheme. Activities to address inequalities had included:

- A helpline for health and social care staff established;
- weekend clinics held at Al-Emaan Mosque, Keston;
- a working group to improve uptake in people with Learning Disability;
- targeted pop-up clinics in areas of low uptake;
- roving vaccinations for homeless people;
- individual and small group support for staff in health and care settings;
- Information Pod located in The Glades;
- door-knocking initiative;
- leafleting in collaboration with local businesses; and
- clinics held at popular sports facilities.

Board Members were advised that a culturally specific wellbeing package (Better Health Support) had been established for ethnic minority staff, delivered by ethnic minority staff. This was designed to address the needs of Bromley health and care staff who were vaccine hesitant and engage them in ways that addressed individual concerns – it aimed to provide culturally sensitive support in a non-judgemental way to support vaccine uptake and ensure staff wellbeing.

In response to a question from the Vice-Chairman, the Acting Head of Primary Care said that they had worked closely with Ward Councillors to identify areas of low uptake. Over the summer they had carried out a targeted leafletting and door knocking campaigns, as appropriate for residents. During the upcoming school half term a concerted effort would be made in Mottingham – clinics would be held in the local Community Centre with activities run to entertain younger children whilst older children and adults received their vaccinations.

The Chairman extended thanks of behalf of the Board to the Acting Head of Primary Care, and her team, for all of the work undertaken to deliver the vaccination programmes across the borough and for the regular updates provided.

RESOLVED that the update be noted.

35 BROMLEY SAFEGUARDING ADULT BOARD ANNUAL REPORT

Teresa Bell – Independent Chair of the Bromley Safeguarding Adult Board (“Independent Chair – BSAB”) presented the Bromley Safeguarding Adults Board (BSAB) Annual Report for 2020/21.

The Independent Chair – BSAB advised Members that she had taken on this role from January 2021. The BSAB fulfilled its statutory obligations in ensuring that representatives from SEL NHS Clinical Commissioning Group (Bromley) and the Metropolitan Police Service attended the Board. The BSAB was 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.

The BSAB Annual Report for 2020/21 provided information regarding the work that had been undertaken during the year. Specific reference was 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 and residential homes. The BSAB’s partners had provided information on their work in respect of adult safeguarding and the impact of the COVID-19 pandemic. Further information was also provided outlining the safeguarding picture in Bromley, adult safeguarding statistics, board structure and the work of its subgroups. It was noted that there had been concerns at the beginning of the pandemic regarding the low number of referrals. This had been in line with other national Safeguarding Board, and a concerted effort had been made to highlight the various ways that services could be accessed. Local and national information had been shared on the BSAB website, and a care homes operational group had been established to ensure that any risks were identified swiftly, and any required action taken.

The Independent Chair – BSAB informed Board Members that, as part of their wider community engagement agenda, the BSAB has also produced an easy read version of the annual report for the first time, which had been done in consultation with members of its Communications and Service User Engagement Group (CSUEG).

In response to a question, the Independent Chair – BSAB said that she had been very impressed with the level of engagement – partners had met frequently to monitor risks and it was evident how well they worked in partnership across the borough. An area of focus for the future would be to further engage with service users and carers.

The Chairman thanked the Independent Chair – Bromley Safeguarding Adults Board for presenting the BSAB Annual Report to the Board, and for all the work undertaken.

RESOLVED that the Bromley Safeguarding Adults Board’s 2020/21 Annual Report be noted.

36 DISCUSSION - PUBLIC HEALTH LESSONS LEARNT FROM THE PANDEMIC

The Chairman noted that the JSNA chapter on the impact of the COVID-19 pandemic would be brought to a future meeting of the Health and Wellbeing Board.

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

The Chairman noted that several priorities for 2022/23 had been raised during the meeting, including obesity, alcohol consumption and mental health. Board Members were asked to consider if there were any further priorities for which they would like to receive updates during the next municipal year and notify the clerk by the 18th March 2022.

The Chairman informed Board Members that he had recently attended a webinar workshop on rough sleepers. The session had been extremely informative, and thanks were extended to the Assistant Director of Public Health. It was requested that a summary of the workshop be brought to the March meeting of the Health and Wellbeing Board.

38 WORK PROGRAMME AND MATTERS OUTSTANDING

Report CSD22013

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:

- Discussion – Public Health and Wellbeing Priorities for 2022/23 (31st March 2022)
- Summary of the rough sleeper workshop (31st March 2022)
- SEL CCG – Latest phase of the pandemic/review of winter (31st March 2022)
- Public Health Management of COVID-19 Pandemic Report (including Public Health Lessons Learnt from the Pandemic) (9th June 2022)
- JSNA – Impact of COVID-19
- Presentation from the Falls Service (8th December 2022)
- Update on the Adult Mental Health Hub - Oxleas

The Director of Public Health informed Board Members that the 5-year Health and Wellbeing Strategy would need to be reviewed by the end of 2023.

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

39 ANY OTHER BUSINESS

The Chairman informed Board Members that a request had been received to move the start time of the next Health and Wellbeing Board meeting back to 2.00pm. Board Members agreed that they were happy with this proposal.

A Member highlighted issues in relation to the sound system in the Council Chamber and noted that these needed to be resolved to ensure that anyone with a hearing impairment could listen to the discussions taking place.

RESOLVED that the issues raised be noted.

40 DATE OF NEXT MEETING

The next meeting of the Health and Wellbeing Board would be held at 2.00pm on Thursday 31st March 2022

The Meeting ended at 3.25 pm

Chairman

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Report No.
ACH22-012

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: HEALTH AND WELLBEING BOARD

Date: Thursday 31st March 2022

Decision Type: Non-Urgent Non-Executive Non-Key

Title: BROMLEY WINTER PLAN UPDATE – MARCH 2022

Contact Officer: Clive Moss, Senior Commissioning Manager – Urgent Care
Email: clive.moss@nhs.net

Jodie Adkin, Associate Director, Urgent Care Hospital Discharge & ToCB
E-mail: Jodle.adkin1@nhs.net

Chief Officer: Angela Bhan, Bromley Borough Director

Ward: All

1. Reason for report

To provide an update to the Health and Wellbeing Board on the planning and actions being taken by the ONE Bromley partnership to respond to winter demands.

2. **RECOMMENDATION(S)**

It is recommended the committee note the actions being put in place by the system to respond to winter pressures

The committee consider ways they can support the system in recognition of the suggested significant pressures likely to be seen throughout the winter months

Impact on Vulnerable Adults and Children

1. Summary of Impact: As a result of whole system working vulnerable adults and children will be able to access the right care in the right place at the right time. This includes access to hospital based care, as well as community based health and care services.
-

Corporate Policy

1. Policy Status: Not Applicable:
 2. BBB Priority: Children and Young People Supporting Independence Healthy Bromley:
-

Financial

1. Cost of proposal: Estimated Cost: £1,733,000
 2. Ongoing costs: Non-Recurring Cost: £1,733,000
 3. Budget head/performance centre:
 4. Total current budget for this head: £1,733,000
 5. Source of funding: BCF
-

Personnel

1. Number of staff (current and additional):
 2. If from existing staff resources, number of staff hours:
-

Legal

1. Legal Requirement: Statutory Requirement Non-Statutory - Government Guidance:
 2. Call-in: Not Applicable:
-

Procurement

1. Summary of Procurement Implications: There are no procurement implications for this report
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected):
-

Ward Councillor Views

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

3. COMMENTARY

The One Bromley Winter update notes 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 is based around 5 pillars which are:

1. Increasing system capacity
2. Data Sharing and escalation
3. Single Point of Access and Discharge Arrangements
4. Admissions Avoidance
5. Communication and Engagement

In addition the Winter Plan also outlines key actions and risks for each individual organisation.

4. IMPACT ON VULNERABLE ADULTS AND CHILDREN

Summary of Impact: As a result of whole system working vulnerable adults and children will be able to access the right care in the right place at the right time. This includes access to hospital based care, as well as community based health and care services.

5. POLICY IMPLICATIONS

N/A

6. FINANCIAL IMPLICATIONS

Within the BCF £1,733,000 is allocated for winter pressures. £1,064,000 to the LA and £669,000 to Bromley CCG. Winter funds for the acute Trust is allocated as part of their contract.

There is also considerable additional, non-recurrent funds that has been allocated as part of the Covid19 monies that will also be used to support the CCG and LA to meet additional pressure on the system.

7. PERSONNEL IMPLICATIONS

Some of the additional financial resources will be used to provide additional workforce capacity for winter.

8. LEGAL IMPLICATIONS

N/A

9. PROCUREMENT IMPLICATIONS

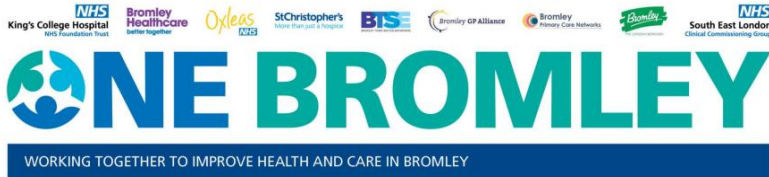
N/A

Non-Applicable Sections:	Policy Implications, Legal Implications, Procurement Implications
Background Documents: (Access via Contact Officer)	[Title of document and date]

Winter 2021/2022 Summary

Health and Wellbeing Board

March 2022



Content

- 1. Increasing system capacity**
- 2. Data Sharing and escalation**
- 3. Single Point of Access and Discharge Arrangements**
- 4. Admissions Avoidance**
- 5. Communication and Engagement**
- 6. Vaccinations and Outbreak Management [NEW]**
- 7. Recommendations and Next Steps**

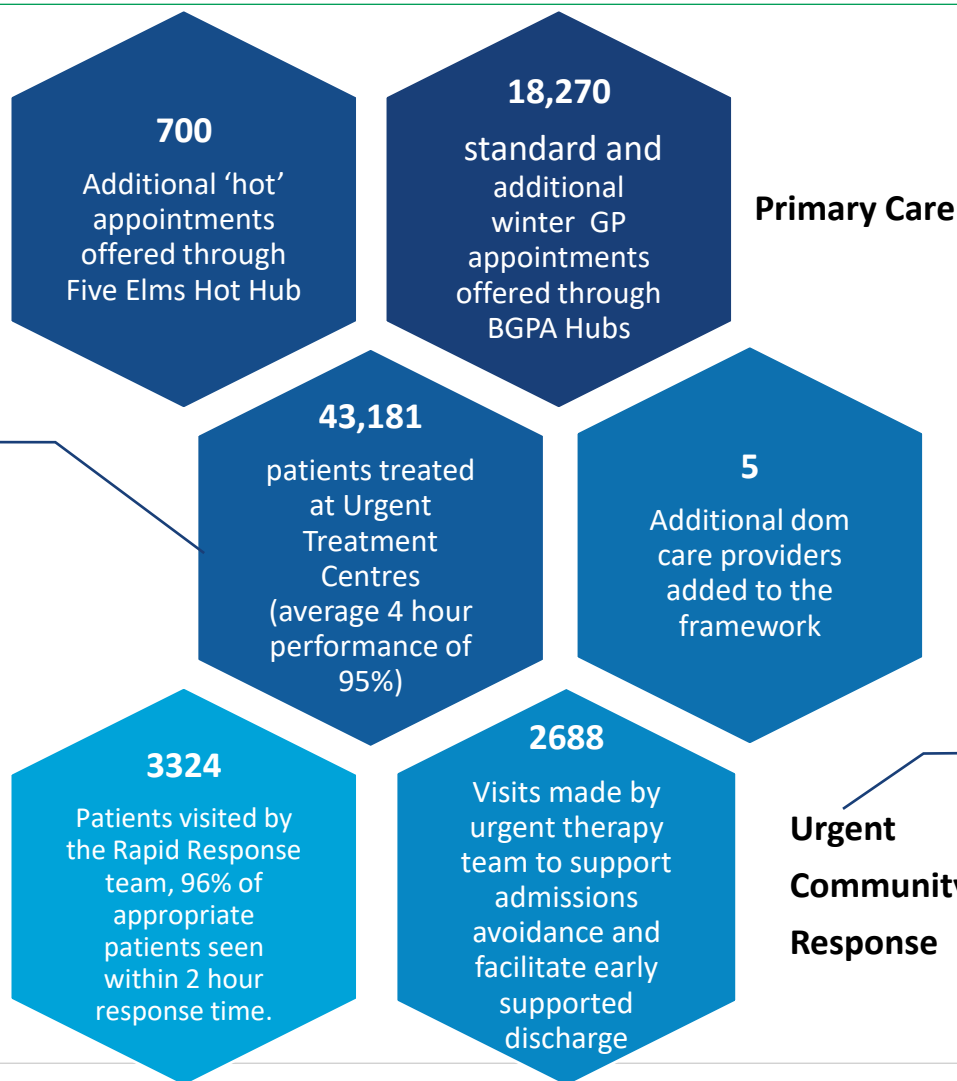


Increasing system capacity (up to Feb 22)

Increase System Capacity

- Utilisation of GPs who can support both injuries and illness patients providing a better skill mix.
- Additional resource added on Mondays and Thursday to reduce waiting times (based on demand analysis)
- Adjusting start times in line with demand e.g. increased activity 9am-6pm compared to 6pm-9am previously
- Expansion of UTC footprint on Monday to meet increased demand

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Increase in flexible, Urgent Community Response capacity used flexibly to respond to system pressures e.g.

- Supporting ED to avoid admissions
- Wrapping around GPs with workforce pressures
- Responding to changing need post discharge to prevent re-admission

Increase System Capacity: Primary Care

18,270 standard and additional GP appointments through P/Care Access Hubs

Month on month utilisation rates have remained above 93%, for GP Hub appointments which have increased throughout the winter period

A GP Hub model is an effective way to support pressures on primary care

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Clinical Assessment Mobilisation

A local Clinical Assessment Service (CAS) is being piloted with the Bromley GP Alliance, further facilitating same day and rapid access to primary care services by taking responsibility for Bromley patients who have phoned 111 with primary care dispositions.

Initial findings have shown the service has had a positive impact on patient access, and reduced pressure on Urgent Treatment Centres.

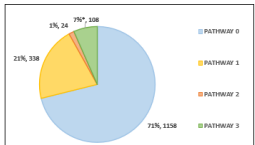
The pilot will be reviewed in March to assess impact and inform recommendations for future commissioning.

Contract Extension

The Primary Care Access Hubs service has now been **extended until 30th September 2022**, in line with NHS England's revised timeline to transition these services to PCN delivery.

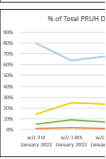
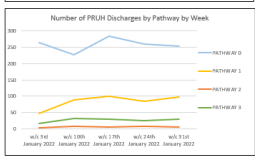
PRUH Discharges by Pathway - January 2021

SUMMARY															
PATHWAY 0 NON-SUPPORT ED	PATHWAY 1				PATHWAY 2			PATHWAY 3	PATHWAYS 1-3		TOTAL DISCHARGE S (from PRUH DMU)				
	DEPLACEMENT INCLUDIN G RESTART	HOME- BASED REHAB	REABLEM ENT	Total PATHWAY 1	INTERM BID REHAB	Total PATHWAY 2	% of Total discharge	PLACEMENT NHS	% of Total discharge	RESIDENTIAL SUPPORT ED DISCHARGE		% of Total discharge			
1158	71%	203	55	14	330	28%	5	19	24	1%	300	7%	470	23%	1,628
		80%	80%	4%	100%		2%	73%	83%						



PATHWAY	71%	23%	1%	7%
Bromley	71%	23%	1%	7%
National	71%	23%	1%	7%
SECL	71%	23%	1%	7%

Commentary
 In January 2021, there were 470 supported discharges, accounting for 29% of total discharges from the PRUH. Compared to December, there were 102 (18%) fewer supported discharges.
 • Average supported discharges per day: 15 (20)



PATHWAY 1				
DISCHARGE	HOME-BASED	REABLEMENT	Total	% of Total
1158	55	14	330	28%
80%	80%	4%	100%	

Commentary
 In January 2021, there were 330 Pathway 1 discharges, accounting for 20% of total supported discharges from the PRUH. There were 105 (18%) fewer Pathway 1 discharges in December.
 • 65% of Pathway 1 discharges were for Dementia Care (40) including non-PDCC and routine and include discharges of non-boarding and patient patients, as well as a small number of Bromley NMI discharges.
 • 35% of Pathway 1 discharges were for Home-based Rehab. Many patients discharged to other NHS providers not included.
 • 4% of Pathway 1 discharges were for Rehabilitation.

Data Sharing and Escalation

Data Sharing and Escalation: The Intelligence Hub

Winter Schemes Impact Reporting

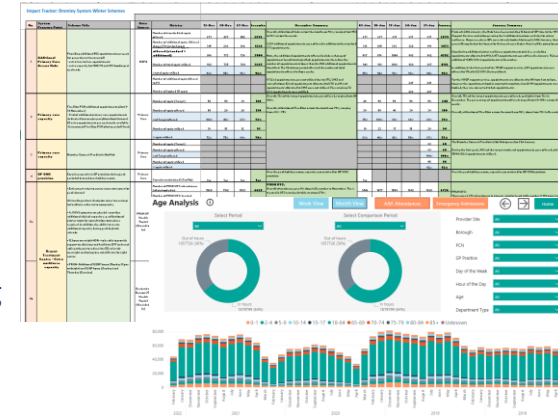
For the first time, data from all winter schemes is collated weekly to identify and respond to any potential issues in “real-time” as well as monitor impact of investment. Monthly analysis reported to the A&E Delivery Board for discussion

Demand & Capacity (Supported Discharges) Dashboards

Two dashboards developed to monitor supported discharge activity.

Dashboard 1 for PRUH-only discharges (all patients) insights shared monthly at A & EDB and One Bromley Executive meetings.

Dashboard 2 for all Bromley patients from all hospitals to give better insight into demand on local services. Presented at weekly Winter Demand & Capacity meeting to quantify demand on local services and respective teams and highlight any potential surges in activity across pathways to allow for forward planning



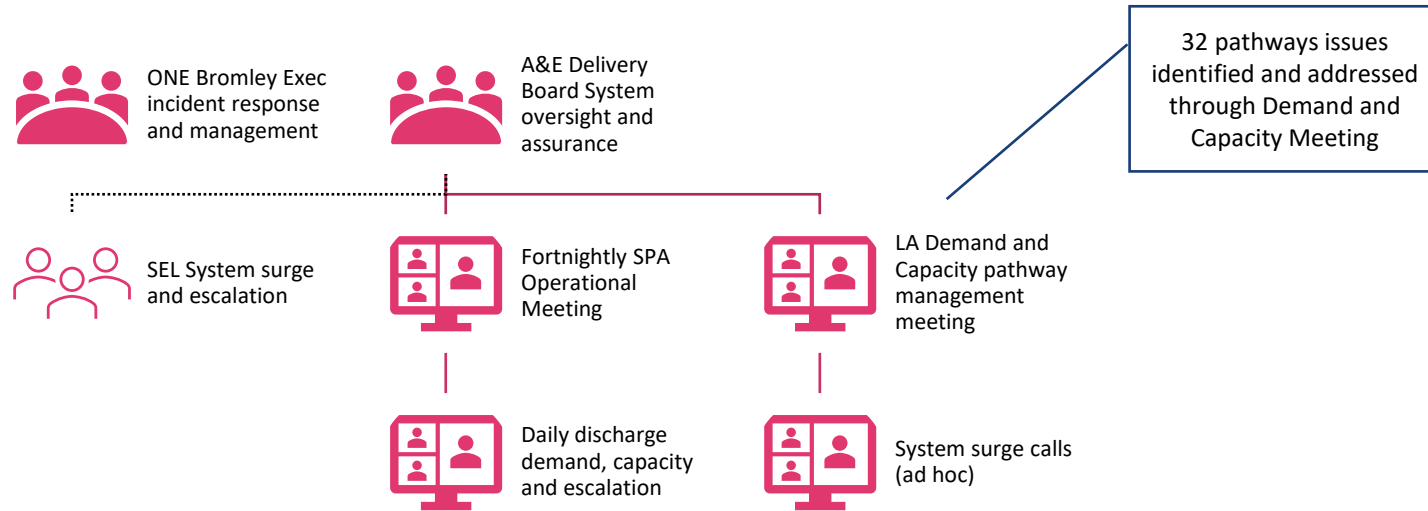
Ad hoc analyses

Ad hoc analyses conducted to provide quantitative insights to inform system planning.

Analyses to date include:

- PRUH Urgent Treatment Centre (October Snapshot) to better understand demand and patterns of behaviour to inform public communication campaign and focus of primary and community care expansion
- Care home LAS conveyances to influence targeted support/training (deterioration management & falls prevention),
- SEL readmissions analysis to better understand current and historic rates across each SEL Trust (leading to further exploration by Discharge working group), and
- Paediatric primary care analysis using EMIS data to help identify demand and capacity for paediatric patients across the whole system and to inform the deployment of specialist paediatric oximeters for under 2 year olds.

Date Sharing and Escalation: System oversight



Demands on the system were well managed through a clear governance structure that monitored and responded to system pressures, surges and issues.

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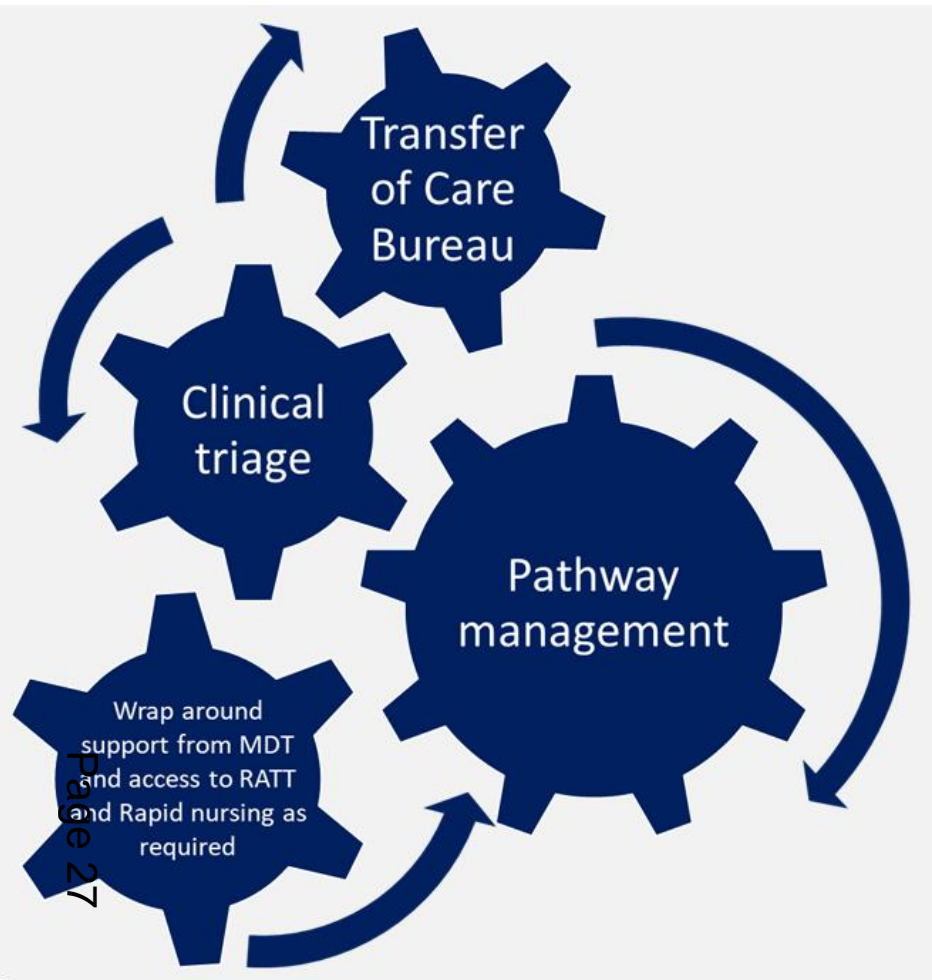
The infrastructure allowed unplanned themes or issues to be responded to and addressed quickly through a whole system approach e.g.

Increase in ambulance hand over waits

Another wave of Covid19 with significant infection rates significantly impacting on workforce challenges

Managing pressures in pathways through capacity realignment or mutual aid for example procuring nursing home beds with therapy input to manage bed based rehab (BBR) demand during an outbreak at Foxbury Unit

- Focusing additional resources around pressure areas in the system for example additional BGPA hub appointments and rapid response allocation for GP Practices with workforce pressures
- Community in-reach to the PRUH as part of the Stranded Reviews to 'pull' patients supporting the Trust when under significant bed pressures

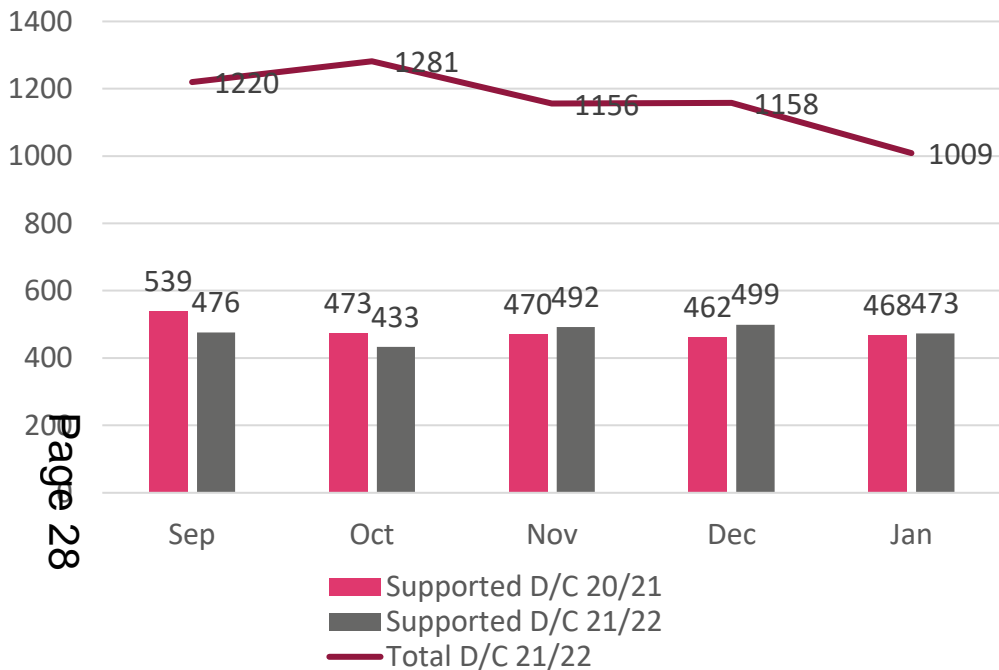


SPA and Hospital Discharge Arrangements

SPA and Discharge Arrangements: Activity

80% (4214)
Discharges within 24 hours of patient being medically fit for discharge

Hospital Discharges Winter 20/21 vs 21/22



- Throughout Winter 2021/22 there has been a **total of 5,824 discharges from the Princess Royal University hospital** (solid red line)
- **2373 Supported Discharges** were facilitated in the period for Bromley Residents (from all hospitals), which is inline with the activity from the previous winter (-39)

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SPA and Discharge Arrangements: Commissioning



Increase in rehab and reablement capacity to support more people to achieve maximum independence as well as additional therapy capacity supporting residents in interim step-down beds



6 Designated Setting Beds mobilised during the third wave for isolation of Covid+ patients returning to their care home plus a further **6 step-down beds** for residents requiring an interim period of recovery in a bedded setting



Dedicated pathway to facilitate the discharge of rapidly dying patient to enable them to die at home where this is their chosen place of death



Award winning Bromley SPA formally commissioned as a permanent structure



Increase in dedicated transport supporting **157 supported discharge patients between December and February** to be discharged in a timely manner into the receiving community service



Mobilised new patch-based dom care framework in November 2021 fully mobilised and meeting demand by Christmas with 5 new spot providers brought into the system to meet increase in demand over Christmas and new year

794
Dom care
packages*

79
Nursing
Placements*

Page 29
40 residential
care
placements*

SPA and Discharge Arrangements: Operational Developments

Trusted Assessor

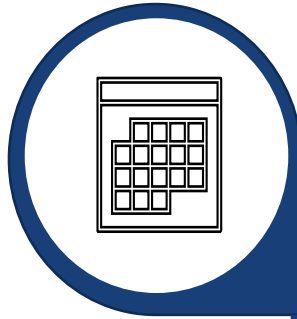
Trusted Assessment from acute MDT to inform discharge plans reducing duplication in assessment for care homes and receiving community teams

119 Care home TA took place in winter



7 day Service

Delivered a 7 day discharge system throughout the whole of winter



EOL Huddle and pathway

End of life Huddle with dedicated dom care provider to support rapidly dying patients to be supported to die at home

29 individuals supported (20 Dec – 14 Feb)



Home First Huddle

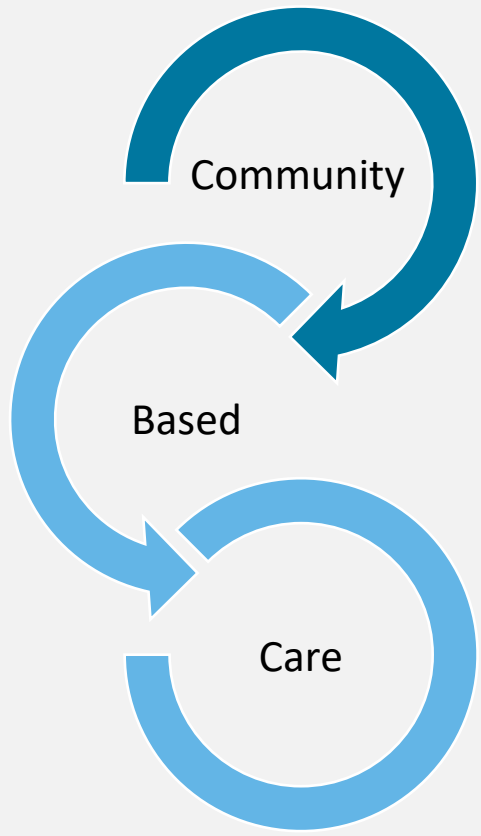
MDT developing robust discharge plans for clients with more complex, care support and safety needs using assisted technology, specialist OT, health and medication optimisation, Mental health specialist input and care management to enable as many people as possible to recover and remain at home preventing avoidable care home admissions



% patients discharged to their usual place of residence

	All HWBs	London	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark
2019-20 Actual ave	92.8%	92.7%	84.1%	92.5%	79.0%	95.6%	80.5%	95.6%
2020-21 Actual ave	91.9%	92.9%	91.2%	92.9%	92.2%	94.8%	92.8%	95.8%
2021-22 Forecast ave	92.4%	93.8%	94.6%	92.8%	95.3%	95.5%	95.6%	96.9%

Bromley continues to perform in line with the national and London average on % of patients discharged to the usual place of residence. *NOTE this indicator is not weighted for population type therefore is not adjusted to recognise Bromley's older population.*



Admission Avoidance

Admission Avoidance: Intravenous Antibiotics (IVAB) at Home

Intravenous Antibiotics (IVAB) at Home

The pilot service is currently focussed on admission avoidance and early supported discharge from the PRUH allowing patients to receive intravenous antibiotics for simple infections (cellulitis, lower respiratory tract infection and urinary tract infection) at home rather in hospital.

The pathway has seen linear growth in utilisation, increasing from 1 patient seen in November to 7 patients per day by mid-February.

It has conducted over **347 home visits, removing at least 150+ hours of activity from PRUH Ambulatory** – allowing the hospital to focus on sicker patients and for patients to receive their treatment at home, in line with their preference.

Between December and February the average number of home visits per patient rose from 13 visits per patient to 25 visits per patient (+69%). This has enabled patients to be treated in their own home rather than receiving treatment in hospital.

Patients identified for the pathway in January were more complex than initially envisaged (either requiring three times a day IVAB or for a longer course of treatment). This is accommodated through clinician to clinician agreement for patients to enter the pathway, and additional twilight staffing in the community team. In general, three times a day patients are more likely to be patients with an exacerbation of their long term condition and often would prefer treatment in their own home which this service has been able to provide.

The pilot has brought significant learning to the team and system in terms of the type and scale of community IVAB required in Bromley, alongside an increased communications campaign within the PRUH to direct simple infection into the pathway.

Immediate next steps will be to expand support to nursing homes and end of life care services.

Metrics	Nov	06-Dec	13-Dec	20-Dec	27-Dec	03-Jan	10-Jan	17-Jan	24-Jan	31-Jan	07-Feb	14-Feb	21-Feb	28-Feb
Number of IVAB home visits in the community	6	9	0	16	10	8	13	40	38	48	36	56	58	47

Admission Avoidance

Avoiding social admissions through Care Management presence in ED on a weekend

87% patients seen during the 3,324 visits by the Rapid Response service avoided an admission

Enhanced End of Life support into the system

From January 4th, additional St Christopher's capacity to support care home residents, conveyed palliative patients and those rapidly dying at the point of discharge, by:

201

Residents who were rapidly deteriorating received palliative care in their care home through St Christopher's Winter Support Team working with Bromleag Care Practice

20

Advance Care Plans undertaken for care home residents post discharge to establish clear escalations of care

8

Admissions avoided through joint working with the A&E department and the Frailty Unit with intervention delivered in the community.



Communication and Engagement

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Comms and Engagement

- Comprehensive One Bromley winter plan developed to deliver national, regional, south east London wide and borough specific information regarding flu, COVID-19 and winter health.
- One Bromley winter branding developed and applied to all winter communications.
- One Bromley staff event launched the winter campaign and encourage working together and referrals to different parts of the system to help with winter pressures.
- Videos produced of main winter schemes to help promote the availability and how to refer across the local system.
- New monthly One Bromley Together through Winter e-bulletin for the local system to give information about resilience schemes, winter challenges and pressures and share key information.

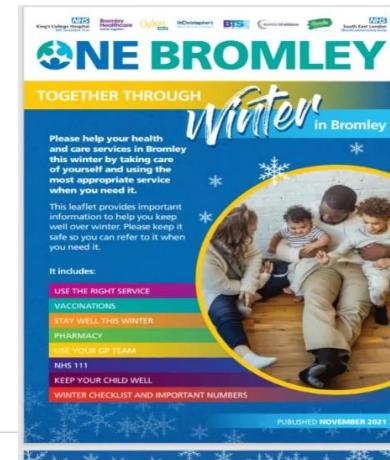
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Winter health leaflet delivered to every household in Bromley before Christmas providing information on vaccinations, using the right service, children's health and self care.

- Regular advertising to promote winter health messages through newspaper advertorials, digital and social media.

631 recipients of the
together Through
Winter eBulletin with
92% open rate

200 staff logging in to
live Winter Launch
event



Covid vaccinations

- Since December 2020, over 500,000 vaccinations delivered across borough
- Currently operating bookable and walk-in services from 12 sites across Bromley
- Co-administration with flu vaccine offered wherever possible during 21/22 season



Age Bands	Population Size	% 1st Vaccine	% 2nd Vaccine	% Booster Vaccine
80+	19,988	95.37%	94.41%	92.47%
75-79	14,066	95.34%	94.68%	92.24%
70-74	15,038	93.78%	92.99%	89.67%
65-69	16,298	91.74%	90.85%	85.05%
60-64	20,794	90.47%	89.41%	81.25%
55-59	25,163	88.78%	87.53%	76.27%
50-54	25,554	86.49%	85.15%	72.26%
45-49	25,537	83.28%	81.64%	66.89%
40-44	27,675	80.26%	78.35%	60.61%
30-39	49,564	74.46%	71.51%	49.79%
18-29	43,521	71.37%	64.94%	35.74%
16-17	8,209	61.15%	33.52%	1.30%
12-15	17,645	38.60%	15.34%	0.22%
05-11	30,570	0.29%		
0-4	15,278	0.01%		
Total	354,900	69.92%	66.23%	52.86%

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- Multiple satellites and pop-up clinics, housebound and care home visits, and engagement activities to ensure comprehensive provision, access and to address health inequalities
- OneBromley collaboration has been central to achieving excellent uptake
- Nearly 5000 vaccinations administered for 12-15 year olds in 37 schools, including special schools
- Currently delivering at risk 5-11 year old vaccinations
- Future model due to be confirmed by NHS England

Covid Outbreak Management in Care Homes

An integrated, wrap around offer, utilising surveillance and intelligence to manage the spread of infection working in partnership with the care home market to provide the best possible care and support to residents throughout the pandemic.

Supporting care homes through wrap around support

Enhanced Primary and palliative care offer inc Covid Treatment bundles delivered in care homes

LA single point of contact to for all care home support needs e.g. PPE access and workforce sustainability



Surveillance and Outbreak oversight with access to 7 days per week specialist public health advice

Guidance briefings, training and mobilisation support – clinical and administrative

109 outbreaks across care settings including dom care, supported living, ECH and Care homes between September and February

Effective support around care settings to manage outbreaks resulting in minimal disruption

Significant grant funding received into the system and deployed directly to providers

Payment in advance on topay reducing administration and improving cashflow

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Next Steps

- Tapering of additional winter capacity back to business as usual levels
- Review of winter through system reflection workshop to identify:
 - What has gone well this winter i.e. schemes , processes, governance
 - Analysis of unpredicted issues that emerged, what was the impact and how were they addressed and feed into relevant organisation's business continuity plans.
 - Recommendations for system resilience / improvement and recovery throughout the summer
 - Recommendations for next winter

Report No.
ACH22-009

London Borough of Bromley

Decision Maker: HEALTH AND WELLBEING BOARD

Date: 31 March 2022

Title: Integrated Commissioning Board Update

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

Ward: All

1. Summary

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

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

2. Reason for Report going to Health and Wellbeing Board

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

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

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

Health & Wellbeing Strategy

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

Financial

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

Supporting Public Health Outcome Indicator(s)

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

4. COMMENTARY

4.1 Background to the Integrated Commissioning Board

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

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

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

4.2 The Integrated Commissioning Service

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

4.3 The Integrated Commissioning Board Work Programme 2021/2022

The current workload of the Board is as follows:

Project/Programme	Detail	Next steps
One Bromley Local Care Partnership	Supporting the work of the One Bromley Local Care Partnership and Integrated Care System developments	The new Integrated Care Service arrangements for South East London come into effect on 1 July 2022. Governance arrangements include a Local Care Partnership Board for Bromley
Ageing Well Strategy	Multi-agency health and care strategy for older people	Delivering on Action Plan
Learning Disabilities Strategy	Multi-agency health and care strategy for adults with a learning disability	A Partnership Board to lead on the strategy was launched in October 2020
Care Homes Market Position	A market position statement for care homes has been in	This work is being reviewed due to the impact of Covid-19 on

Statement	development over the last year	care homes. A statement will be published in 2022/23
Integrated Mental Health and Wellbeing Strategy	Multi-agency health and care strategy for adults needing mental health services support	An Action Plan was agreed at the Board in September 2020 and has now been consulted on with the LBB Policy & Development Scrutiny Committee. The strategy will be reviewed and refreshed in 2022 year with a focus on the impact of the pandemic
The Bromley Community Mental Health Services (CMHS) Transformation Programme	With new government funding delivering a 3-year programme to transfer community based mental health services in alignment with the Integrated Mental Health and Wellbeing Strategy (see above)	Initial priorities and plans for investment in 2021/22 agreed by the Integrated Commissioning Board in March 2021.
Falls Project	Implementing a new therapies response to falls	Learning from Covid and developing pathways with Kings College Hospital NHS Trust
All Ages Autism Board Action Plan	Multi-agency action plan focused on improving advice, information and support to children and adults with autism	The All Ages Autism Board is consulting on the local strategy presently
Integrated Therapies Programme (including Community Equipment Service)	Programme of work to consider all therapies provision and look at how services and professionals can work better together and with clearer pathways.	Proposals on changes to children's therapies were agreed at the Board in March and are now being discussed with schools and other stakeholders. Work on reviewing the Community Equipment Service began in Autumn 2020. The service will be put to tender later this year
Hospital Discharge and Single Point of Access (SPA)	Multi-agency programme and integrated service to support hospital discharge and with Single Point of Access (SPA) integrated service supporting Covid-19 hospital discharge	This service is now jointly commissioned as a permanent service. The current discharge arrangements are under review and will need to be remodelled to take account of post covid changes to regulations and government funding
End of Life Programme	Establishing a new programme of work to consider end of life care provision	A new End of Life Board was launched in October 2020

Child and Adolescent Mental Health (CAMHS) Programme	Recommissioning of the CAMHS provision and development of trailblazer project	A new CAMHS contract was awarded to Bromley Y 2020 and started in April 2021
Better Care Fund (BCF) and iBCF	Oversight of Bromley allocation of funds that support joint health and care working	Ongoing oversight of the fund – reported separately to the Health and Wellbeing Board The Bromley Better Care Fund Plan for 2021/22 was submitted to NHS England in November 2021
Domiciliary Care	Recommissioning domiciliary care services	The new service contracts began on 27 August 2021 and with mobilisation still under way
Special Educational Needs and Disabilities (SEND) Commissioning	Linked to SEND Governance Board work programme, delivery of key aspects on the SEND Reforms as well as improvements to commissioned services	Post-inspection action plan completed Development of proposal for new free school in Bromley with an integrated health/care offer
Personalisation	Roll out of personal health and care budgets across services. Work instigated to improve infrastructure to support personalised services.	A joint infrastructure to expand Personal Health Budgets and Direct Payments across LBB and NHS services was launched in January 2022
Primary and Secondary Interventions Service – (Bromley Well)	Recommissioning of health and care preventative services for September 2022 (Bromley Well Service)	The contract award will be made by the Council's Executive on 30 March 2022
Working Together to Improve Health & Social Care for All - Government White Paper	The White Paper brings together proposals that build on the recommendations made in Integrating care: next steps to building strong and effective integrated care systems across England .	The CCG/LBB Bromley Borough Based Board is leading on the response to the emerging new legislation on future health and care joint working
Children & Young People's Integrated Commissioning Programme	Programme of work covering the review of children's therapy services; a review of community paediatrics, and; the recommissioning of children and young people's services from Bromley Healthcare	A senior integrate commissioner post has been appointed to lead this work across the CCG and LBB
Assistive Technology	A business case has been agreed to test out the introduction of some new innovations to support services and residents	A programme of pilots is being developed

New: Mental Health Recovery & Rehab / Support & Accommodation	Recommissioning of supported rehabilitative accommodation schemes	Project at initial stage
New: Bromley Healthcare Assurance	A sub-group of the Board is leading on assurance of Bromley Healthcare Services following the publication of their CQC inspection report in February 2022	The Board will receive updates on progress

5. IMPACT ON VULNERABLE PEOPLE AND CHILDREN

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

6. FINANCIAL IMPLICATIONS

There are no direct financial implications arising from this report.

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

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

Report No.
ACH22-011

London Borough of Bromley

Decision Maker: HEALTH AND WELLBEING BOARD

Date: 31st March 2022

Title: Joint Health & Wellbeing Strategy update

Contact Officer: Dr Nada Lemic, Director of Public Health
Tel: 020 8313 4220 E-mail: Nada.Lemic@bromley.gov.uk

Ward: Borough-wide

1. Summary

1.1 The Joint Health & Wellbeing Strategy 2019-2023 is due to be refreshed by 2023.

1.2 Work is planned to provide an update on progress against the ten priorities of the current strategy and developing priorities for the refresh of the strategy due in 2023.

2. Reason for Report going to Health and Wellbeing Board

2.1 To provide an update on the plans for the next phase towards a refresh of this strategy.

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

3.1 The HWB is asked to:

- 1) Note the update on the plans for the strategy refresh in 2023

Health & Wellbeing Strategy

The Health & Wellbeing Strategy outlines the priorities (based on the Joint Strategic Needs Assessment) agreed by the Health & Wellbeing Board together with the aims and expected outcomes.

Financial

1. Cost of proposal: No Cost
 2. Ongoing costs: No Cost
 3. Total savings: Not Applicable
 4. Budget host organisation: Not Applicable
 5. Source of funding: Not Applicable
 6. Beneficiary/beneficiaries of any savings: Not Applicable
-

Supporting Public Health Outcome Indicator(s)

The process for identifying priorities has been informed by reviewing data from the 2017 JSNA and the online Public Health England resource, Public Health Outcomes Framework.

4. COMMENTARY

4.1 Current ten priorities of the Health and Wellbeing Strategy 2019-2023

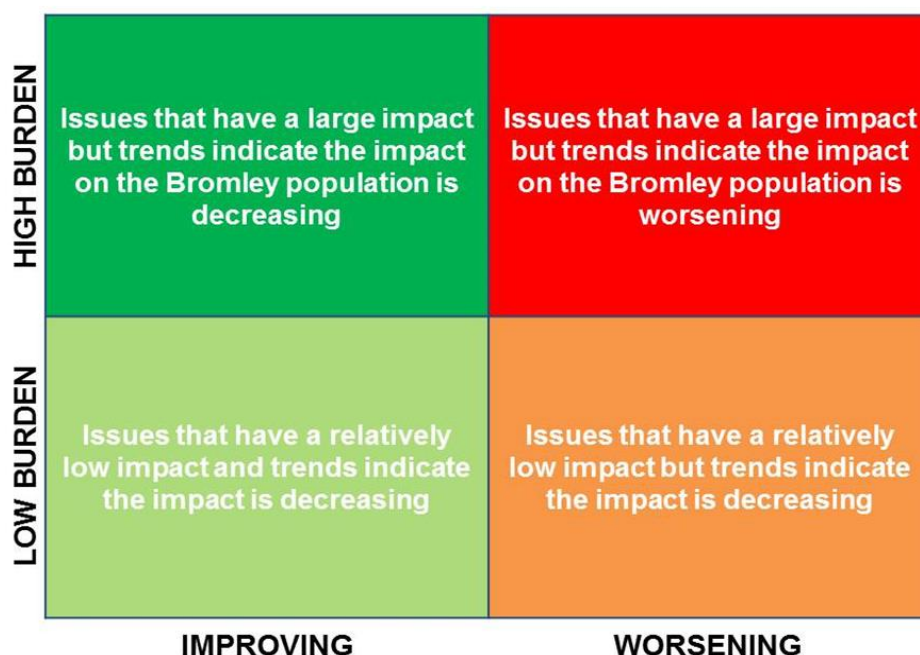
The list below outlines the ten priorities of the Health and Wellbeing Strategy 2019-23:

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

4.2 Phases and timescales of the Strategy refresh:

As part of the planning and development for the refresh of the Health and Wellbeing Strategy which is due in 2023 there are a number of tasks which will need to be undertaken:

1. A look back at each of the ten priority areas and an assessment of progress against each of the 10 priorities listed in section 4.1 above
2. An analysis of the key public health outcomes using the OHID Public Health Outcomes Framework, JSNA and other key public health datasets and indicators to assess potential areas for improvement
3. Develop potential priority areas for the Strategy refresh using the methodology adopted for the previous Health and Wellbeing Strategy Refresh which is based around the production of a matrix that classifies 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):



4. Present on the findings of points 1, 2 and 3 above at the next Health & Wellbeing Board on 9th June 2022.
5. Develop a draft Health and Wellbeing Strategy document to be shared with the Health and Wellbeing Board on 8th December 2022.

5. IMPACT ON VULNERABLE PEOPLE AND CHILDREN

5.1 Populations affected by the proposed priorities for inclusion in the new JHWS include; the homeless, those with learning disabilities, vulnerable children and young people and those with dementia.

6. FINANCIAL IMPLICATIONS

Not Applicable.

7. LEGAL IMPLICATIONS

7.1 The production of a JHWS has been a statutory requirement of upper tier local authorities and partners since the Health and Social Care Act (2012).

8. IMPLICATIONS FOR OTHER GOVERNANCE ARRANGEMENTS, BOARDS AND PARTNERSHIP ARRANGEMENTS, INCLUDING ANY POLICY AND FINANCIAL CHANGES, REQUIRED TO PROCESS THE ITEM

Not Applicable.

9. COMMENT FROM THE DIRECTOR OF AUTHOR ORGANISATION

Not Applicable.

Non-Applicable Sections:	Financial Implications, Implications for Other Governance Arrangements, Boards and Partnership Arrangements, including any Policy and Financial Changes, required to Process the Item, and Comment from the Director of Public Health
Background Documents: (Access via Contact Officer)	Not Applicable

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Health and Wellbeing Board Chairman's Annual Report 2021/22

Chairman: Cllr. Dr David Jefferys
Vice-Chairman: Cllr. Robert Evans

The Health and Wellbeing Board held 5 meetings during the Civic Year, of which the first was held virtually because of the pandemic restrictions. As would be expected, a major focus of attention for the Board during the year was on the different phases of the Covid-19 SARS-2 pandemic response in Bromley. The Board Members received detailed weekly updates on the monitoring of cases from the Public Health team. The situation was discussed in depth at each Board meeting. Updates were given by the SEL CCG and by the Bromley Place team on the local vaccination campaign.

The Board was impressed by the success of the vaccination campaign and the rollout across the Borough, particularly with the work to address vaccine hesitancy. Suggestions were offered to increase vaccination uptake in Bromley and the Board welcomed the measures taken to meet the concerns and needs of all the diverse groups and communities in Bromley. The HWB expressed its heartfelt thanks to all who worked so hard to deliver such a successful initial vaccination programme and the subsequent booster dose administration. So many have been involved but particular thanks go to those in the CCG, the Public Health team, Community Pharmacists and the large group of willing volunteers.

The Board also discussed many other issues related directly and indirectly to the effects of the pandemic in Bromley. These included:

- the provision for diagnosis, treatment and care of long covid syndrome patients,
- the Winter response plan,
- the Community response plan to wave 2 of the pandemic
- the Board has closely followed the successful introduction of the SPA (single point of access) initiative and was delighted to note its national recognition and the award it has received.

The Board has also looked both through and beyond the pandemic. This included a key focus on mental health for adults and children with presentations from Oxleas NHS Foundation Trust, which included the new programme on Learning Disability. We received an update on the Bromley Domestic Violence and Abuse Strategy and discussed and commented on the Loneliness and Social Isolation Report and Action Plan. The Chairman took part in the Bromley Rough Sleepers Workshop and a report on this workshop and the implications for the JSNA (the Joint Strategic Needs Assessment) were discussed at the March HWB meeting.

The Board has kept a close eye on the delivery of the non-vaccination campaigns. We also considered the wider health implications of the pandemic on public health with a particular emphasis on obesity and weight management, excessive alcohol consumption and drug abuse. It was decided to reconvene the Obesity Task Force.

We discussed with the Bromley Place Based Board and with King' College Hospital NHS Foundation Trust the programmes for catch-up on cancer screening. Much of these considerations were focussed on the plans for the major revision of the JSNA and the Public Health and Wellbeing Priorities which will be undertaken in 2022/23. In addition to our necessary focus on the pandemic the Board also discussed and took forward a range of other important matters. These included:

- updates from the Integrated Commissioning Board
- A presentation from Mytime Active and their public health support programme in Bromley
- A report from the Falls and Fracture Prevention Service. This has taken forward the report commissioned by the HWB from Professor Cameron Swift
- the reports from Bromley Healthwatch

Statutory roles

The Board has a range of statutory roles prescribed in the Health and Social Care Act, and these were undertaken during the year:

- the BCF and ICBF quarterly reports were received and commented upon before their submission the DHSC
- a proposal to extend the timetable for Pharmaceutical Needs Assessment was agreed

The Board was pleased to receive and agree the publication of the annual reports from the Bromley Safeguarding Children Partnership and the Bromley Safeguarding Adult Board. The Board commented on the great work undertaken by the two Boards and the clarity of their new style annual reports.

The Chairman attended the pan London HWB Chairs meetings organised by London Councils. Because of the pandemic these were held monthly rather than quarterly. The Chairman also represented the HWB at the meetings of the Adult Safeguarding Board and the newly established Bromley "inter chairs meeting".

In the report for the previous Civic Year 2020/21 it was commented that Public Health had been place at the centre of the Councils Work by the pandemic. The same has been true for this year but hopefully the focus next year will move back to a more normal situation.

The Board would like to place on record its gratitude, on behalf of the residents of Bromley, to the Public Health team and the Health Partners for their dedication and tremendous hard work over the past year in maintaining the health and wellbeing of all in Bromley. We look forward next year to not just maintaining health and wellbeing but enhancing it as we finally move out of the pandemic of the last two years.

Councillor Dr David Jefferys
Chairman, Health and Wellbeing Board

Report No.
CSD22045

London Borough of Bromley

Decision Maker: HEALTH AND WELLBEING BOARD

Date: Thursday 31st March 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 20 25th November 2021 Bromley Winter Plan Update	Further statistics on ambulance waiting time and handovers to be provided following the meeting.	Site Chief Executive – PRUH and South Sites		

HEALTH AND WELLBEING BOARD WORK PROGRAMME

31 st March 2022	
Latest phase of the pandemic/review of winter	SEL CCG
Discussion - Public Health and Wellbeing Priorities for 2022/23	
Integrated Commissioning Board Update	Sean Rafferty
Summary of the rough sleeper workshop	Dr Nada Lemic / Mimi Morris-Cotterill
Future Covid-19 Surveillance	Dr Nada Lemic / Chloe Todd
Chairman's Annual Report 2021-22	Chairman
<i>Information Briefing: Better Care Fund and Improved Better Care Fund Performance update – Q3 2021/22</i>	Ola Akinlade
<i>Information Briefing: Healthwatch Bromley Patient Experience Report Q3</i>	Healthwatch Bromley
Work Programme and Matters Outstanding	Democratic Services

PROPOSED WORK PROGRAMME 2022/23

9 th June 2022	
Health and Wellbeing Strategy: JSNA Priority Areas (x2)	
Update on Children and Young People's Mental Health	Richard Baldwin / James Postgate
Screening Update	SEL CCG / LBB
Update on the Long COVID Service	SEL CCG
Public Health Management of COVID-19 Pandemic (including discussion on lessons learnt from the pandemic)	Dr Nada Lemic
<i>Information Briefing: Better Care Fund and Improved Better Care Fund Performance update</i>	Ola Akinlade
Work Programme and Matters Outstanding	Democratic Services
22 nd September 2022	
Health and Wellbeing Strategy: JSNA Priority Areas (x2)	Dr Nada Lemic
Pharmaceutical Needs Assessment	Jonathan Walker / Chloe Todd
Integrated Commissioning Board Update	Sean Rafferty
<i>Information Briefing: Better Care Fund and Improved Better Care Fund Performance update</i>	Ola Akinlade
Work Programme and Matters Outstanding	Democratic Services
8 th December 2022	

Health and Wellbeing Strategy: JSNA Priority Area	
- Presentation from the Falls Service	Lindsay Pyne (Bromley Healthcare)
Update on the Bromley Mental Health and Wellbeing Strategy	James Postgate / Sean Rafferty
Bromley Safeguarding Children Partnership Annual Report	Jim Gamble / Joanna Gambhir / Kerry Davies
Bromley Safeguarding Adult Board Annual Report	Bulent Djouma
Work Programme and Matters Outstanding	Democratic Services
2nd February 2023	
Health and Wellbeing Strategy: JSNA Priority Areas (x2)	
Work Programme and Matters Outstanding	Democratic Services
30th March 2023	
Health and Wellbeing Strategy: JSNA Priority Areas (x2)	
Integrated Commissioning Board Update	Sean Rafferty
<i>Information Briefing:</i> Better Care Fund and Improved Better Care Fund Performance update	Ola Akinlade
Work Programme and Matters Outstanding	Democratic Services