



BROMLEY CIVIC CENTRE, STOCKWELL CLOSE, BROMLEY BRI 3UH

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DATE: 30 May 2022

To: Members of the  
**HEALTH AND WELLBEING BOARD**

Councillor David Jefferys (Chairman)  
Councillor Robert Evans (Vice-Chairman)  
Councillors Yvonne Bear, Mike Botting, Will Connolly, Chris Price, Diane Smith and Thomas Turrell

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:

Charlotte Bradford	Healthwatch Bromley
Christopher Evans	Community Links Bromley

A meeting of the Health and Wellbeing Board will be held at Bromley Civic Centre on **THURSDAY 9 JUNE 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/>

**\*PLEASE NOTE STARTING TIME**

## 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 Wednesday 1<sup>st</sup> June 2022.**

**4 MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 31ST MARCH 2022 (Pages 1 - 12)**

**5 UPDATE ON CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH (Pages 13 - 38)**

**6 PUBLIC HEALTH MANAGEMENT OF COVID-19 PANDEMIC (INCLUDING DISCUSSION ON LESSONS LEARNT FROM THE PANDEMIC) (Pages 39 - 56)**

**7 SUBSTANCE MISUSE NEEDS ASSESSMENT (Pages 57 - 60)**

**8 REVIEW OF CURRENT HEALTH & WELLBEING STRATEGY PRIORITIES (Pages 61 - 100)**

**9 PROMOTING BRAIN HEALTH**

*Proposal from the Chairman to set up a Task and Finish group*

**10 QUESTIONS ON THE HEALTH AND WELLBEING BOARD INFORMATION BRIEFING**

The briefing comprises:

- Better Care Fund and Improved Better Care Fund Performance Update
- Healthwatch Bromley - Patient Experience Report Q4 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>

**11 MATTERS OUTSTANDING AND WORK PROGRAMME (Pages 101 - 108)**

**12 ANY OTHER BUSINESS**

**13 DATE OF NEXT MEETING**

1.30pm, Thursday 22<sup>nd</sup> September 2022

1.30pm, Thursday 8<sup>th</sup> December 2022

1.30pm, Thursday 2<sup>nd</sup> February 2023

1.30pm, Thursday 30<sup>th</sup> March 2023

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## HEALTH AND WELLBEING BOARD

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

### Present:

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

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

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

Charlotte Bradford, Healthwatch Bromley  
Christopher Evans, Community Links Bromley

### Also Present:

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

## 41 APOLOGIES FOR ABSENCE

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

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

## 42 DECLARATIONS OF INTEREST

There were no declarations of interest.

**43 QUESTIONS**

No questions had been received.

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

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

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

**Report ACH22-012**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

**RESOLVED that the report be noted.**

## **46 INTEGRATED COMMISSIONING BOARD UPDATE**

### **Report ACH22-009**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Agreed actions following the stakeholder event had included:

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

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

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

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

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

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

**RESOLVED that the update be noted.**

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

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

inaccurate.

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

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

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

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

**RESOLVED that the update be noted.**

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

##### **Report ACH22-011**

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

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

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

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

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

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

**RESOLVED that the update be noted.**

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

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

**RESOLVED that the report be noted.**

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

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

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

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

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

### **Report CSD22045**

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

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

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

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

## **53 ANY OTHER BUSINESS**

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

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

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

**54            DATE OF NEXT MEETING**

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

The Meeting ended at 4.08 pm

Chairman



**Decision Maker:** HEALTH AND WELLBEING BOARD

**Date:** 9<sup>th</sup> June 2022

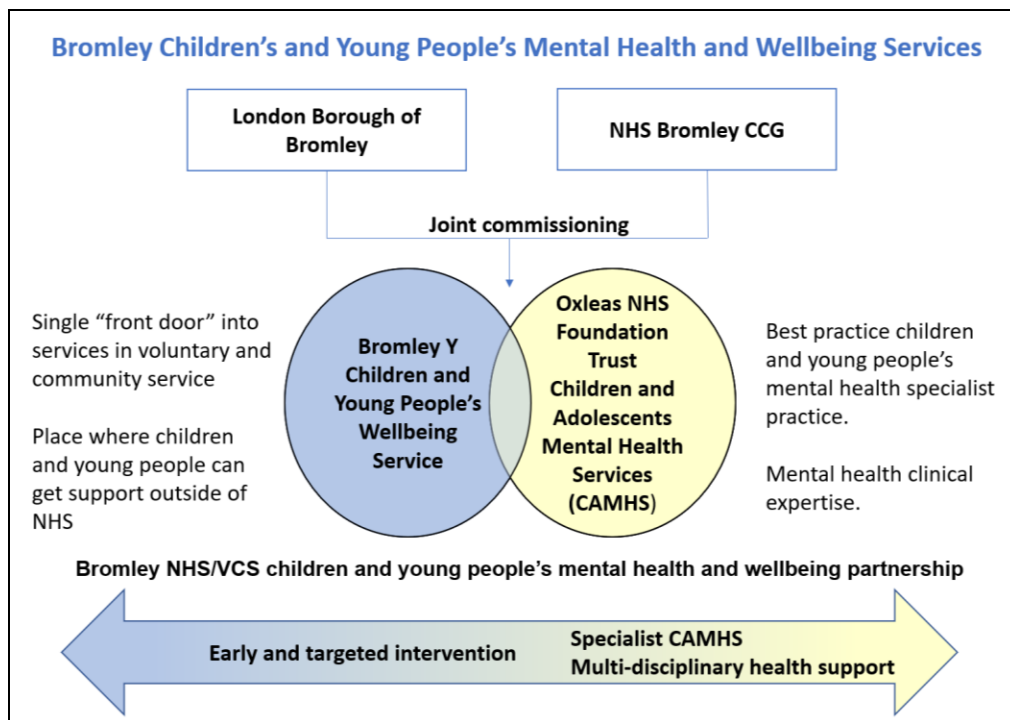
**Title:** Bromley Children and Young People’s Mental Health and Wellbeing Services – current issues and proposed way forward

**Contact Officer:** James Postgate  
Associate Director Integrated Commissioning, NHS South East London CCG (Bromley)  
Tel: 0208 930 0218 E-mail: [james.postgate@nhs.net](mailto:james.postgate@nhs.net)

**Ward:** Borough wide

### 1. Summary

1.1 Bromley Council and NHS South-East London Clinical Commissioning Group (CCG) - Bromley commission a range of services to support the mental health and wellbeing of children and young people in the borough. Whilst there are a range of different services in the area, the core mental health and wellbeing offer centres 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).



1.2 The dual service model was originally established in 2014/15. Since then there has 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.

- 1.3 The impact of the covid-19 pandemic has been seismic across all groups. That said, for children and young people, who have experienced lockdowns and school closures, this has been a particularly challenging period. The impact has 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.
  - a 15.7% increase in emergency presentations to NHS Bromley CAMHS.
- 1.4 NHS Oxleas CAMHS and Bromley Y report that, of the higher numbers of children and young people accessing the services, more are likely to have complex and multi-faceted challenges than was typical prior to the pandemic. This means that more children and young people are staying with services for longer – increasing caseloads overall.
- 1.5 It is important to note, however, that the current situation with children and young people's mental health and wellbeing services is a national picture and that Bromley's services have coped well in difficult circumstances.

#### **Reason for report going to Health and Wellbeing Board**

- 1.6 At the request of Health and Wellbeing Board.

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

- 2.1. To note the current issues in Bromley children and young people's mental health and wellbeing services and a proposed way forward.

### Health & Wellbeing Strategy

1. Related priority: Adolescent Mental Health

### Financial

1. Cost of proposal: Not Applicable:
2. Ongoing costs: Not Applicable:
3. Total savings: Not Applicable:
4. Budget host organisation: London Borough of Bromley/NHS South East London Clinical Commissioning Group (Bromley)
5. Source of funding: Various including local authority funding and NHS funding sources.
6. Beneficiary/beneficiaries of any savings: Not Applicable

### Supporting Public Health Outcome Indicator(s)

Various – can be provided by public health team on request.

### 3. COMMENTARY

#### Overview

- 3.1 Bromley Council and NHS South-East London CCG have a long-standing commitment to the integrated delivery of children and young people's mental health and wellbeing services. At the core of the joint approach taken by the two organisations is the innovative NHS/voluntary sector partnership across Oxleas NHS Foundation Trust (Children's and Adolescents Mental Health Services – CAMHS) and Bromley Y.
- 3.2 At the heart of the NHS Oxleas CAMHS/Bromley Y partnership is the Single Point of Access (SPA), which is managed by Bromley Y but which Oxleas CAMHS participate in. The SPA ensures that, wherever possible, there is a focus on delivering early help and intervention for children and young people outside of health and clinical services. Whilst some children and young people require specialist provision and will access this quickly through the SPA, the majority of children and young people in Bromley are able to get the support they require outside of NHS Oxleas CAMHS. It is one of the recognised strengths of the Bromley model that children and young people regularly comment on how there is an option for them to receive the help they require, not in the NHS, but in the voluntary sector.
- 3.3 Such is the commitment of the Council and CCG to the current model for children and young people's mental health and wellbeing services, that in April 2021, the two organisations came together to award Bromley Y a new five-year contract which places the i-thrive model at the heart of delivery. The i-thrive model will mean that children and young people are given the tools to thrive, to access help and advice and for those at risk to be safe and get support.
- 3.4 The covid-19 pandemic has resulted in a significant increase in referrals into children and young people's mental health services across the country. Bromley is no exception to this situation with core services having to operate with higher careloads and with a need to manage higher levels of risk compared to the period prior to 2020/21.
- 3.5 Current service updates for Bromley Y and NHS Oxleas CAMHS are attached:
- Appendix A – Bromley Y update
  - Appendix B – NHS Oxleas CAMHS update

#### School support and mental health and wellbeing leads network update

- 3.6 In 2018/19, Bromley was successful in becoming a national "trailblazer" for the establishment of Mental Health Support Teams (MHSTs) in local schools. This new service was part of the delivery of the Government's *Transforming Children and Young People's Mental Health* programme. In Bromley the national approach was delivered by setting up Bromley Y's Schools Wellbeing Service (SWS), with around half of the schools in the borough covered during the service's initial years of operation.
- 3.7 An additional team was added to the SWS from January 2022 to provide greater reach into schools across the borough, with an emphasis on those areas with highest needs.
- 3.8 The establishment of the mental health and wellbeing lead network with schools has increased visibility of available support across the borough for our schools, (i.e. our Team Around Every School Framework), which is regularly reviewed and updated.
- 3.9 The schools Mental Health and Wellbeing Leads network (MHWL) was launched on the 3<sup>rd</sup> November 2021 and builds on pre-existing work across the Council/CCG, Oxleas CAMHS and Bromley Y, including the development of a mental health toolkit for education settings and the Anna Freud Centre led workshops across schools and mental health services. The launch and subsequent networking events were very successful, with participation from a very large proportion of schools in Bromley. The network provides an important new way of working across schools and mental health services. The next networking event will take place in person in June 2022.

- 3.10 The MHWL are able to access monthly bulletins with key updates from the field, including training and support offers that may be of interest to them. Furthermore, LBB has commissioned free memberships to evidence-based Creative Education resources, webinars and training sessions, in addition to Suicide Prevention Training taking place in May 2022.

#### Partnership work to reduce the number of emergency and crisis cases in Bromley

- 3.11 In 2021/22, the Bromley Safeguarding Children's Partnership considered a range of data pertaining to young people's mental health presentations. The aim of this work was to identify where there may be an increased presentation of young people in a crisis situation due to their mental ill health, including any underlying themes and causal factors. The analysis of this data, is intended to be used to target the support of safeguarding partner agencies, including NHS Oxleas CAMHS, Bromley Y, Education and Children's Social Care to the areas where this will have the most significant impact to reduce inappropriate referrals and to enable earlier identification and intervention in crisis presentations.
- 3.12 The data reviewed to date has included a local CAMHS' analysis of Emergency Department presentations with mental health crises, MASH referrals and existing data such as the results of the SHEU (Schools and Students Health Education Unit) Survey of Bromley schools, which is being repeated.
- 3.13 Based on current analysis, seven Bromley secondary schools have been identified as likely to particularly benefit from additional targeted support as a result of a higher level of crisis presentations at Emergency Departments and a combination of other factors. The Independent Chair of the Safeguarding Partnership and Director of Education have written to these schools, to offer the support of safeguarding partner agencies and to seek details of further support requests. This support will primarily be through the existing Mental Health in Schools Team or outreach support. Additionally, agencies including Education and Bromley Y and CAMHS will work with school Mental Health and Wellbeing Leads to further embed whole school approaches.
- 3.14 As part of this ongoing work, the Safeguarding Partnership has agreed that more in depth analysis is needed to understand emerging trends, themes and patterns of concern. This will be taken forward in the form of an updated Digital Footprint survey in schools (initially rolled out in 2018), further analysis of A&E data, recent Schools Safeguarding Self Assessments (S157/175), and local school data. The collated analysis of these data sources will be used to inform further revisions to Bromley's current Mental Health and Wellbeing offer, including the Mental Health and Wellbeing Toolkit and Healthy Relationships Training.
- 3.15 The Safeguarding Partnership is particularly keen to develop a more detailed understanding of the prominence of social media or influence on harmful behaviours and would request the input of SEND Governance Board members on this or any other suggestions for consideration in this ongoing work.

#### Next steps

- 3.16 In light of the current situation in services, the Council/CCG with Bromley Y and NHS Oxleas CAMHS have come together to develop proposals to meet the current challenges across service lines. The different organisations have 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 require support at a higher level than is provided by Bromley Y but who are not currently receiving treatment from CAMHS.
  - the development of an integrated solution for children and young people currently under CAMHS who are 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.

3.17 The CCG has agreed to invest significant new resources in NHS Oxleas CAMHS/Bromley Y to support improvements in these areas.

3.18 The Council and CCG have also recently refreshed the Bromley Children and Young People’s Mental Health and Wellbeing Partnership Board in order to provide improved partnership leadership in this area.

**4. IMPACT ON VULNERABLE PEOPLE AND CHILDREN**

4.1. Poor mental health can have a profound impact on children and young people’s health, educational, social and economic outcomes. With timely and appropriate assessment and intervention, many children and young people can overcome the barriers to positive life outcomes with which they are faced as a result of their condition. The Bromley Mental Health and Wellbeing Strategy (2020-25) sets out a series of actions to improve mental health and wellbeing outcomes for all groups including children and young people.

**5. FINANCIAL IMPLICATIONS**

5.1. Not Applicable

**6. LEGAL IMPLICATIONS**

6.1 Not Applicable.

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

7.1 Progress to deliver the Children and Young People’s Mental Health and Wellbeing Transformation Plan is reported on a regular basis to Integrated Commissioning Board (ICB) and the Children’s Executive Board.

**8. COMMENT FROM THE DIRECTOR OF AUTHOR ORGANISATION**

8.1 No additional commentary necessary.

<b>Non-Applicable Sections:</b>	Commentary, Financial and 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)	Bromley Mental Health and Wellbeing Strategy 2020-25

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# Bromley Y

Presentation to Bromley Safeguarding Board

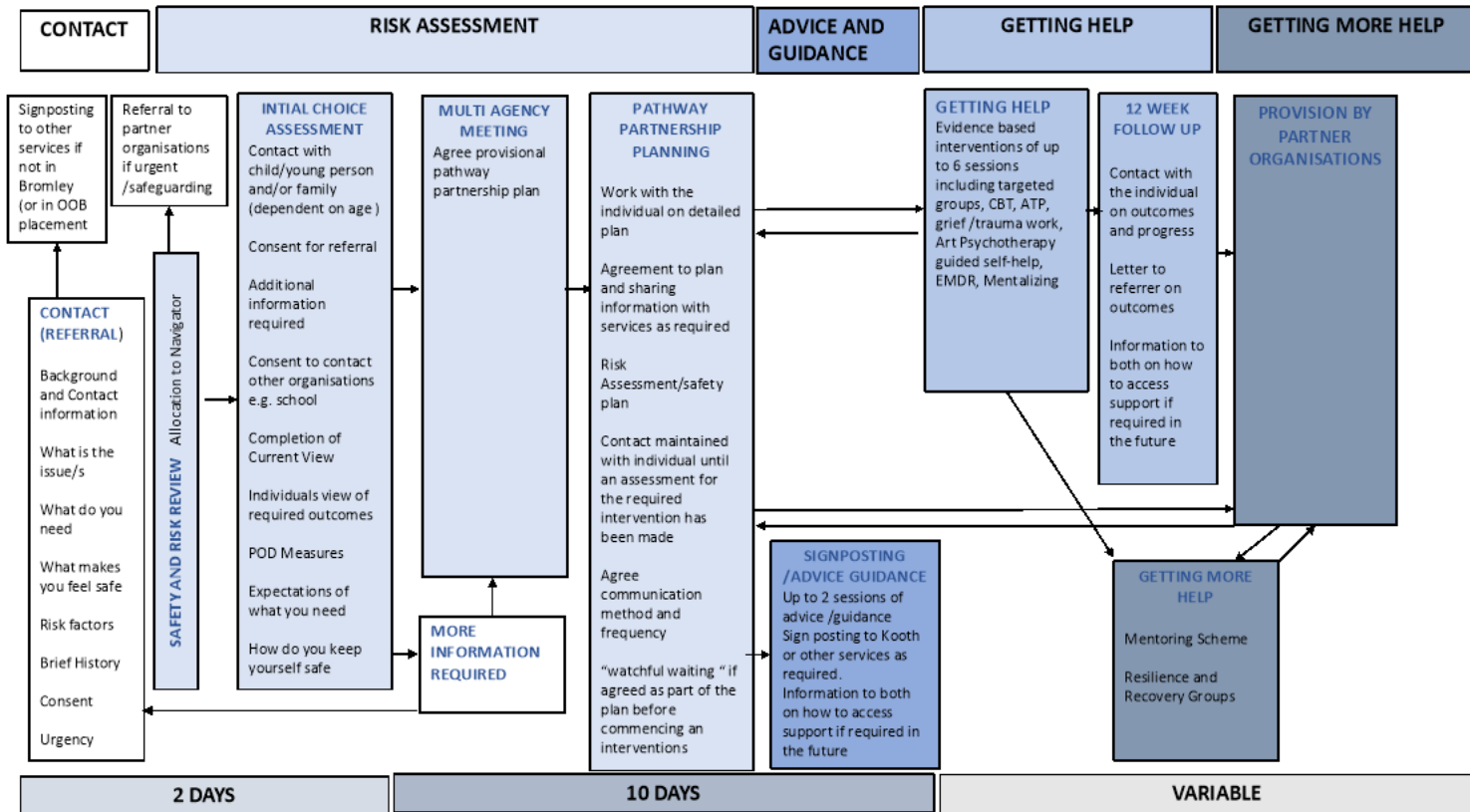
## Bromley Y model of service



- **Bromley Y** uses the **THRIVE** model to plan and structure services.
- Model is based on need and on joint decision making with the young person.
- The work focusses on prevention, early intervention and building robust networks at each point of need and using the voice of the young person to shape provision enhanced by the role of the Youth Ambassador.
- “**Getting Advice**” the Mental Health Support teams provide the work into schools through workshops, groups and some individual support
- “**Getting Risk Support**” is the single point of access for services
- “**Getting Help**” is where in **Bromley Y** individual, parental and group interventions are provided



# Service Pathway for individuals



## Impact of the Pandemic

- We would expect around **2,600** referrals to the service in a full year, with 10% of these being referred onto specialist services
- Based on current referral numbers we can expect **3,833** referrals in 2021/2022, a **47%** increase, with 8% of these being referred onto specialist services
- Young people are also presenting with higher needs, requiring more risk screening and safety calls.



## Service Pathway Timelines

- **Contact:** made with young person and parents at point of referral for consent and further information.
- **Risk and safety triage:** followed by completion with young person and parents of Safety Plan if required within **3 days**.
- **Joint protocol with CAMHS:** to identify those young people who may require CAMHS Service agreed within **7 days**.
- **Assessment:** (Initial contact Meeting) to plan interventions required within **14** days depending on risk.
- **Partnership Plan:** once a plan has been agreed –whether for interventions provided by **Bromley Y** or others contact will be maintained with the individual (at agreed intervals).
- **Interventions/treatment** will be dependent on the type of intervention but are currently at **16-18 weeks**.



## Internal improvements to the service delivered

- **Joint Protocol with CAMHS:** *Further development of protocols to ensure a timely and smooth pathway to specialist services*
- **INTRODUCTION OF NEW CLIENT RECORD SYSTEM-** *RIO and ensuring processes are “lean”*
- **EXPANSION OF THE MENTORING SERVICE:** *Especially into schools with the merger with Positive Pete giving the potential for 900 young people a year to be offered this service.*
- **USE OF NEW EVIDENCE-BASED TECHNOLOGIES:** *such as Lumi Nova for up to 125 young people using this per year and Signpost- a text service for young people aged 11-18 (on demand)*
- **INCREASE OF SUPPORT TO PARENTS:** *both for individuals and groups*
- **DEVELOPMENT OF NEW PARTNERSHIPS:** *such as with Orpington Rovers to increase availability of “social prescribing”*
- **RECRUITMENT AND RETENTION OF STAFF:** *The HR function in **Bromley Y** has been expanded and developed to ensure timely and targeted advertising for new posts as well as support to staff to maintain their wellbeing and positive experience of work, enabling a consistent staffing group to be maintained with few vacancies.*

## Agreed funding for further improvements in the service delivered

- **EXTENTION OF 2021/2022 4WW WAIT PILOT FOR A FURTHER YEAR:** *Increase in staffing to address demand and new role of Youth Ambassador to strengthen the voice of the young person*
- **EXPANSION OF 4WW WAIT PILOT :** *To expand staffing carrying out risk assessments*
- **“CUTTING DOWN” THERAPY FOR COMPLEX CASES:** *Enabling the provision of a longer session model.*
- **EXPANSION OF SCHOOL MENTORING SERVICE:** *Currently this provision is funding directly by Bromley Y this enables further expansion of the service through recruitment and supervision of volunteers*
- **SOCIAL PRESCRIBING PILOT :** *Funding to develop new partnerships to expand “Social Prescribing” provision*
- **CYP CRISIS/COMMUNITY SUPPORT :** *Specialist post to enable increased links with partners and increased support to staff in assessing risk, including assessment of individuals in crisis*
- **EXPANSION OF MENTAL HEALTH SUPPORT TEAMS:** *Funding for a third team focussed on secondary schools*



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**CAMHS**

**Service Update**

**BCSP Board**

# SERVICE OVERVIEW

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## Referral Pathways

- **Mental Health:** all routine referrals (i.e. non-emergency) for child mental health services are triaged within the 'Single Point of Access', provided by Bromley Community Wellbeing Service (Bromley Y)
- **Eating Disorders:** community services for children with a suspected or diagnosed eating disorder are provided by South London & Maudsley NHS FT, and accessed by referral to the Single Point of Access
- **Neurodevelopmental Diagnoses:** referrals for neurodevelopmental diagnostic assessments (ADHD, ASD) are managed by the multi-agency Complex Communication Diagnostic Service, including CAMHS and Bromley Healthcare
- **Emergency & Crisis:** children presenting in acute settings (e.g. A&E) in a mental health crisis are referred to CAMHS for emergency assessment by hospital staff (Monday – Sunday, 08:00-22:00)



# SERVICE OVERVIEW

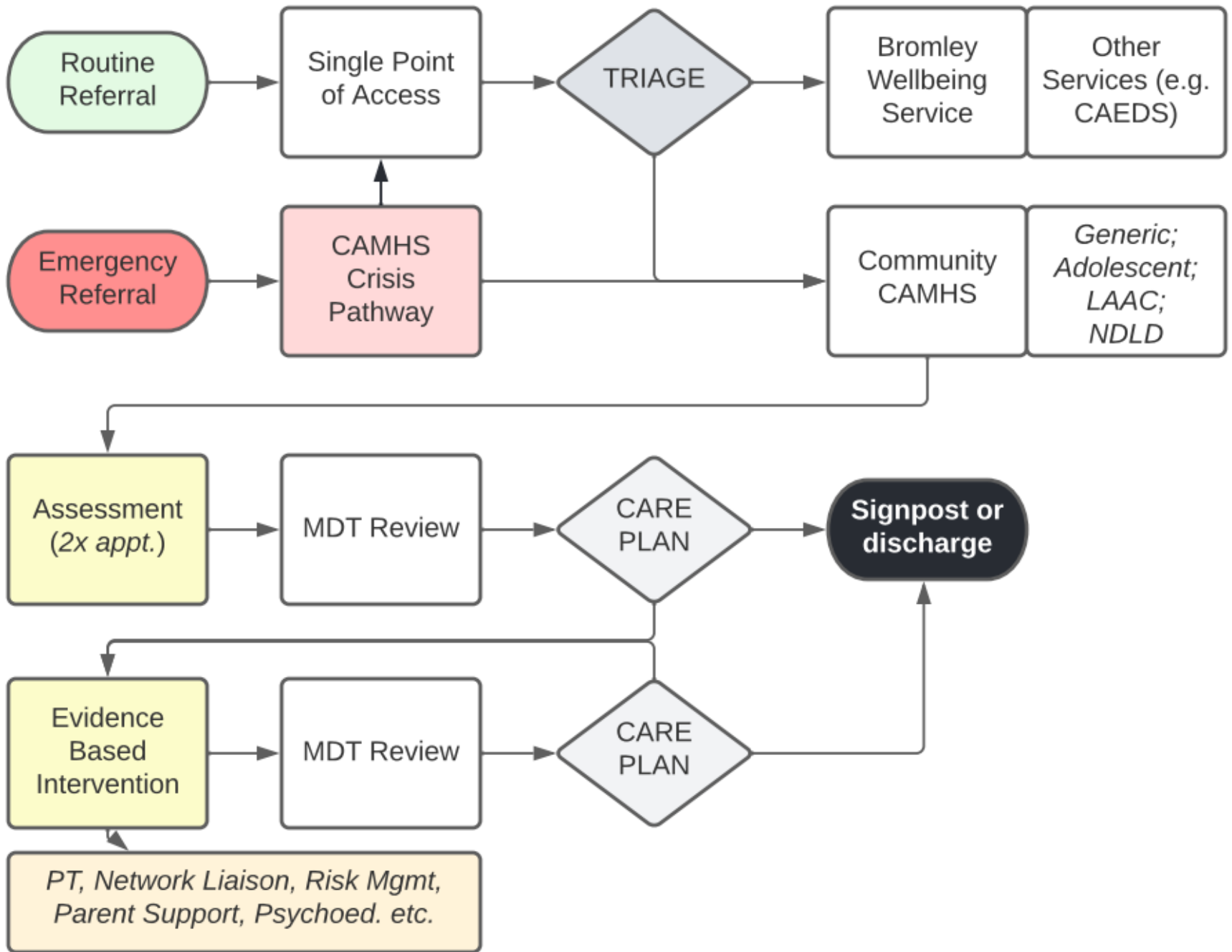
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## CAMHS Clinical Pathways

Comprised of four multi-disciplinary clinical pathways for children aged 0-18yrs experiencing severe and enduring mental health difficulties:

- Generic:** children with a range of mental health presentations (largest caseload across all teams)
- LAAC:** children who are looked-after; subject to SGO; adopted
- Neurodevelopmental & Learning Disability:** children with a diagnosis of ASD/ADHD and/or a Learning Disability with co-morbid mental health issues
- Adolescent:** children experiencing acute mental health conditions who may be at risk of inpatient admission and/or may require a rapid response, intensive interventions, and risk management.

In addition, multiple tri-borough pathways including Crisis/DBT and Early Intervention in Psychosis.



# OPERATING STANDARDS

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## Response Times

- **Routine referral triage decision:** within **48hrs** of referral
- **Emergency referral triage:** within **30mins** of referral
- **Emergency referral assessment:** within **1.5hrs** of accepted referral
- **Emergency referral community follow-up:** within **7 days** of discharge from acute hospital/inpatient unit
- **Urgent referral to assessment** (i.e. Adolescent Team): within **2 weeks** of referral acceptance
- **Urgent telephone contact** (open referrals only): response within the **same working day**
- **Routine referral to assessment:** within **12 weeks** (national standard for community services, to be reviewed by NHSE)
- **Referral to treatment:** within **18 weeks** (national standard for community services, to be reviewed by NHSE).

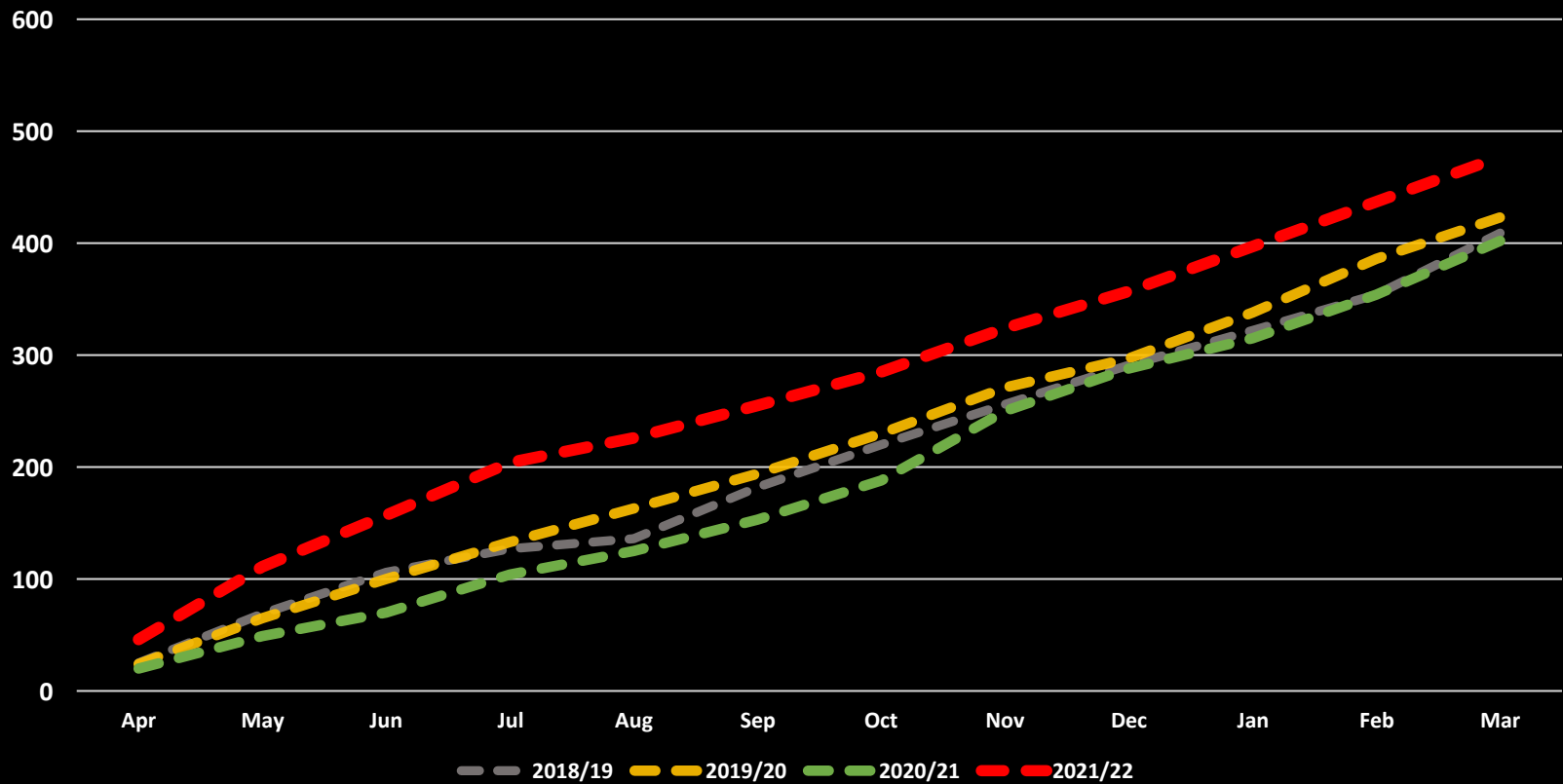
# SERVICE PRESSURES

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## Trend Analysis

- **77% national increase** in **referrals** to CAMHS services from Apr-17 to Oct-21; emergency presentations have continued to increase year-on-year within Bromley (i.e. PRUH)
- Bromley CAMHS experienced a **16.8% increase** in **routine referrals** from Sep-20 to Aug-21 (n= 1,229) when compared with the previous year
- The service **caseload increased** by c. **20%** over the same period, evidencing a decrease in discharge rate
- **Increase in clinical complexity** of referrals resulting in an increase in contacts per case (**+30%** per discharged referral from 2019 to 2021; n= 20 contacts)
- **Emergency presentations** have continued to increase year-on-year with a **15.7% increase** in 2021/22 (vs. 2020/21; n= 477)

## A&E Emergency Referrals (cumulative)



# SERVICE PRESSURES

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## Emerging Themes

- Substantial increase in **eating disorder prevalence** – waits for community and inpatient services (causing domino effect upon community CAMHS)
- Increase in **complex/interrelated ‘Social Care/MH’ presentations** where alternative community placement is indicated, particularly within acute settings
- **Severe ASD/LD presentations** in acute settings where a lack of suitable placement options are available nationally
- **Workforce burnout** a reality for CAMHS services, Bromley Adolescent Team currently operating at c. **40% vacancies**
- Highly competitive **recruitment** market and lack of suitably trained clinicians means impact of recent investment is yet to be realised
- Exacerbation of **health inequalities** linked to COVID-19 (e.g. socioeconomic circumstances)

# SERVICE PRESSURES

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## Waits & Delays

- Service currently operating at **6-14 month** waiting list for **initial assessment** (non-urgent/emergency referrals)
- Wait is dependent upon clinical circumstance and vary across pathway (e.g. CYP with neurodevelopmental difficulties or LAC seen sooner)
- Factors indicating need for priority assessment typically include **age** (e.g. proximity to 18yrs), **clinical risk** (suicide, self-harm, to others), and **safeguarding** issues (e.g. parental mental health issues)
- Service adopts a variety of measures to manage assessment waiting lists, including **case/risk zoning tool**, scheduled patient **check-in calls** and targeted **psychoeducation**
- **No delay** between **assessment** and start of **treatment** intervention within CAMHS, however waits exist for certain therapies (e.g. EMDR)
- CAMHS Care Coordinator provides continuity of care/support for those patients awaiting a treatment intervention.

# SERVICE DEVELOPMENTS

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## Pathway Transformation

- Begin second phase of Trust-wide CAMHS pathway transformation (18 month programme) to achieve **Zero Delays** priority
- Conclude reviews of Trust-wide **Neurodevelopmental & LAC** pathways
- Continue expansion of **Crisis Care** pathways, including mobilisation of **intense intervention pathway**
- Develop and pilot Trust-wide **0-25yrs service** with AMH and Third Sector partners
- Agree **CAMHS Digital Strategy** and implement key developments including *OxCare* platform
- Review **eating disorder skills** within community CAMHS and implement any recommendations



# SERVICE DEVELOPMENTS

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## Workforce

- Consolidate Trust '**Agile Working**' policy and continue to embed blended model of care (virtual/clinic)
- Implement **workforce plan** (recruitment strategy, CPD) and maintain commitment to staff wellbeing (Building A Fairer Oxleas)

## Partnerships

- Review opportunities to improve joint working practice with **Bromley Y**
- Implement recommendations from borough-wide **Education/MH** workstream in collaboration with Bromley Y and LBB
- Design proposal to increase level of CAMHS/MH support for professionals working within **Children's Social Care** services
- Continue to build relationships with **acute hospital partners** (King's) and development of ED/medical ward joint working protocols.

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Report No.  
ACH22-013

London Borough of Bromley

PART ONE - PUBLIC

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**Decision Maker:** HEALTH AND WELLBEING BOARD &  
ADULT CARE AND HEALTH POLICY DEVELOPMENT AND  
SCRUTINY COMMITTEE

**Date:** 9<sup>th</sup> June 2022  
28<sup>th</sup> June 2022

**Decision Type:** Non-Urgent

**Title:** Public Health Management of the Covid-19 Pandemic

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

**Chief Officer:**

**Ward:** All

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1. Reason for decision/report and options

1.1 To provide an overview of the Public Health Department Management of the Covid-19 Pandemic.

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**2. RECOMMENDATION(S)**

- 1) Note the attached paper on the overview of the Public Health Department Management of the Covid-19 Pandemic

## Impact on Vulnerable Adults and Children

1. Summary of Impact: N/A
- 

## Transformation Policy

1. Policy Status: Not Applicable
  2. Making Bromley Even Better Priority (delete as appropriate):
    - (1) For children and young People to grow up, thrive and have the best life chances in families who flourish and are happy to call Bromley home.
    - (2) For adults and older people to enjoy fulfilled and successful lives in Bromley, ageing well, retaining independence and making choices.
    - (3) For people to make their homes in Bromley and for business, enterprise and the third sector to prosper.
    - (4) For residents to live responsibly and prosper in a safe, clean and green environment great for today and a sustainable future.
    - (5) To manage our resources well, providing value for money, and efficient and effective services for Bromley's residents.
- Not Applicable:
- 

## Financial

1. Cost of proposal: Not Applicable:
  2. Ongoing costs: Not Applicable:
  3. Budget head/performance centre:
  4. Total current budget for this head: £
  5. Source of funding:
- 

## Personnel

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

## Legal

1. Legal Requirement: None:
  2. Call-in: Not Applicable:
- 

## Procurement

1. Summary of Procurement Implications: N/A
- 

## Property

1. Summary of Property Implications: N/A
- 

## Carbon Reduction and Social Value

1. Summary of Carbon Reduction/Sustainability Implications: N/A
-

### Customer Impact

1. Estimated number of users or customers (current and projected):
- 

### Ward Councillor Views

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

### 3. COMMENTARY

3.1 Management of communicable diseases is a part of the Health Protection function which is one of the Public Health statutory functions. Public Health functions in the Local Authority have been defined in the Health and Care Bill 2012.

3.2 The basis for the Public Health management of the Covid-19 pandemic has been the Bromley Outbreak Management Plan.

3.3 Public Health completed and published the first plan in June 2020, pulling together all key partners in the borough. The plan has been updated several times and it is overseen by the Health Protection Board. There are a number of workstreams overseeing different aspects of our pandemic response and each of these workstreams has developed and changed as the pandemic has progressed.

3.4 The attachment with this paper provides an overview of the Public Health Department Management of the Covid-19 Pandemic.

<b>Non-Applicable Headings:</b>	IMPACT ON VULNERABLE ADULTS AND CHILDREN; TRANSFORMATION/POLICY IMPLICATIONS; FINANCIAL IMPLICATIONS; PERSONNEL IMPLICATIONS; LEGAL IMPLICATIONS; PROCUREMENT IMPLICATIONS; PROPERTY IMPLICATIONS; CARBON REDUCTION/SOCIAL VALUE IMPLICATIONS; CUSTOMER IMPACT; WARD COUNCILLOR VIEWS
Background Documents: (Access via Contact Officer)	[Title of document and date]

# Public Health management of the Covid -19 pandemic

## 1. Introduction

Management of communicable diseases is a part of the Health Protection function which is one of the Public Health statutory functions. Public Health functions in the Local Authority have been defined in the Health and Care Bill 2012. The key statutory functions are:

### Strategic Leadership for Health

- Lead on population approach to health based on understanding population needs and developing relevant evidence-based programmes.
- Lead on the development of the Health and Well-being strategy for Bromley and support implementation of health and wellbeing priorities.

### Provision of Services

- Provide health surveillance service, population needs assessments and advice on clinical effectiveness, audit and evaluation.
- Advise and support the NHS.
- Health Protection function: prevention and control of communicable and infectious diseases; screening; immunisation.
- Public Health training

### Commissioning of Services

Responsible for the commissioning of:

Adult Public Health Services

- NHS Health Checks

Children and Young People Public Health Services

- Bromley 0-19: Public Health Service

Risk and Resilience Programmes for Young People and Adults

- Sexual health services
- Substance misuse services

## 2. Management of the Covid-19 pandemic

The basis for the Public Health management of the Covid-19 pandemic has 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 has been updated several times and it is overseen by the Health Protection Board. There are a number of workstreams overseeing different aspects of our pandemic response and each of these workstreams has developed and changed as the pandemic has progressed.

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 have 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:

- Surveillance
- Outbreak management
- Covid-19 clinical response service
- Local contact tracing service
- Community testing service
- Vaccination
- Prevention /Communication and engagement
- Vaccination

## **2.1. Surveillance**

The Public Health Intelligence Team used PHE data to track the number of positive cases in Bromley and our positivity rate throughout the pandemic. This also enabled monitoring of cases in vulnerable groups such as those in care homes, the GRT population and those in temporary homeless accommodation which our nurses then followed up. The intelligence team were also instrumental in setting up and populating a database for our local Contact Tracing team, so that they were able to contact residents that were passed onto them by National Test and Trace for contact tracing or might have required support due to self-isolation.

The public health intelligence team set up surveillance systems for care settings, education settings and all other settings. To keep these systems up to date, a new email address was set up for colleagues to send all correspondence relating to surveillance to which all members of the Public Health Intelligence Team have access to. This allowed the team to triangulate the local and national intelligence provided to us.

The intelligence team triangulated many sources of data and intelligence and information about the pandemic and its spread in Bromley along with data on testing, vaccinations and deaths. All of this has been monitored on a daily basis.

The intelligence team also produced reports and intelligence where required to support surge testing, the vaccine sprint, the public health team, councillors, contact tracing, other departments in LBB and the CCG and dealt with the many technical difficulties that arose.



## 2.2. Outbreak management

One of the key Health Protection Functions has been outbreak management. Public Health team has managed or supported a very large number of outbreaks in different settings (Tables 1&2). This included incident management meetings and subsequent review meetings with a large number of care homes and schools as listed in the table below. All meetings were chaired by either Director of Public Health or the lead Consultant in Public Health and supported by the Infection Control Nurse. Depending on the setting, these meetings were attended by colleagues from Adult Social Services (for care home outbreaks) or Education team (for school outbreaks) who provided further management support and advice. This type of joint multi-disciplinary meetings and support was shown to be very effective and highly valued by care homes and schools.

Table 1. Outbreaks 2020-21

<b>Setting</b>	<b>Number of outbreaks 2020-21</b>
Care Setting	120
School Setting	214*
Workplace Setting	36
Other Settings	16
<b>TOTAL</b>	<b>386</b>

Table 2. Outbreaks 2021-22

<b>Setting</b>	<b>Number of outbreaks 2021-22 (as at 31/03/2022)</b>
Care Setting	254
School Setting	289
Workplace Setting	9
Other Settings	37
<b>TOTAL</b>	<b>589</b>

Outbreak = 2 or more cases of Covid-19, for education settings this has changed to 5 or more cases since September 2021.

\*data from September 2020 to 31<sup>st</sup> March 2021

### 2.3. Covid-19 clinical response service

The 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.

The nurses were involved in a range of activities supporting different populations with some targeted work to vulnerable and disadvantaged groups who may be more at risk of transmission of COVID-19, including homeless hostels and Gypsy/traveller population. A summary of main activities is shown in the table below (this includes some but not all the activities of the IPC specialist nurse), a lot of these activities are continuing at the present time.

Table 3. Summary of Public Health Nursing team activities

Activity	Availability/Frequency	Documentation
<b>Telephone and Email Enquiries and Support</b>		
Telephone Helpline to COVID-19 group telephone.	Available 8am-8pm 7 days a week at the peak of the pandemic. Currently available 9am - 5pm Monday to Friday	All telephone calls into COVID-19 Helpline are followed up with a summary email to ensure an audit trail
Proactive contacts	Monthly regular telephone calls to Providers who are not in an Outbreak situation - provided by the Support Nurses at peak of the pandemic. Now provided by PH nurses according to need.	Call logs to be maintained on excel and Sharepoint List.
Follow up actions from proactive calls	Additional calls and provision of training as required.	Logged on excel and Sharepoint
Emails received in the COVID-19 questions inbox	Mailbox monitored 8am-8pm 7 days a week including bank holidays at the peak of the pandemic. Currently available 9am - 5pm Monday to Friday	Excel transitioning to Sharepoint. Interim Sharepoint system commenced 4 <sup>th</sup> Jan.2021.
<b>Training in Different Settings</b>		
Training Train the trainer in IPC, PPE donning and doffing, testing	A targeted schedule of training programmes rotating across Providers has been implemented since March 2020.	<ul style="list-style-type: none"> <li>• Excel until Jan 2020</li> <li>• Shared Excel and Sharepoint Jan 2020</li> </ul>

	Ad hoc refresher training in an Outbreak situation	
Q & A Webinars	As a response to increased number of queries or new guidance published	Webinars completed for: <ul style="list-style-type: none"> <li>• Pre-school, childcare providers</li> <li>• Schools</li> <li>• Care settings</li> </ul>
Health protection principles and practice	Programme of training delivered to newly identified Health Protection Champions in Care Settings - 2021	<ul style="list-style-type: none"> <li>• In collaboration with adult social care</li> <li>• Supporting care settings to develop and maintain their own expertise through a Health Champions Network</li> </ul>
<b>Outbreak Management and Surveillance</b>		
Review Meetings	Infection Prevention Specialist led with Providers who are in an outbreak situation when required	<ul style="list-style-type: none"> <li>• Minutes</li> <li>• Sharepoint</li> <li>• Surveillance system</li> </ul>
Incident Management Meetings	From LCRC in more serious outbreak situations when required	<ul style="list-style-type: none"> <li>• Minutes</li> <li>• Sharepoint</li> <li>• Surveillance system</li> </ul>
Surveillance meetings	Led by Health Intelligence attended by IPC specialist (with PH nurse in attendance)	<ul style="list-style-type: none"> <li>• Health intelligence surveillance spreadsheet</li> </ul>

## Clinical Response analysis

The number of queries received by the Covid response team was at least 4993 from April 2020 – March 2022, however this is an underestimation as some of the Health Protection Team were receiving additional queries into their individual email boxes.

The charts Figure 1 – 4 provide an analysis of the clinical team activity recorded on our Sharepoint list database.

Fig 1. Number of queries in the period April 2020 – March 2021 (n = 3465)

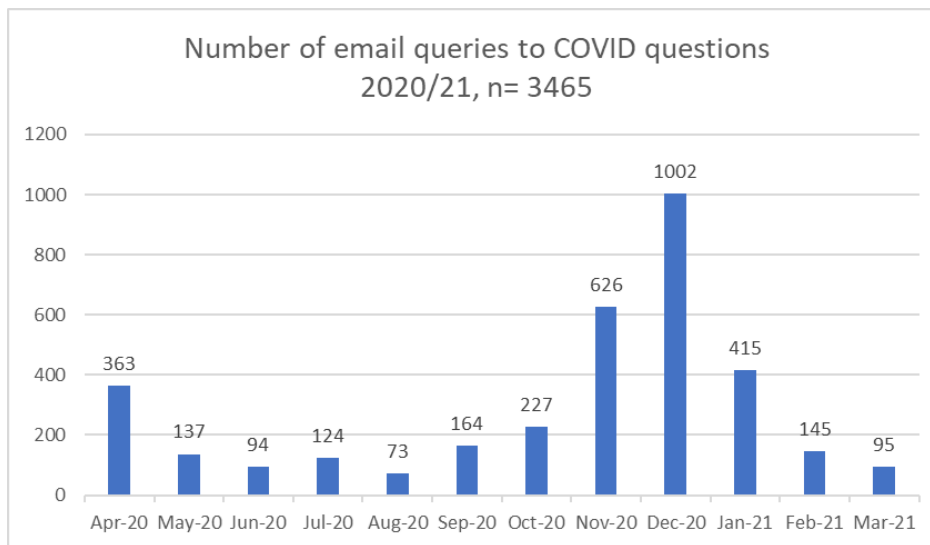


Fig 2. Number of queries in the period Apr 2021- March 2022 (n = 1528)

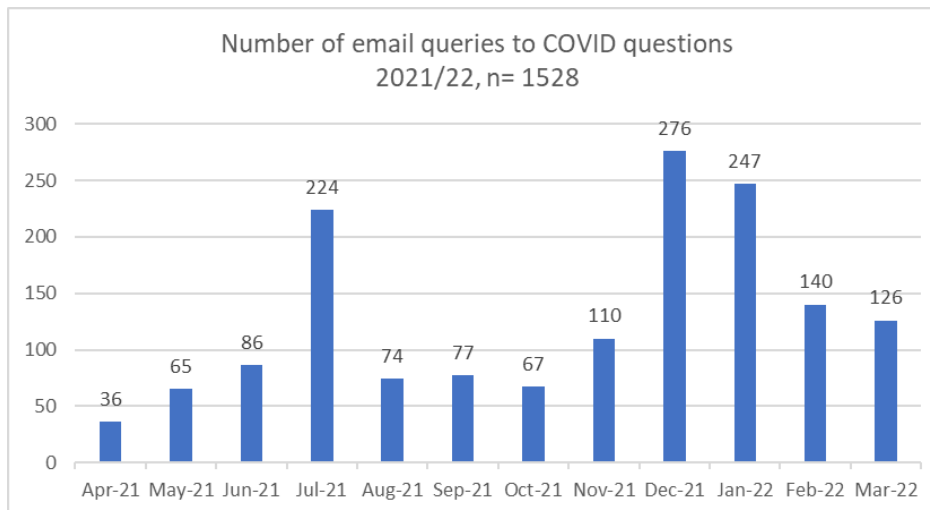


Fig 3. Top 6 areas requesting advice

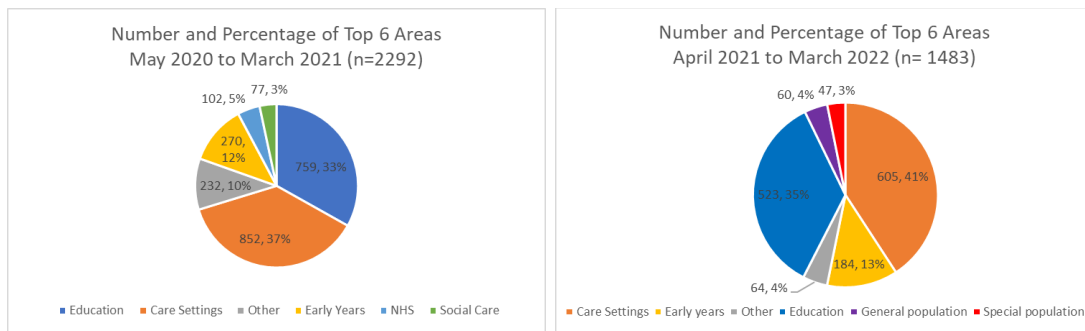
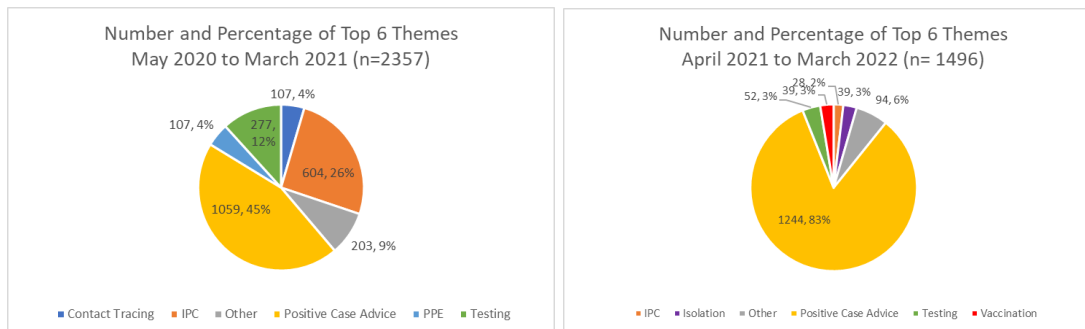


Fig 4. Type of advice requested



The nature of the queries changed over the course of the pandemic. As providers gained understanding, the type of queries coming to the helpline or via email now tend to be complex in nature and require research and specialist advice.

## 2.4. Local Contact Tracing Programme

- This programme started in October 2020, the programme lead was Sarah Foster, with Chloe Todd part of the management team for the programme
- Public Health (Chloe Todd) took over the programme lead role in June 2021
- The programme ended on 23<sup>rd</sup> February 2022
- This programme shared staff across the testing, and contact tracing programmes on a rota basis
- The programme operated 9.00am to 5.00pm Monday to Friday, 10.00am to 2.00pm Saturday and Sunday

## 2.5. Community and Targeted Testing Service

Community Asymptomatic Testing using Lateral Flow Devices (LFD) has been a key component of the Covid-19 Test and Trace programme designed to break the chain of transmission of the virus in the community. The programme was initiated and led by Naheed Chaudhry in January 2021 and Public health (Mimi Morris-Cotterill) took over from 1 July 2021 when the direction of the programme moved from a mass testing approach to one that targets hard-to-reach communities such as Roma Gypsy Travellers and disproportionately impacted groups (DIGs) such as those who are BAME and Homeless, and in areas that are densely populated and in deprived areas. The Targeted Community Testing (TCT) Programme was funded directly by the DHSC based on activity against a set of pre-determined rates.

Given the change in direction and funding, delivery of the programme became smaller in scale with one testing site at the Civic Centre that offered walk-in supervised testing (reduced to one testing bay) as well as LFD kits also available for collection with a further community collection point sited in the Civic Centre Vaccination Centre. The Programme approach to delivery was via Services such as the homeless charitable groups, local drugs and alcohol service that were already engaged with these hard-to-reach communities. The programme team also promoted testing and distributed kits in communities where there was low vaccine uptake and participated in events such as vaccine sprint that aimed at improving vaccine uptake. The programme was delivered by 1 wte Co-ordinator and a team of 6 (not wte) staff members working on a rota basis. The Team worked closely with the Contact Tracing team with the aim to operationalise a more integrated approach to test and trace locally.

The TCT programme (from July 2021 to March 2022) has carried out 2,337 supervised testing and distributed 169,718 kits, of which 59,790 kits are for the hard-to-reach communities. This programme was closed on 31 March 2022 in accordance with DHSC guidance.

Fig 6. Community Collect Scheme

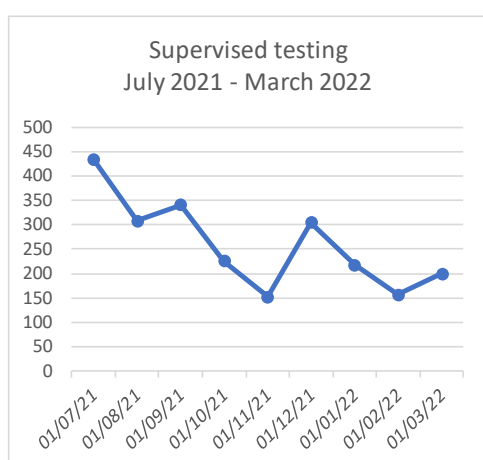
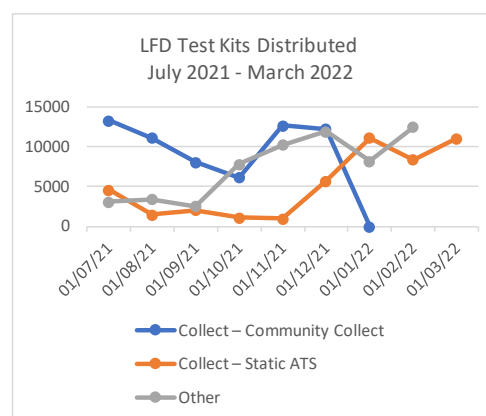


Fig 7. Supervised testing



## 2.6. Covid-19 Vaccination

Public Health team has been engaged in the delivery of the vaccination programme in various areas:

### Support to the NHS

- Communication and engagement events with residents, schools, care homes, social media campaigns, webinars
- Vaccine sprint campaign
- Support to vaccination of vulnerable and hard-to reach communities – work with homeless, Gypsy and Travellers

### Vaccine hesitancy and inequalities workstream

- In collaboration with other local authority colleagues and the SEL CCG, Public Health were active members of a working group created to support the vaccination rollout by addressing vaccine hesitancy and vaccine inequality. This group was chaired by Vinit Shukle with members including Public Health. Initially the group was targeting the BAME population who had low levels of uptake. However the group subsequently broadened its remit to encompass other population groups with low uptake (e.g. Young people).
- Gathering intelligence on vaccine hesitance and/or vaccine inequality and arrange conference and group support to address this.
- Identifying areas of low uptake through health data
- Local Authority helping to find and secure access to venues for pop up vaccination centres e.g., Penge Library, Mottingham and Cotmandene Resource Centres, site for Vaxi Taxi in Penge
- Local Authority sharing contacts who supported events e.g. Penge Business Improvement District with Vaxi Taxi
- Securing vaccination teams such as Vaxi Taxi, Penge PCN, Bromley GP Alliance.
- Holding Information pods run by GP Registrars in The Glades, and at Lidl (Burnt Ash)
- Health colleagues, Public Health and Local Authority Comms Briefing Councillors regarding door knocking project. Valuable local intelligence from Councillors supporting the initiative gained. There has been a great deal of comms support from both the CCG and LA teams.
- Pop Ups were funded by SEL CCG (except Vaxi Taxi and possibly Anerley Town Hall – funded through inequalities money), but venues were secured through working together. Slides below show detail on pop ups.
- PH Nurses visited Star Lane Gypsy and Traveller site to promote vaccination and deliver home testing kit.
- Workshops run to educate and reassure vaccine hesitant BAME care setting staff. These workshops were run by health professionals from

similar BAME backgrounds in recognition of cultural factors. This was subsequently extended to vaccine hesitant staff from non-BAME backgrounds and for other organisations (e.g., BHC.)

- Workshops with students 16-18 to address misconceptions around Covid vaccination and promote uptake.
- Vaccination sprint was also supported by the group, further detail see section 2.7.

## **2.7. Prevention /communications and engagement**

### **Prevention**

Public Health 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.

In addition, Public Health targeted specific population groups classed as either more susceptible to catching Covid, or in situations where it would be easily transmitted. These areas required more intensive prevention intervention, some examples of which are shown below:

### **Homeless health and vaccination**

Public Health successfully secured funding from the SEL CCG out of Hospital Model Initiative and supported Bromley GP Alliance in the Winter Homeless Shelter Healthcare Support Project which addresses the health needs of homeless population in Bromley. Over the winter of 2020, a total of 29 homeless clients and 15 homeless shelter volunteers interacted with the service over 17 weeks in the winter months last year. Of these, 17 clients received a covid-19 vaccination with 14 of them fully vaccinated. 15 of the volunteers also received a covid-19 vaccination and 2 received the flu vaccination.

Bromley GP Alliance continue to collaborate with Bromley Homeless, Oxleas, Change Grow Live and Bromley Healthcare to provide the weekly clinic this winter. Since 2 December 2021, 20 homeless clients have attended the Clinic, totalling 36 attendances; 7 Covid19 Vaccinations and 6 Flu vaccinations were administered; 6 prescriptions were arranged and 13 clients are now registered with a GP Practice. During this time, Bromley Homeless has hosted and provided hot meals to a total of 63 homeless and rough sleepers at the weekly evening. The Clinic will continue to 24 March 2022.

### **Health Protection Champions in Care Settings**

Public Health and Social Care collaborated to secure funding to set up and develop a network of Health Protection Champions in care settings. Care settings were contacted by the team including Public Health nurses who introduced the concept to care setting staff and obtained commitment from the setting. There then followed a series of workshops to establish those nominated care setting staff as a network. A programme of education was provided to ensure they had the necessary expertise



including health protection principles and practice together with infection prevention and control. LBB staff have a working group to oversee this network development chaired by Mimi Morris Cotterill from Public Health.

### **Vaccine Sprint**

To accelerate the Covid-19 vaccination programme and to support the lifting of restrictions on 19 July, Public Health worked with the CCG and led a door-to-door engagement with local residents in 3 ward areas identified by the NHS as areas with low vaccine uptake (Mottingham, Penge & Cator, Plaistow and Sundridge). Delivery was via a third-party organisation, GPS, commencing on 30 June 2021 to 4 July 2021, with follow up visits over the weekend. A further engagement covering Cray Valley East and West and Bromley Common on 13, 14 and 15 July. Pre-visit communications were distributed to the residents in these ward areas, prior visit briefing sessions were given to the team of advisors who conducted the visits with LBB ID and authorisation. The intervention included promotion of the vaccination programme and encouraged booking, where required, making the booking for the resident at the door. This was then extended to cover a vaccination awareness promotion at local railway stations – St. Mary's Cray, Penge West, Orpington, Bromley South, New Beckenham and Beckenham Junction.

### **Public Health Weekly Bulletin**

To enhance information and the understanding of COVID-19, a weekly Public Health COVID-19 Community Update was disseminated to community leaders to disseminate to their local communities. The information was communicated using 'Plain English' principles to help inform and support residents to stay safe and well during the pandemic. A wide range of topics were addressed in the updates, these included self-isolating, PCR and LFD testing, community support, managing COVID-19 and vaccine hesitancy. The updates were initially sent weekly, and then monthly, between February and July 2021.

### **Health Promoting Messages**

COVID-19 has prompted many people to reflect and think more seriously about their health and the ways in which they can change their behaviour. In support of the Better Health campaign launched by Public Health England, Bromley Public Health used this unique moment in time to help kick start our health – to eat better and get active – and developed a range of health promoting messages available to patients and the public.

### **3. Exit strategy from the pandemic**

The pandemic is now moving towards being endemic in the population, and in order to provide the support that is needed for this situation two new members of staff have been recruited to support the Health Protection function within the Public Health team. This small team will aim to take over most of the Health Protection work around Covid as well as supporting local response to other outbreaks of infectious disease in the borough. The new staff have been recruited for a 12-month period initially.

### **4. Lessons learnt / legacy**

The pandemic has caused significant morbidity and mortality in the population, but it has also led to numerous improvements in the way we all work. The Association of Directors of Public Health 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 that we have identified in Bromley are:

#### **4.1. Partnership working**

This has been one of the key areas that has worked very well since the beginning of the pandemic, both within the Council and across different agencies and stakeholders.

Within LBB, we have seen many examples of improved joint working and that has been particularly evident in relation to outbreak management and support to vulnerable groups and settings. The joint working to support care settings has been recognised as excellent work and awarded the National MJ Award and reached the finalist list for consideration for One Bromley Celebration Integration Together Award, this work has also reached the shortlist for the Bromley Stars Awards.

#### **4.2. Flexibility of workforce**

Our workforce has 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 very quickly pick up health protection roles with short training and updating.

Across the Council, staff were able to fulfil various roles in Covid management again with short training. Many colleagues used their transferable skills to support Covid management – e.g. taking leading roles in Contact tracing and Community and surge testing programmes.

### **4.3. Communication and local networks**

Our communication team has been instrumental in supporting the engagement with local communities and developing and delivering numerous Public Health messages. It has become clear very quickly how good communication is central to Public Health work.

### **4.4. Good sub-regional working**

The six SE London Public Health teams have worked closely together during the pandemic, with regular weekly Directors of Public Health meetings which are also attended by the SEL CCG Chief nurse, vaccination and testing leads and the PHE lead Consultant in Communicable Diseases. This has enabled joint working and sharing of work (e.g. production of a weekly SEL Dashboard). This group were supported by the collaboration of SEL public health intelligence teams who quickly established a network to meet and discuss data and intelligence across the SE London area on a weekly basis.

### **4.5. Key lessons/developments for the future**

As a part of the peer review process, Public Health teams were asked to identify three key lessons or developments that we felt should be retained as a priority for the future. Below are the three priorities identified by Bromley:

1. Re-energise whole Council approach, including partners i.e. whole system approach to address any health protection issues
2. Ensure flexibility of the workforce through training, development, recruitment
3. Maintain communications and local networks established for rapid information sharing and community engagement.

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Report No.  
ACH22-015

## London Borough of Bromley

### PART ONE - PUBLIC

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**Decision Maker:** Health and Wellbeing Board

**Date:** 9<sup>th</sup> June 2022

**Decision Type:** Non-Executive

**Title:** Substance Misuse Needs Assessment

**Contact Officer:** Dr Jack Haywood, Public Health Registrar  
Tel: 020 8461 7857 E-mail: Jack.Haywood@bromley.gov.uk

**Chief Officer:** Dr Nada Lemic, Director of Public Health

**Ward:** All

---

1. Reason for decision/report and options

1.1 Substance Misuse treatment and recovery services for Bromley residents are commissioned by the London Borough of Bromley.

1.2 In 2023, the service is due to be recommissioned.

1.3 As part of the recommissioning service, a needs assessment/analysis of needs is carried out to assess the needs of the local population to ensure the new service meets these needs adequately.

1.4 The presentation will provide a summary of the needs assessment, with a full report also available

---

2. **RECOMMENDATION(S)**

**The HWB is asked to note the presentation on the needs assessment**

## Impact on Vulnerable Adults and Children

1. Summary of Impact: Substance misuse can have a huge impact on a child's development and their ability to grow up in a safe home. Substance misuse is also more common in the homeless community, victims of domestic violence, those with mental ill health, amongst others. This needs assessment considers vulnerable adults and children throughout, and the multiagency work required with substance misuse services to keep these individuals safe.
- 

## Transformation Policy

1. Policy Status: Not Applicable
  2. Making Bromley Even Better Priority:
    - (1) For children and young People to grow up, thrive and have the best life chances in families who flourish and are happy to call Bromley home.
    - (2) For adults and older people to enjoy fulfilled and successful lives in Bromley, ageing well, retaining independence and making choices.
    - (5) To manage our resources well, providing value for money, and efficient and effective services for Bromley's residents.
- 

## Financial

1. Cost of proposal: Not Applicable:
  2. Ongoing costs: Not Applicable
  3. Budget head/performance centre: N/A
  4. Total current budget for this head: N/A
  5. Source of funding: N/A
- 

## Personnel

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

## Legal

1. Legal Requirement: Provision of substance misuse services is a statutory requirement, and this needs assessment is an essential part of the process to procure these services
  2. Call-in: Not Applicable
- 

## Procurement

1. Summary of Procurement Implications: This needs assessment will contribute towards the future procurement of substance misuse services. There are no known implications at present.
- 

## Property

1. Summary of Property Implications: N/A
- 

## Carbon Reduction and Social Value

1. Summary of Carbon Reduction/Sustainability Implications: N/A
-

### Customer Impact

1. Estimated number of users or customers (current and projected): >1000 directly, but many more indirectly
- 

### Ward Councillor Views

1. Have Ward Councillors been asked for comments? No
2. Summary of Ward Councillors comments:

### 3. COMMENTARY

*Presentation to be delivered at the meeting.*

<b>Non-Applicable Headings:</b>	IMPACT ON VULNERABLE ADULTS AND CHILDREN; TRANSFORMATION/POLICY IMPLICATIONS; FINANCIAL IMPLICATIONS; PERSONNEL IMPLICATIONS; LEGAL IMPLICATIONS; PROCUREMENT IMPLICATIONS; PROPERTY IMPLICATIONS; CARBON REDUCTION/SOCIAL VALUE IMPLICATIONS; CUSTOMER IMPACT; WARD COUNCILLOR VIEWS
Background Documents: (Access via Contact Officer)	[Title of document and date]



Report No.  
ACH22-014

London Borough of Bromley

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**Decision Maker:** HEALTH AND WELLBEING BOARD

**Date:** 9<sup>th</sup> June 2022

**Title:** Review of Current Health & Wellbeing Strategy Priorities

**Contact Officer:** Chloe Todd, Consultant in Public Health  
Tel: 020 8313 4708 E-mail: Chloe.Todd@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.

1.3 The presentation provides a review of the current priorities in the strategy

---

2. Reason for Report going to Health and Wellbeing Board

2.1 To provide a review of the current priorities of the Health & Wellbeing 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 presentation on the review of the current priorities

## 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 The current Strategy can be found on the following link and in the appendix to this paper:

[Bromley Health & Wellbeing Strategy | London Borough of Bromley](#)

4.3 The presentation outlines the review of the current ten priority areas of the Health and Wellbeing Strategy.

#### **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.

<b>Non-Applicable Sections:</b>	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

**Appendix one – Current Health & Wellbeing Strategy (attachment)**



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# Foreword

**On behalf of the Bromley Health and Wellbeing Board I am delighted to present this second Joint Health and Wellbeing Strategy for the Borough, which sets out our local priorities for improving health and wellbeing over the next five years.**

Located in South East London, Bromley is the largest London borough in the city. Although Bromley is a relatively prosperous area, the communities within Bromley differ substantially. Although health and wellbeing in Bromley is generally considered to be good there are still areas that could be improved.

Our vision in this second strategy is for the people of Bromley to live an independent, healthy and happy life for longer. In order to achieve this we must come together as a Health and Wellbeing Board to ensure that we make the best use of our collective resources. We will encourage and expect all organisations to use the Joint Health and Wellbeing Strategy when considering actions to improve health and wellbeing and when making decisions about spending money and planning services over the next five years.

This strategy is important. It is a shared agreement between each partner organisation in the Health and Wellbeing Board with, and for, people of all ages living and working in Bromley. It is about what we can and want to change, helping those who commission or provide health and social care, communities and individuals to focus their efforts over the next five years.

**Councillor David Jefferys**

Chair

**Bromley Health and Wellbeing Board**

# Section 1: Introduction

**This strategy aims to improve and protect the health and wellbeing of all who live and work in the borough, and sustain Bromley as a healthy place to live, work or visit.**

We aim to tackle gaps in health inequalities and achieve real and measurable improvements in the health and wellbeing of residents. Our vision is for a healthier Bromley, where everyone is able to benefit from improvements in health and wellbeing.

This strategy has been jointly developed by Public Health Consultants, local authority officers, Clinical Commissioners and GP advisors, NHS representatives, local health and voluntary organisations. The strategy details how the Bromley Health and Wellbeing Board intend to work with cross-sector partners, including local residents, voluntary organisations and community groups, to reduce health inequalities and improve the health and wellbeing outcomes of our local communities and workforces.

## What is the Health and Wellbeing Strategy?

**It is a statutory document aiming to respond to the health, social care and wellbeing issues in a strategic manner in accordance with the Health and Social Care Act 2012.** It brings together those areas which impact on health and wellbeing into a single co-ordinated framework. The strategy will guide the various agencies in Bromley as they tackle the major public health and wellbeing challenges to improve the health of the population and reduce health inequalities. **It sets out the commitment to help individuals, families and communities make a positive choice to lead a healthier lifestyle, whilst also doing all we can to address the crucial wider determinants of health.** It will identify and bring together a number of overarching priorities for action. From these, more detailed plans will be developed and delivered.



# Section 2: What's happened since the last Strategy?

The Bromley Health and Wellbeing Board's (HWB) first ever strategy outlined the priorities for improving health and wellbeing of people living in Bromley.

The priorities were identified by considering the burden, numbers of people affected, and whether the problem is improving or worsening over time.

The **priorities for 2012 to 2015** were agreed as:

- Diabetes
- Obesity
- Hypertension
- Anxiety and Depression
- Dementia
- Support for Carers
- Children with Mental and Emotional Health Problems
- Children Referred to Social Care
- Children with Complex Needs and Disabilities

In **2013 they were then refined** to particularly focus on those areas that were considered highest priority:

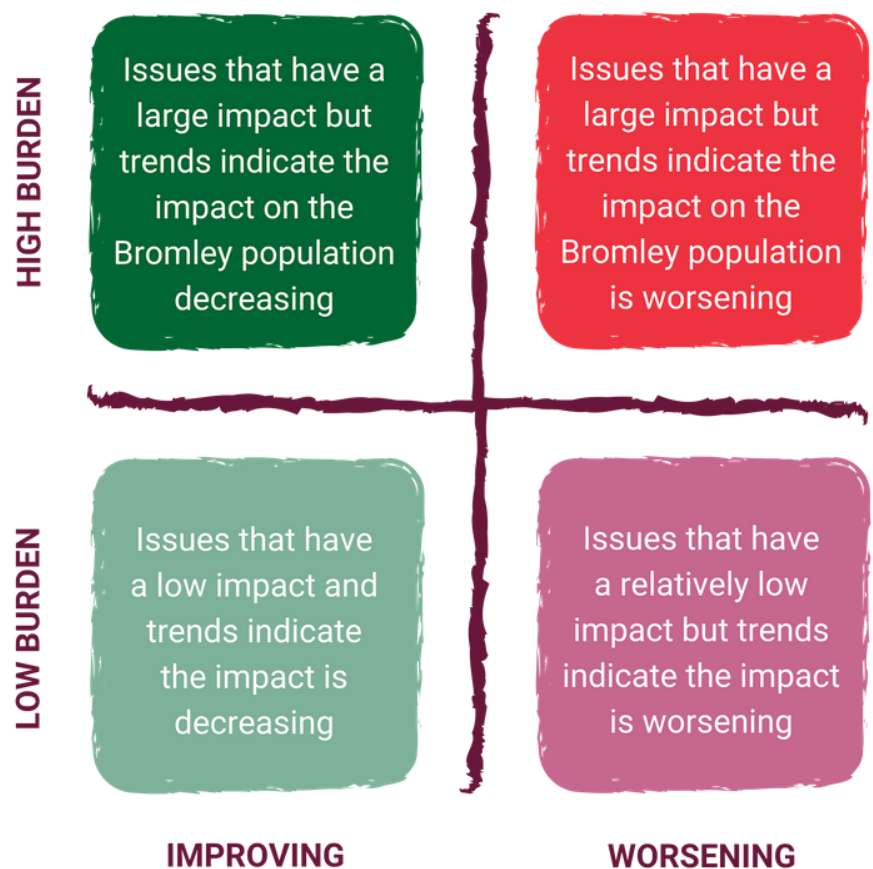
- Diabetes
- Obesity
- Dementia
- Children with Mental and Emotional Health Problems

In February 2018 the Bromley Health and Wellbeing Board supported the proposal for a comprehensive evaluation of the process of production of the JSNA and of the report itself. It also supported a concurrent review of the methodology used to translate the JSNA findings into priorities for the local Health and Wellbeing strategy.

## Methodological approach to the development of this strategy

An evidence-based methodology has been devised to identify potential priority issues for the new Bromley Joint Health and Wellbeing Strategy (JHWS). This has been devised by adapting the previous methodology used to identify priorities for the 2012-15 strategy which in itself was based on an original methodology devised by Hiten Dodhia, Consultant in Public Health for Lambeth.

This methodology 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).



Two sources of evidence have been used to identify potential health and wellbeing issues affecting the Bromley population and assess their relative position within this matrix:

- **Bromley Joint Strategic Needs Assessment 2017 (JSNA)** - [www.bromley.gov.uk/JSNA](http://www.bromley.gov.uk/JSNA)
- **The Public Health England Public Health Outcomes Framework (PHOF)** - <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>

The information on disease morbidity and mortality within the Disease Burden chapter of the JSNA 2017 was used to identify diseases for which the prevalence or incidence was increasing in the Bromley population or mortality rates were rising.

The PHOF for Bromley was reviewed to identify issues that impact on health and wellbeing where the incidence or prevalence in Bromley was higher than the national average and/or the trend indicated the impact on the Bromley population was worsening.

## **The life course approach to health and wellbeing**

**Members of the Health and Wellbeing Board represent agencies working with all people at all times of their life, from cradle to grave.**

Therefore, we have agreed to adopt a 'life-course approach' in our work. As a person travels through different stages in their lives they encounter numerous events and opportunities. These can encourage healthy or unhealthy behaviours which affect a person's overall wellbeing.

The life course approach seeks to prevent and control diseases by identifying critical stages in life from preconception through pregnancy, infancy, childhood, adolescence, adulthood and old age, where interventions will be most effective. A life course approach investigates the long-term effects of physical and social exposures experienced during these aforementioned critical life stages on health and disease risk. It also examines the pathways (biological, behavioural and psychosocial) influencing the development of chronic diseases and operating across an individual's life course or across generations.

The life course approach to health offers a strategic model that can be used to best plan public health interventions that relate to the priorities agreed within the Joint Health and Wellbeing Strategy (JHWS). Interventions planned using a life course approach will be timely, effective and provide lasting benefits.

# 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:



**Cancer**



**Obesity**



**Diabetes**



**Dementia**



**Adults mental  
health**



**Homelessness**



**Adults with a  
learning disability**



**Drugs and alcohol  
in young people**



**Youth violence**



**Adolescent  
mental health**

# 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

## What do we plan to do?

We will work in partnership to produce an action plan which will address the following areas:

- Supporting people in their understanding of cancer, and enabling people to make healthy lifestyle choices
- Increasing awareness of early cancer symptoms and screening programmes to improve early diagnosis
- Understand and overcome the barriers which stop people from taking part in screening
- Targeting areas with high levels of deprivation and where smoking and alcohol use are known to be higher

## How will we measure our success?

The appropriate partners will decide on a set of outcomes for the action plan and will monitor the progress towards these. A progress update will be presented to the Health and Wellbeing Board twice a year for evaluation.



### Want to know more?

Please go to the JSNA for more information:  
[www.bromley.gov.uk/jsna](http://www.bromley.gov.uk/jsna)

# 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



## What do we plan to do?

We will work in partnership to produce an action plan to develop initiatives and interventions to reduce the overweight and obesity in Bromley.

## How will we measure our success?

The appropriate partners will decide on a set of outcomes for the action plan and will monitor the progress towards these. A progress update will be presented to the Health and Wellbeing Board twice a year for evaluation.



### Want to know more?

Please go to the JSNA for more information:  
[www.bromley.gov.uk/jsna](http://www.bromley.gov.uk/jsna)

# 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.

## What do we plan to do?

We will work in partnership to produce an action plan to address the issue of significant increase in incidence and prevalence of diabetes in Bromley.

## How will we measure our success?

The appropriate partners will decide on a set of outcomes for the action plan and will monitor the progress towards these. A progress update will be presented to the Health and Wellbeing Board twice a year for evaluation.



### Want to know more?

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[www.bromley.gov.uk/jsna](http://www.bromley.gov.uk/jsna)

# 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

## What do we plan to do?

We will work in partnership to produce an action plan which will address the following areas:

- Significantly improving awareness and understanding of dementia so people have the information they need to reduce the risk of developing dementia as well as to live well with dementia
- Ensure people with dementia have equal access to the health and wellbeing support which is available to everyone

## How will we measure our success?

The appropriate partners will decide on a set of outcomes for the action plan and will monitor the progress towards these. A progress update will be presented to the Health and Wellbeing Board twice a year for evaluation.



### Want to know more?

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# 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

## What do we plan to do?

Over the next five years we will:

- Support the Suicide Prevention Strategy Steering Group to develop and deliver a Suicide Prevention Action Plan for Bromley to support delivery of the Bromley Suicide Prevention Strategy
- Undertake further scoping on adult mental health issues

## How will we measure our success?

The Suicide Prevention Strategy Steering Group will decide on a set of outcomes as part of the action plan and monitor these within their steering group meetings. A progress update will be presented to the Health and Wellbeing Board twice a year for evaluation.



### Want to know more?

Please go to the JSNA for more information:  
[www.bromley.gov.uk/jsna](http://www.bromley.gov.uk/jsna)

# 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



## What do we plan to do?

Over the next five years we will:

- Support the Bromley Homelessness Strategy and the implementation of the action plan resulting from this strategy

## How will we measure our success?

The appropriate partners will decide on a set of outcomes for the action plan and will monitor the progress towards these. A progress update will be presented to the Health and Wellbeing Board twice a year for evaluation.



### Want to know more?

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# 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

## What do we plan to do?

The appropriate partners will identify the areas that should be prioritised and how they will be implemented. An action plan will be developed by appropriate partners.

## How will we measure our success?

The appropriate partners will decide on a set of outcomes for the action plan and will monitor the progress towards these. A progress update will be presented to the Health and Wellbeing Board twice a year for evaluation.



### Want to know more?

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# 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

## What do we plan to do?

The appropriate partners will identify the areas that should be prioritised and how they will be implemented. An action plan will be developed by appropriate partners.

## How will we measure our success?

The appropriate partners will decide on a set of outcomes for the action plan and will monitor the progress towards these. A progress update will be presented to the Health and Wellbeing Board twice a year for evaluation.



### Want to know more?

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[www.bromley.gov.uk/jsna](http://www.bromley.gov.uk/jsna)

# 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

## What do we plan to do?

The appropriate partners will identify the areas that should be prioritised and how they will be implemented. An action plan will be developed by appropriate partners.

## How will we measure our success?

The appropriate partners will decide on a set of outcomes for the action plan and will monitor the progress towards these. A progress update will be presented to the Health and Wellbeing Board twice a year for evaluation.



### Want to know more?

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# 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)



## What do we plan to do?

The appropriate partners will identify the areas that should be prioritised and how they will be implemented. An action plan will be developed by appropriate partners.

## How will we measure our success?

The appropriate partners will decide on a set of outcomes for the action plan and will monitor the progress towards these. A progress update will be presented to the Health and Wellbeing Board twice a year for evaluation.



### Want to know more?

Please go to the JSNA for more information:  
[www.bromley.gov.uk/jsna](http://www.bromley.gov.uk/jsna)

# Section 4: Next steps to achieving our vision

**This Health and Wellbeing Strategy has set out our vision and the priorities that we believe will enable us to achieve it. We have set out our priorities of work and an outline of how we will work and commission services for Bromley, however the key to achieving our vision and priorities lies in how we implement this strategy.**

This strategy has been jointly produced by London Borough of Bromley and its partners and agreed by the Health and Wellbeing Board.

Alongside this strategy there will be an action plan for each individual priority area with lead organisations (please see the appendices for copies of these action plans) which will clearly set outcomes and targets and how partners will work together to achieve each priority. We will be asking groups to develop more detailed action plans.

Overall the action plans and progress will be reported to the Health and Wellbeing Board twice a year.

# Section 5: Supporting strategies and action plans

The Health and Wellbeing Strategy does not exist in isolation. It brings together the strategies of all its partners to deliver and support its priorities.

This is shown in the table below:

Strategies and action plans	Priorities >									
	Cancer	Obesity	Diabetes	Dementia	Adults mental health	Homelessness	Adults with a learning disability	Drugs and alcohol in young people	Youth violence	Adolescent mental health
Building a Better Bromley	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Children and Young People's Plan 2018-2021		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Bromley CCG Integrated Commissioning Plan 2014-2019	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Homelessness Strategy 2018-2022						<input checked="" type="checkbox"/>				
Education, Care and Health Services Business Plan 2018-2022	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Ageing Well in Bromley Strategy 2019-2024	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			

# Section 6: Proposed delivery of the strategy

The strategy is a developing document. The next stage in delivery of the strategy is to work with groups and partners to develop individual action plans for each of the priority areas.

Once these action plans have been developed the London Borough of Bromley Public Health Team will work with the groups to manage the action plans and ensure regular reporting to the Health and Wellbeing Board.

# Action plans

## Action plan for adults

Priority Area	Proposed Lead Organisation/Group [to be agreed]	What we want to achieve?
<b>Cancer</b>	Bromley CCG/ Cancer Working Group	<ul style="list-style-type: none"> <li>• Support people in their understanding of cancer, and enabling people to make healthy lifestyle choices</li> <li>• Increasing awareness of early cancer symptoms and screening programmes to improve early diagnosis</li> <li>• Understand and overcome barriers which stop people from taking part in screening</li> <li>• Targeting areas with high levels of deprivation and where smoking and alcohol use are known to be higher</li> </ul>
<b>Obesity</b>	Public Health Team/ Pro-Active Bromley Group	<ul style="list-style-type: none"> <li>• Develop initiatives and interventions to reduce the overweight and obesity in Bromley</li> </ul>
<b>Diabetes</b>	Diabetes Partnership Group	<ul style="list-style-type: none"> <li>• Develop initiatives to reduce the incidence and prevalence of diabetes in Bromley</li> </ul>
<b>Dementia</b>	Ageing Well Strategy Group	<ul style="list-style-type: none"> <li>• Significantly improve awareness and understanding of dementia so people have the information they need to reduce the risk of developing dementia as well as to live well with dementia</li> <li>• Ensure people with dementia have equal access to the health and wellbeing support which is available to everyone</li> </ul>
<b>Adults Mental Health</b>	Suicide Prevention Steering Group	<ul style="list-style-type: none"> <li>• Support the Suicide Prevention Strategy Steering Group to develop and deliver a Suicide Prevention Action Plan for Bromley to support delivery of the Bromley Suicide Prevention Strategy</li> </ul>
	Mental Health Strategic Board	<ul style="list-style-type: none"> <li>• Undertake further scoping of adult mental health issues</li> </ul>

Priority Area	Proposed Lead Organisation/Group [to be agreed]	What we want to achieve?
<b>Homelessness</b>	Homelessness Strategy Group	<ul style="list-style-type: none"> <li>• Support the Bromley Homelessness Strategy and the implementation of the action plan resulting from the strategy</li> <li>• Early identification and prevention of homelessness</li> <li>• Increase the supply of accommodation</li> <li>• Achieve positive outcomes by improving health and wellbeing and breaking the cycle of homelessness</li> </ul>
<b>Learning disability</b>	Learning Disability Strategy Group	<ul style="list-style-type: none"> <li>• Develop a Strategy for people with learning disabilities in the Borough</li> </ul>

## Action plan for children and young people

Priority Area	Proposed Lead Organisation/Group [to be agreed]	What we want to achieve?
<b>Obesity</b>	Public Health Team/ Pro-Active Bromley Group	<ul style="list-style-type: none"> <li>• Develop initiatives and interventions to reduce the overweight and obesity in Bromley</li> </ul>
<b>Homelessness</b>	Homelessness Strategy Group	<ul style="list-style-type: none"> <li>• Achieve positive outcomes for our young people</li> </ul>
<b>Drugs and alcohol</b>	Children’s Executive Board	<ul style="list-style-type: none"> <li>• Initiatives and interventions to deal with high levels of alcohol consumption</li> <li>• Initiatives and interventions to tackle high levels of drug use</li> </ul>
<b>Youth violence</b>	Children’s Executive Board	<ul style="list-style-type: none"> <li>• Initiative and interventions to tackle youth violence in Bromley</li> </ul>
<b>Adolescent mental health</b>	Mental Health Strategic Board	<ul style="list-style-type: none"> <li>• Training for those working with children and young people</li> <li>• Ensure children and young people are able to access services within an appropriate time period and receive a high quality of care</li> <li>• Improved pathways and better outcomes to enable children and young people to overcome their vulnerabilities</li> <li>• More young people will have their needs met closer to home</li> <li>• Enable children and young people to recover their wellbeing, maintain social networks and improve resilience</li> <li>• Transition into continued support and treatment into adulthood should not add to distress and have a negative impact on outcomes</li> </ul>

# Glossary

## Acronym

## Definition

<b>CCG</b>	Clinical Commissioning Group
<b>GLA</b>	Greater London Authority
<b>GP</b>	General Practitioner
<b>HWB</b>	Health & Wellbeing Board
<b>JHWS</b>	Joint Health & Wellbeing Strategy
<b>JSNA</b>	Joint Strategic Needs Assessment
<b>MOPAC</b>	Mayor's Office for Policing and Crime
<b>PHOF</b>	Public Health Outcomes Framework

This Health and Wellbeing Strategy has been created by the following partners:



*Produced by:*

Public Health  
**LONDON BOROUGH OF BROMLEY**  
Civic Centre, Stockwell Close,  
Bromley BR1 3UH





Report No.  
CSD22057

London Borough of Bromley

PART ONE - PUBLIC

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**Decision Maker:** HEALTH AND WELLBEING BOARD

**Date:** Thursday 9 June 2022

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

**Title:** MATTERS OUTSTANDING AND WORK PROGRAMME

**Contact Officer:** Jo Partridge, Democratic Services Officer  
Tel: 020 8461 7694 E-mail: Joanne.Partridge@bromley.gov.uk

**Chief Officer:** Director of Corporate Services and Governance

**Ward:** (All Wards);

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1. Reason for decision/report and options

- 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. **RECOMMENDATIONS**

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
- 

### Transformation Policy

1. Policy Status: Not Applicable
  2. Making Bromley Even Better Priority (delete as appropriate): Not Applicable:
- 

### Financial

1. Cost of proposal: Not Applicable:
  2. Ongoing costs: Not Applicable:
  3. Budget head/performance centre: Democratic Services
  4. Total current budget for this head: £336k
  5. Source of funding: Revenue Budget
- 

### Personnel

1. Number of staff (current and additional): 6
  2. If from existing staff resources, number of staff hours:
- 

### Legal

1. Legal Requirement: None:
  2. Call-in: Not Applicable: Non-Executive reports are not subject to call-in
- 

### Procurement

1. Summary of Procurement Implications: Not Applicable
- 

### Property

1. Summary of Property Implications: Not Applicable
- 

### Carbon Reduction and Social Value

1. Summary of Carbon Reduction/Sustainability Implications: Not Applicable
- 

### Customer Impact

1. Estimated number of users or customers (current and projected): This report is intended primarily for the benefit of Committee Members.
- 

### 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.

<b>Non-Applicable Headings:</b>	Impact on Vulnerable Adults and Children, Transformation/Policy Implications, Financial Implications, Personnel Implications, Legal Implications, Procurement Implications, Property Implications, Carbon Reduction/Social Value Implications, Customer Impact, Ward Councillor Views
Background Documents: (Access via Contact Officer)	Minutes of previous meeting

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## Health and Wellbeing Board: Matters Outstanding / Action List

Agenda Item	Action	Officer	Update	Status
<b>Minute 26</b> <b>24<sup>th</sup> September 2020</b>  <b>Bromley Health and Wellbeing Centre Update</b>	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.	<b>Open</b>
<b>Minute 20</b> <b>25<sup>th</sup> November 2021</b>  <b>Bromley Winter Plan Update</b>	Further statistics on ambulance waiting time and handovers to be provided following the meeting.	Site Chief Executive – PRUH and South Sites		
<b>Minute 45</b> <b>31<sup>st</sup> March 2022</b>  <b>Latest Phase of the Pandemic/Review of Winter – SEL CCG</b>	Ward data of COVID-19 vaccination uptake by ethnicity to be provided to Board Members.	Bromley Borough Director	Dashboard circulated to Board Members on 4 <sup>th</sup> May 2022.	<b>Completed</b>
<b>Minute 46</b> <b>31<sup>st</sup> March 2022</b>  <b>Integrated Commissioning Board Update</b>	<p>An update on the Child and Adolescent Mental Health (CAMHS) Programme to be provided to Board Members following the meeting.</p> <p>An update on the proposal for a new special free school in Bromley to be circulated to Board Members following the meeting.</p>	<p>Bromley Based Director / Director of Children's Social Care</p> <p>Director of Education</p>	<p>Update provided as part of agenda item 5.</p> <p>DfE Feasibility underway. Site surveys due to start shortly in advance of DfE appointing contractor to develop planning application.</p>	<p><b>In progress</b></p> <p><b>Ongoing</b></p>

## HEALTH AND WELLBEING BOARD WORK PROGRAMME

9 <sup>th</sup> June 2022	
Review of current Health & Wellbeing Strategy Priorities	Dr Nada Lemic / Chloe Todd
Substance Misuse Needs Assessment	Dr Jack Haywood
Update on Children and Young People's Mental Health	Richard Baldwin / James Postgate
Public Health Management of COVID-19 Pandemic (including discussion on lessons learnt from the pandemic)	Dr Nada Lemic
'Promoting Brain Health' (Proposal from the Chairman to set up a Task and Finish Group)	Chairman
<i>Information Briefing:</i> Better Care Fund and Improved Better Care Fund Performance update	Ola Akinlade
<i>Information Briefing:</i> Healthwatch Bromley Patient Engagement Report	Healthwatch Bromley
Work Programme and Matters Outstanding	Democratic Services
22 <sup>nd</sup> September 2022	
Health and Wellbeing Strategy: JSNA Priority Areas (x2)	Dr Nada Lemic
Pharmaceutical Needs Assessment	Jonathan Walker / Chloe Todd
Update on the Long COVID Service	SEL CCG
Screening Update (TBC)	SEL CCG / LBB
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
8 <sup>th</sup> 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

<b>2<sup>nd</sup> February 2023</b>	
Health and Wellbeing Strategy: JSNA Priority Areas (x2)	
Work Programme and Matters Outstanding	Democratic Services
<b>30<sup>th</sup> March 2023</b>	
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

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