

HEALTH AND WELLBEING BOARD

Minutes of the meeting held at 2.00 pm on 9 June 2022

Present:

Councillor David Jefferys (Chairman)
Councillor Robert Evans (Vice-Chairman)
Councillors Chris Price, Will Connolly, Mike Botting,
Thomas Turrell and Kim Botting FRSA

Dr Nada Lemic, Director: Public Health

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

Christopher Evans, Community Links Bromley

Also Present:

Richard Baldwin, Director: Children's Social Care (*via conference call*)
Councillor Yvonne Bear (*via conference call*)
Teresa Bell, Independent Chair: Bromley Safeguarding Adults
Board (*via conference call*)
Charlotte Bradford, Healthwatch Bromley (*via conference call*)
Kim Carey, Director: Adult Social Care (*via conference call*)
Jonathan Lofthouse (King's College Hospital NHS Foundation
Trust) (*via conference call*)

1 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Diane Smith and Councillor Kim Botting attended as substitute.

Apologies for absence were also received from Dr Ify Okocha (Oxleas).

2 DECLARATIONS OF INTEREST

There were no declarations of interest.

3 QUESTIONS

One question had been received from a member of the public for oral reply. The question, with the answer given, is set out in Appendix A to these minutes.

Two questions had been received from members of the public for written reply and are attached at Appendix B.

4 MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 31ST MARCH 2022

RESOLVED that the minutes of the meeting held on 31st March 2022 be agreed.

5 UPDATE ON CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH

Report CSD22071

The Board considered a report providing an update on Children and Young People's Mental Health. The Charman welcomed James Postgate, Associate Director – Integrated Commissioning, NHS South East London CCG (Bromley) ("Associate Director"), Yvonne Onyeka, Team Leader – Bromley Y ("Team Leader"), Rebecca Wheatcroft, Consultant Clinical Psychologist – Oxleas NHS Foundation Trust (Bromley CAMHS) ("Consultant Clinical Psychologist") and Laura Craggs, Operations Manager – Oxleas NHS Foundation Trust (Bromley CAMHS) ("Operations Manager") to the meeting.

The Associate Director informed Board Members that Bromley Council and NHS South East London Clinical Commissioning Group (CCG) – Bromley commissioned a range of services to support the mental health and wellbeing of children and young people in the borough. Whilst there were a range of different services in the area, the core mental health and wellbeing offer centred on the provision of:

- (a) the Wellbeing Service for Children and Young People (Bromley Y); and
- (b) Children and Adolescent Mental Health Services – CAMHS (NHS Oxleas Foundation Trust).

The dual service model was originally established in 2014/15. Since then there had been strong partnership working between the two services which were strengthened in April 2021 when the Council and CCG jointly awarded Bromley Y a new integrated contract to provide mental health and wellbeing services for children and young people in the borough.

The impact of the COVID-19 pandemic had been seismic across all groups. That said, for children and young people, who had experienced lockdowns and school closures, this had been a particularly challenging period. The impact had seen,

since September 2020, a significant rise in referrals to both Bromley Y and NHS Oxleas CAMHS, notably:

- a 47% increase in referrals to the joint NHS Oxleas CAMHS/Bromley Y single point of access (SPA) since September 2020;
- a 16.8% increase in routine referrals to NHS Bromley CAMHS;
- an increase in the clinical complexity of referrals resulting in an increase in contacts per case; and,
- a 15.7% increase in emergency presentations to NHS Bromley CAMHS.

NHS Oxleas CAMHS and Bromley Y reported that, of the higher numbers of children and young people accessing the services, more were likely to have complex and multi-faceted challenges than was typical prior to the pandemic. That meant that more children and young people were staying with services for longer, increasing caseloads overall. The Associate Director said that it was important to note, however, that the current situation with children and young people's mental health and wellbeing services was a national picture and that Bromley's services had coped well in difficult circumstances.

In light of the current situation in services, the Council/CCG with Bromley Y and NHS Oxleas CAMHS had come together to develop proposals to meet the current challenges across service lines. The different organisations had agreed a number of priority areas to focus on in the first instance, as set out below:

- joint leadership/communication across children and young people's mental health and wellbeing services in Bromley.
- the development of an integrated solution for children and young people who required support at a higher level than was provided by Bromley Y but who were not currently receiving treatment from CAMHS.
- the development of an integrated solution for children and young people currently under CAMHS who were unable to move out of the service due to a need for additional step-down provision.
- the development of an integrated solution to improve partnership working with children's social care in relation to children and young people with both mental health and social care needs.
- the development of improved ways of working between children and young people's mental health and wellbeing services for children and young people with more complex and multi-faceted needs.

A Member noted that they were pleased to hear that waiting lists of those not able to be seen immediately were being monitored to assess risk, and enquired as to how the risk between the two services was managed. The Team Leader said that lots of discussions were taking place in relation to bridging the gap between the two services. They were looking at creative ways, including putting training in place, with the aim of reducing the number of young people going to up to CAMHS. The Operations Manager said that they had been focussing on the cohort

that did not quite meet the level of severity to access CAMHS and discussed managing the risk collaboratively and utilising the Thrive model. In the interim, joint triage and joint consultation would result in support being provided by both services.

Another Member noted that the waiting lists were a concern for GPs and improved conversations were required regarding initial assessments. GPs needed to be educated in terms of the resources available and supported with information to signpost young people and their families. The Consultant Clinical Psychologist provided reassurance that children and young people were on a 'managed waiting list' and always had an allocated professional, such as a SENCO or social worker, who would support them and advocate on their behalf during this time to ensure that access to CAMHS was prioritised when needed. In response to a further question, the Consultant Clinical Psychologist said that children and young people were presenting with more complex emotional and mental health issues. Many were in conjunction with other issues, such as safeguarding, neglect, or exploitation, which added an additional layer of complexity.

Jonathan Lofthouse, Site Chief Executive – PRUH and South Sites, King's College Hospital NHS Foundation Trust informed Members that the PRUH had been a frontal point for those in most extreme crisis and the timeliness of management had been complex. It was not unusual for a child to be in crisis at A+E for multiple days, and this was not the appropriate place for them to be cared for – it was one place of safety, but there were others available. It was highlighted that, UK-wide, the provision of acute services for children and young people were severely stretched. The Chairman enquired if more work would be undertaken in relation to preventative aspects. The Consultant Clinical Psychologist said that this was an ongoing workstream – it was included in the action plan and meetings were held at least monthly. At a recent meeting there had been a presentation in relation to supporting schools to identify and assess children's mental health and information was provided on websites that could be regularly accessed. Mental Health and Wellbeing leads had been established in all Bromley schools, for which a job description and training had been provided. The member of staff who took on this role was decided by the school itself – some were Headteachers, Deputy Headteachers or Pastoral Care leads and the Department of Education (DfE) had been championing for higher level staff to take on this role. It was noted that all schools had also completed a diagnostic test through the Anna Freud Centre which indicated how mental health and wellbeing ready they were.

In response to questions, the Team Leader advised that Bromley Y provided support to schools, additional guidance and referral pathways. Some schools requested additional 1-2-1 support, whilst others had their own counselling service – therefore different models for schools were available and could be negotiated. The service with some schools had been discontinued due to staff leaving, and discussions had taken place regarding how to reinstate the service. They had tried to recruit staff of the level and quality required; however it was regrettable that they had been unable to. It was emphasised that they had not pulled out of any school where they had not needed to. The Associate Director noted that some schools funding had stopped and therefore Bromley Y was running at a loss and a refresh of the service would allow them to provide what was needed.

A Member highlighted the comments made in relation to recruitment struggles and asked if the rates of pay for counsellors contributed to this issue. The Team Leader said that it may do for some, but they also provided training and support which would not be given in a private appointment. They were good at retaining staff, and many had been there a long time, but it was a challenge as they were operating at a loss – yet they often received push back from schools who considered it to be an expensive service. In response to a question from another Member, the Team Leader said that it was a competitive market and as Bromley Y was a charity it put resources into frontline staff. Candidates put themselves forward for the vacant roles, however they were not always of the level required. During lockdown, many people had needed to stop carrying out their volunteering roles – they had kept rounds of recruitment going, but it had been challenging. Going forward they were looking at how things could best be configured, including expressions of interest and recruit to train posts. The Consultant Clinical Psychologist said that recruitment was a problem nationally – increasing mental health needs had led to staff burnout, and increased acuity resulted in patients not getting better as quickly as they would like them to. The impact of parental mental health, particularly parents of school aged children, had been at the forefront of the queries received. New training would be created including two new disciplines, occupational therapy and social workers, who would provide support with evidence-based training.

The Chairman noted the reference made in the report to seven secondary schools being identified as likely to benefit from additional targeted support. The Consultant Clinical Psychologist said that these were schools that had higher numbers of pupils presenting at A+E and they would look to understand what the issues might be. It was highlighted that there was no direct correlation between the schools, and that they could change over time. The Director of Children’s Social Care noted that the commissioning process had set the financing of the service and budget implications of additional funding would need to be considered. The Director of Children’s Social Care said he would be happy to be involved in conversations with Bromley Y with regards to making commissioning as effective as possible – there was “no quick fix” and they needed to ensure they had the best team of people possible. In response to a further question from the Chairman, the Associate Director said that the Safeguarding Partnership had agreed to provide data analysis and monitor peaks in relation to emerging trends, themes and patterns of concern.

In response to questions from a Member, the Consultant Clinical Psychologist said that she attended the Suicide Prevention Steering Group, and one of its subgroups. With regards to those known to CAMHS, the data in Bromley for the number of suicide deaths was lower than other London boroughs, but this was something that would continue to be monitored. It was noted that the number of attempted suicides was an increasing profile nationally and there had also been a huge increase in incidents of self-harm.

A Member asked for further information in relation to waiting times. The Associate Director said that in April 2022 the average waiting time for CAMHS had been 24-weeks, compared to 17-weeks in 2019/20. However there was some variation for different groups with crisis cases (4-weeks) and neuro-disabilities (32-weeks). It

was agreed that information on waiting times could be circulated to Board Members following the meeting.

In response to questions, the Team Leader said that in terms of signposting, during the initial contact meeting consideration was given regarding where support could be accessed. Services such as Kooth, an online mental wellbeing community, was well used and a text-based support service had been established to signpost people to webinars and packages which were endorsed by the NHS. In relation to the wait for services, they had a navigator role – this person could be contacted if things escalated whilst a patient was waiting to access services and would ensure that a package of early intervention care was put in place. It was considered that social prescribing would also play a part going forward to ensure that people kept active and/or felt less isolated. The Consultant Clinical Psychologist said that other boroughs had introduced individual support plans for those presenting with mental health needs, and she had discussed the possibility of setting these up with the Operations Manager. It was noted that they often referenced the Bromley Y webinars and highlighted ones which would be beneficial for children and parents to view. With regards to the Local Authority, the Consultant Clinical Psychologist said they would like it to maintain its compassionate stance. Staff had faced the biggest challenge seen for many years – they were working as hard as they could, but it was highlighted that there were limitations. These comments were echoed by the Operations Manager, and the need for integrated working and early intervention was emphasised.

The Chairman thanked the Associate Director, Team Leader, Consultant Clinical Psychologist and Operations Manager for their update to the Board. It was noted that the information from the deep dive had been extremely helpful, and a further report was requested at the end of the calendar year.

RESOLVED that the current issues in Bromley children and young people’s mental health and wellbeing services, and a proposed way forward, be noted.

6 PUBLIC HEALTH MANAGEMENT OF COVID-19 PANDEMIC (INCLUDING DISCUSSION ON LESSONS LEARNT FROM THE PANDEMIC)

Report ACH22-013

The Board considered a report providing an overview of the Public Health Department’s management of the COVID-19 Pandemic, which it was noted would also be presented to the Adult Care and Health Policy Development and Scrutiny Committee on 28th June 2022.

The Director of Public Health advised Board Members that management of communicable diseases was a part of the Health Protection function which was one of the Public Health statutory functions. Public Health functions in the Local Authority had been defined in the Health and Care Bill 2012. The basis for the Public Health management of the COVID-19 pandemic had been the Bromley

Outbreak Management Plan. Public Health completed and published the first plan in June 2020, pulling together all key partners in the borough. The plan had been updated several times and was overseen by the Health Protection Board. There were a number of workstreams overseeing different aspects of the pandemic response and each of these workstreams had developed and changed as the pandemic had progressed. The Public Health team led in setting up new services to manage the pandemic such as contact tracing, community testing, testing in schools, surge testing and setting up systems to prevent and manage outbreaks. They had also worked closely with SEL CCG on the vaccination programme.

During the pandemic several members of staff in the Public Health team moved from 'business as usual' to working on the response to the pandemic almost entirely, leaving those not working on the pandemic to keep all the other work going. Key areas of work were:

1. *Surveillance* – which included producing a weekly report on the COVID-19 situation in the borough, which was circulated to Councillors and Members of the Health and Wellbeing Board.
2. *Outbreak management* – the Public Health team had managed or supported a very large number of outbreaks in different settings. This included incident management meetings and subsequent review meetings with a large number of care homes and schools, which had been a significant amount of work.
3. *COVID-19 clinical response service* – delivered by Public Health Nurses, provided infection prevention and control (IPC) advice, support and responses to enquiries received from a wide range of health and care professionals in different settings, including businesses as well as from the general public.
4. *Local contact tracing service* – a new service, which was established in October 2020, and ended on 23rd February 2022.
5. *Community testing service* – programme based on Government guidance.
6. *COVID-19 Vaccination* – support had included communication and engagement events with residents, schools, care homes, social media campaigns, webinars; vaccine sprint campaign; vaccination of vulnerable and hard-to reach communities; and a vaccine hesitancy and inequalities workstream.
7. *Prevention/Communication and engagement* – Public Health had worked closely with the Communication Team and other LBB and external colleagues to ensure that the latest messages on prevention were available to Bromley residents in public places and on the LBB website.

The Director of Public Health said that the COVID-19 pandemic had caused significant morbidity and mortality in the population, but it had also led to numerous improvements in the way everyone worked. The Association of Directors of Public Health had led a peer-review process across London with the aim to identify key lessons learnt and legacy that should be preserved for the

future. The key areas identified in Bromley included:

- *Partnership working* – both within the Council and across different agencies and stakeholders. The joint working to support care settings had been recognised as excellent work and awarded the National MJ Award.
- *Flexibility of workforce* – the workforce had shown a great flexibility and ability to take on different roles in a short period of time. Within Public Health, clinical staff were able to pick up health protection roles very quickly with short training and updating. Across the Council, staff were able to fulfil various roles and used their transferable skills to support COVID-19 management.
- *Good sub-regional working* – the six SE London Public Health teams had worked closely together during the pandemic which had enabled joint working and sharing of information.

The Chairman congratulated the Director of Public Health and her team for all the work undertaken throughout the COVID-19 pandemic, and thanked the partners, volunteers and helpers for their engagement – the partnership working, and communication had been key. It was noted that Councillors had been involved with the vaccine sprint and the local intelligence used to encourage the uptake of the COVID-19 vaccinations was highlighted. Christopher Evans, Community Links Bromley echoed the comments made by the Chairman. It was noted that the resources and spaces utilised to deliver the vaccination programme were often in voluntary and community settings, which had often led to the displacement of the usual activities held there. The mobilisation of the COVID-19 vaccine programme had been immense – this was still ongoing, and continued to be supported.

A Member enquired if a plan was in place with the voluntary sector for their assistance, if required, during the winter period. The Director of Public Health advised that a plan was in place so assistance could be stepped up and the department also had a substantial spreadsheet of volunteers and charities that could be contacted if needed.

With regards to the Health Protection Champions network mentioned in the report, a Member noted that it would be interesting to see how this developed in terms of partner engagement with communities in the future as inequalities had been highlighted during the COVID-19 pandemic. The Director of Public Health advised that the report provided focused on the Local Authority element, and not the totality of COVID-19 management. Work to address vaccine hesitancy was continuing and the Borough Based Director – SEL CCG would be leading on future plans to address wider general health issues and preventative services. The Borough Based Director – SEL CCG said that they were looking to build in a holistic approach for different communities – a pop-up COVID-19 vaccination clinic had been held at the Keston Mosque, and this model would be built upon. For example, there would be a stall at the upcoming Penge Festival to host drop-in session for blood pressure checks. The Borough Based Director said she would be happy to provide a report to Board Members regarding learning from the COVID-19 vaccination programme.

A Member enquired if the vaccine sprint events had improved vaccine uptake in the areas identified. The Director of Public Health said they believed it had made a difference – however as there was an enormous amount of other work going on, it was not possible to say that the increase in uptake was only due to the vaccine sprint. The totality of the work undertaken had led to Bromley having one of the best COVID-19 vaccination rates across South East London.

In response to a question from the Chairman, the Director of Public Health said that the current advice from the Joint Committee on Vaccination and Immunisation (JCVI) was that those eligible for the flu vaccination, and aged 65+, would be offered a second booster (fourth dose) in the autumn, however further discussions were taking place around enlarging this cohort to those aged 50+. It was also proposed that in the spring, those aged 75+ and vulnerable cohorts would be offered a third booster dose, six months after their second booster.

RESOLVED that the report be noted.

7 SUBSTANCE MISUSE NEEDS ASSESSMENT

Report ACH22-015

The LBB Public Health Registrar delivered a presentation providing a summary of the Substance Misuse Needs Assessment, which is attached at Appendix C.

Substance Misuse treatment and recovery services for Bromley residents were commissioned by the London Borough of Bromley, and the service was due to be recommissioned in 2023. As part of the recommissioning, a needs assessment/analysis of needs was carried out to ensure the new service adequately met the needs of the local population.

The LBB Public Health Registrar noted that 27 recommendations had been made on the basis of Needs Assessment, and were categorised into:

1. Improving data collection
2. Improved partnerships
3. Targeting risk and vulnerable groups
4. Drug use in Young People
5. Harm Reduction
6. Bromley Drug and Alcohol Service (BDAS)

The Health and Wellbeing Board were asked to consider:

- *How can better partnerships be fostered with the organisations mentioned?* – these organisations knew the individuals well and were trusted. A way to capitalise on this to reduce drug related harm and death to the individual, their family and beyond needed to be sought. This was highlighted in the Dame Carol Black review, and echoed in national policy.

- *How can inequalities in access to services, as well as drug-related harm and deaths, be tackled?* – inequalities in access and harm/deaths were clearly evidenced. With the levelling up agenda, as well as national drugs policy and the aims of health groups, this would be an important consideration.
- *How can substance misuse and addiction be shifted to become a health issue rather than a criminal justice issue, thereby reducing stigma?* – the evidence from both the Dame Carol Black review and literature was clear that substance misuse treatment and recovery works for both the individual and society, reducing harms and costs.

The LBB Public Health Registrar advised that a copy of the full Substance Misuse Needs Assessment could be circulated to Board Members following the meeting.

The Chairman enquired as to where overall ownership of the Substance Misuse Needs Assessment lay. The Director of Public Health said that Public Health had a role in commissioning services and developing programmes around early intervention and prevention. Lots of work was undertaken with GPs and hospital services and programmes were also commissioned jointly with the CCG – it was a multiagency approach with the involvement of community groups, charities, Police and criminal justice system.

In response to questions from Members, the LBB Public Health Registrar advised that a separate Alcohol Misuse Needs Assessment was underway and could be presented to a future meeting of the Health and Wellbeing Board. It was highlighted that lots of good prevention work was being undertaken for both young people and adults, and there was a need to ensure that this was integrated. The Director of Public Health noted that the initial focus had been on substance misuse as the contract with the service provider was coming to an end the following year. An in-depth piece of work had been undertaken to look at the needs, and identify any gaps, to ensure an effective evidence-based service was provided. The Alcohol Misuse Needs Assessment would provide similar information and would be used to recommission the service.

In response to a question, the LBB Public Health Registrar said that Bromley had a higher rate of hospital admissions related to drugs, compared to the national average, but a lower death rate, and this was something that they were “trying to unpick”.

A Member enquired if any policy interventions would be introduced following this work. The LBB Public Health Registrar advised that there was lots of existing literature and that the Dame Carol Black review focussed on recovery. In the past, there had been quick detox programmes followed by reintegration, however it was considered that longer term recovery was needed. It was noted that the literature suggested having members of mental health staff at substance misuse clinics helped with the recovery of individuals with co-occurring mental health and substance misuse needs. Another Member highlighted the issue of unrecognised drug use and the need for more to be done in helping to train those working in primary care to get this issue out in the open and help individuals understand its

implications. The LBB Public Health Registrar said that the biggest gap identified during the needs assessment was recreational or 'before crisis' users as little evidence could be gathered. Some recommendations had been made in terms of how partners could work together to recognise those in crisis, but many individuals were unaware of the services available to them.

RESOLVED that the presentation on the Substance Misuse Needs Assessment be noted.

8 REVIEW OF CURRENT HEALTH & WELLBEING STRATEGY PRIORITIES

Report ACH22-014

The Director of Public Health advised Board Members that the Health and Wellbeing Strategy 2019-2023 was due to be refreshed by 2023. 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

It was noted that an update on progress against the ten priorities of the current Strategy had been undertaken and is attached at Appendix D. The priority areas had been selected following 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). The Director of Public Health said that rates had continued to increase across all areas, except for dementia which had seen a decrease in rates both locally and nationally. The reasons for this were not clear, but may be linked to improved cardiovascular health. It was noted that obesity rates were still very high and were an increased risk factor for a number of the other areas listed.

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 said a further item for consideration could be around the impact of the economy on people's health. Another Member enquired as to the statutory period that the Health and Wellbeing Strategy needed to cover. The Director of Public Health said that it was between three and five years. The Chairman asked Board Members to consider over the summer how they could take this forward and

proposed that a longer meeting be scheduled in September to discuss the priorities and period that the Strategy covered. A Member highlighted that granular information would need to be provided in advance of the meeting in order to allow Board Members to consider this in detail.

RESOLVED that the update be noted.

9 PROMOTING BRAIN HEALTH

The Chairman advised that several countries were introducing the concept of promoting brain health. It was suggested that a Task and Finish group could be established, which could be held virtually, to consider this in more detail.

The Borough Based Director – SEL CCG said that promoting brain health was a good idea, and highlighted that this was something that people often worried about too late in life. It would be an interesting concept to look at brain health from childhood/adolescents as this was when the brain was forming – there would be lots of learning to take from this which could link in with other ideas.

The Chairman requested that Board Members contact the clerk if they were interested in being involved in a Brain Health Task and Finish group.

RESOLVED that the issues discussed be noted.

10 QUESTIONS ON THE HEALTH AND WELLBEING BOARD INFORMATION BRIEFING

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

- Better Care Fund and Improved Better Care Fund Performance Update
- Healthwatch Bromley - Patient Experience Report Q4 2021/22

RESOLVED that the Information Briefing be noted.

11 MATTERS OUTSTANDING AND WORK PROGRAMME

Report CSD22057

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

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

- Update on Children and Young People's Mental Health (8th December 2022/2nd February 2023)
- Report on learning from the COVID-19 vaccination programme (TBC)

- Alcohol Misuse Needs Assessment (TBC)

The Chairman noted that the suggestion to hold an extended Health and Wellbeing Board meeting in September had been proposed, which would allow additional time to discuss the priorities for the Health and Wellbeing Strategy. Members were advised that further items would be added to the work programme throughout the municipal year.

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

12 ANY OTHER BUSINESS

Monkeypox

The Chairman advised that Members had requested a short statement in relation to monkeypox.

The Director of Public Health advised that monkeypox was a rare infectious disease. There were a number of cases in the UK, mostly in London (around 98%), and that number was rising but the risk to the general public remains very low. These were mainly in central areas, and it was noted that data was not available by individual borough – however Public Health departments would be notified if there were issues within a specific area.

Monkeypox was usually associated with travel to West Africa, however there had been a significant number of cases that were not linked to travel and were from local transmission. Monkeypox was usually a mild self-limiting illness, spread by very close contact with someone with monkeypox and most people recover within a few weeks. The virus could spread if there was close person-to-person contact or contact with items used by a person who had monkeypox, such as clothes, bedding or utensils. The risk to the UK population was low, however recent cases had been predominantly in gay, bisexual and other men who have sex with men, so these groups were being advised to be alert to any unusual rashes or lesions on any part of their body, especially their genitalia, and to contact a sexual health service if they had concerns.

There was published information on the Council's website [Health and wellbeing | London Borough of Bromley](#) which acknowledged this was still an emerging situation and also outlined that UK Health Security Agency (UKHSA) was investigating a number of cases as well as signposting towards the official NHS health advice. It was noted that Monkeypox had recently become a notifiable disease.

The Borough Based Director – SEL CCG said that the NHS was taking an active approach. The 111 system could refer people to a clinic at Guy's and St Thomas' Hospital, which was also the location of a monkeypox vaccination centre.

RESOLVED that the issues raised be noted.

13 DATE OF NEXT MEETING

The next meeting of the Health and Wellbeing Board would be held at 1.30pm on Thursday 22nd September 2022.

The Meeting ended at 4.35 pm

Chairman

HEALTH AND WELLBEING BOARD

9th June 2022

ORAL QUESTIONS TO THE CHAIRMAN OF THE HEALTH AND WELLBEING BOARD

1.) Oral Question to the Chairman of the Health and Wellbeing Board received from Richard Gibbons:

Re. Agenda Item 8, with 57% of adults in LB Bromley overweight or obese how has, is, and will the board engage with relevant Council departments to prioritise enabling more residents to switch to active travel modes for short trips to schools, shops, stations and local amenities in the borough to help improve health and wellbeing outcomes.

Reply:

Thank you for your question, which is a very important one.

As you have seen in our Health and Wellbeing Strategy Obesity is one of our named priorities, and will remain so. Obesity is a complex issues and many aspects contribute to this situation and therefore it requires a multifaceted approach to address Obesity. You have asked about prioritising the shift to active travel. This is an area that has been impacted on by a number of departments in the council, from transport, regeneration and Public Health and would be the remit of other committees too in addition to the Health and Wellbeing Board, and requires a multifaceted approach. A short summary of some of the work includes:

In September 2020, as part of the response to the COVID-19 pandemic, the Council launched the 'Don't Wait to Lose Weight' campaign, which had an impact and complemented the work being undertaken both locally and nationally.

Transport:

The Road Safety team works with primary and secondary schools across the borough to promote active, safe travel modes on the journey to school. These modes include, walking, scooting and cycling. We also have an extensive programme of child and adult cycle training and promotion which includes adult Learn To Ride sessions for complete beginners and adult Accompanied Rides to support experienced adults with their commute to work and Cycle Maintenance workshops which teach basic maintenance techniques to keep riders on the road. Active travel is included in Bromley's Travel Plan.

The Regeneration Team – *are leading on the development of a physical activity and sports strategy which is currently being developed which is particularly focused on making more inactive people active. It is expected that active travel will be featured in this strategy which will have recommendations for the Council.*

Public Health Team – *work closely with council colleagues, the NHS and other One Bromley Health Partners to promote Bromley residents to being more physically active. For adults, this promotion is achieved through Public Health publicity and outreach health campaigns, education to Health Care Professionals*

and other key stakeholders about the benefits of physical activity and available resources in the borough. A leaflet designed by Public Health was recently updated which is disseminated as part of this work. For children this entails working closely with our Bromley Schools as part of the promotion of the Healthy Schools Bromley programme which the majority of Primary Schools are signed up to participate in. Most recently the Walk to School Week was promoted as a popular active travel promotional event.

This is not a complete list of all activities that have happened in the past, now or future but hopefully gives you some idea of the work of the council in this area. Work will continue with the departments working closely together to address the causes of obesity.

During the September meeting of the Health and Wellbeing Board obesity was likely to be included in the discussions regarding the Joint Strategic Needs Assessment.

Supplementary Question:

'Working Together to Promote Active Travel' and other reports advocate active travel. I appeal for Members to work cross-party and for the Portfolio Holders to report to the Environment and Community Service Policy Development and Scrutiny Committee, as there is little evidence of a move to link health and wellbeing and transport services. Local community groups, such as Living Streets, stress the mutual benefits of health and wellbeing for all.

Reply:

Yes, we work very closely with other Members, and I have written to both the Portfolio Holder for Sustainability, Green Services and Open Spaces and Portfolio Holder for Transport, Highways and Road Safety – there are many cross-cutting issues, which will be handled as such.

HEALTH AND WELLBEING BOARD

9th June 2022

WRITTEN QUESTIONS TO THE CHAIRMAN OF THE HEALTH AND WELLBEING BOARD

1.) **Written Question to the Chairman of the Health and Wellbeing Board received from Owen Wittekind:**

Across Bromley Y, CAMHS and the CCG, what engagement with young people takes place, and what capacity is there for oversight by young people on the boards and decision-making groups of these organisations?

Reply:

Overall

Bromley Council and NHS South-East London CCG (Bromley) jointly commission children and young people's mental health and wellbeing services in line with plans in the Bromley Mental Health and Wellbeing Strategy (2020-25). This strategy was co-produced with service users, including children and young people, and sets out an aim that service users (including young people) will be able to shape and design their own service offer – placing engagement and consultation at the core of the delivery of these services.

Children and young people's representatives provide regular oversight of children and young people's mental health and wellbeing services in Bromley – with young people questioning commissioners and service leads on outcomes and delivery. This includes children and young people's representatives on the Bromley Youth Council (who led a detailed piece of work on mental health just prior to the pandemic), the Corporate Parenting Board and the Living in Care Council (LinCC).

Bromley Y

A new five-year contract was awarded to Bromley Y in April 2021 following a competitive procurement exercise. One element of the procurement exercise was that children and young people, including children looked after (CLA) and care leavers, were involved in the scoring and evaluation of bids for the service.

Bromley Y have been running a very successful participation group for many years. Since the covid-19 pandemic, this group has shifted its activities online. The group further engages children and young people in schools with regards to access and mental health and emotional wellbeing. The group has a role in considering outcomes of young people supported by Bromley Y.

Bromley Y employed a youth ambassador in October 2021. This individual has been working closely with wellbeing ambassadors in schools in order to capture the voice of CYP, parents/carers and professionals in the work of the organisation. The current youth ambassador is soon to finish their term and there are currently three applicants for this role. The current youth ambassador is willing

to join the Bromley Y board of trustees and they have also been part of selection and recruitment in the organisation, as well as helping to shape Bromley Y's Equality, Diversity and Inclusion (EDI) strategy.

NHS Oxleas Foundation Trust – Bromley CAMHS

There is a Trust-wide approach/strategy across NHS Oxleas Foundation Trust that guides user participation, which includes the following:

- Regular user participation groups, facilitated by CAMHS clinicians, to discuss a range of issues and contribute towards service development.
- User interview panel representation, which we are working towards mandating for all posts.
- Designated participation lead post within each service.
- Parent participation groups (to be developed in Bromley).

User participation is also embedded within clinical practice through the use of clinical outcome measures (e.g. session-to-session measures) and experience of service questionnaires (CHI-ESQ). Protocols are in place to review this data/feedback regularly and responses are provided via a "You Said, We Did" feedback loop.

Finally, we have a register of users who we draw upon in a focus group format for specific Trust-wide projects e.g. digital developments and crisis care.

2.) Written Question to the Chairman of the Health and Wellbeing Board received from Freddie Price:

How much has the Council spent over the past 2 years on youth mental health services, what is the breakdown of where this money was used, and how does this compare with the budget agreed for the 2020-2022 period?

Reply:

London Borough of Bromley Spend of CYP Mental Health and Wellbeing Services

	Bromley Y	ASD Family Support Service (Mencap)
2018/19	£464,029	£15,000
2019/20	£464,029	£15,000
2020/21	£464,029	£15,000
2021/22*	£452,223	£27,000
2022/23	£452,223	£27,000
Total (5 Years)	£2,395,533	

Bromley Council has spent £958,446 on children and young people's mental health and wellbeing services in the years 2021/22-2022/23.

There has been a small increase in spending in the last two years as compared to the period 2020-22.

At the same time there has been a significant increase of NHS resources into this provision (£2.1m in 2021/23 alone). This additional funding has been agreed in full partnership between Bromley Council and NHS SEL CCG.

** In 2021/22 the London Borough of Bromley entered into new contracts for both Bromley Y and ASD Family Support Services which were funded on a 50:50 basis with NHS SEL CCG.*

This page is left intentionally blank

Substance Misuse Needs Assessment

Dr Jack Haywood
ST2 Public Health Registrar

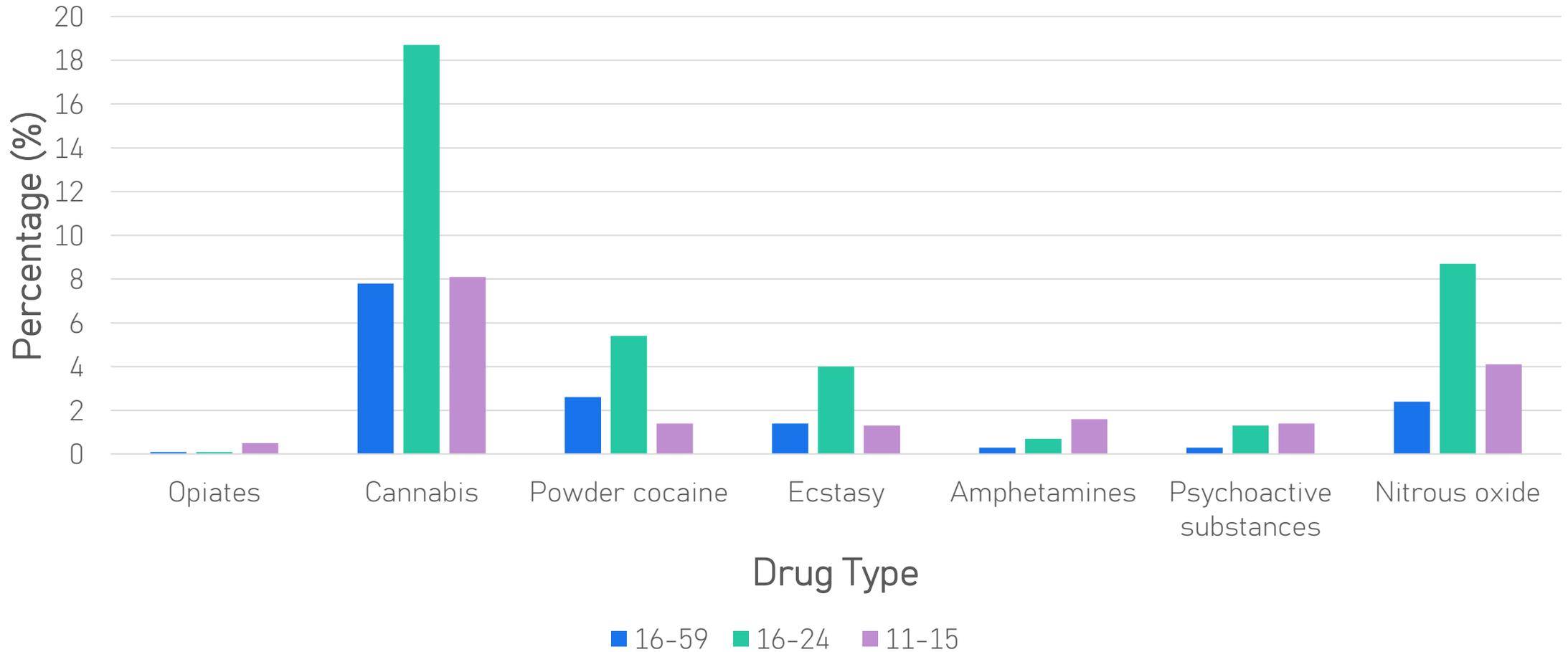
Bromley Health & Wellbeing Board – 9th June 2022



Very brief background to drugs issues/policy

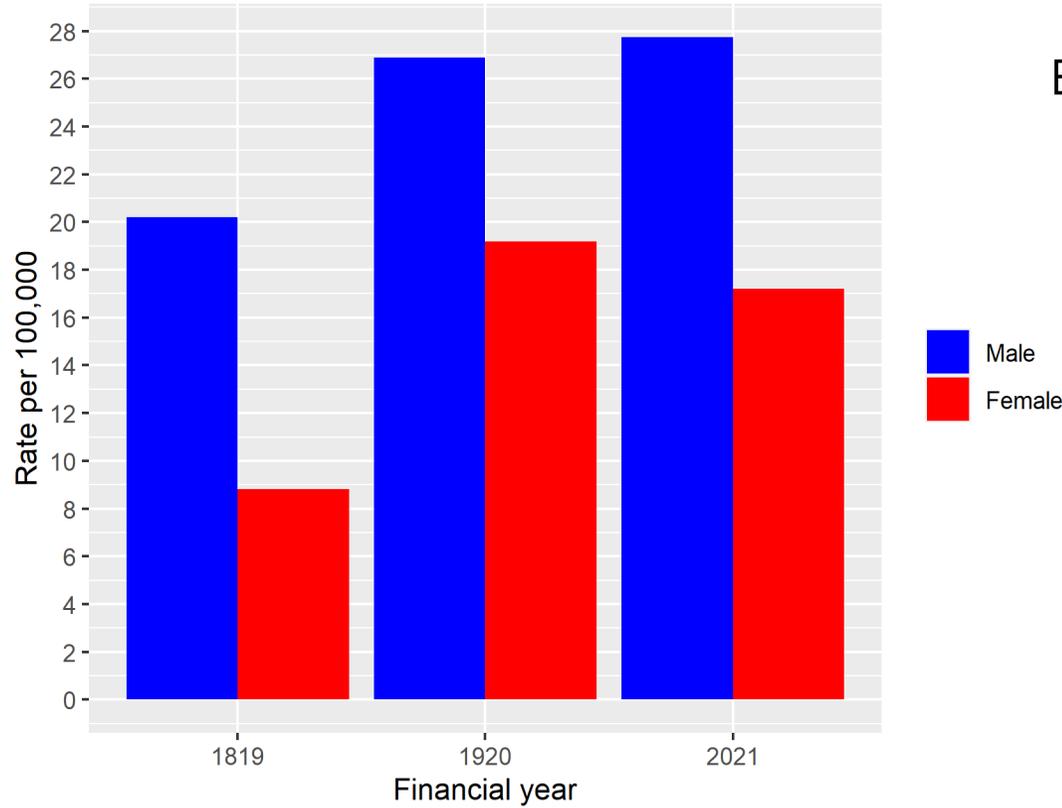
- Drug-related deaths have been increasing since 2010, with **4561 deaths** in England & Wales in 2020
- Cost estimated to be **£20 billion annually** for society
- Dame Carol Black Review completed in August 2021 – **32 recommendations** outlining the need or focus on prevention, treatment, recovery, and partnerships
- New UK Government strategy in December 2021: *From Harm to Hope*
- Substance misuse services provide improvements in the quality of life to the individual as well as their families and society.

National Drug Use

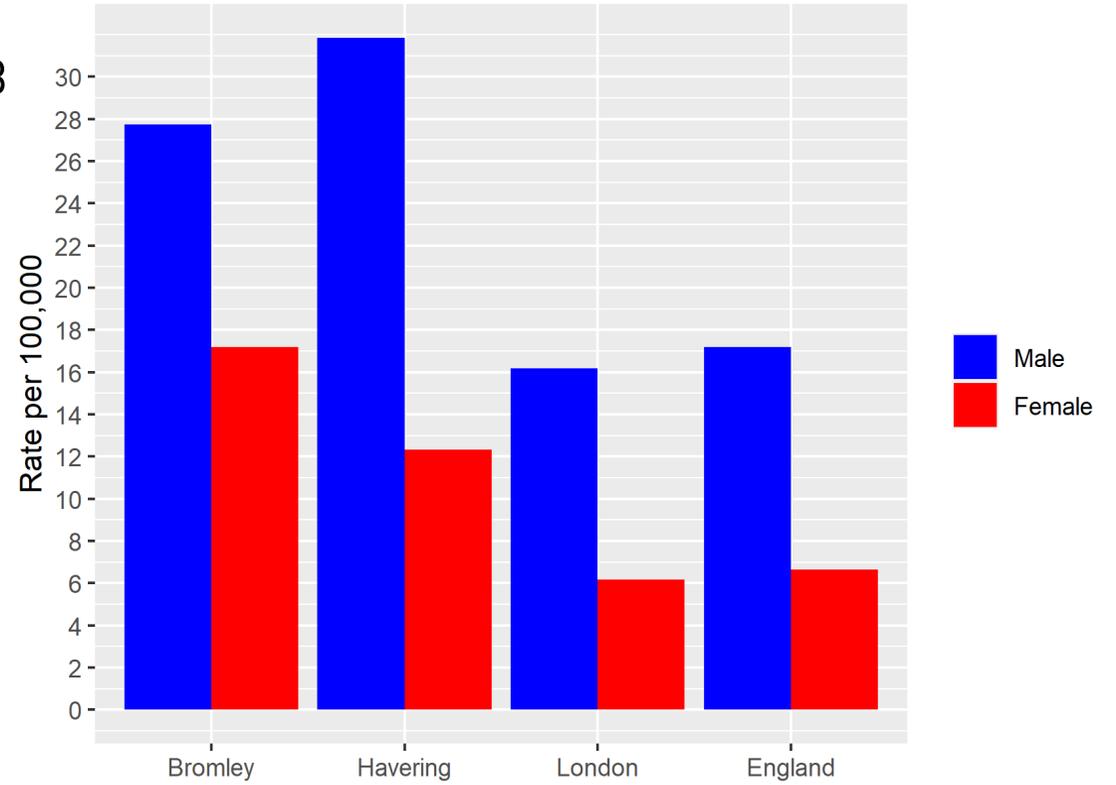


Drug-Related Morbidity

A

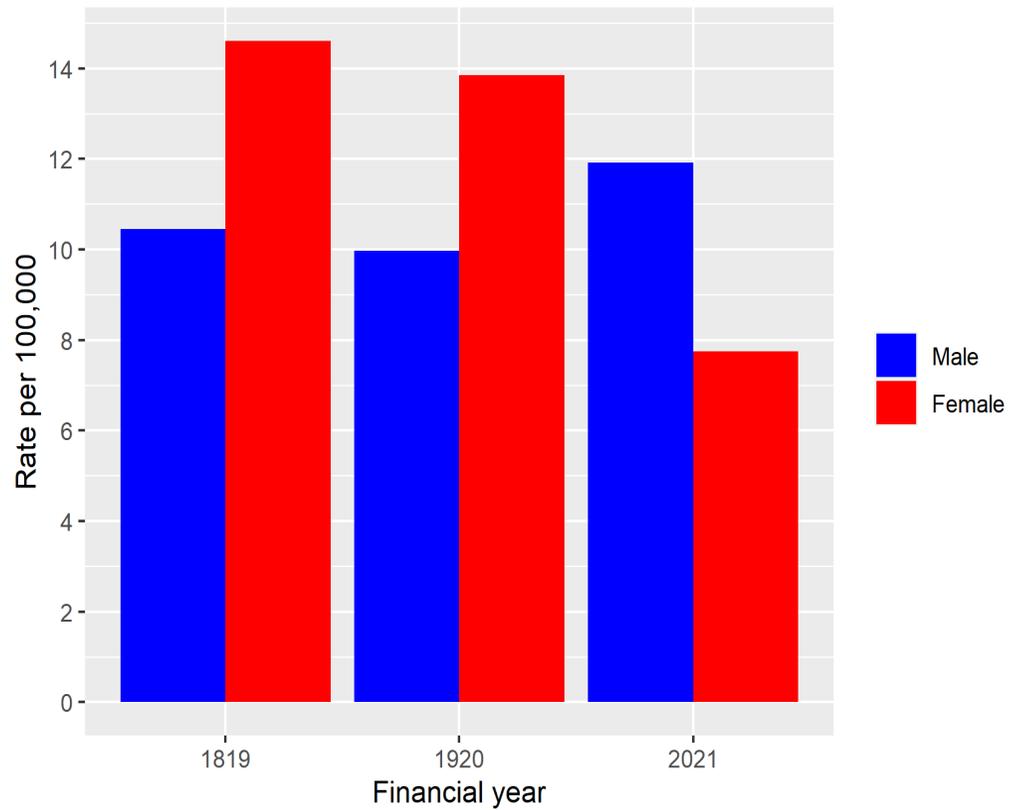


B

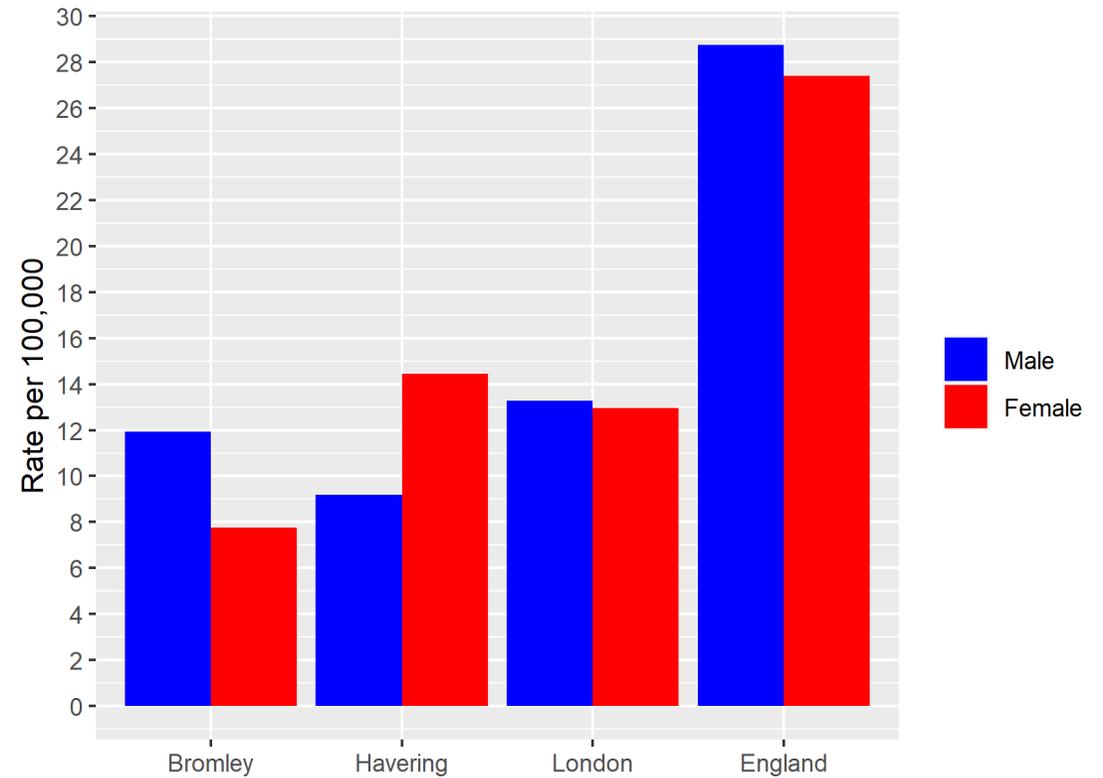


Drug-Related Morbidity

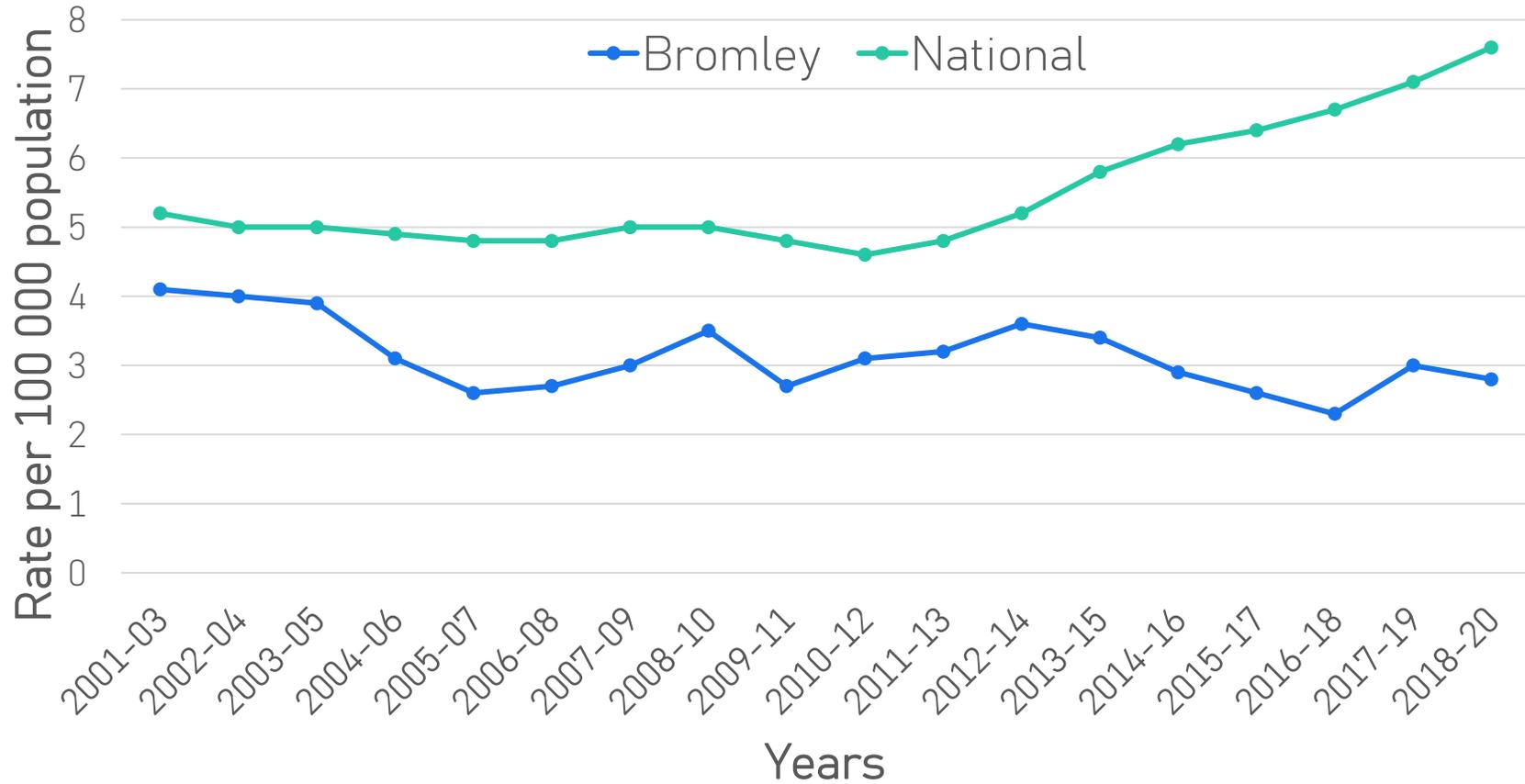
A



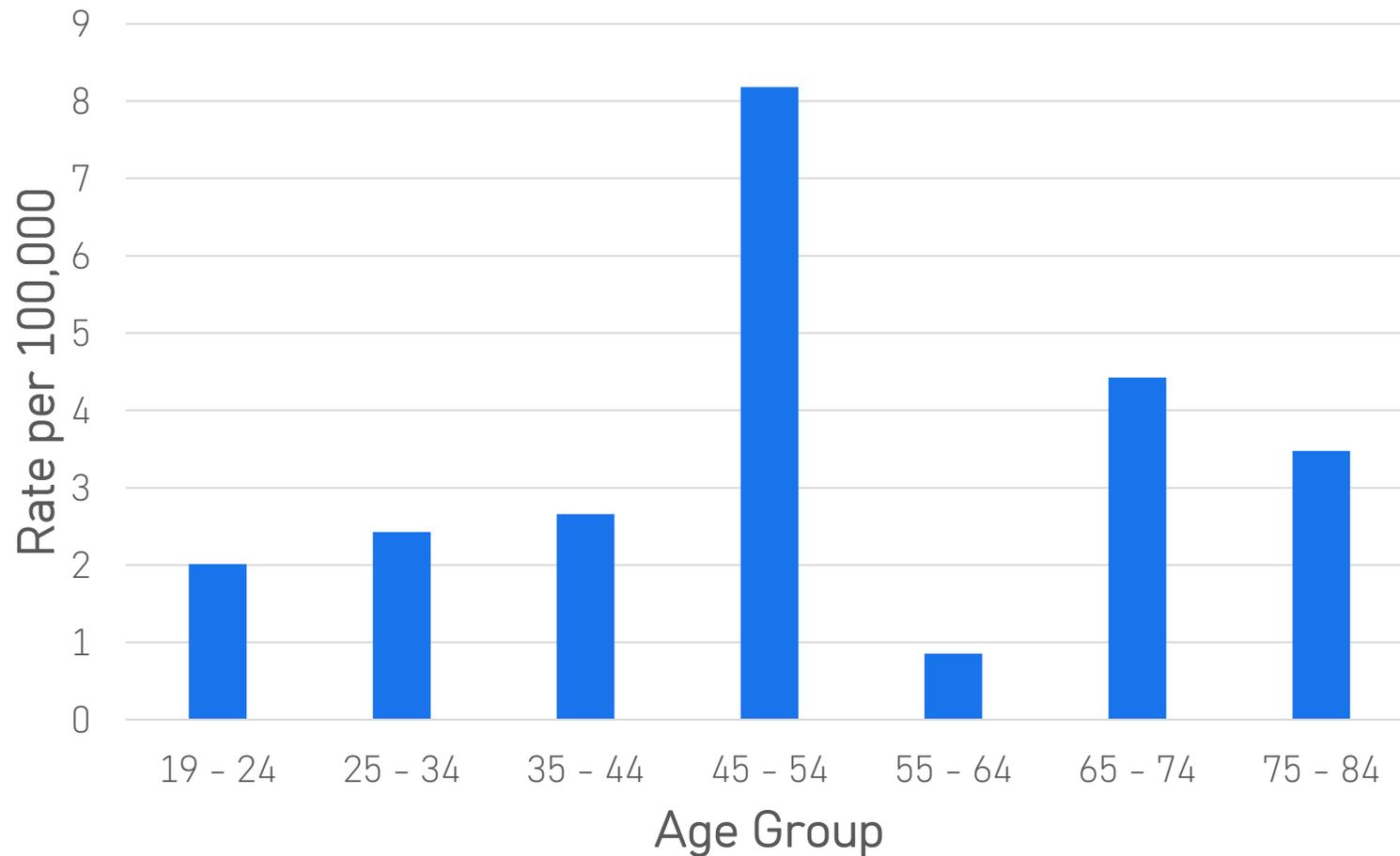
B



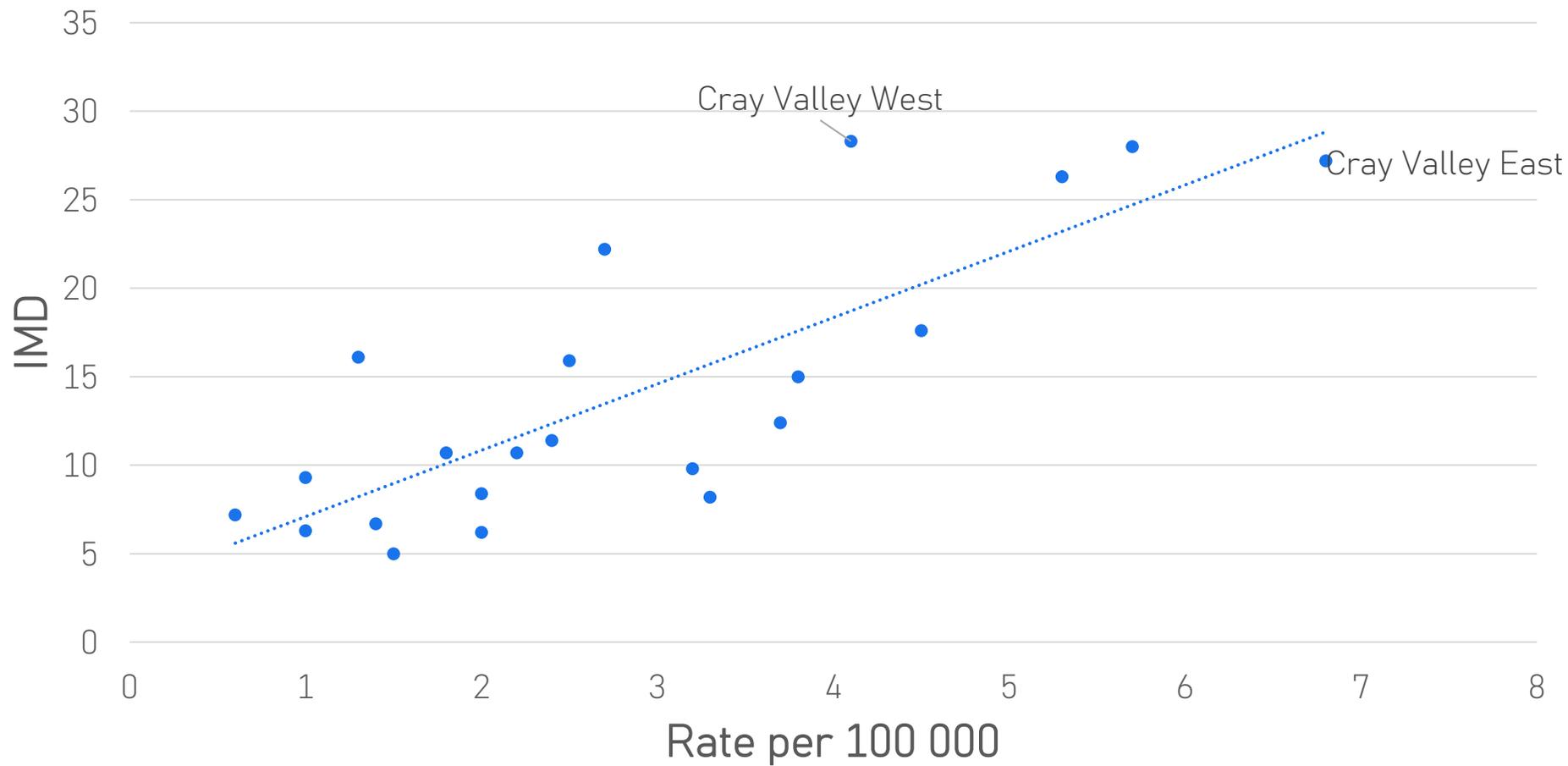
Drug-Related Mortality – Drug Poisoning



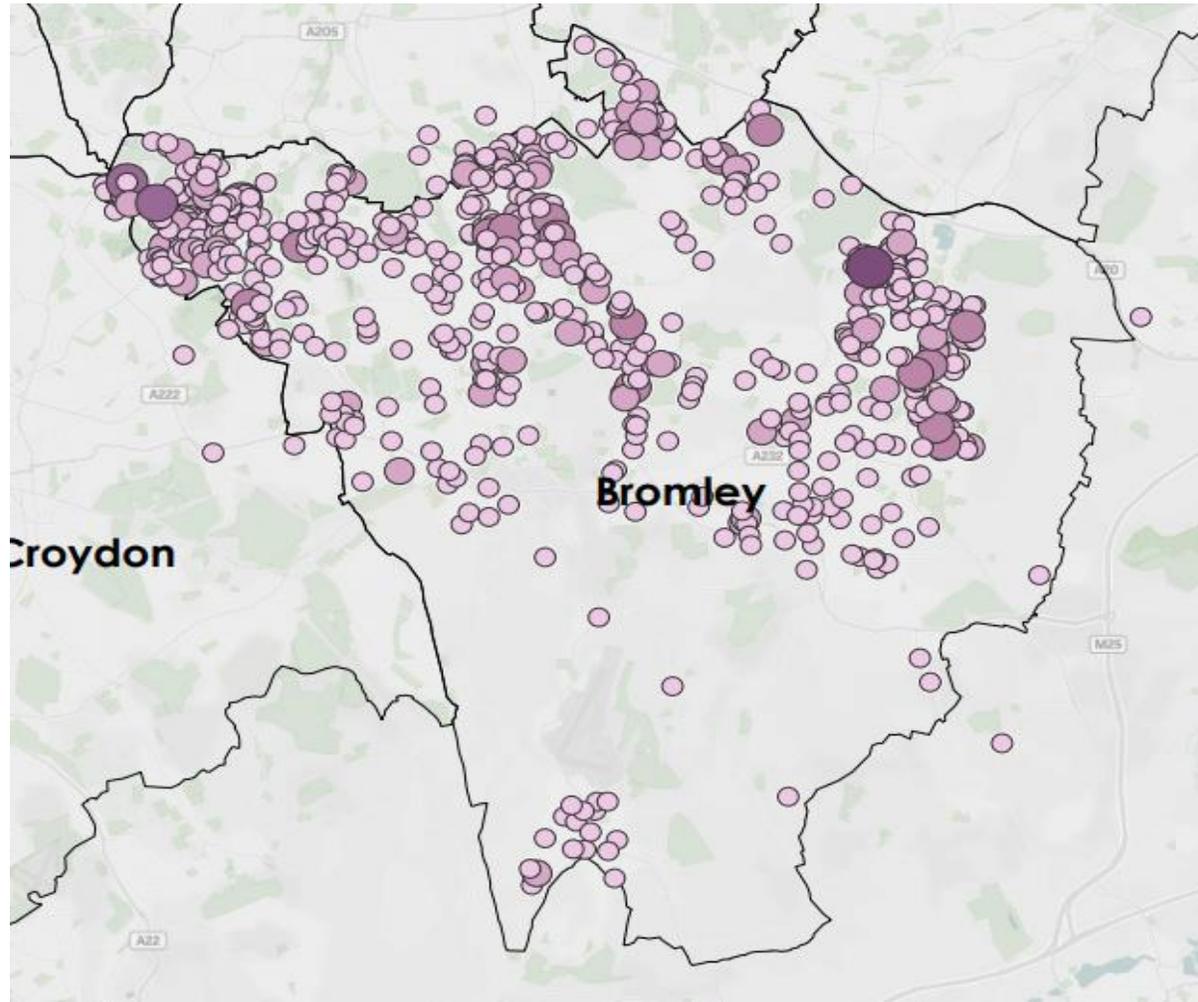
Drug-Related Mortality – By Age Group (2018-20)



Drug-Related Mortality – By Ward (2011-20)



Current Services



Tackling hepatitis C - three of our services have reached a major milestone

We are excited to announce that three Change Grow Live services have recently achieved micro-elimination of hepatitis C: West Kent, Reading, and Bromley.

Service Manager Lauren said:

“

It's an incredibly proud moment for the Bromley Team. We couldn't have done it without Maureen, the team and the fabulous David and colleagues from KCH. Maureen is known locally as the BBV Queen and has certainly earned the title! We will definitely continue to test, identify and treat in Bromley and see this as a vital part of someone's treatment with us.”

Partnerships

- Bromley & Croydon Women's Aid
- Bromley Homeless
- Cotmandine Community Resource Centre
- Fast-Track Cities
- Living Well
- Mottingham Community and Learning Shop
- LBB Housing Department
- Sheltered Housing Providers in Bromley:
 - Depaul Housing for young people
 - Amber Housing for people with mental illness
- HM Prison's and Probation Service
- King's College Hospital Sexual Health Services
- Change Grow Live
- Primary Care

Vulnerable Populations

- Homeless
- Unemployed
- Absolute poverty and high levels of debt
- Victims of domestic violence
- Individuals with co-existing mental ill health
- Offenders
- People with housing issues
- People living with HIV (PLHIV)
- Sex workers
- Victims of human trafficking

Use of Bromley Drug and Alcohol Service (BDAS)

- There was almost universal agreement amongst the support organisations that many of their clients are reluctant to engage with BDAS
- Reasons:
 1. Treatment structures too complex
 2. Too formal and “one size fits all”
 3. Stigmatisation
 4. Lack of awareness of services
 5. Lack of trust
 6. Poor previous experiences
 7. Fear of relapse
 8. Trauma
 9. Health literacy
 10. Other chronic conditions
 11. Mental ill health
 12. Fear of repercussions

Recommendations

- 27 recommendations made on the basis of Needs Assessment
- Categorised into:
 1. Improving data collection
 2. Improved partnerships
 3. Targeting risk and vulnerable groups
 4. Drug use in Young People
 5. Harm Reduction
 6. BDAS

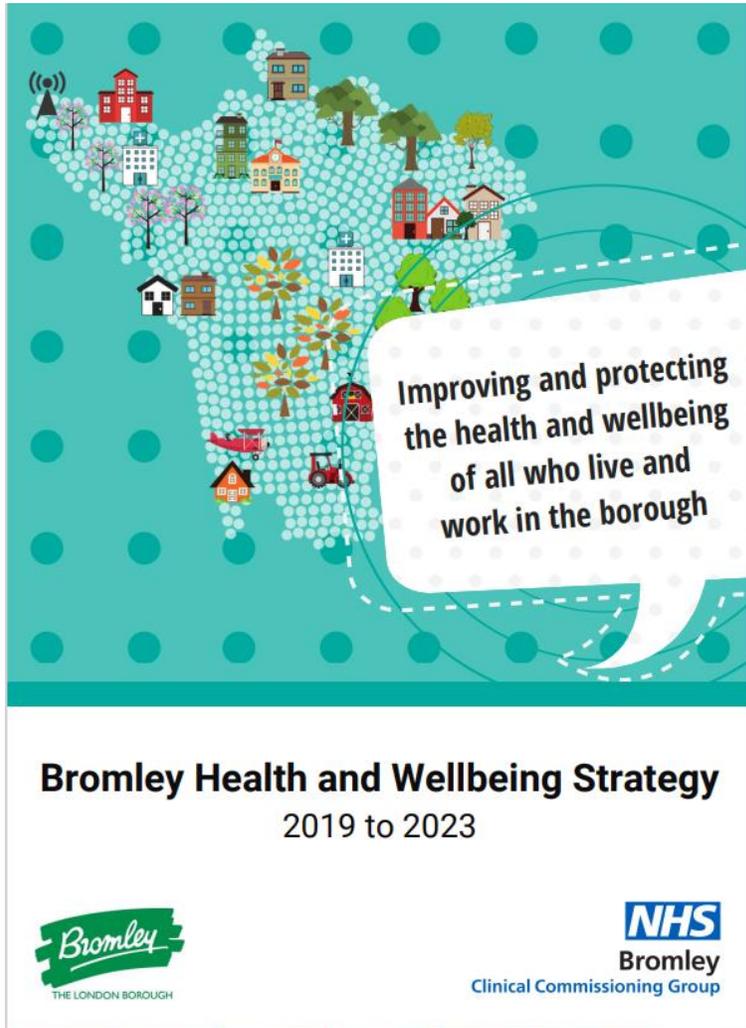


For Consideration by H&W Board

1. How can we foster better partnerships with the organisations mentioned?
2. How do we tackle the inequalities in access to services, as well as drug-related harm and deaths?
3. How do we shift substance misuse and addiction to become a health issue rather than a criminal justice issue, thereby reducing stigma?

This page is left intentionally blank

▶ A Review of the
current Bromley
Health & Wellbeing
Strategy
9th June 2022



Section 3: Our vision and priorities

Our vision is to help the people living in Bromley to:

Live an independent, healthy and happy life for longer

Our priorities:

- | | |
|-------------------------------------|-------------------------------------|
| 1 Cancer | 2 Obesity |
| 3 Diabetes | 4 Dementia |
| 5 Adults mental health | 6 Homelessness |
| 7 Adults with a learning disability | 8 Drugs and alcohol in young people |
| 9 Youth violence | 10 Adolescent mental health |

Priority 1

Cancer

Why is it important?

Nearly

1,600

new cancer
registrations
every year

3,817

deaths in
Bromley

Number 1

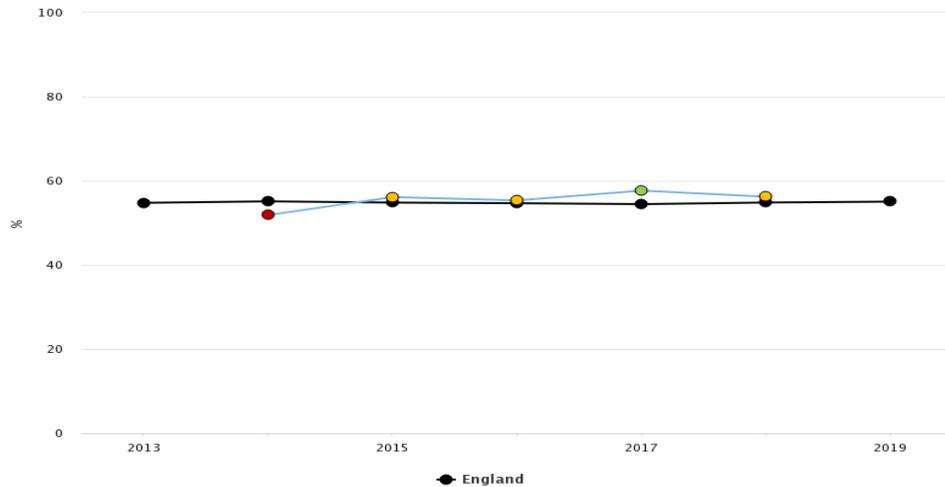
cause of death
in Bromley

- In Bromley cancer rates are rising with nearly 1,600 new cancer registrations annually
- Cancer is Bromley's number one killer (3,817 deaths)
- It has overtaken cardiovascular disease as the major cause of death in the population
- Survival rates are increasing
- However, many cancers are still detected late

Cancer - Update

- Deaths in Bromley (2015-19): 3,720 (Source: <https://fingertips.phe.org.uk/search/Cancer#page/1/gid/1/pat/6/par/E12000007/ati/402/are/E09000006/iid/93253/age/1/sex/4/cat/-1/ctp/-1/yr/5/cid/4/tbm/1/page-options/car-do-0>)
- Number 1 cause of death in Bromley.
- Survival rates in South East London are increasing.
- 56% of cancer is diagnosed at stages 1 and 2.

Percentage of cancers diagnosed at stages 1 and 2 for Bromley



Source: Fingertips

Priority 2

Obesity

Why is it important?

145

severely obese children
in Reception Year and
Year 6

57%

adults are
overweight
or obese

- 57.2% of adults in Bromley are classified as overweight or obese
- Obesity is the main risk factor for the development of type 2 diabetes, with obese adults being five times more likely to develop the condition compared to adults of a healthy weight
- Obesity in children is a significant concern in terms of their health and well-being
- In Reception Year and Year 6 in Bromley primary schools, there are 145 children known to be severely obese as well as 860 obese children
- There are marked differences in rates of obesity within Bromley, with children in the north east and north west of the borough and Mottingham having the highest rates of obesity

Obesity - Update

Indicator	Period	Bromley		Region England			England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Reception: Prevalence of overweight (including obesity)	2019/20	➔	450	20.7%*	21.6%	23.0%	31.8%		14.9%
Year 6: Prevalence of overweight (including obesity)	2019/20	➔	655	30.0%*	38.2%	35.2%	44.7%		22.0%
Reception: Prevalence of obesity (including severe obesity)	2019/20	➔	165	7.6%*	10.0%	9.9%	14.6%		4.7%
Year 6: Prevalence of obesity (including severe obesity)	2019/20	➔	340	15.6%*	23.7%	21.0%	30.1%		11.1%

Source: [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/)

Adults overweight or obese: 2020/21 - 58.0%

(Source: [Obesity Profile - Data - OHID \(phe.org.uk\)](https://obesityprofile.org.uk/))

Priority 3

Diabetes

Why is it important?

15,000+

people diagnosed
with diabetes

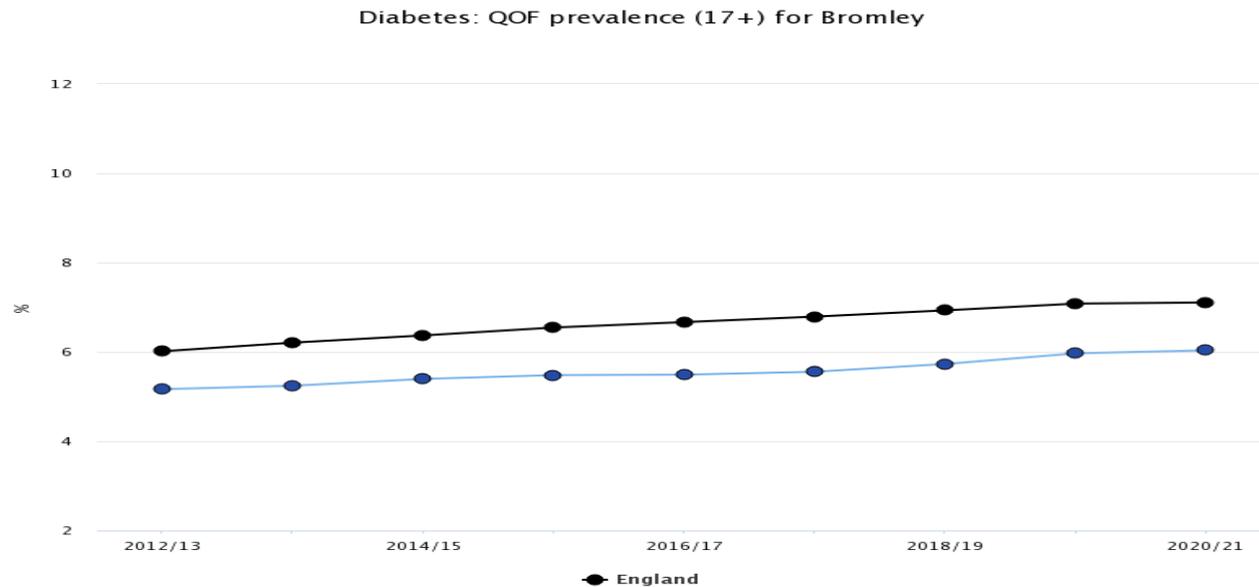
30,000

estimated to be at risk
of developing diabetes

- Over 15,000 people in Bromley are currently diagnosed with diabetes
- A further 30,000 people are estimated to be at risk of developing diabetes
- The number of people with diabetes in Bromley continues to rise and presents a growing challenge for individuals and services.

Diabetes - Update

- ▶ People diagnosed with diabetes: 2020/21 - 17,002 (Diabetes: QOF prevalence (17+) (Source: [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/))
- ▶ The number of people with diabetes in Bromley continues to rise.



Source: Fingertips

Priority 4

Dementia

Why is it important?

4,380

people aged 65+
are living with
dementia

6,034

people aged 65+
estimated to live with
dementia by 2030

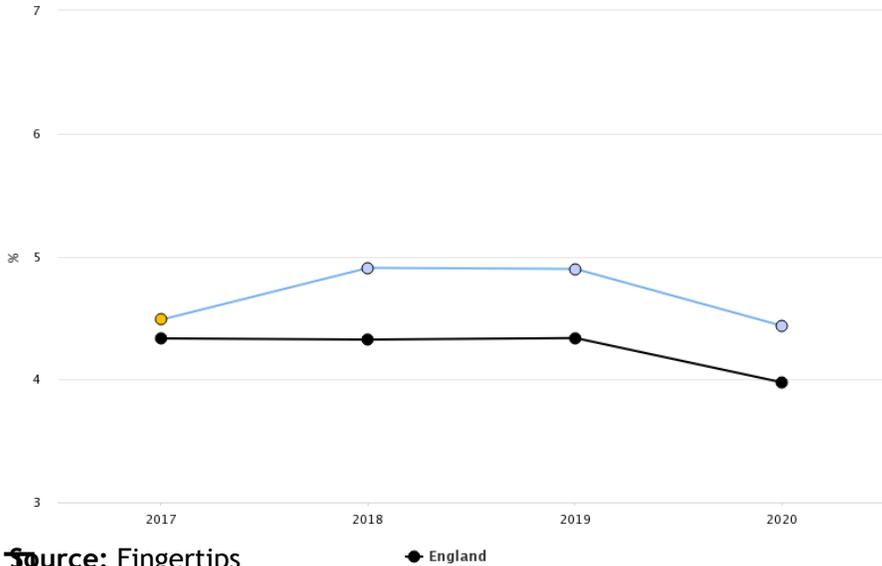
- Around 4,380 people aged over 65 in Bromley are living with dementia
- This figure is predicted to rise to 6,034 by 2030
- Overall analysis indicates that the older population (65+) contributes significantly to the dementia prevalence in Bromley
- However, Bromley has significantly higher rates of young-onset dementia compared to London and England

Dementia - Update

- ▶ People aged 65+ living with dementia in 2020: 2,738 (Source: fingertips)
- ▶ People aged 65+ estimated to live with dementia by 2040: 6,024 (Source: POPPI)
- ▶ People aged 30-64 predicted to have early onset dementia in 2020: 87 (Source: PANSI)

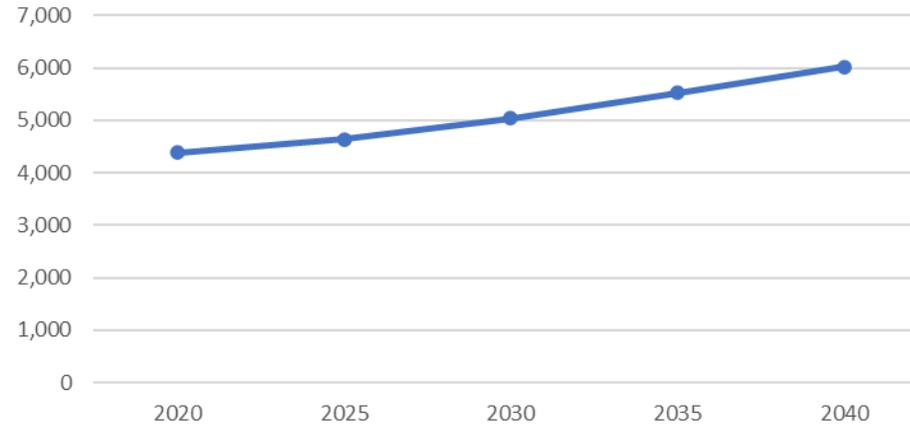
Dementia trends

Dementia: Recorded prevalence (aged 65 years and over) for Bromley



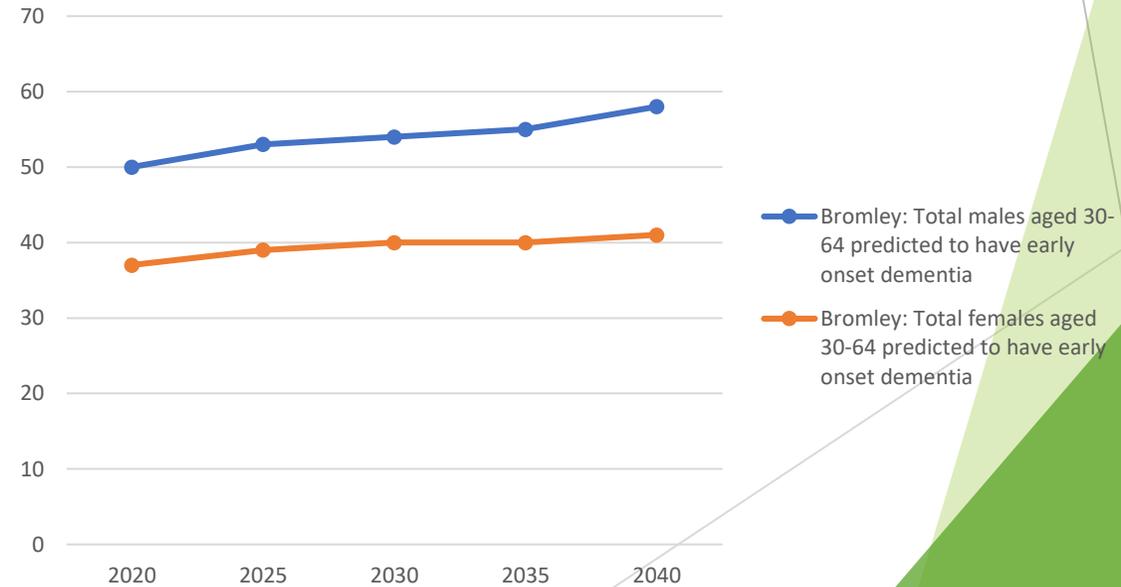
Source: Fingertips

Bromley: Total population aged 65 and over predicted to have dementia



Source: POPPI

People aged 30-64 predicted to have early onset dementia, by age and gender, projected to 2040



Source: PANSI

Priority 5

Adults mental health

Why is it important?

8.5%

Bromley registered patients diagnosed with depression

20

people die from suicide every year

- 2016/17 data for Bromley shows that 8.5% of Bromley registered patients have been diagnosed with depression
- Bromley is the third highest London borough for recorded depression
- People in Bromley with common mental health disorders have higher rates of higher chronic ill health, particularly heart and respiratory disease, than the general population
- 20 people die in Bromley every year from suicide
- Suicides are more prevalent in men, up to 3 times the rate in females
- Hanging, strangulation, suffocation and poisoning are the common methods of suicide in Bromley
- Bromley ranks 16th out of 33 London Boroughs on suicide rates
- Bromley has the 5th highest rates of self harm in the region

Adults Mental Health - Update

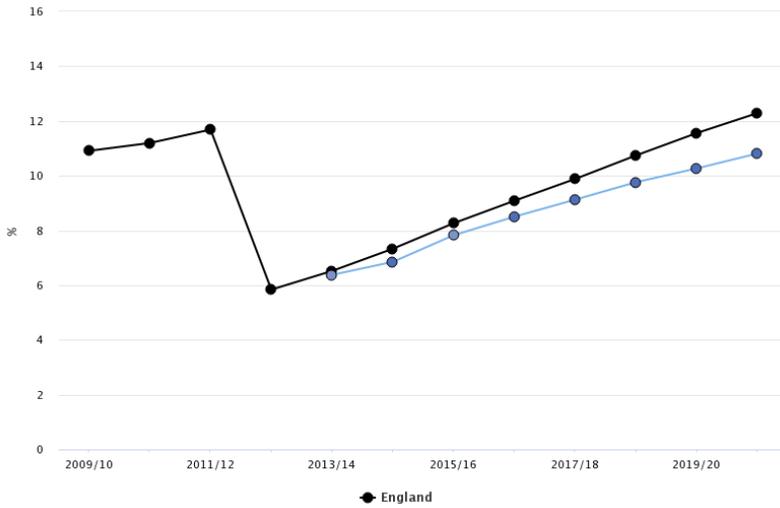
- ▶ Bromley registered patients diagnosed with depression: 10.8%
- ▶ Bromley is the sixth highest London borough for recorded depression.
- ▶ People that die from suicide every year: 52 (2018-20)
- ▶ Suicides are more prevalent in men, over 3 times the rate in females. [men (9.8) women (2.9)]
- ▶ Bromley ranks 28 out of 33 London Boroughs on suicide rates.
- ▶ Self harm rates (17th on emergency admissions)
- ▶ Adults in contact with secondary mental health services who live in stable and appropriate accommodation: 78%

Source:

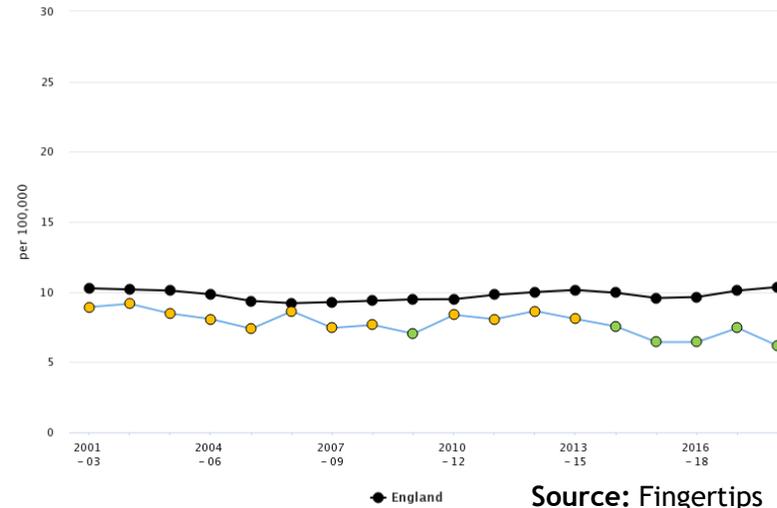
<https://fingertips.phe.org.uk/search/mental%20health#page/1/gid/1/pat/6/ati/402/are/E09000006/iid/10602/age/208/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>
<https://fingertips.phe.org.uk/search/suicide#page/1/gid/1/pat/6/ati/402/are/E09000006/iid/41001/age/285/sex/4/cat/-1/ctp/-1/yr/3/cid/4/tbm/1>

Adults Mental Health trends

Depression: Recorded prevalence (aged 18+) for Bromley

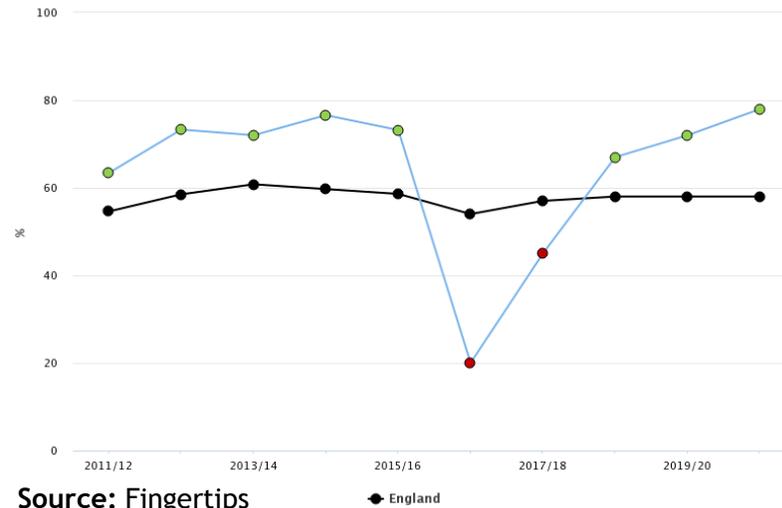


Suicide rate (Persons) for Bromley



Source: Fingertips

B06b - Adults in contact with secondary mental health services who live in stable and appropriate accommodation for Bromley



Source: Fingertips

Source: Fingertips

Priority 6

Homelessness

Why is it important?

1,555

households in temporary accommodation

57

people were seen rough sleeping

- Bromley currently has 1,555 households in temporary accommodation including 1,674 Adults and 2,419 dependants
- 79.35% of households in temporary accommodation have dependent children
- The number of households in nightly-paid accommodation (the most expensive form of temporary accommodation) since 31/03/2012 has increased by 228%
- The cost of most types of temporary accommodation is not met in full by the benefits households are eligible to claim and so represents a net cost to authorities who meet this shortfall to comply with their statutory duty
- For Bromley the cost of meeting this shortfall during 2017/18 was £4,088,711 with £3,711,374 of this total being spent on nightly-paid accommodation
- On average around 460 households approach the Housing Options service each month for advice
- During 2016/17 57 people were seen rough sleeping in Bromley - more than double the number of people identified in 2011/12

Homelessness - Update

- ▶ People seen rough sleeping (number of verified rough sleepers found by the outreach team) (Source: LBB Housing Team):

2021/2022 = 57

2020/2021 = 54

2019/2020 = 68

- ▶ Temporary accommodation (Source: LBB Housing Team):

	2019/20	2020/21	2021/22
Number of households in nightly paid accommodation (showing snapshot data of households in TA on the 31 st March of each year)	918	1180	1134
Number of households approaching the Housing Options Service (showing the cumulative total as on the 31 st March of each year)	2081	2729	2846

Priority 7

Adults with a learning disability

Why is it important?

40%

people with a learning disability also have physical and/or sensory impairments

45%

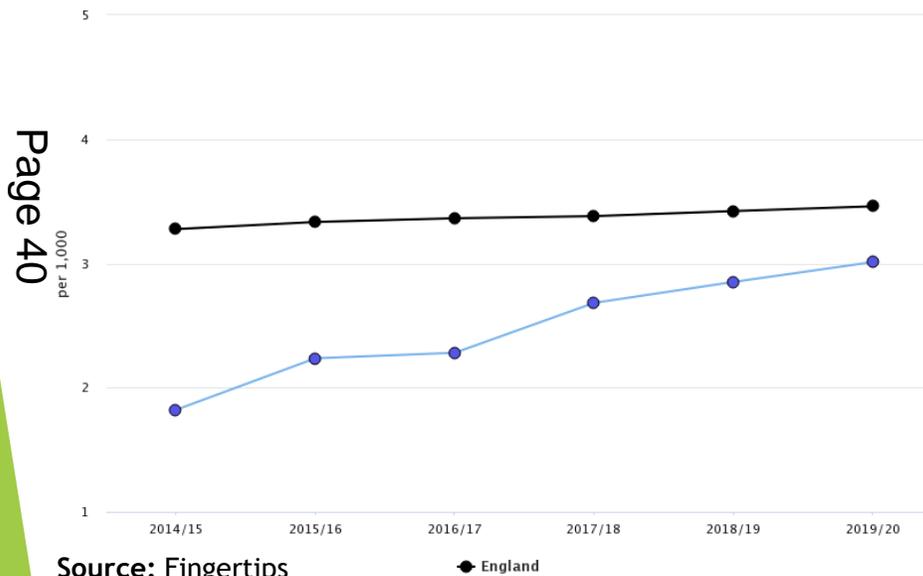
people with a learning disability may have a mental health condition

- People with learning disabilities have poorer health than the general population
- A lot of this is avoidable
- Health inequalities often start early in life
- Difficulties in getting effective and appropriate healthcare when it is needed can make them worse
- Poor health can cause poor quality of life
- Nationally 40% of people with a learning disability also have physical and/or sensory impairments
- Nationally up to 45% of people with a learning disability may have a mental health condition

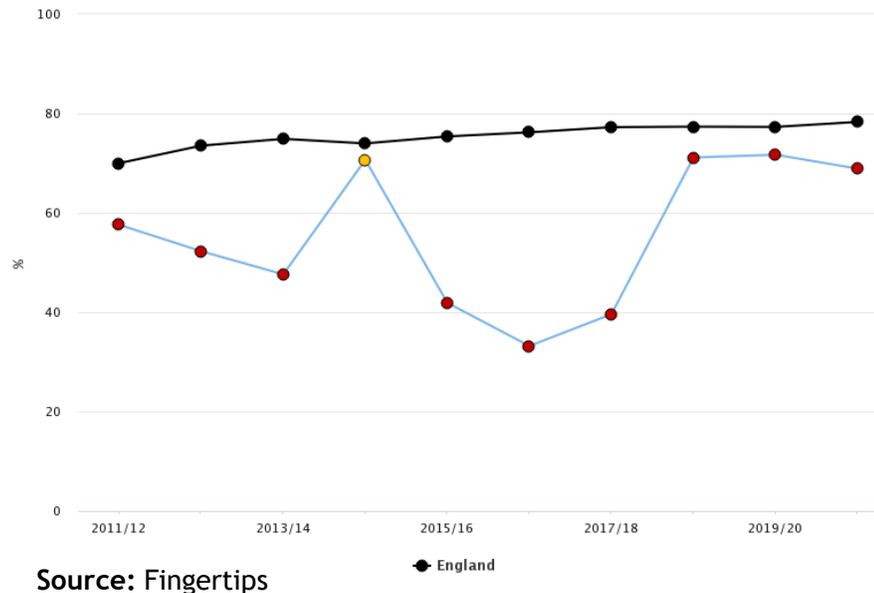
Adults with a learning disability - Update

- ▶ Adults with learning disability receiving long-term support from local authorities: 775
- ▶ Adults with a learning disability who live in stable and appropriate accommodation: 452

Adults (18+ yrs) with learning disability receiving long-term support from local authorities (per 1,000 population) for Bromley



B06a - Adults with a learning disability who live in stable and appropriate accommodation for Bromley



Priority 8

Drugs and alcohol in young people

Why is it important?

6%

of young people are reported to be regular drinkers

13%

of young people are reported to have ever tried cannabis

- High levels of alcohol consumption are associated with increased risk taking among young people, including unsafe sex and drink driving
- It is also a common feature of domestic and sexual violence
- Among young people, drug use is linked to increased likelihood of a range of adverse experiences and behaviour, including truancy, exclusion from school, homelessness, time in care and serious or frequent offending
- Rates in Bromley are higher than England for both regular drinkers and proportion of young people who had been drunk in the previous 2 weeks
- Drug use is higher in Bromley than London
- The number of young people presenting to specialist substance misuse services is falling
- The main substance used by those attending services are cannabis and alcohol
- Hospital admission rates for substance misuse for 15-24 year olds is worse than London and England

Drugs and Alcohol in young people - Update

- ▶ Young people reported to be regular drinkers: 6.2% (*same as England*)
- ▶ Young people reported to have ever tried cannabis: 13.6% (*England is 10.7%*)
- ▶ Rates in Bromley are higher than England for the proportion of young people who have been drunk in the last 4 weeks.
- ▶ Drug use is higher in Bromley than London.
- ▶ Hospital admission rates for substance misuse for 15-24 year olds is better than London and England.

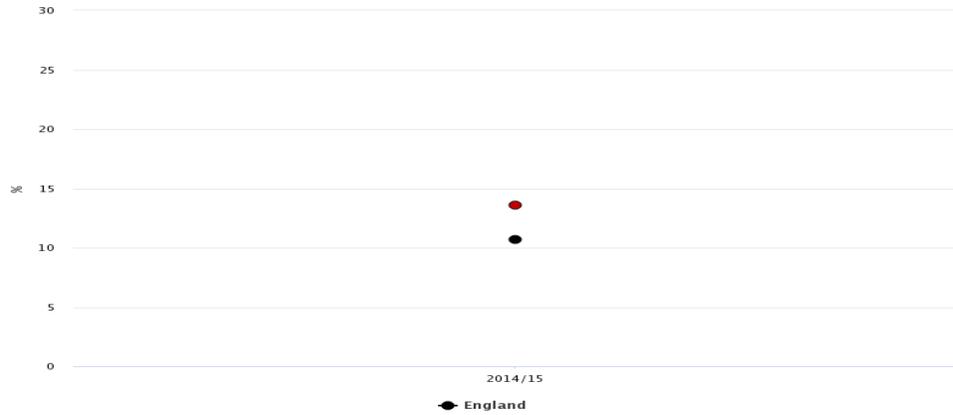
Source:

<https://fingertips.phe.org.uk/search/youth#page/1/gid/1/pat/6/ati/402/are/E09000006/iid/10401/age/211/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

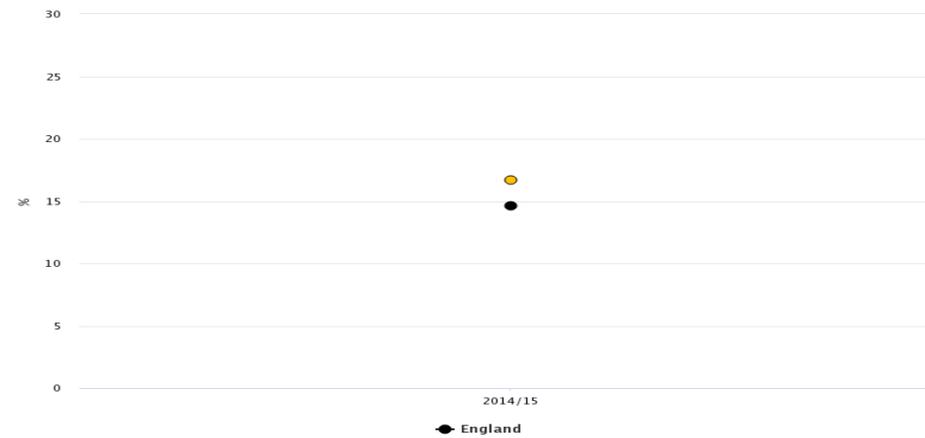
<https://fingertips.phe.org.uk/search/substance#page/1/gid/1/pat/6/ati/402/are/E09000006/iid/90808/age/156/sex/4/cat/-1/ctp/-1/yr/3/cid/4/tbm/1>

Drugs and Alcohol in young people trends

Percentage who have ever tried cannabis at age 15 for Bromley



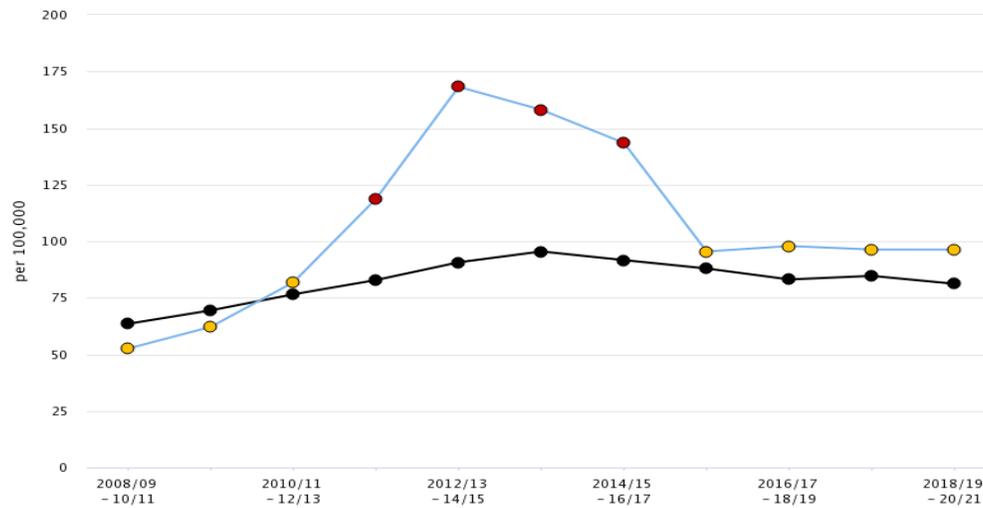
Percentage who have been drunk in the last 4 weeks at age 15 for Bromley



Source: Fingertips

Source: Fingertips

Hospital admissions due to substance misuse (15-24 years) for Bromley



Source: Fingertips

England

Priority 9

Youth violence

Why is it important?

3,686

victims of crime
under the age of 18

257

victims of serious
youth violence

- Metropolitan Police data (MOPAC) for the whole of London shows gang activity makes up a small proportion of serious youth violence (less than 5% in 2015/16), and GLA Peer Outreach indicated much of the violent activity involved peer groups
- The data also shows knives were a factor in around half of youth violence in 2015/16
- Girls now make up almost a quarter of victims of serious youth violence, and there are also indications of an increasing number of young women committing serious violence
- There appears to be a mismatch between the perception of crime and violence and the reality for many young people in Bromley
- In Bromley there were 51 victims of knife crime injury aged 1-24 years in 2017
- 257 victims of serious youth violence in 2017
- 14 gang linked offences in 2017
- 3,686 under 18 victims of crime in 2016-2018
- Public perceptions of crime in Bromley are: 6% think gangs are a problem, 5% think knife crime is a problem, 3% think gun crime is a problem

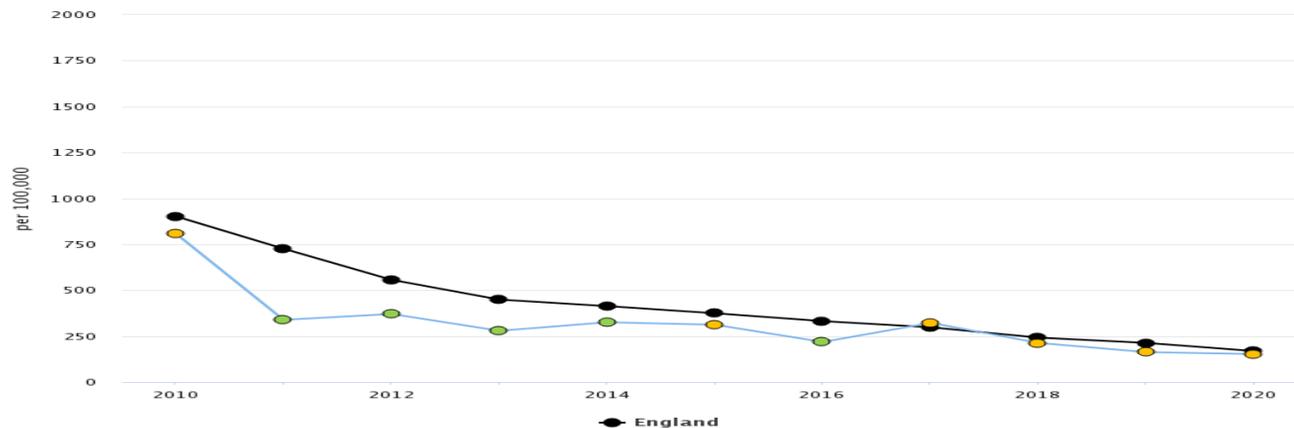
Youth Violence

- ▶ Metropolitan Police data (MOPAC) for the whole of London shows gang activity makes up a small proportion of serious youth violence, and GLA Peer Outreach indicated much of the violent activity involved peer groups.
- ▶ Almost a quarter of all victims of serious youth violence are young women, however there are also indications of an increasing number of young women committing serious violence.
- ▶ Victims of knife crime injury aged 1-24 years: 24
- ▶ First time entrants to the youth justice system (2020): 48

Source:

- ▶ <https://www.london.gov.uk/about-us/london-assembly/london-assembly-publications/serious-youth-violence>
- ▶ <https://www.london.gov.uk/what-we-do/mayors-office-policing-and-crime-mopac/data-and-statistics/weapon-enabled-crime-dashboard>
- ▶ <https://fingertips.phe.org.uk/search/youth#page/4/gid/1/pat/6/ati/402/are/E09000006/iid/10401/age/211/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

First time entrants to the youth justice system for Bromley



Source: Fingertips

Adolescent mental health

Why is it important?

66

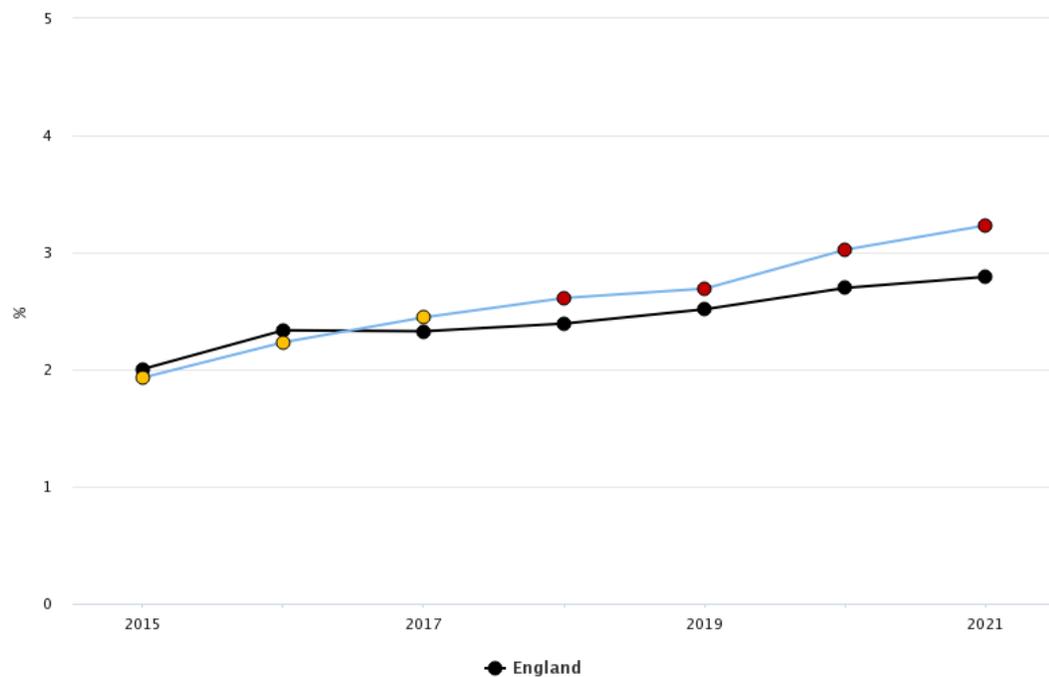
young people presented with self-harm, suicidal thoughts, or even a history of suicide attempts in six months

- Demand for early intervention services is increasing each year, the majority because of relationship, school or family issues
- Anxiety and mood problems are mentioned in more than half of the cases
- Of particular concern are the hundreds of children and young people presenting with self-harm, suicidal thoughts, or even a history of suicide attempts (66 young people between April and December 2017)

Adolescent Mental Health

- ▶ 60 hospital admissions of 10-19 year olds as a result of self-harm. (2019/20)
- ▶ School pupils with social, emotional and mental health needs: 1,702

School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs for Bromley



Source: Fingertips

Appendix - Public Health Indicators, data sources

- ▶ PHE Fingertips

Fingertips is a rich source of indicators across a range of health and wellbeing themes designed to support JSNA and commissioning to improve health and wellbeing and reduce inequalities.

- ▶ POPPI (Projecting Older People Population Information System)

This system provides population data by age band, gender, ethnic group, and tenure, for English local authorities. Calculations are applied to population figures to estimate projected numbers of older people by; those living alone, living in care home, provision of unpaid care, their ability to carry out domestic tasks and self care.

Prevalence rates from research have been used to estimate the impact of; limiting long term illness, depression, severe depression, dementia, heart attack, stroke, bronchitis\emphysema, falls, continence, visual impairment, hearing impairment, mobility, obesity, diabetes and learning disability including Down's syndrome and autistic spectrum disorders (ASD).

- ▶ PANSI (Projecting Adult Need and Service Information System)

Fingertips this system provides population data by age band, gender, and ethnic group.

Prevalence rates from research have been used to estimate the impact of: learning disability, including living with a parent, Down's syndrome, challenging behaviour, autistic spectrum disorders; moderate or serious physical disability including personal care, stroke, diabetes, visual impairment and hearing impairment; mental health problems including depression, neurotic, personality and psychotic disorders, drugs and alcohol, suicide, adult survivors of childhood sexual abuse and early onset dementia.

- ▶ MOPAC (The Mayor's Office for Policing and Crime)

Crime, policing and justice data for London.