

HEALTH AND WELLBEING BOARD

Minutes of the meeting held at 2.30 pm on 8 December 2022

Present:

Councillor David Jefferys (Chairman)
Councillor Robert Evans (Vice-Chairman)
Councillors Yvonne Bear, Mike Botting, Diane Smith, Kira Gabbert
and Ruth McGregor

Dr Nada Lemic, Director: Public Health

Dr Angela Bhan, Bromley Place Executive Director: NHS South
East London
Harvey Guntrip, Lay Member: NHS South East London
Dr Andrew Parson, Senior Clinical Lead: NHS South East London

Christopher Evans, Community Links Bromley

Also Present:

Teresa Bell (*via conference call*)
Charlotte Bradford (*via conference call*)
Kim Carey (*via conference call*)
Debbie Hutchinson (King's College Hospital NHS Foundation Trust)
(*via conference call*)
and Jacqui Scott (Bromley Healthcare)

14 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Chris Price and Thomas Turrell and Councillors Ruth McGregor and Kira Gabbert attended as their respective substitutes. Apologies for absence were also received from Councillor Will Connolly, Rachel Dunley and Jim Gamble.

Apologies were received from Jonathan Lofthouse (Site Chief Executive – PRUH and South Sites: King's College Hospital NHS Foundation Trust) and Debbie Hutchinson (Site Director of Nursing – PRUH and South Sites: King's College Hospital NHS Foundation Trust) attended as substitute.

15 DECLARATIONS OF INTEREST

There were no declarations of interest.

16 QUESTIONS

Two questions had been received from a member of the public for written reply and are attached at Appendix A.

17 MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 9TH JUNE 2022

The Vice-Chairman noted that at the last meeting a statement had been provided in relation to monkeypox and asked for a further update. The Director of Public Health advised that in recent weeks there had only been one case of monkeypox, that was not linked to previous cases, and this had not been in Bromley.

RESOLVED that the minutes of the meeting held on 9th June 2022 be agreed.

18 HEALTH AND WELLBEING STRATEGY: JSNA PRIORITY AREA - PRESENTATION FROM THE FALLS SERVICE

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

The Head of Adult Therapies noted that a presentation had been delivered to the Board back in February 2022 – since then the team had expanded and all areas were back to full capacity. Falls Therapy Clinics were open and home visits for initial assessments were taking place – it was highlighted that the Falls Consultant Clinic was now also in a permanent location.

The Head of Adult Therapies advised that the Falls and Fracture Prevention Service received, on average, 90 referrals per month, which was an increase of 10% in the last year. It was noted that an increase in referrals had been anticipated following the pandemic and other background services had taken on some of these patients. At present, the caseload of the service stood at around 320 patients which did not include the caseload of the Fracture Liaison Nurse. The waiting time was approximately 12 weeks, depending on the pathway patients were referred through. Outcomes for patients remained the same and were measured by Therapy Outcome Measures (TOMs) and Tinetti. Patient feedback was gathered through the Friends and Family Test, and was extremely positive with 99.5% of respondents recommending the service. Board Members were advised that TOMs were completed during an initial assessment and again at the end of an intervention to determine if improvements had been made in four areas, in line with the International Classification of Functioning, Disability and Health: Impairment, Activity, Participation and Wellbeing. Tinetti was also an outcome measure used predominantly by physiotherapists to assess a patient's gait and balance and provided a score on completion which could be compared pre and post intervention to determine progress/improvement.

The Head of Adult Therapies informed Board Members that all referrals to Adult

Therapy teams were filtered via the Single Point of Access (SPA). If a referral was considered to be urgent, or required a quick response to ensure safety and reduce risk of attendance at an Emergency Department (ED), it was passed to the Rapid Access to Therapy Team (RATT). The RATT assessed patients in their own home within 2 hours, 24 hours or 2 days, and then provided equipment/intervention and referred them on for ongoing falls specific intervention. In terms of referrals for ongoing assessment and interventions to the Falls Team, work was underway to with other teams to ensure that referrals were streamlined, and unnecessary duplication reduced.

With regards to the prioritise of the Falls Team, work had been undertaken in relation to the roles and capacity expectations within the team, such as upskilling assistant practitioners to complete non-complex assessments, and streamlining and simplifying the assessment process. The team's workstreams had been considered in line with some of the national data and models in place, and focussed on:

- multifactorial assessment and investigations;
- rehabilitation;
- home environment and safety;
- vestibular;
- education;
- prevention; and,
- compliance with best practice NICE guidance and World Falls Guidelines (published in October 2022).

It was highlighted that the team were keen to work more closely with partner organisations, such as CareLink and the London Ambulance Service (LAS).

The Head of Adult Therapies informed Board Members that she led the Falls Prevention Working Group, which involved all services across the organisation.

Areas of focus included:

- standardising identification and stratification of falls risk questions to be asked by all clinical staff during initial assessments of those over the age of 65 (NICE best practice);
- auditing the compliance with these questions;
- internal referral template to simplify the process of referral to the Falls Team;
- Falls prevention training for clinical staff (this was a tailored and blended innovative approach, creating interactive online training); and,
- lanyard cards for staff in case of patient falls at home during their visit.

Board Members were advised that NHS England had requested that a Falls Pick Up Service be implemented by December 2022, which would be reviewed in March 2023. Bromley Healthcare had started a 4-month pilot of the service the previous week, which took referrals from 999/111 and ran from 8am-8pm, 7 days a week. Therapists and nurses were available to visit patient within 2 hours – they would use equipment, such as a Raizer to lift patients, complete assessments, step patients up to ongoing rehab/care packages or escalate to 999. Another request from NHS England related to ambulances and care homes. A system-wide approach was being taken with partners to identify and focus on Bromley care

homes and Extra Care Housing settings where falls rates were high, and a bespoke approach was being used to reduce falls and conveyances. This work was being linked to the Falls in Care Homes (FinCH) Implementation Study, which was being conducted with the University of Nottingham. The Bromley Healthcare Falls Team were hosting two Physio Trainers who visited 16 of the care homes in Bromley to provide the 'React to Falls' checklist training, which helped identify fall risks and actions to reduce them. Phase 1 of the study was nearly complete, and data was being gathered regarding falls before and after the training. Phase 2 would be funded by the Bromley Integrated Care Board (ICB) and involve 40+ non-study care homes across the borough – training for their staff would commence from January 2023. An Action Falls collaborative event had taken place the previous week, involving the care homes participating in Phase 1 of the study – anecdotal feedback from one care home was that they had had zero falls since using the 'React to Falls' checklist.

Bromley Healthcare was hosting the SEL Falls Project Manager for a 6-month secondment, which had since been extended for another 6 months – a review would take place the following week as there was potential to extend it further. Project areas included:

- mapping the current SEL falls services in primary and secondary care, and third sector provision;
- supporting and streamlining implementation of the Falls Pick Up Services in all six SEL boroughs;
- working on a 'Falls Core Offer' for SEL and 'Falls Best Practice';
- identifying and successfully bidding for funded training opportunities for upskilling and bringing staff together; and,
- undertaking work linking Assistive Technologies across SEL into this project.

The Chairman asked if it was possible to identify how many falls may have been prevented and, if so, what the value of this would be. The Head of Adult Therapies said that in the community this was much more difficult to gauge as there were a number of different aspects to be considered – some of this was due to the coding of the data, where patients may be coded with a fracture rather than having had a fall. However it would be much easier to look at this in relation to care homes, and the lack of ambulance call outs – this was something done as part of the original research, and once data was available the economic consequences of these interventions could be reviewed.

A Board Member enquired if there were other points of contact within health and social care whereby people could be spoken to earlier about prevention and the lifestyle choices that they made. The Head of Adult Therapies said there was always more that could be done in terms of getting the message out to younger cohorts about how quickly strength and balance could be lost, particularly following retirement. How to go about this was sometimes a challenge, but there were lots of resources, projects and research taking place. The Chairman noted that Mytime Active were delivering courses for the elderly, related to exercise and upper body strengthening, to help prevent falls. A Board Member highlighted that the Falls Service was an important element – the interventions delivered were vital in terms of reducing the impact on a number of hospital services. The Board Member

agreed with the comments made in terms of preventing falls and thinking about strength and balance from a younger age. It was considered that it would be interesting to have an overall picture of the number of falls and an understanding of data on falls admissions and number of ambulance call outs.

In response to questions regarding the Falls Pick Up Service, the Head of Adult Therapies said that data had been provided by the LAS early in the pilot which had allowed the times of falls to be tracked through the calls made to 999/111. They had been conscious that the service was not provided through the night – some falls took place as people went to bed or as they got up in the morning, but there had not been as many as anticipated, whereas a significant amount of falls happened during the day time.

The Chairman thanked the Head of Adult Therapies, Bromley Healthcare for her presentation to the Board and suggested that this work be written up and publicised in journals to provide learning for others. It was noted that a summary of the work and observations undertaken by the Falls Service could also be included in the next Joint Strategic Needs Assessment (JSNA) report.

RESOLVED that the update be noted.

19 BROMLEY WINTER PLAN 2022/23 UPDATE

Report ACH22-050

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 ONE Bromley Winter plan brought together all actions being taken by ONE Bromley organisations to respond with additional pressures felt on the health and care system during winter. The report was based around the following pillars:

1. Increasing system capacity;
2. Meeting seasonal demand; and,
3. Information sharing and escalation.

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

The Associate Director – Urgent Care Hospital Discharge and Transfer of Care Bureau (“Associate Director”) noted that Strep A was currently receiving a significant amount of media attention. In response to this, primary care, acute colleagues and specialist paediatric medicine had been brought together in Bromley. Additional specialist GP Hubs had been provided in the community, specialist paediatric capacity had been added in the non-urgent treatment centres, and three extra paediatric beds had been put into the acute sector. A webinar would be held the following day for primary care colleagues regarding diagnosing, responding to Strep A and prescribing, and access to the Consultant Connect system was also being increased in response to demand.

In relation to attendance and admission avoidance, the Associate Director highlighted the One Bromley @Home service – this provided a virtual bed offer to support acutely unwell respiratory, frailty, Intravenous Antibiotics (IVABs) and palliative care patients to receive care in their own home. The patients remained under the care of a consultant, and their supporting team, who provided treatment and interventions to prevent hospital admission. There was a huge amount of evidence in relation to this model and the progress made in Bromley had been very impressive.

Effective winter communication and engagement was another area of focus which aimed to support the general public to understand how best to access services. The 'Winter Services Directory' had been delivered to all households in Bromley and described the services that were available to support patients. There were QR codes included which could be scanned to take the reader to the relevant section of the NHS website. The One Bromley 'Making a Difference Together' bulletin would be utilised to support a system wide communication and engagement plan – maintaining and providing two-way communication on winter pressures, updates on winter schemes and capacity, and supporting the workforce. There was also a significant piece of work being undertaken in relation to staff wellbeing and ensuring that they remained healthy and well.

Debbie Hutchinson, Site Director of Nursing – PRUH and South Sites ("Site Director of Nursing") highlighted that lots of work was being carried out across partner organisations. In the acute sector they were looking at the various pathways within the hospital, with specific work taking place in relation to the same day emergency care pathway. There were ambulatory-type areas which patients could be referred to, from the ED or community, to receive care in a timely manner. There was also an acute frailty assessment unit which allowed staff to respond quickly to the needs of this group of patients, and get them to the right place to receive the care required. A number of ward moves had taken place in recent weeks – this had been done in order to reorganise environments and make pathways easier to manage. As expected, a significant amount of work was taking place in the ED to maintain safety and in relation to ambulance handovers. In terms of staff health and wellbeing, they were aware that the next few months would be difficult, and a number of things were being put in place to help support staff.

The Portfolio Holder for Adult Care and Health congratulated the teams on an excellent example of partnership working. The Assistant Director for Integrated Commissioning said that the whole system was prepared, and once people were discharged from hospital support would be provided accordingly.

A Board Member noted the contribution made by the community and voluntary sector, who had also been involved in distributing the winter communications booklet. The cost-of-living pages developed by Bromley Well and Community Links Bromley were acknowledged, and it was highlighted that around 43 'Warm Hubs' were being established across the borough. Board Members were encouraged to share the resources available. The Director of Adult Social Care extended her thanks to the community and voluntary sector. The work undertaken by care provision staff was also acknowledged, particularly over the last couple of

year which had been extremely difficult. It was intended that a local celebration would be held for providers and staff in the new financial year to recognise their work.

In response to questions, the Associate Director advised that there was a national drive around the range of professionals that could support patients at a primary care level, and using the workforce as best they could. In terms of the net increase of GP appointments, additional clinics were held at the PRUH on a Saturday, Sunday and Monday, with 60 extra virtual and face to face appointments available on each day, and extended access hubs were also running. A Board Member noted that primary care was much broader than just GPs and practice nurses – to put this into perspective, it was noted that there were not enough rooms at his surgery for all the staff working as the workforce had been greatly increased. The vast majority of GPs just did face to face appointments, but there were also staff members who were undertaking visits through Bromley Healthcare's Rapid Response Team. Additional roles were continually recruited through Primary Care Networks (PCNs), such as paramedics, physiotherapist, pharmacists and dieticians, as the aspects of the work presented were vast. In the last week there had been a huge increase in demand due to concerns regarding Strep A – practices were trying to be as flexible as possible, and triage systems had been implemented to absorb these contacts each day. Working together, across Bromley, was vital. Beyond general practice, pharmacies were extremely busy and, in addition to providing advice, were delivering COVID-19 and flu vaccinations. There was also direct self-referral access to mental health, physiotherapy and enhanced eye care services.

With regards to the threat of industrial action, the Associate Director noted that King's College Hospital NHS Trust was not listed as one that would be striking, however as part of the South East London system they were planning to do as much work as they could to support the whole system during that period. A huge amount of learning had been taken from the COVID-19 pandemic, with staff deployed across the system to manage risk. Social care colleagues were involved in discussions relating to this to ensure that staff were in the right place to manage the required needs.

Jacqui Scott, Chief Executive Officer – Bromley Healthcare informed Board Members that, in terms of community services, a focus of their work was on keeping residents out of hospital. Bromley Healthcare had been one of the national accelerators for the Urgent Community Response, which had now been rolled out across the country. This ensured that there was resilience within the service and provided a response to prevent unnecessary admissions into hospital. Capacity had also been increased in the home rehabilitation service and the district nurses completed around 600 visits per day to look after people in their own homes. At Bromley Healthcare there had also been a focus on staff health and wellbeing and an awards ceremony had recently been held to thank the teams and acknowledge their achievements.

A Board Member noted that, following discussions with residents, it was felt that the 'Winter Services Directory' was having a calming effect – it was not driving people to use services, it was having the opposite effect, and gave confidence in

terms of how to access services when they were required. In response to a question from the Chairman, the Associate Director said there was still a huge amount of work to do around public responsibility as it was not uncommon for there to be numerous contacts across the system, but it was positive to hear the effect the directory was having. The Site Director of Nursing said that, in terms of communication with the local population, it was great that there were a number of initiatives taking place. In the acute sector it was noted that the degree of frailty and dependency was ever increasing within patients – it was likely that families who cared for the elderly would need to be reassured, particularly over the Christmas and bank holiday periods, and provided with this key information. The Associate Director said that this could be taken forward with the communication and engagement leads, with links circulated to networks before Christmas.

The Chairman thanked the Associate Director for her presentation to the Board. Thanks were also extended to all the staff across the One Bromley system for the work undertaken.

RESOLVED that the update on the Bromley Winter Plan 2022/23 be noted.

20 ADDITIONAL HOSPITAL DISCHARGE FUNDS 2022/23

Report ACH22-049

The Board considered a report outlining the additional hospital discharge funds for 2022-2023.

The Assistant Director for Integrated Commissioning informed Board Member that the government had provided additional winter funds to local authorities and the NHS to respond to pressures over this winter. Bromley had been allocated £2.3m by NHS England (NHSE) through a direct grant to LB Bromley and an additional allocation to SELICB, which in turn had been delegated to Bromley. It was a condition of the grant, which needed to be spent by the 31st March 2023, that the Local Authority and NHS funds be pooled as part of the local Better Care Fund (BCF) – the spending of the grant had to be approved by the Health and Wellbeing Board.

The report provided a summary of the grant conditions and local priorities for spend and made proposals on approving the spending plans prior to their submission to NHSE on 16th December 2022. This was to be made through a NHSE template whereby the planned spend was set against headings in line with BCF objectives. Fortnightly activity reports would be required, setting out what activities had been delivered in line with commitments in the spending plan – the first of these would be submitted at the end of December 2022. A final spending report would be provided to NHSE, as part of the end of year BCF report, by 2nd May 2023.

The Assistant Director for Integrated Commissioning said that it was proposed for the funding to be used to provide additional capacity, community equipment and auxiliary care. Further support would also be provided to care homes, mental

health discharge and additional beds would be commissioned across South East London.

In response to a question, the Assistant Director for Integrated Commissioning advised that there was a fund available to ensure that people's homes were ready for them to be discharged in to. The Associate Director said that this fund covered a range of things, such as heating, water and food, and could be bolstered with this funding. The voluntary sector was very good at accessing various grants and further capacity could be provided to gather the resources available.

The Assistant Director for Integrated Commissioning highlighted that, with the Board's permission, it was proposed that the Chairman of the Health and Wellbeing Board, in consultation with the Portfolio Holder for Adult Care and Health, approve the planned spend report to NHSE in time for the deadline of 16th December 2022. It was noted that the plan would be presented to the next meeting of the Board as part of the regular BCF reports.

RESOLVED that the Chairman of the Health and Wellbeing Board, in consultation with the Portfolio Holder for Adult Care and Health, approve the planned spend report to NHS England in time for the deadline of 16th December 2022.

21 LEARNING FROM THE COVID-19 VACCINATION PROGRAMME

Report ACH22-052

The Board considered a report outlining the learning that had been taken from the COVID-19 vaccination programme.

The COVID-19 virus had disproportionately affected certain groups and there had been variations in the take up of the vaccination programme. The presentation provided a review of uptake of the COVID-19 vaccine in specific groups and identified some of the lessons learnt from the vaccination programme. Key themes emerging from the programme had helped to shape the current COVID-19 booster and flu programmes. The report also examined key elements such as ethnicity, age, and a number of other factors, that had resulted in lower uptake of the vaccine in certain groups. Whilst there was still a lot of work to be done, the One Bromley Partnership approach, together with the incredible voluntary workforce, had resulted in some good outcomes for the vaccination programme. The Inequalities Taskforce was set up as a joint venture between the London Borough of Bromley and the CCG (Bromley) and had helped to develop relationships and engagement with certain community groups.

The Bromley Place Executive Director: NHS South East London ("Bromley Place Executive Director") highlighted that some of the learning and insights had included:

- Standard models of access were useful for the majority of people but not all. The Mass Vaccination Centre worked well, with a satellite model in GP surgeries and community pharmacies.

- A community space (like the Civic Centre) which could be open for long hours and has associated car parking, was very attractive and easily accessible for members of the public.
- When outreach clinics and pop-up sessions, such as the one located in the Keston Mosque, were run they needed to be accompanied by strong communications and community involvement.
- Trusted community voices were needed to engage effectively with those who had concerns and were uncertain.
- Certain groups in the community needed very targeted arrangements for vaccination, such as those with learning disabilities and the homeless.
- Uptake was lower in pregnant women and young people and more needed to be done to support and encourage specific groups to be vaccinated.
- Walk-in services were essential for those who may not get the vaccine otherwise.
- In Bromley, a number of volunteers had supported the vaccination centres, and this had proved to be a very successful partnership model.

In terms of communications and engagement, the Bromley Place Executive Director noted that localised promotion (local faces, names and places) had more impact amongst lower uptake groups. There was also a need to ensure that communications were targeted at the people to be vaccinated, such as pregnant women and their families. It was highlighted that local political engagement with promotion of key messages had also been extremely helpful.

RESOLVED that the update be noted.

22 INTEGRATED COMMISSIONING BOARD UPDATE

Report ACH22-047

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

The ICB 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. Its 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 & Wellbeing Strategy;
- Overseeing the management of joint resources that enabled effective integrated commissioning programmes;
- Producing a Local Plan, which allowed the Council and the South East London Integrated Care Board (SELICB) (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 SELICB (Bromley) and the Council were well positioned to meet the emerging requirements from legislation, national/regional policy or best practice guidance.

The Assistant Director for Integrated Commissioning highlighted that, over recent months, the work of the ICB had focussed on winter planning and a project to recommission Mental Health Recovery & Rehab/Support & Accommodation which supported rehabilitative accommodation schemes for residents being discharged hospital.

In response to a question regarding the joint infrastructure to expand Personal Health Budgets, the Assistant Director for Integrated Commissioning advised that this was an NHS system, similar to the Local Authority's Direct Payments, and people were given money to purchase the direct services they required. The Local Authority and ICB had created a joint team to administer the scheme, which was more cost efficient. In terms of the cost of the care, each organisation would only pay for the care they were responsible for.

RESOLVED that the update be noted.

23 BROMLEY SAFEGUARDING CHILDREN PARTNERSHIP ANNUAL REPORT

Report CEF22067

The Chairman noted that apologies had been received from the Independent Chair of the Bromley Safeguarding Children Partnership, however a video providing an overview of the Annual Report had been circulated to Board Members prior to the meeting.

The Annual Report had been provided in a different format this year – there had also been a series of one-off presentations which allowed certain items to be brought forward as individual reports. The Chairman advised that any questions could be sent directly to the Bromley Safeguarding Children Partnership Manager for response.

RESOLVED that the Bromley Safeguarding Children's Board Annual Report 2021/22 be noted.

24 INNOVATIONS FROM THE ICB/CCG

Report ACH22-051

The Bromley Place Executive Director shared some highlights regarding the improvements and impact of collaborative working in health and care services 2020–2022. These included:

- A GP had developed a bar coding system to enter details which enabled flu clinics to run efficiently during the pandemic.

- Phlebotomy services had been extended - blood tests were available in some GP practices, a home service was provided for the housebound, and walk-in services and booked appointments were available in a range of community clinics.
- Homeless healthcare clinics – this had been a partnership approach to provide a wide range of healthcare services in safe environment. This work had won a national Innovate Award for innovation in helping address health inequalities.
- Integrated Mental Health Services – a new adult mental health hub was providing a single point of access for community mental health services.
- There had been a joint approach to an all-age autism strategy which aimed to ensure equality of access to universal services.
- Primary care improvements included expanding primary care team with pharmacists, physio, mental health and paramedics; and appointment options from more locations with flexible virtual access.

The Chairman highlighted that the innovations made within these areas had made a big impact. These comments were echoed by the Portfolio Holder for Adult Care and Health, who noted that the changes would make a huge difference to local residents. Thanks were extended to the Bromley Place Executive Director, and staff across the system, for the work undertaken.

RESOLVED that the update be noted.

25 ANNUAL PUBLIC HEALTH REPORT

The Director of Public Health informed Board Members that, this year, the Annual Public Health Report was in the format of a ‘bugs’ calendar and copies had been provided. The calendar included information relating to various bugs and public health messages, and would be sent to schools in the borough.

RESOLVED that the update on the Annual Public Health Report be noted.

26 QUESTIONS ON THE HEALTH AND WELLBEING BOARD INFORMATION

The Health and Wellbeing Board Information Briefing comprised three reports:

- Better Care Fund and Improved Better Care Fund Performance Update
- Healthwatch Bromley - Patient Experience Report Q1 2022/23
- Healthwatch Bromley - Patient Experience Report Q2 2022/23

RESOLVED that the Information Briefing be noted.

27 MATTERS OUTSTANDING AND WORK PROGRAMME

Report CSD22138

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

The Chairman noted that items had been suggested following the workshop on the new Health and Wellbeing Strategy, which had taken place prior to the meeting. This included discussions on issues such as vaping and the presentation of the Children's JSNA, for which it was suggested the Children's Executive Board and Bromley Youth Council be invited to attend. An update on the new Health and Wellbeing Strategy would be provided at the February 2023 meeting, with the final document hopefully being presented in March 2023.

In terms of matters outstanding, the Chairman advised that a meeting of the Brain Health Task and Finish Group would be convened in the new year.

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

28 ANY OTHER BUSINESS

The Chairman informed Board Members that new guidance had been received from the Department for Health and Social Care regarding the role of Health and Wellbeing Boards. There had not been any statutory changes, but it reflected the amendments to the Health and Care Act 2022 and set out how the Health and Wellbeing Board would interact with the Integrated Care Board. It was noted that the implications of this were being reviewed by the Legal Department and commentary would be circulated to Board Members in the coming weeks.

RESOLVED that the update be noted.

29 DATE OF NEXT MEETING

The next meeting of the Health and Wellbeing Board would be held at 1.30pm on Thursday 2nd February 2023.

The Meeting ended at 4.02 pm

Chairman

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HEALTH AND WELLBEING BOARD
8th December 2022

WRITTEN QUESTIONS TO THE CHAIRMAN OF THE
HEALTH AND WELLBEING BOARD

Written Question to the Chairman of the Health and Wellbeing Board received from the Sue Sullis, Community Care Protection Group:

Responsibilities of Bromley's Director of Public Health and the Local NHS to Support Deprived Communities Suffering Flooding Events and Aftermaths.

1. (a) Do Bromley's Director and local NHS managers have a 'duty of care' to provide support to vulnerable people, including elderly, sick and disabled, and families with children who are flooded out of their homes and evacuated?

Reply:

Bromley Council have an ongoing duty of care to those vulnerable people who are eligible for support at any time, but particularly at times of emergency. Staff across the Council would liaise, particularly from social care and housing, to ensure that people are appropriately supported, and their housing needs are met. It is important to note that the duty of rehousing may not fall to the council but could be through either the landlord if rented, or insurers. In these instances the Council would still offer assistance and coordination where appropriate to ensure vulnerable people can access those services.

- (b) What are the predictable results of such trauma, and what form should support take?

Reply:

There are various possible results of such trauma, such as social and housing (support has been outlined above) and also clinical/psychological. Depending on the type and severity of the trauma, relevant NHS services are offered after assessment by primary care.

2. (a) What systems exist to report, plan and coordinate support actions required to deprived communities?

Reply:

Each London Borough has a Borough Resilience Forum where local resilience partners regularly meet. Bromley Borough Resilience

Forum has a multi-agency flood plan which details agency response and co-ordination activities.

- (b) Have the organisations involved been activated to provide coordinated support in LBB since 2013?

Reply:

Yes

- (c) If so, on which dates, and in which locations?

Reply:

- 1) 10/06/19, Petts Wood and Orpington - 30 properties affected**
- 2) 20/07/21, Across Bromley Borough - 11 properties affected**
- 3) 21/11/21, St Mary Cray – 60 properties affected**

- (d) What reports have been made, describing such efforts, to which bodies, and when?

Reply:

All flooding incidents are reported to the Borough Resilience Forum and internally, also to the Environment Agency and other partner organisations affected. These reports will be made shortly after the event.