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DATE: 30 November 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 | 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 |

Bromley Safeguarding Adults Board

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| Teresa Bell | Independent Chair: Bromley Safeguarding Adults Board |
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Bromley Safeguarding Children Board:

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| Jim Gamble QPM | Independent Chair: Bromley Safeguarding Children Partnership |
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Bromley Voluntary Sector:

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| 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 8 DECEMBER 2022 AT 2.30 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 Friday 2nd December 2022.**

4 MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 9TH JUNE 2022 (Pages 1 - 20)

5 HEALTH AND WELLBEING STRATEGY: JSNA PRIORITY AREA - PRESENTATION FROM THE FALLS SERVICE (Pages 21 - 32)

6 BROMLEY WINTER PLAN 2022/23 UPDATE (Pages 33 - 58)

7 ADDITIONAL HOSPITAL DISCHARGE FUNDS 2022/23

To follow

8 LEARNING FROM THE COVID-19 VACCINATION PROGRAMME (Pages 59 - 92)

9 INTEGRATED COMMISSIONING BOARD UPDATE (Pages 93 - 98)

10 BROMLEY SAFEGUARDING CHILDREN PARTNERSHIP ANNUAL REPORT (Pages 99 - 206)

11 INNOVATIONS FROM THE ICB/CCG (Pages 207 - 214)

12 ANNUAL PUBLIC HEALTH REPORT

13 QUESTIONS ON THE HEALTH AND WELLBEING BOARD INFORMATION

The briefing comprises:

- 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

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>

14 MATTERS OUTSTANDING AND WORK PROGRAMME (Pages 215 - 222)

15 ANY OTHER BUSINESS

16 DATE OF NEXT MEETING

1.30pm, Thursday 2nd February 2023

1.30pm, Thursday 30th March 2023

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HEALTH AND WELLBEING BOARD

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

Present:

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

Dr Nada Lemic, Director: Public Health

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

Christopher Evans, Community Links Bromley

Also Present:

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

1 APOLOGIES FOR ABSENCE

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

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

2 DECLARATIONS OF INTEREST

There were no declarations of interest.

3 QUESTIONS

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

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

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

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

5 UPDATE ON CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH

Report CSD22071

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Report ACH22-013

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

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

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

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

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

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

future. The key areas identified in Bromley included:

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

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

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

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

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

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

RESOLVED that the report be noted.

7 SUBSTANCE MISUSE NEEDS ASSESSMENT

Report ACH22-015

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

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

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

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

The Health and Wellbeing Board were asked to consider:

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

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

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

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

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

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

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

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

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

8 REVIEW OF CURRENT HEALTH & WELLBEING STRATEGY PRIORITIES

Report ACH22-014

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

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

It was noted that an update on progress against the ten priorities of the current Strategy had been undertaken and is attached at Appendix D. The priority areas had been selected following the production of a matrix that classified health and wellbeing issues according to their potential impact on the Bromley population (defined by the prevalence or incidence of disease or mortality) and the recent direction of trends (improving or worsening). The Director of Public Health said that rates had continued to increase across all areas, except for dementia which had seen a decrease in rates both locally and nationally. The reasons for this were not clear, but may be linked to improved cardiovascular health. It was noted that obesity rates were still very high and were an increased risk factor for a number of the other areas listed.

The Chairman considered that the ten priorities listed were likely to remain as significant issues. However there was also the need to consider issues such as Long Covid Syndrome and the COVID-19 and catch-up vaccination programmes. A Member said a further item for consideration could be around the impact of the economy on people's health. Another Member enquired as to the statutory period that the Health and Wellbeing Strategy needed to cover. The Director of Public Health said that it was between three and five years. The Chairman asked Board Members to consider over the summer how they could take this forward and

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

RESOLVED that the update be noted.

9 PROMOTING BRAIN HEALTH

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

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

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

RESOLVED that the issues discussed be noted.

10 QUESTIONS ON THE HEALTH AND WELLBEING BOARD INFORMATION BRIEFING

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

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

RESOLVED that the Information Briefing be noted.

11 MATTERS OUTSTANDING AND WORK PROGRAMME

Report CSD22057

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

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

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

- Alcohol Misuse Needs Assessment (TBC)

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

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

12 ANY OTHER BUSINESS

Monkeypox

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

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

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

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

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

RESOLVED that the issues raised be noted.

13 DATE OF NEXT MEETING

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

The Meeting ended at 4.35 pm

Chairman

HEALTH AND WELLBEING BOARD

9th June 2022

ORAL QUESTIONS TO THE CHAIRMAN OF THE HEALTH AND WELLBEING BOARD

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

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

Reply:

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

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

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

Transport:

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

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

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

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

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

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

Supplementary Question:

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

Reply:

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

HEALTH AND WELLBEING BOARD
9th June 2022

**WRITTEN QUESTIONS TO THE CHAIRMAN OF THE
HEALTH AND WELLBEING BOARD**

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

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

Reply:

Overall

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

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

Bromley Y

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

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

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

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

NHS Oxleas Foundation Trust – Bromley CAMHS

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

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

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

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

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

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

Reply:

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

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

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

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

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

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

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Falls & Fracture Prevention Service

Lindsay Pyne, Head of Adult Therapies



The Team

- Team Lead – on secondment to SEL Falls Project Manager role
- Consultant Geriatrician (1 session per week)
- Physiotherapist - 3.2wte (increased)
- Occupational Therapist – 0.6wte
- Fracture Liaison Nurse – 1.0wte (role to move to King's)
- Assistant Practitioners – 2.0wte
- Admin – 0.6wte (new pilot role)

- (OT & Physio students in line with Fair Share expectation)

Covid pandemic – where are we now?

- Following the Health & Wellbeing Board in Feb'22, all areas are back to full capacity:

- Falls Therapy Clinics
- Home Visits for Initial Assessments
- Falls Consultant Clinic
- Vestibular Clinic

- Balanced Lifestyle Groups – now in 3 locations
- Home Visits for exercise/intervention

Information

- Referrals: 90 per month (increased by 10% in last 12 months)
- Caseload: 320 patients (not including Fracture Liaison Nurse)
- Waiting List: approx. 12 weeks
- Clinical Outcomes: Therapy Outcome Measure (Activity & Participation) & Tinetti (Gait & Balance)
- Patient feedback: Friends & Family Test 99.5%

Falls Pathway

- All referrals filtered in our Single Point of Access (SPA)
- Urgent referrals seen by Rapid Access To Therapies (RATT) in 2 hours or 24 hours or 2 days
- Referrals for ongoing assessment and interventions to Falls Team (Current work ongoing to streamline & reduce unnecessary duplication)

Falls Team priorities

- Worked on the team roles and capacity expectations within the team (eg. upskilling Assistant Practitioners to complete non-complex assessments, streamlining & simplifying assessment process)
- Worked on the streams of the team's work:
 - Multifactorial assessment & investigations
 - Rehabilitation
 - Home environment & safety
 - Vestibular
 - Education
 - Prevention
 - Best practice NICE guidance & World Falls Guidelines (published Oct'22)
- Keen to work more closely with partner organisations eg. CareLink and London Ambulance Service

Falls Prevention Working Group

- Standardising identification and stratifying 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 process of referring to Falls Team
- Falls Prevention Training for clinical staff (tailored & blended innovative approach creating interactive online training)
- Lanyard cards for staff in case of patient fall at home during their visit

Falls Pick Up Service

- NHS England implementing Falls Pick Up Services by December'22.
- Bromley Healthcare started this service 29/11/22 with 4 month pilot taking referrals from 999/111
- Service to run 8am-8pm, 7 days a week
- Therapist & Nurse to visit patient within 2 hours, use equipment eg. Raizer to lift patient, complete assessment, step up to ongoing rehab or care package, escalate to 999 if required
- Pilot to be reviewed March'23

Ambulance Care Home Focus

- NHS England – identifying top 20% of Care Home falls numbers & using a bespoke approach to reduce falls & conveyances.
- System wide approach to identify and focus on Bromley Care Homes & Extra Care Housing settings where falls rates are high.
- Link to FinCH

Falls in Care Homes (FinCH) Implementation Study

- Bromley Healthcare Falls Team hosting 2x Physio Trainers (1wte) who are training Care Home staff in the 'React to Falls' checklist to identify falls risk and actions to reduce.
- Phase 1: FinCH study care homes (16 in Bromley) – training nearly complete, monthly review visits planned
- Phase 2: Non-study homes (40+ in Bromley – funded by Bromley ICB) – to commence training in Jan'23, prep taking place now
- Action Falls Collaborative event took place 28/11/22
- Anecdotal feedback – one home has had 0 falls since using the React to Falls checklist.

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Nottingham

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React To Falls

SEL Falls Project Manager

- Bromley Healthcare hosting this role – 6 month secondment now extended for another 6 months, review next week with potential to extend further.

Project areas:

- Map current SEL falls services in primary, secondary care, & third sector provision
- Support and streamline implementation of Falls Pick Up services in all 6 SEL Boroughs
- Now working on a Falls Core Offer for SEL, Falls Best Practice Leads met in November to start work on this
- Identifying & successful bidding for funded training opportunities for upskilling and bringing together staff
- Now linking Assistive Technologies across SEL into this project.

**Thank You for your attention,
time for questions...**

Report No.
ACH22-050

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: HEALTH AND WELLBEING BOARD

Date: 8th December 2022

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

Title: BROMLEY WINTER PLAN 2022/23 UPDATE

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

Chief Officer: Angela Bhan, Bromley borough Director

Ward: All

1. Reason for report

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

2. **RECOMMENDATION(S)**

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

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

Impact on Vulnerable Adults and Children

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

Corporate Policy

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

Financial

1. Cost of proposal: Estimated Cost: £3,060,578
 2. Ongoing costs: Non-Recurring Cost: £3,060,578
 3. Budget head/performance centre:
 4. Total current budget for this head: £3,060,578
 5. Source of funding: BCF
-

Personnel

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

Legal

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

Procurement

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

Customer Impact

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

Ward Councillor Views

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

3. COMMENTARY

The ONE Bromley Winter plan brings 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 is based around five pillars which are:

1. Increasing system capacity
2. Meeting seasonal Demand
3. Information sharing and Escalation

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

4. IMPACT ON VULNERABLE ADULTS AND CHILDREN

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

5. POLICY IMPLICATIONS

N/A

6. FINANCIAL IMPLICATIONS

Within the BCF £1,733,000 is allocated for winter pressures. £1,064,000 to the LA and £669,000 to Bromley CCG. Additional non-recurrent winter monies have been received nationally including ring fenced monies on the mobilisation of the Virtual wards

Winter funds for the acute Trust is allocated as part of their contract.

7. PERSONNEL IMPLICATIONS

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

8. LEGAL IMPLICATIONS

N/A

9. PROCUREMENT IMPLICATIONS

N/A

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

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ONE BROMLEY

WORKING TOGETHER TO IMPROVE HEALTH AND CARE IN BROMLEY

Winter Plan 2022/23

Bromley 22/23 Winter Plan

The 2022/23 winter plan aims to deliver on the successful elements of the previous year's plan building on specific areas to further strengthen the whole system and respond to new, emerging needs and system changes. The plan is being built on the following key pillars:

1. Increasing System Capacity

- Primary Care
- Admission Avoidance
- Increase system bed base
- Discharge
- Mental Health

2. Meeting Seasonal Demands

- Respiratory pathways – Adults and Children and Young People
- Christmas and New Year additional capacity
- Covid-19 and Flu vaccination planning

3. Information Sharing and Escalation

- Winter Intelligence Hub
- System Escalation
- Winter Communications and Engagement

All spend and activity will be monitored weekly through the Winter Intelligence Hub reported into the A&E Delivery Board. A formal review will be undertaken in December with any unspent funding reallocated to accommodate presenting pressures.



1. Increasing System Capacity

Increasing system capacity through both BCF winter investment and core system offer as central parts of winter-planning which has been successful to date focusing on:

Attendance and Admission Avoidance - £2,051,628 (£1,829,500 ring fenced for @Home)

- Ø Launch of the One Bromley @Home service virtual bed offer delivering 28-35 virtual beds to support acutely unwell respiratory, frailty, IVAB and palliative care patients to receive care in their own home.
- Ø Additional capacity for the High Intensity User service to increase caseload from 40-70 patients (aim to prevent 150 ED attendances and 150 bed days saved based on preventing 50 admissions).
- Ø Commission dedicated social care capacity in the community to prevent social admissions (3 community nursing home beds, 8 dedicated extra care housing assessment flats)
- Ø Maintain integrated working model for care home residents including access to enhanced treatment bundles for care home residents to prevent the need for hospital-based care
- Ø Continue to expand access to the PRUH Medical Ambulatory Unit for 111/999 CAS clinicians and LAS crews and increase partnership working with GPs via Consultant Connect.

Primary Care - £280,000

- Ø Net increase in number of GP appointments offered locally throughout winter through PCNs and an additional 200 winter GP hub appointments for same day care via 111 and UTCs each weekend throughout winter.
- Ø Provide additional capacity in Urgent Community Response (UCR) to support GPs meet same day emergence care demands for housebound patients
- Ø *Also see priority 2 and 3*

1. Increasing System Capacity

Increasing system capacity through both BCF winter investment and core system offer as central parts of winter-planning which has been successful to date focusing on:

Increase the systems bed base to protect acute capacity - £540,830 (£465,830 NHSE/I ringfenced)

- ∅ Commissioning dedicated care home capacity at the fair cost of care rate to unlock additional capacity
- ∅ Providing additional support to free up to 5 hospice beds per week enabling increased transfer of patients from the acute

Hospital discharge - £1,558,120

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- ∅ Increased capacity across all discharge pathways throughout winter with an Increase in Home Based Rehab from 3 to 6 patients per day and 22 to 36 bed based patients per month.
- ∅ Dedicated commissioned transport for 30-60 patients per week to ensure timely discharge and transport between settings post discharge



1. Increasing System Capacity

Increasing system capacity through both BCF winter investment and core system offer as central parts of winter-planning which has been successful to date focusing on:

Mental Health (funded via SEL ICB)

Oxleas NHS Foundation Trust has put plans in place for the following:

- **Bed Management Meetings** three times a day with the direct input of Senior Management and Deputy Medical Director to reduce delays and avoid barriers to movement across pathways.
- **Enhanced Crisis House – Increased capacity to 7 beds and length of stay from 72 hours to 5 days. Improving both admission avoidance and decreased number of patients attend ED throughout winter.**
- **Temporary increased Acute MH bed capacity – 16 bed ward** within Green Parks House to avoid use of private placements.
- **Home Treatment Team Pool Cars** – improving ability of teams to provide care within people’s own homes.
- **Covid 19 Vaccine / Flu vaccine drives** being promoted among workforce – focussed on 80-100% achievement.
- **Enhanced Mental Health Crisis Line is available 24/7** for those experiencing critical mental health problems is in place to provide immediate response and reduce need for service users to attend ED
- **Hospital to Home Service** – jointly run with BLG MIND and Hestia to support Mental Health inpatients to prepare for discharge, assist transition from hospital to home and to connect patients with community services.

2. Meeting Seasonal Demand - £138,790

Focusing on supporting conditions that are at high risk of exacerbation during winter as well as supporting the system during high pressure periods.

Respiratory pathways – Adults and Children and Young People

- Development of high risk patient list with proactive contact to ensure rescue packs are available and patients are aware of how to access community support
- Increase in the number of community respiratory clinics and additional Pulmonary rehab sessions running per week
- Deliver an enhanced offer for paediatric respiratory exacerbation for children and young people to support management in the community.

Christmas and New Year – maintain BAU capacity during bank holiday period

- Enhanced rates to ensure sufficient rota fill for all critical clinical provision during the period
- Dedicated, on-site primary care hub at the PRUH to support redirections and provide access to primary care during the bank holiday period
- Additional capacity within the Urgent Treatment Centres clinical and operational teams to avoid handover delays to ED.
- Maintaining capacity in the hospital discharge team and across all hospital discharge pathways including capacity in domiciliary care and care homes.
- Additional capacity support plan for the acute in the week following New Year when the system will have significant demand pressures.

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2. Meeting Seasonal Demand – Covid-19 and Flu Vaccinations (funded outside BCF)

Focusing on supporting conditions that are at high risk of exacerbation during winter as well as supporting the system during high pressure periods.

Bromley are continuing their collaborative approach to flu and covid vaccinations, working across the One Bromley network to deliver a first-class service to all our residents.

Operating a co-administration model, i.e. administering both flu and covid vaccines at the same time for those patients who are eligible for both flu and covid vaccines

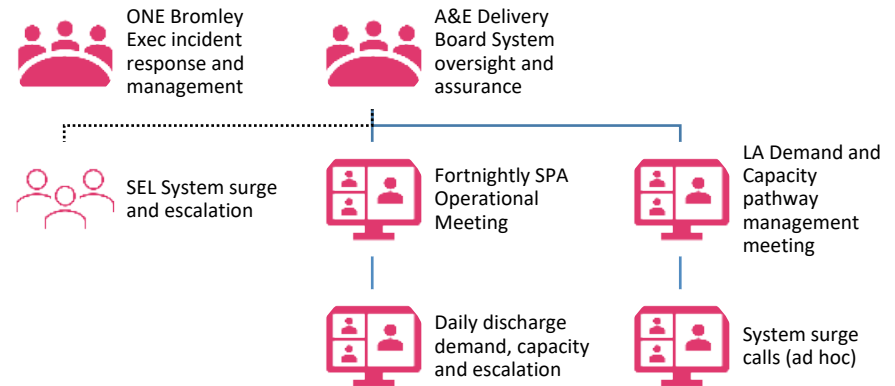
Eligible cohorts will be provided their Covid-19 booster and flu vaccinations via:

- Ø GP practices - flu stock due to be delivered in September with clinics planned from mid-September; expecting covid stocks from September also.
- Ø Mass vaccination clinic (walk in and appointment based) for eligible general public and front-line staff in the Glades shopping centre – run by King's
- Ø Bromley GP Alliance providing vaccinations for care home residents including registered LD Homes via the Bromleag service
- Ø Housebound patients will be provided vaccinations either by their GP practice or Bromley GP Alliance
- Ø Community Pharmacy offering vaccinations across the borough..

3. Information Sharing and Escalation

Activity and demand

- Re-mobilise the system monitoring and tracking structure (see image) to allow for early trigger of system pressure and an effective response
- Clear system escalation in place with agreed action cards for all parts of the system
- Ensuring the Clinical and Professional Advisory Group (CPAG) maintain oversight of any clinical pressures or development to assure of quality and safety



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Impact reporting

- Weekly monitoring of winter schemes activity and impact reporting to ensure investment is having a clear impact – overseen by the A&E Delivery Board.



3. Information Sharing and Escalation

- Winter Communications - £30,000

Effective Winter Communication and engagement this winter focuses on:

- Refreshing of the well-received accessible **‘Winter Services Directory’** describing all services available to support patients [primary care and secondary care version]
- Localising national campaigns and public facing information and advice on what services to use when. This information will be shared through digital and print media (extent of activity will depend on agreement of budget available)
- Continuing **advice to care homes and care settings** to care for their clients/residents throughout the winter period (predominantly through the fortnightly newsletter and engagement forums).
- Expand the successful **flu campaign** to also promote Covid19 Boosters (in line with anticipated guidance)
- Utilise the One Bromley **‘Making a Difference Together’ bulletin** to support a system wide comms and engagement plan, maintaining and providing two way communication on winter pressures, updates on winter schemes and capacity and supporting the workforce

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3. Information Sharing and Escalation

- Winter Communications - £30,000

See the full leaflet here: [Keep well this winter – resident guide](#)

KEEP WELL THIS WINTER

Bromley residents are urged to take good care of themselves this winter and seek medical help early when they need it.

To help them, the new One Bromley Keep Well This Winter guide will be delivered to every Bromley home during November. It provides top tips for staying well and where to go when you need help. It is available online and in other languages on request.

Dr Angela Bhan, Executive Director for the South East London Integrated Care System (Bromley) explains,

Dr Nada Lemic, Director of Public Health for Bromley said,

“Winter is always tough on health and care services and this year will be no different. As we continue to mix more socially, the risk of spreading viruses and bugs increases. We are already seeing spikes in cases of flu and respiratory illnesses, especially in children, so please help us to help you this winter and have any vaccinations you are due. Vaccines are our first line of defence against these viruses, so it is vital you have your COVID-19 and flu vaccination (if eligible) to protect you and your family.”

“Winter is a challenging time, with darker days and cold weather which can affect our physical, mental, and emotional wellbeing. It can also make some health problems worse and lead to serious complications. Please take good care of yourself by keeping warm, having a daily hot meal and being as active as you can manage.”



Dr Lucia Anthonypillai, Bromley GP asks Bromley residents to think self-care, Pharmacy, NHS 111, and GP when they feel ill.



Dr Andrew Parson, Bromley GP said,

“Emergency services are always busier over winter and must be available to quickly treat those with critical and life threatening needs. When you or a family member feel ill, please use the right service to get the help you need quickly.”

“As we age, our immune systems become weaker and less able to fight off viruses. We gradually lose the muscle mass that helps us keep warm and moving about. And the cold makes health conditions harder to manage – it can even affect our hearts and circulation. The good news is that there’s lots we can do to help keep ourselves well in winter and we hope our Keep Well This Winter guide will help.”

The guide also signposts residents to where they get more information if they are worried about the rising cost of living, especially heating their homes as the colder months approach. Advice and information is available from Bromley Well at www.bromleywell.org.uk/our-services/cost-of-living or from their freephone helpline on 0800 278 7898. Advice and support is also available on the Bromley Council website at www.Bromley.gov.uk/supportingresidents

The Bromley resident guide to keeping well this winter has been produced jointly across One Bromley organisations to provide clear information and signposting to information and advice on keeping well over winter. It includes advice on which service to use when you are ill, how to protect yourself with vaccinations, self-care and keep warm advice and information on how primary care is working. It is available in other formats and languages on request. The guide will be delivered to every household in the borough over November and will be promoted through newspaper and digital advertising.

3. Information Sharing and Escalation

- Winter Communications - £30,000

Underpinning messages for communication and engagement activity

System and staff collaboration – concluding episodes of care and reducing hand offs

Collaboration is critical, especially over winter, to manage the additional demands for care and needs of our patients and clients. By collaborating we will improve communication, save time, improve outcomes, reduce duplication of effort and provide a better experience for people who use services.

Managing patient expectations and signposting to the appropriate services

People's health and social care needs are often multifaceted with people tending to use services that they know about such as urgent and emergency care services or primary care. It is essential we work together to educate and inform people about using the right service at the right time to get the right care. We are delivering consistent information to the public at any touch point with any service. Focus on making sure people are seen by the right service, at the right time and in the right location.

There is no back door into the NHS or social care – to manage our limited resources we have to manage our population behaviours.

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Staff Health and Wellbeing

The most critical element in delivering services over winter is the workforce. We know at times it's not easy and it can be relentless. The workforce is being reminded to be proud of what they are doing to help Bromley residents. Be proud to be part of the NHS, local authority and voluntary sector.

Staff are also being encouraged and offered support to take care of their own health and wellbeing.

Winter Plan - Governance Timeline 22/23

| Board / Committees | Meeting | Purpose |
|-------------------------------------------------------------|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| One Bromley Executive | 15th August 2022 | Agreement to strategic direction of plan |
| A&E Delivery Board | 17th August 2022 | Consultation on draft plan |
| A&E Delivery Board | 20th September 2022 | FINAL PLAN agreed |
| One Bromley Executive | 21 st September 2022 | FINAL Plan agreed including financial allocation and KPIs |
| Integrated Commissioning Board | 26th September 2022 | FINAL agreement to BCF winter funding allocation |
| Local Care Partnership | 27th September 2022 | Overview of final plan, funding allocation (all) and system preparedness |
| One Bromley Clinical and Professional Advisory Group (CPAG) | 29th September 2022 | Clinical review and agreement on funding allocation, especially additional NHSE funding |
| Health Scrutiny Sub-Committee | 11th October 2022 | Information on final plan |
| A&E Delivery Board | 17th October 2022 | Reporting on mobilisation of schemes |
| A&E Delivery Board | Monthly | Reporting on impact of schemes throughout October 2022 to March 2023 Consideration for any schemes not mobilised for monies to be reallocated (Nov) |
| Health Scrutiny Sub-Committee | 17th January 2022 | Progress on winter activity |
| Health and Wellbeing Board | 30th March 2022 | Overview of winter activity and impact |

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Bromley UEC System Winter Preparation

King's Winter Preparation

System development

- Strengthening services and pathways to deliver a more responsive discharge processes. (Emergency front door and inpatient areas)
- Full engagement with our ICS colleagues, CCG partners and specialist clinical pathways (stroke, trauma, critcare);
- Support the health and well-being of staff whilst maintaining workforce development and planning;
- Increase the 'time to care' for our clinical frontline and increase the visibility of senior leaders throughout the hospital;
- Reduce crowding in the Emergency Department by improving LOS for specialty referred patients in the ED;
- Increase non-admitted performance in the ED and work with system partners to reduce HRG1 attendance numbers;
- Establish planned and safe in-patient capacity, including critical care, to meet predicted demand across Bromley pathway;
- Scoping of staffing model to meet winter demands.
- Partnership working across the ICS and One Bromley partners i.e. Development of @Home service, Consultant Connect, Acute Frailty Assessment Unit, Medical Ambulatory Unit – Direct Access for 111/999/LAS and GPs.

Areas of investment

- Due to ongoing pressures throughout the summer many of the 2021/22 schemes will continue in 2022/23 where they have been deemed to benefit patient care and experience.
- Risks will be managed through operational capacity management, and escalation triggers and processes. This will enable early identification of issues and a proactive response to enable the plan to be reviewed and adjusted if needed.
- With regards to assessing the level of risk, the implementation and impact of the different elements of the winter plan will be monitored closely to ensure robust implementation



Oxleas' Winter Preparation

Organisational approach

- Oxleas operates Bed Management Meetings three times a day with the direct input of Senior Management and Deputy Medical Director to reduce delays and avoid barriers to movement across pathways.
- Enhanced Crisis House – Increased capacity to 7 beds and length of stay from 72 hours to 5 days. Improving both admission avoidance and decreased number of patients attend ED throughout winter.
- Temporary increased Acute MH bed capacity – ward within Green Parks House to avoid use of private placements.
- Home Treatment Team Pool Cares – improving ability of teams to provide care within people's own homes.
- Covid 19 Vaccine / Flu vaccine drives being promoted among workforce – focussed on 80-100% achievement.

Key Risks

- Page 51
- Staffing absence from sickness or self isolation – ongoing recruitment in place and nurse bank system to support
 - Bed Capacity at risk of fluctuating demand - Business Continuity Plans in place to manage any service disruption that arises.

Key message for communications / Winter Services Directory

- Enhanced Mental Health Crisis Line is available 24/7 for those experiencing critical mental health problems is in place to provide immediate response and reduce need for service users to attend ED
- Hospital to Home Service – jointly run with BLG MIND and Hestia to support Mental Health inpatients to prepare for discharge, assist transition from hospital to home and to connect patients with community services.



LBB's Winter Preparation

System development

- Weekly Demand and capacity meetings supported by project manager ensuring flow through all pathways and preventing additional pressures on Adult Social Care.
- Specific focus on the Christmas period to ensure sufficient dom care capacity to meet need with dedicated ringfenced care home capacity to support admission avoidance throughout the whole of winter.
- Additional staffing across care management, occupational therapy and central Placement Team to respond to increased demand.
- Comms and engagement on winter activity being shared across social care workforce
- Extra Care Housing – 8 dedicated flats to support hospital discharge
- Caring for your resident details being sent to all social care providers with communication on which services to access being shared with providers
- Winter performance information being monitored by Adult Services Leadership Team (ASLT)

Key risks and mitigation

- Ensuring sufficient capacity in the adult social care market to meet seasonal demand being managed through effective provider frameworks and care home market capacity management. Increased resilience in Reablement also supports the dom care market pressures
- Workforce recruitment in LBB roles being managed through early planning and recruitment also allowing for existing temporary staff to be retained



Greenbrook's (UTC) Winter Preparation

Organisational approach

- To ensure that our staffing levels are in line with anticipated demand to provide best possible service
- Actively promoting clinically appropriate redirection to primary care services
- Clear escalation plans and risk mitigation procedures in place
- Enhanced rate packages are put in place to maximise shift fill for the likely seasonal peaks over Christmas / New Year which tend to be outliers in the usual staffing model.
- Additional floor co-Ordinator post to support shift leads in out of hours period and helps manage the flow and siting of patients. The role will act as patient liaison and will also support the shift lead in being a conduit between the service, ED and patients and can carry out admin tasks, freeing up shift leads for more clinical oversight.

Key risks

- Staffing absence: sickness, self-isolation, competition in recruitment.
- Increased attendances

Risks that remain post mitigation

- Erratic activity, sometimes no rationale for peaks of demand

Key message for communications / Winter Services Directory

- Alternatives to UTC/ED referral promoted, GP Hubs, Pharmacy, Urgent Community Response services



BHC's Winter Preparation

Organisational Approach

- Recruitment strategy to drive down vacancy rates across services
- Deploying a flexible approach between services enabling therapists and nurses to prioritise patients in most need.
- Maintain Urgent Community Response capacity throughout winter to support admission avoidance work, enhance primary care, and provide assurance over festive period.
- Additional funding to support GP OOHs service over the festive period as well as other community services to support admission avoidance.

Key Risks

- Primarily adequate staffing resource to deliver the capacity required - ongoing robust recruitment strategies, strong agency links and a commitment to support and develop staff.
- Challenge to maximise available capacity across 7 days – low discharges on Sat-Mon can result in wasted capacity.

Remaining risks post planned mitigation

- Low discharge rates from Saturday to Monday: requires a system wide approach to seven day working to increase rates of discharge.
- Short term funding increases risk of staff recruitment challenges.



Primary Care Winter Preparation

System Approach

- Covid-19 booster and flu vaccinations for eligible cohorts via:
 - Practice flu stock is due to be delivered in September with clinics planned from mid-September; we are expecting covid stocks from September.
 - Mass vaccination clinic (walk in and appointment based) in Glades shopping centre – run by King's
 - Bromley GP Alliance providing vaccinations for care home residents via the Bromleag service
 - Housebound patients will be provided vaccinations either by their GP practice or Bromley Healthcare.
- Supporting PCNs to mobilise their Enhanced Access Services for going live 1st October – opening times for extended access will be until 8pm on a weekday and 9-5pm on Saturdays.
- All services will continue to run, digital where possible and for the majority of services face to face as deemed clinically necessary.

Key Risks

- The transfer of BGPA Access Hubs to PCN-led Enhanced Access Services could result in less appointments for same day cases (none on Sundays/Bank Holidays) and no ring fenced slots for 111.
- Working with system to mitigate potential loss of CAS and access hub appointments on Sundays and Bank Holidays which aren't being offered as part of the PCN plans i.e. establishing PRUH GP Hub on Sundays and Bank Holidays.
- Covid-19 & Flu self isolation and illness amongst clinicians. ICS will support PCNs to increase rapid response service capacity, locum bank coordination and other mitigating actions.

Winter Communications

- Refreshed Directory of Services for primary care clinicians and System Winter e-bulletin
- Leaflets explaining where residents can get the appropriate services for their care needs.



Bromley Third Sector Enterprise - Winter Preparation

- Training session and information from SELCE to increase staff and volunteers' awareness about how clients can save energy and apply for grants
- Virtual talks with Social Prescribing Link workers and their patients (to discuss pre-winter worries and to give quick tips and advice on how to plan ahead for them)
- Supporting Self-Care Week in Nov (in collaboration with other BW pathways, delivering a series of presentations on self-care in winter and on cost of living and how to keep warm, well-fed and support available)
- **Carers:** Leading an event for carers on Carers Rights Day on 25 November.
 - For Young Carers there will be awareness sessions around keeping physically well and also supporting positive wellbeing for the YC's and the people they care for. the flu jab and general sessions on supporting the people they care for during winter and C-19
 - For LD and Mutual Carers Pathways we're planning workshops and additional support around flu jabs, health checks, keeping warm, managing fuel bills and grants where available.
- Developing a wellbeing tutorial and information pack on SAD (seasonal affective disorder) as we anticipate increased referrals around this condition this year

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Developing our annual Christmas support pack

- We will also address the benefits of preventative medical support via a Pharmacist or via 111 and look at the best way to speak with the GP via E-Consult or visiting the surgery.
- Reducing isolation continues to be a priority as does addressing the increase cost of living issues facing our clients.



St Christopher's Winter Preparation

Organisational Approach

- Ensuring maximum covid 19 and flu uptake amongst staff and assessing new staff compliance on recruitment ;
- Ensuring high uptake of influenza vaccine by using occupational health service to administer onsite vaccinations when possible ;
- Enhanced capacity in Choose Home service
- Enhanced recruitment over summer period to support forward planning and any winter scheme needs.

Key Risks

- Changes in IPC guidance around new COVID variances
- Delays in care home placements.

What guidance about your services would you want to promote as part of a Winter Services Directory

- Early referral when a person is recognised as being end of life;
- use of ceilings of treatment;
- ACP and DNA CPR decisions



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Report No.
ACH22-052

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: Health and Wellbeing Board

Date: 8th December 2022

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

Title: Learning from the Covid Vaccination Programme

Contact Officer: Dr Angela Bhan

Chief Officer: Dr Angela Bhan

Ward: All

1. Reason for decision/report and options

- 1.1 The Covid-19 virus has disproportionately affected certain groups and there has been variation in the take up of the vaccination programme. This presentation provides a review of uptake of the Covid-19 vaccine in specific groups and identifies some of the lessons learnt from the vaccination programme. uptake. Key themes emerging from the programme have helped us to shape the current Covid-19 booster and flu programmes.
 - 1.2 In this report, we examine key elements like ethnicity, age and a number of other factors that have resulted in lower uptake of the vaccine in certain groups.
 - 1.3 Whilst the there is still a lot of work to be done, the One Bromley Partnership approach, together with our incredible voluntary workforce has resulted in some good outcomes for the vaccination programme.
 - 1.4 The Inequalities Taskforce was set up as a joint venture between London Borough of Bromley and the CCG (Bromley) and has helped to develop relationships and engagement with certain community groups.
-

2. **RECOMMENDATION(S)**

To note the learning and available data from the Covid-19 vaccination programme in Bromley and across South East London.

Impact on Vulnerable Adults and Children

Summary of Impact:

1. Older people are more likely to become seriously unwell from Covid-19 and they are more likely to have co-morbidities such as heart disease, lung disease, diabetes or kidney disease which make them more vulnerable to the virus.
 2. Homeless people are more likely to have undiagnosed or untreated medical conditions which makes them more vulnerable and more at risk from experiencing severe symptoms of Covid-19. These group may also find it more difficult to follow infection control precautions or self isolate.
 3. In general, children and young people have had lower uptake of covid vaccination. Children and young people can be at risk from becoming seriously unwell from Covid-19, and they can transmit the virus to others.
-

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: Further Details
-

Financial

1. Cost of proposal: Not Applicable:
 2. Ongoing costs: Recurring Cost Non-Recurring Cost Not Applicable: Further Details
 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: Statutory Requirement Non-Statutory - Government Guidance None: Further Details
 2. Call-in: Applicable Not Applicable: Further Details
-

Procurement

1. Summary of Procurement Implications:
-

Property

1. Summary of Property Implications:
-

Carbon Reduction and Social Value

1. Summary of Carbon Reduction/Sustainability Implications:
-

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

This presentation provides a review of inequalities in vaccine uptake. In this review, six demographics will be examined. These are age (both children and older adults), ethnicity (specifically Black, African and Caribbean population), learning disability, homeless, pregnancy and deprivation. These groups have significantly lower Covid-19 vaccination uptake compared to the general population. Some of these groups are also more at risk from becoming severely unwell from the virus if unvaccinated.

4. IMPACT ON VULNERABLE ADULTS AND CHILDREN

The One Bromley Partnership sought (and continues to seek) to improve vaccine uptake by reducing hesitancy and inequalities. Working in partnership with the Bromley Inequalities in Vaccination taskforce, liaising with community groups and working with travellers to improve uptake of the vaccine. This includes work on reducing all barriers to make the vaccine more accessible to all, considering disabled people, opening hours, language, age and cultures.

| | |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Non-Applicable Headings: | 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] |

Bromley Health and Well Being Board

Learning from the Covid Vaccination programme December 20-March 2022

Contents

| | |
|--------------------------------------------------|--------------|
| 1. Introduction | Slide 3 |
| 2. High level vaccination uptake rates | Slide 4 |
| 3. Common themes to improving uptakes across SEL | Slide 5 |
| 4. Demographic data | Slides 6-27 |
| a) Age | |
| b) Ethnicity | |
| c) Learning Disability | |
| d) Pregnancy | |
| e) Homeless | |
| f) Deprivation | |
| 5. Key themes | Slide 28- 29 |
| 6. Applying the learning | Slide 30 |

Introduction

We know that Covid-19 has disproportionately affected certain groups, and that there has been variation in the take up of the vaccination programme. This presentation provides a review of inequalities in vaccine uptake

In this review, six demographics will be reviewed. These are age (both children and older adults), ethnicity (specifically Black, African and Caribbean population), learning disability, homeless, pregnancy and deprivation. These groups and populations with certain specific characteristics have significantly lower Covid-19 vaccination uptake when compared with the general population. Some of these groups are also more at risk from becoming severely unwell from the virus if unvaccinated.

The aim of the current SEL and Bromley programmes is to vaccinate as high a proportion of the eligible population as possible, but also to ensure we have in place, the following three elements

1

The evergreen offer for those yet to take up a first or second doses

2

Booster doses available and accessible to all who are eligible

3

A focus on reducing inequalities in vaccine uptake across all six boroughs across all demographics

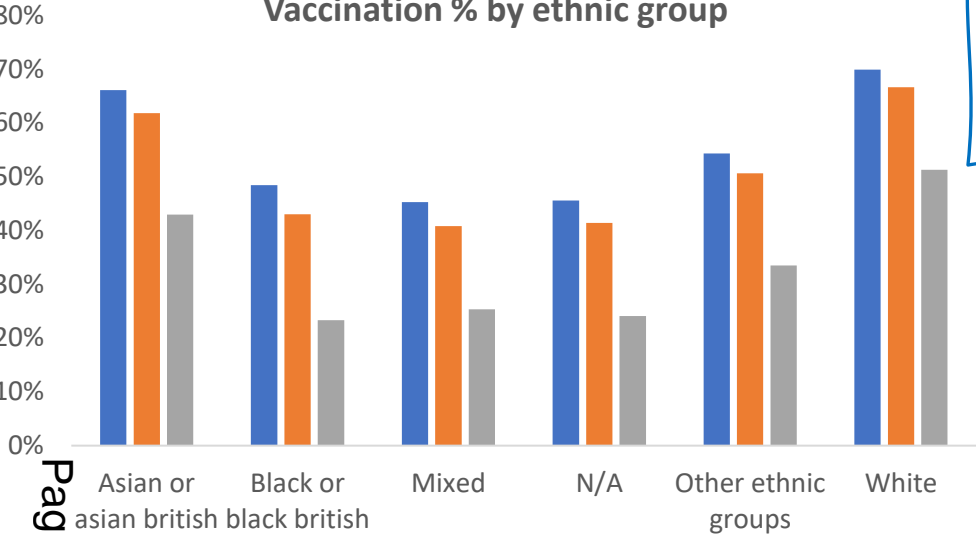
This data has been sourced from Power BI for the end of March 2022, to enable us to better understand how to improve vaccination rates for booster this autumn.

High level vaccination uptake rates

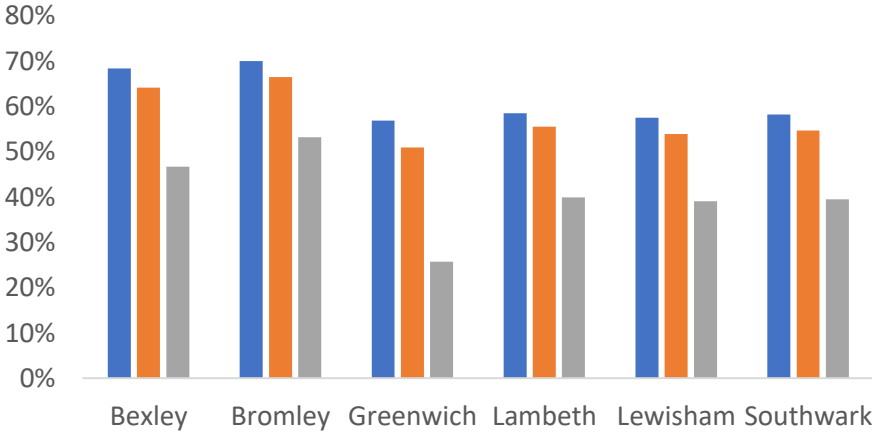
Overall, at the end of March 2022, 61.26% of the population in SEL had their first dose of the vaccine, 57.39% for the second and 40.7% for the booster. Below is a breakdown of vaccination by ethnic group, age and borough, with Bromley having the highest uptake for first, second and booster doses of vaccine

| 1 st dose | 2 nd dose | Booster |
|----------------------|----------------------|---------------|
| 1,259,143 | 1,179,466 | 840,361 |
| 61.26% | 57.39% | 40.70% |

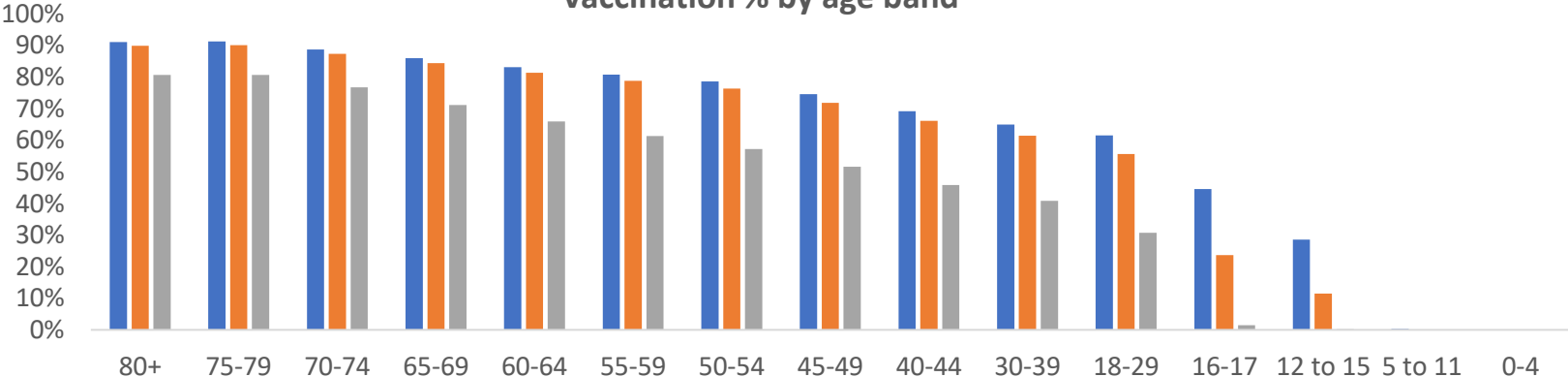
Vaccination % by ethnic group



Vaccinations by borough



Vaccination % by age band



Common themes to improving uptake

The One Bromley Partnership sought (and continues to seek) to improve uptake by reducing hesitancy and inequalities. We have worked with local communities to better understand the different issues and to improve access to vaccination services.



Working alongside communities to increase confidence and utilise skills and relationships across Bromley. Work through the Bromley Inequalities in Vaccination taskforce, liaising with community groups, working with travellers



Consistent narrative required on issues year round.



Reducing all barriers to make the vaccine more accessible to all. Considering disabled people, opening hours, language, age and cultures, eg Bromley ran pop-up clinics at Keston Mosque and Penge Library



Focus on broader health concerns and needs, of which vaccination plays a part. We are seeking to develop additional health improvement services within vaccination centre. eg BP checks



Building on what already exists in local communities in terms of relationships, trust, buildings and goodwill, eg use of Penge Library, St Edward's Church in Mottingham, community pharmacy services



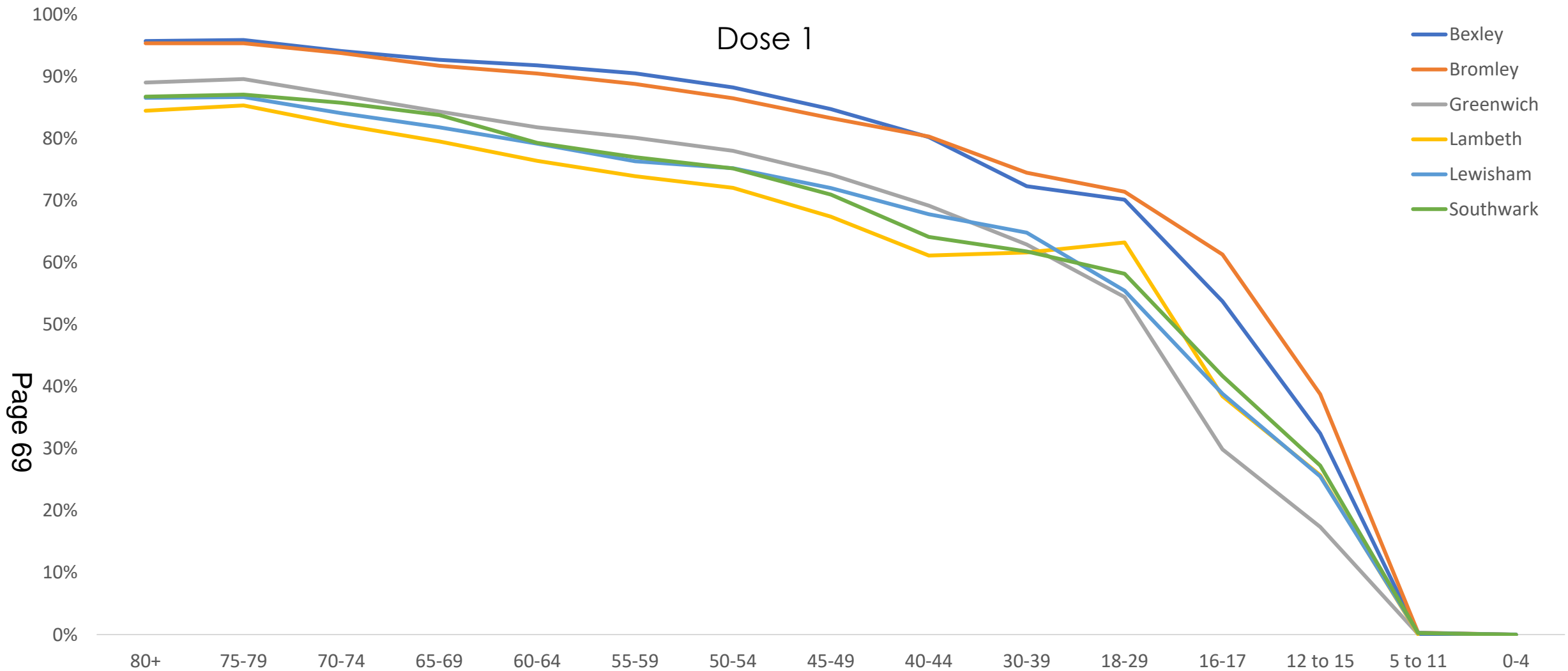
Focus on trust, both in the vaccine and in the local health and care providers, working through partnerships and Inequalities taskforce

Age

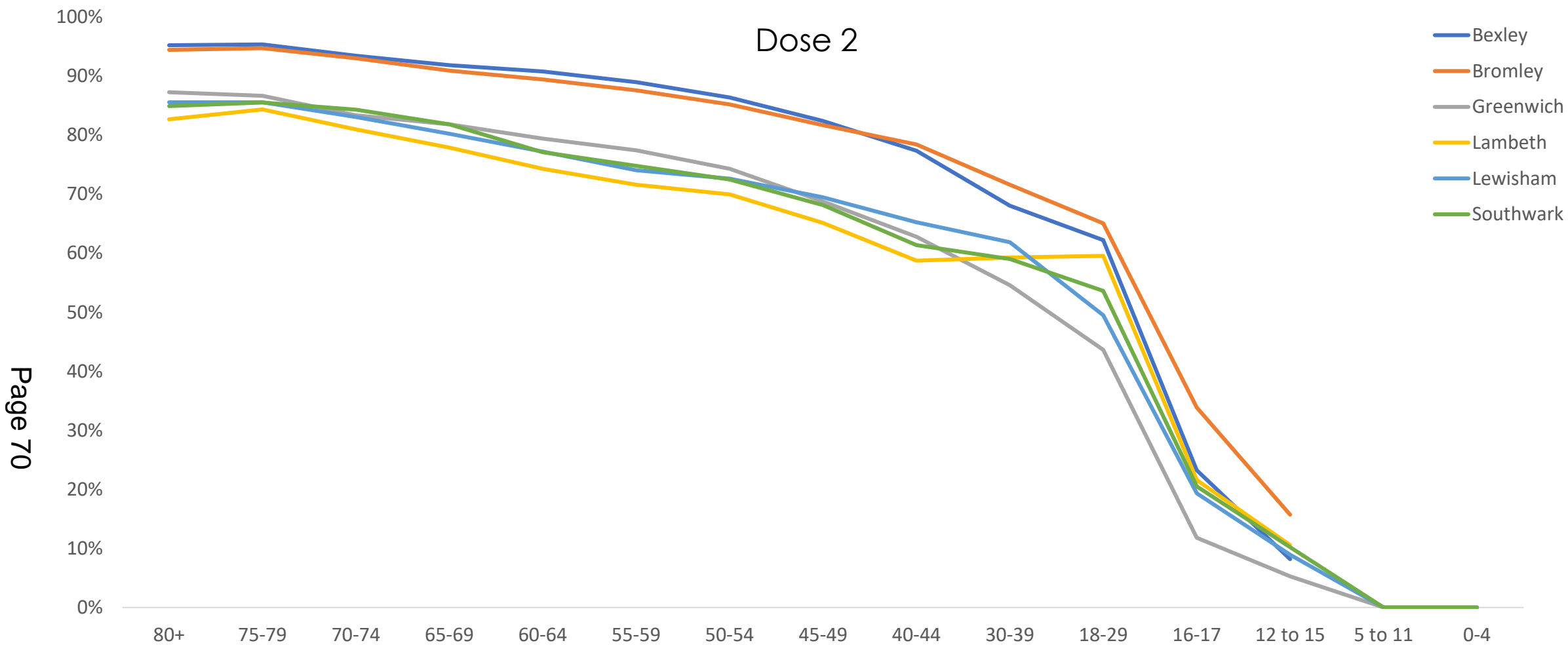
Older people are more likely to become seriously unwell from Covid-19 and they are more likely to have co-morbidities such as heart disease, lung disease, diabetes or kidney disease, which make them more vulnerable to the virus.

In general, children and young people have had lower uptake of covid vaccination. Children and young people can be at risk from becoming seriously unwell from Covid-19, and they can transmit the virus to others.

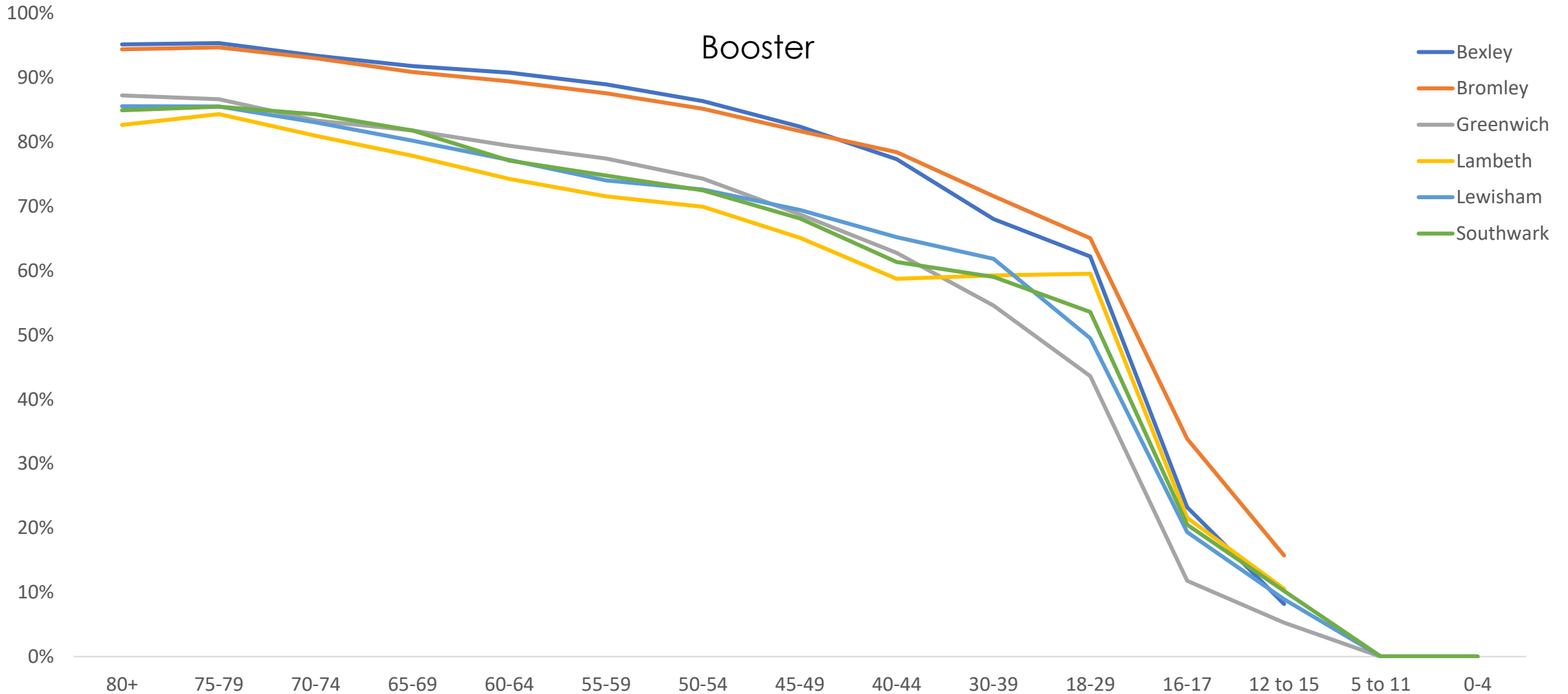
% uptake for each age cohort across all SEL boroughs



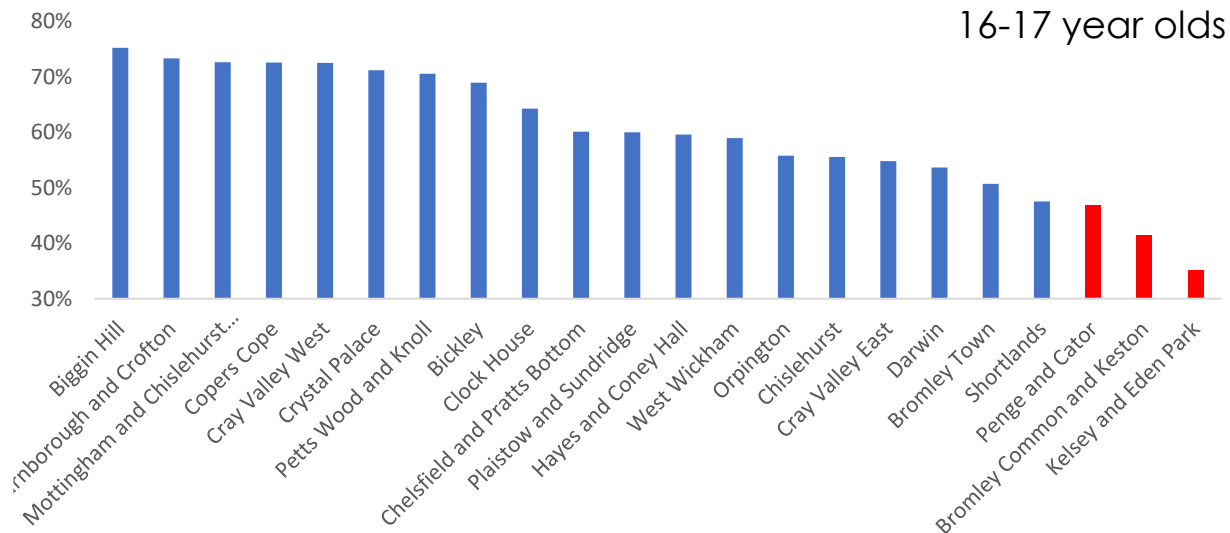
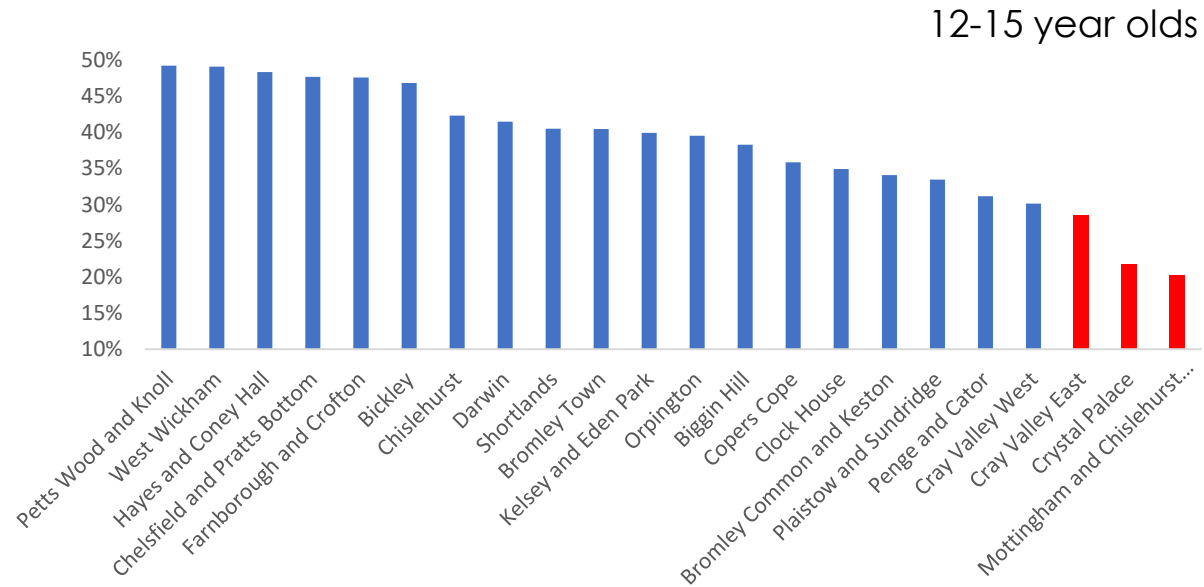
% uptake for each age cohort across SEL boroughs



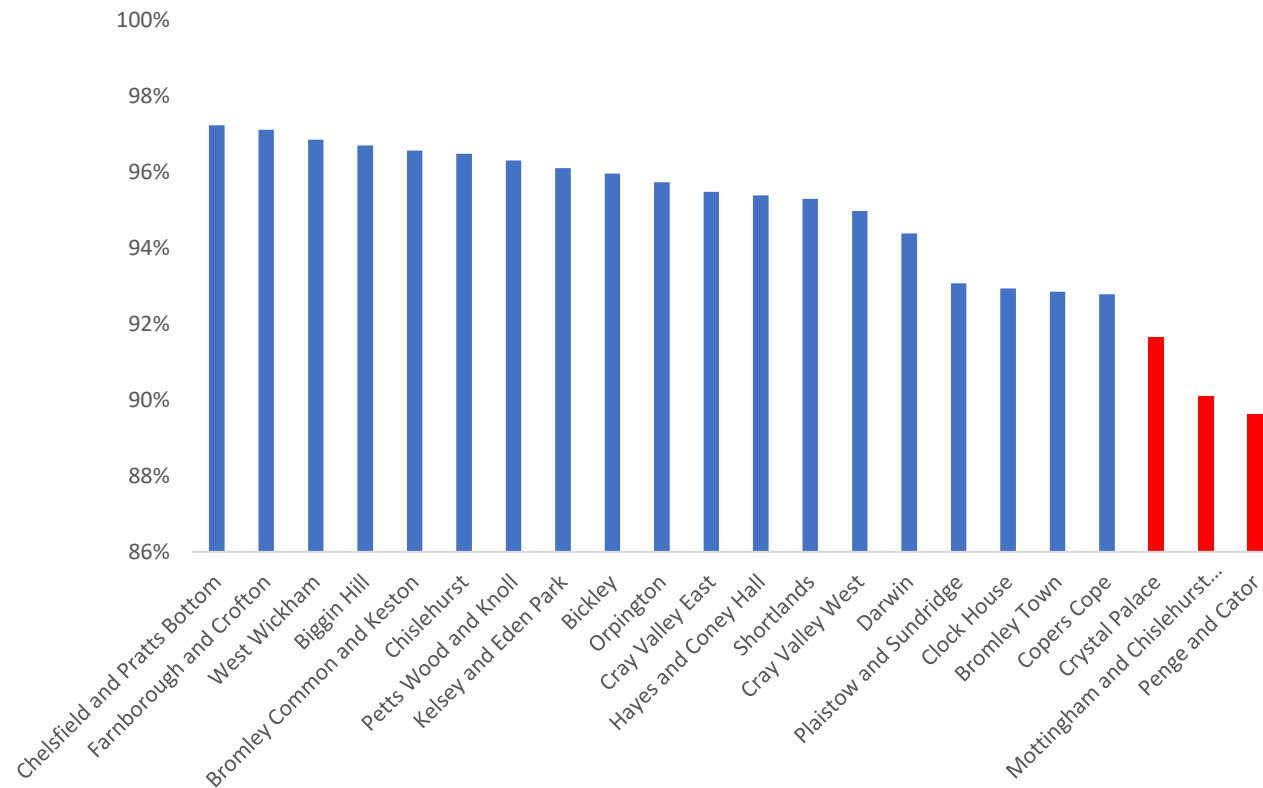
% uptake for each age cohort across SEL boroughs



Uptake for 12-15 and 16-17 year old groups by ward in Bromley



Uptake for 80+ year old groups by ward in Bromley



Barriers

Below are some age specific barriers that may stop people from receiving the vaccine from what patients and health professional said and the current literature



Children and young people

- No access to cars, reliance on public transport
- Need for parental consent
- Parental hesitancy
- Likely to be more complacent about becoming seriously unwell



Older people

- Dementia, sensory impairment, neurological problems, mobility issues
- Fear of going to a busy vaccination centre with many people
- Digital exclusion- unable to use the booking system, no access to advertising via SM
- If using cars- lack of parking, cost of parking

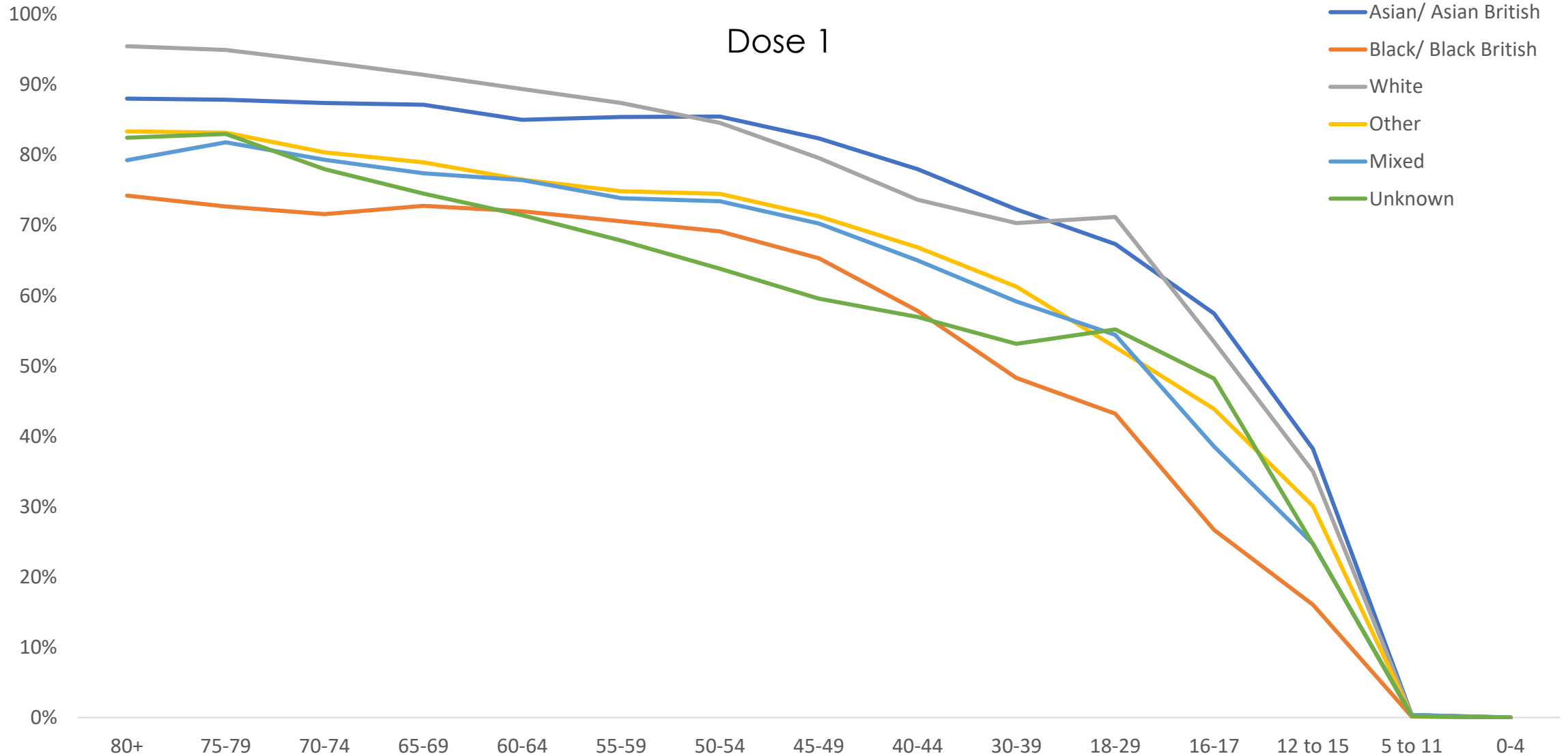
Uptake in ethnic groups

In July 2020, a review by Public Health England, now UKHSA, found that people of Black, Asian and other minority ethnic groups were more exposed and more likely to die from Covid-19 than those of white ethnicity.

Many ethnic groups have been shown to have lower uptake. The ethnic groups with some of the lowest uptake were the Black African and Caribbean populations. This group consists of many different ethnicities and cultures, and we recognise that we need to address many different issues to encourage uptake of the vaccine. In addition, if we also consider other factors, such as age and gender on top of ethnicity, we can identify some significant variations.

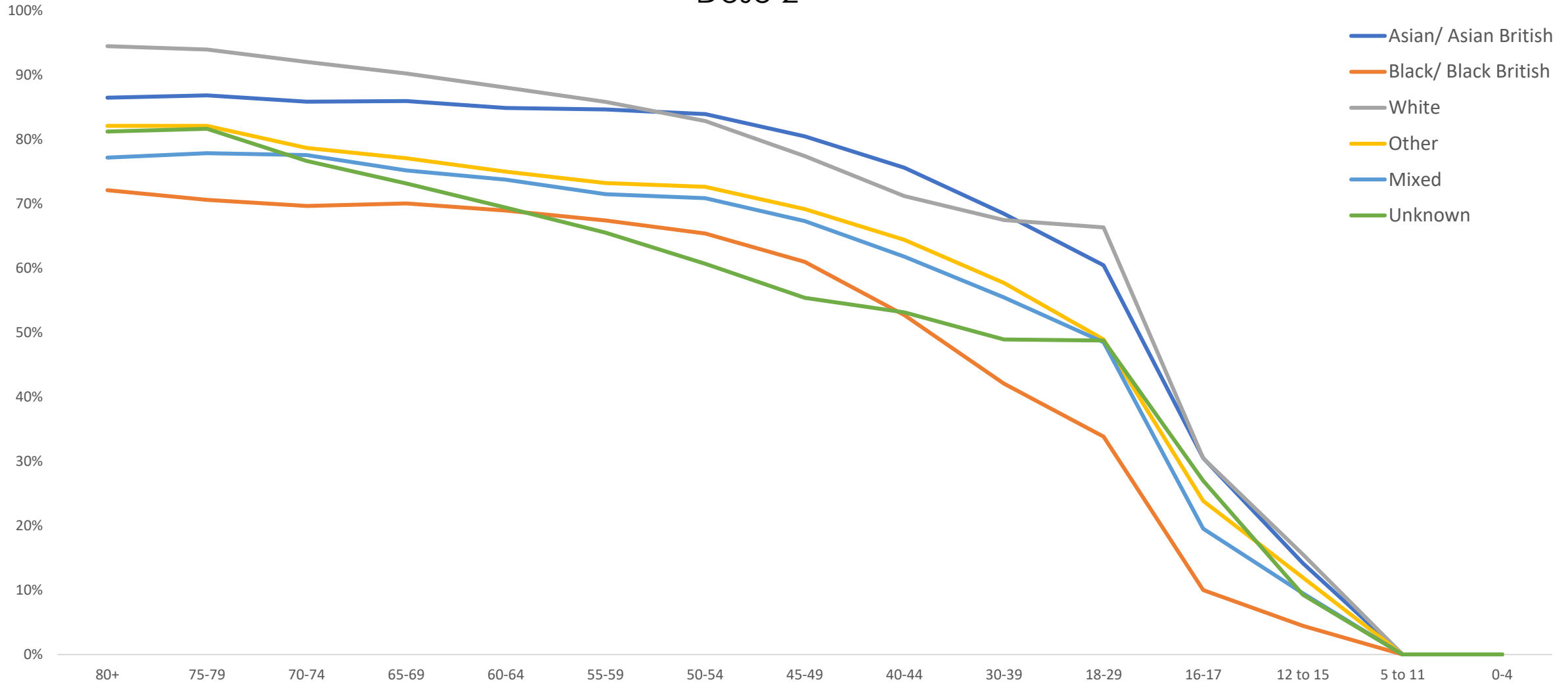
% uptake across the age groups for each ethnic group (SEL)

Dose 1



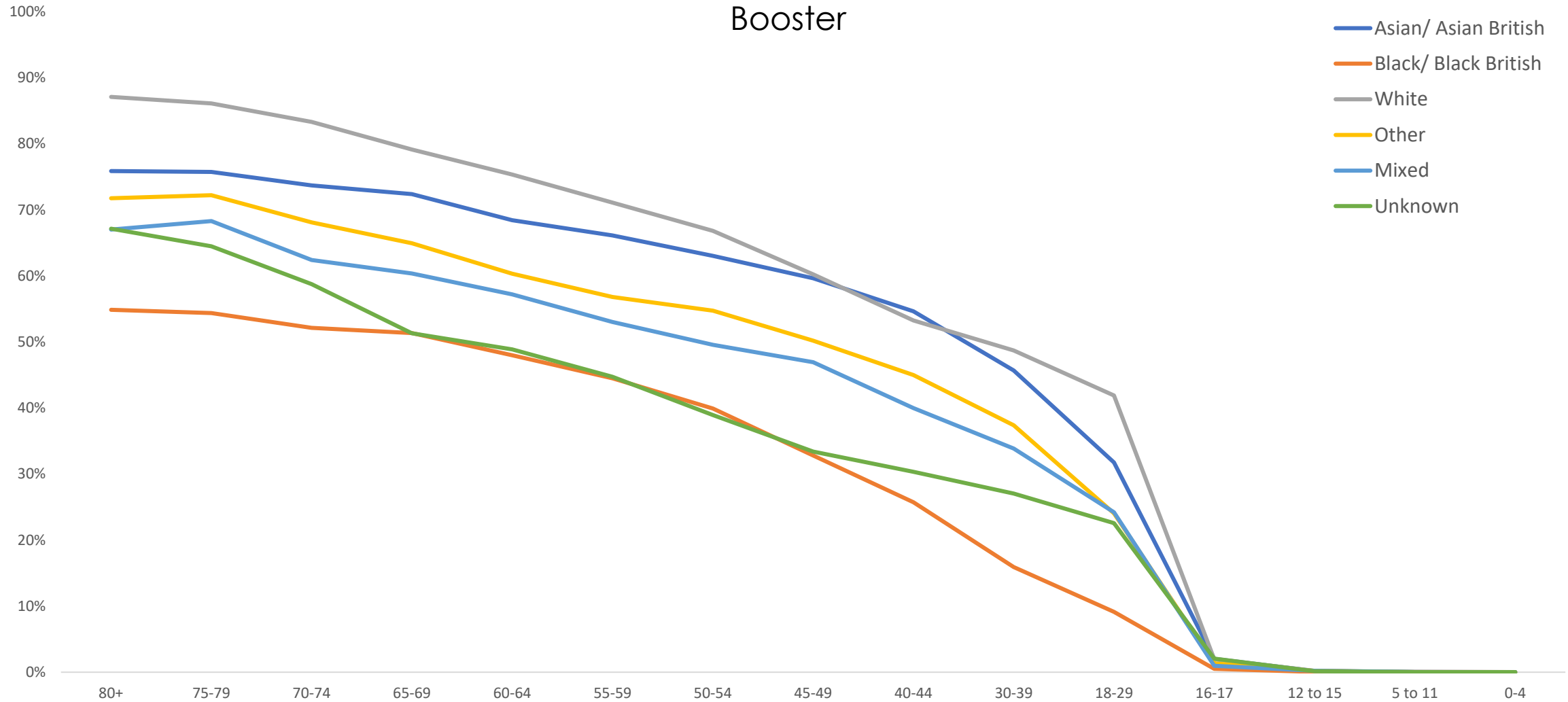
% uptake across the age groups for each ethnic group(SEL)

Dose 2



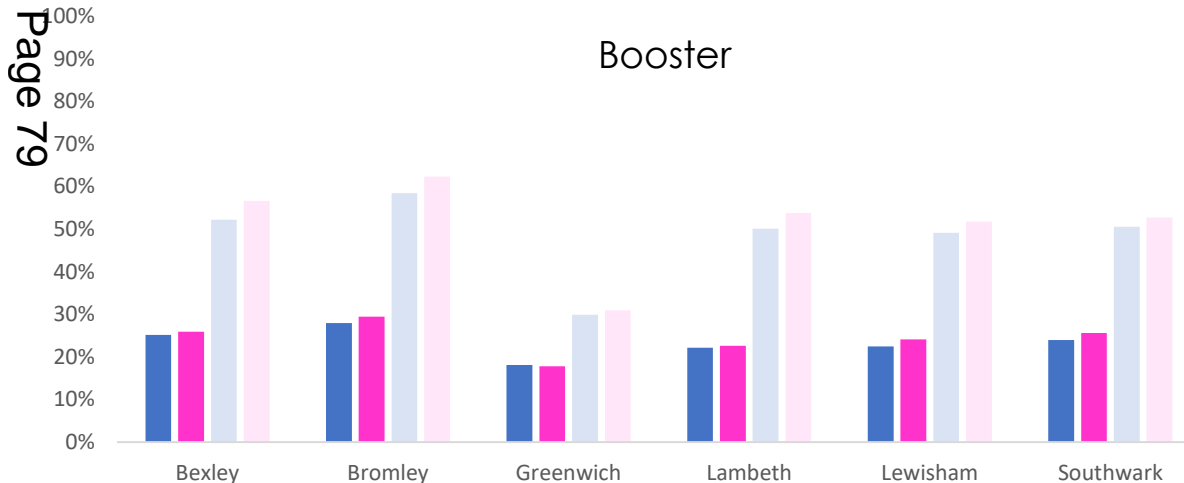
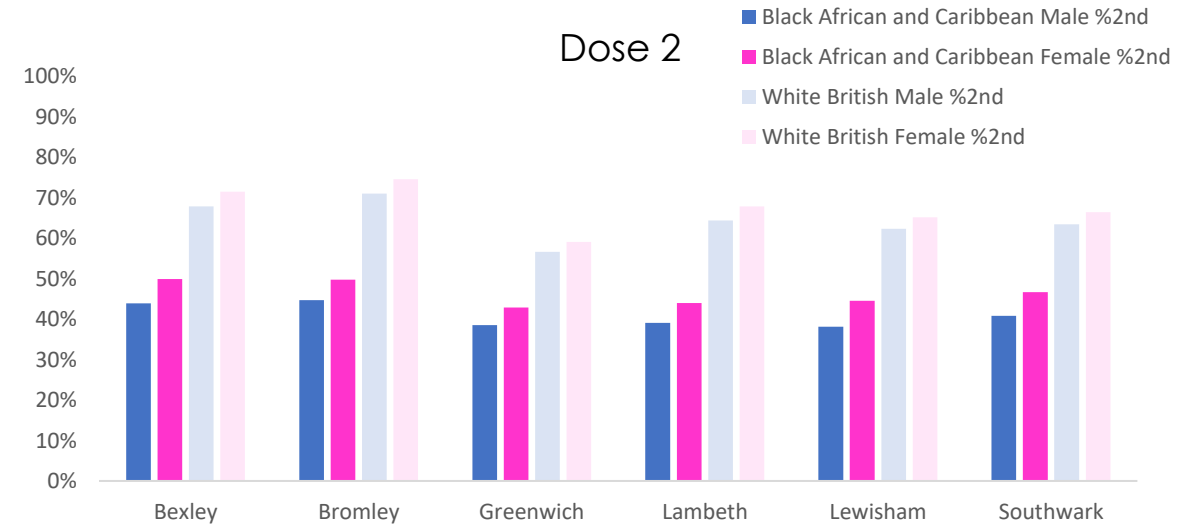
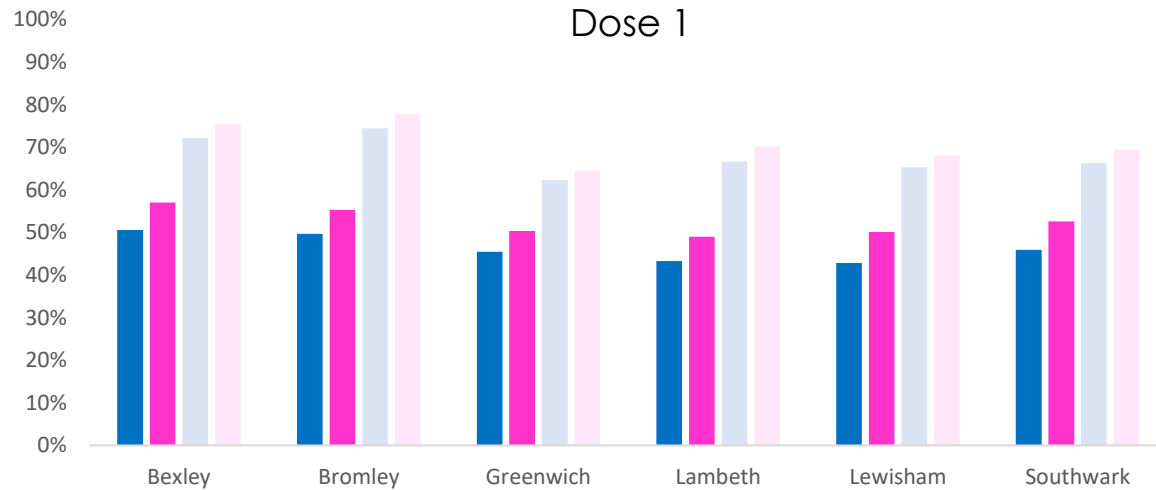
% uptake across the age groups for each ethnic group (SEL)

Booster



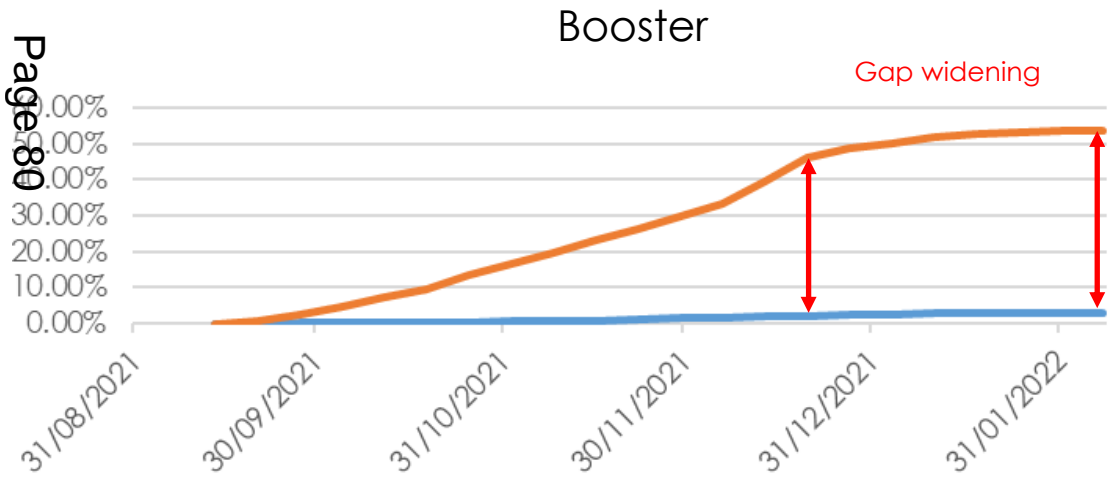
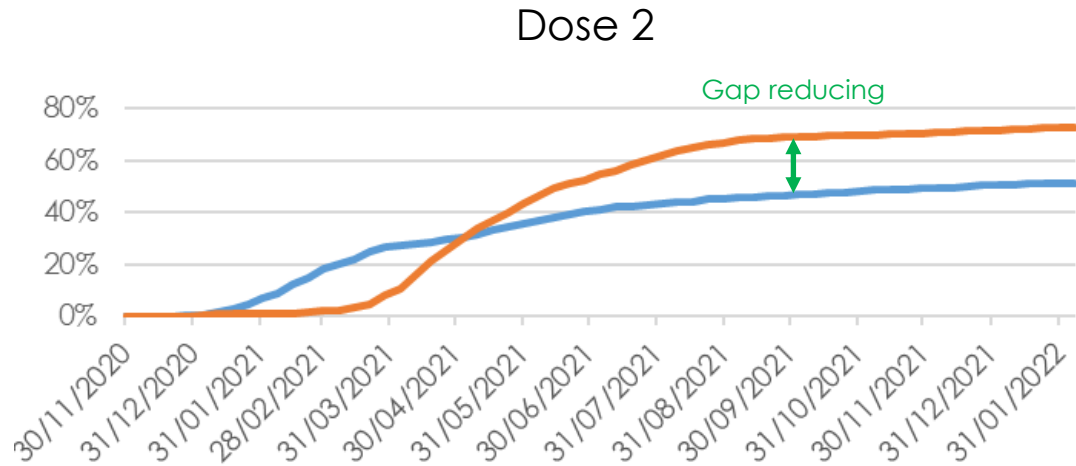
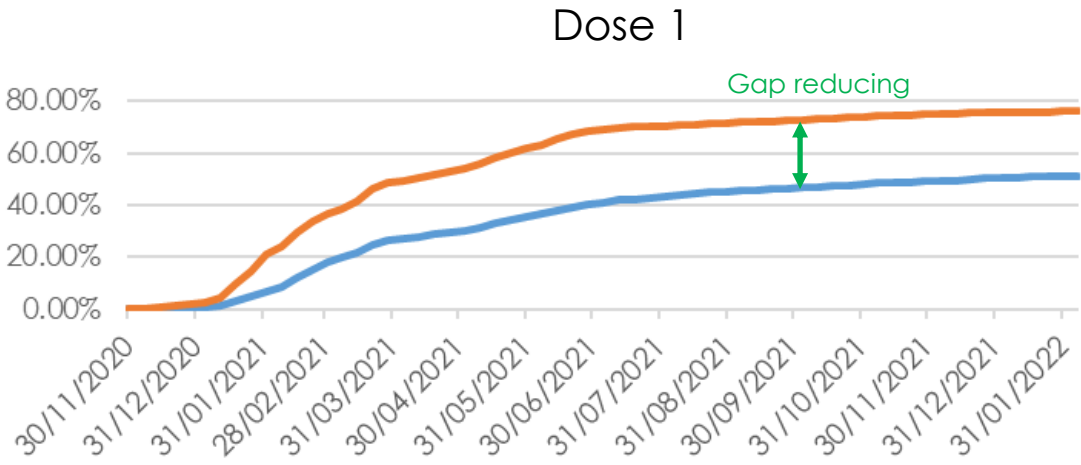
Gender and ethnicity

These graphs show the percentage uptake for males and females of 'black African and Caribbean ethnicity' compared to white British males and females



- In all boroughs, **females always have higher uptake** for all doses of the vaccine
- There is a **greater** gender uptake disparity in dose 1 across all boroughs
- There is a **smaller** gender uptake disparity in booster uptake
- The White British group have **higher uptake** in all boroughs and both genders

Bromley- % uptake comparing Black Afro- Caribbean population with White population over time



— Black African and Caribbean
— White British

- Since September 2021 the uptake gap has slowly reduced in both dose 1 and dose 2.
- From the start of the booster does uptake gap for the booster has widened.
- Engagement work undertaken with ethnic minority groups in SEL has shown cultural barriers to being vaccinated and also, a lack of trust in the vaccine and vaccination services.

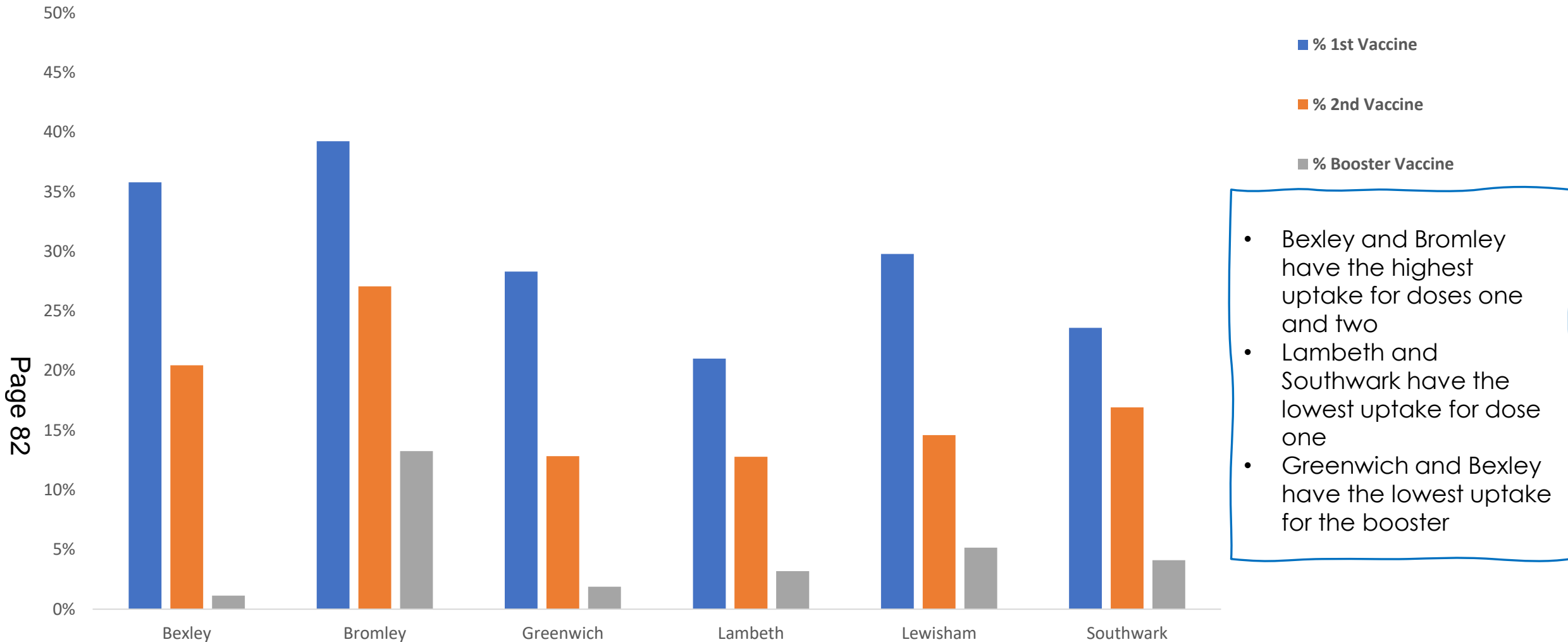
Learning disability

Nationally, data has shown that people with a learning disability had lower vaccination uptake and are six times more likely to die of complications from Covid-19 compared to the rest of the population.

The data extracted from Power BI only shows uptake rates for those people with learning disability

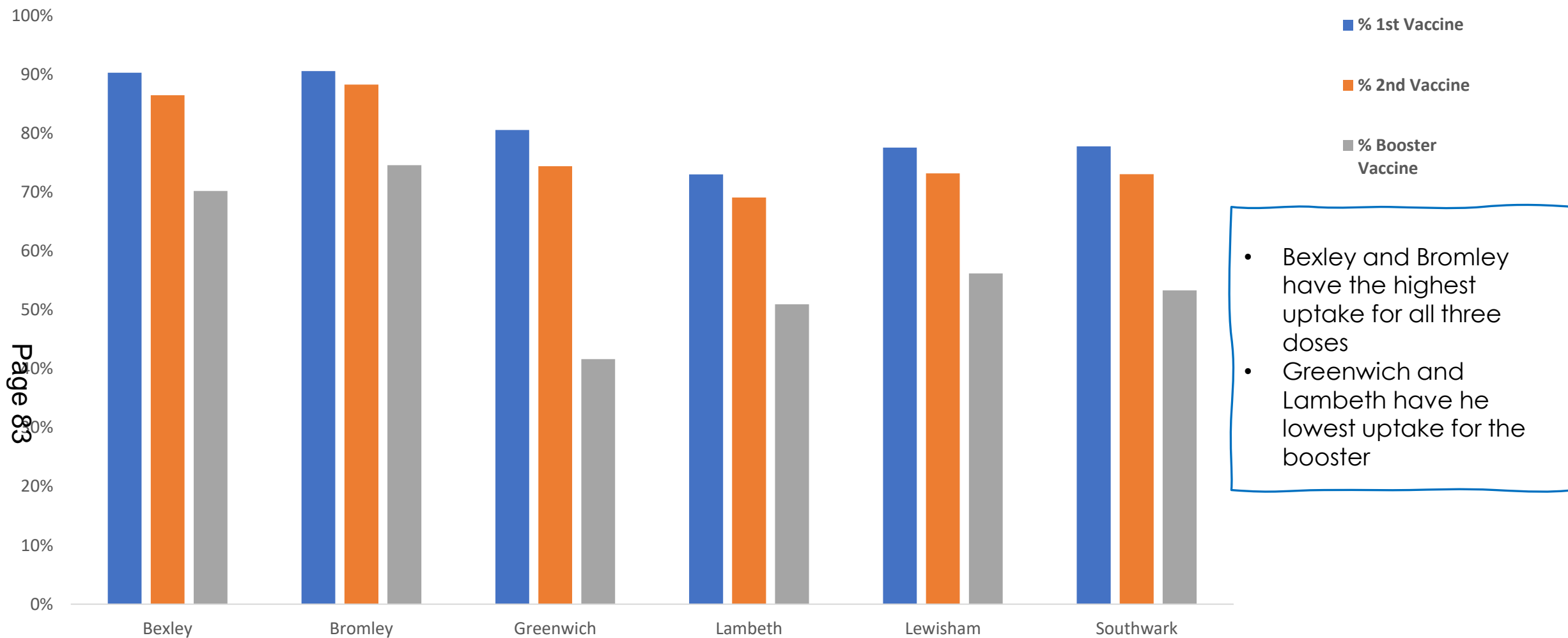
% uptake for 5-17 year olds with a learning disability

This chart shows vaccination uptake for children and young people with learning disabilities across the boroughs for each three doses



% uptake for 18-80+ year olds with a learning disability

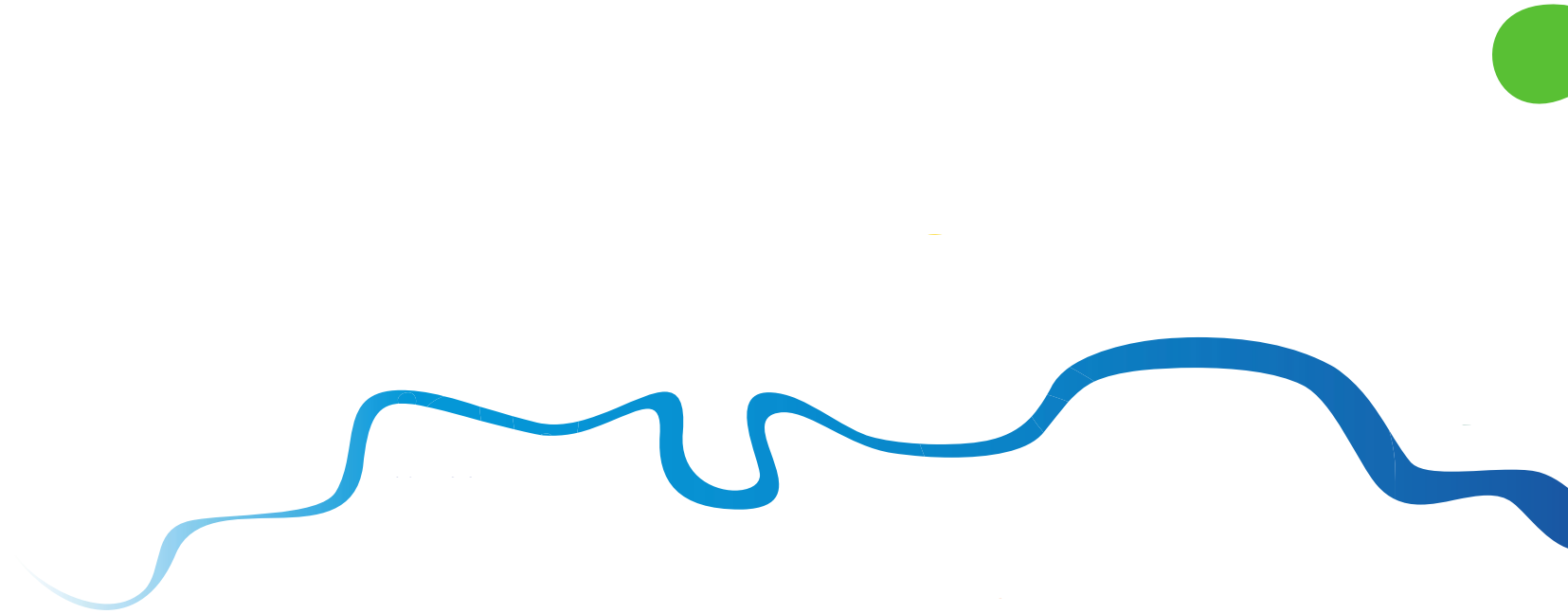
This chart shows vaccination uptake for adults with learning disabilities across the boroughs for each three doses



Pregnant women

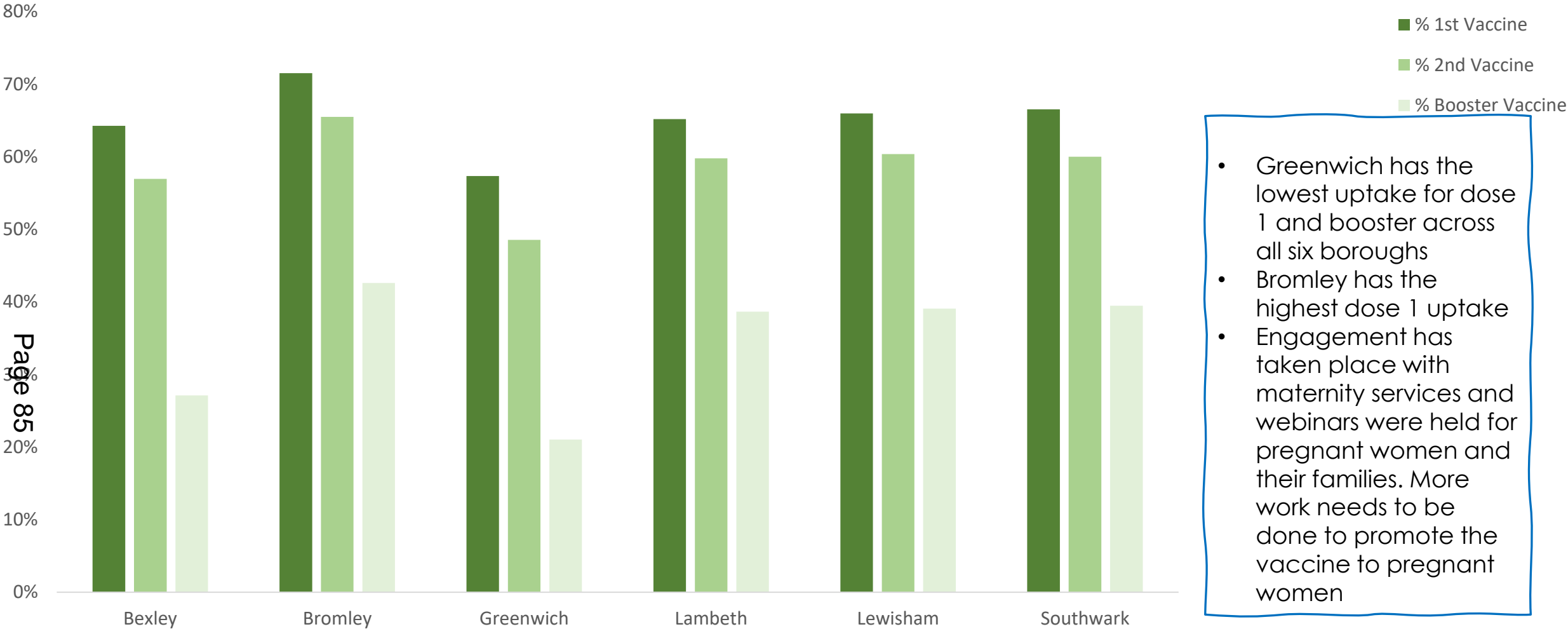
Unvaccinated pregnant women are more at risk of becoming severely unwell from Covid-19, with more ICU admissions for pregnant women compared to non-pregnant women. Transmission of Covid-19 from mother to unborn baby is uncommon, though women with severe covid symptoms are two to three times more likely to deliver their baby prematurely. Babies born before 37 weeks are vulnerable to problems associated with being born prematurely.

The data in this section looks at vaccination uptake for pregnant women across the whole gestation period



% uptake for pregnant women

This chart shows vaccination uptake for pregnant women across the boroughs for each three doses



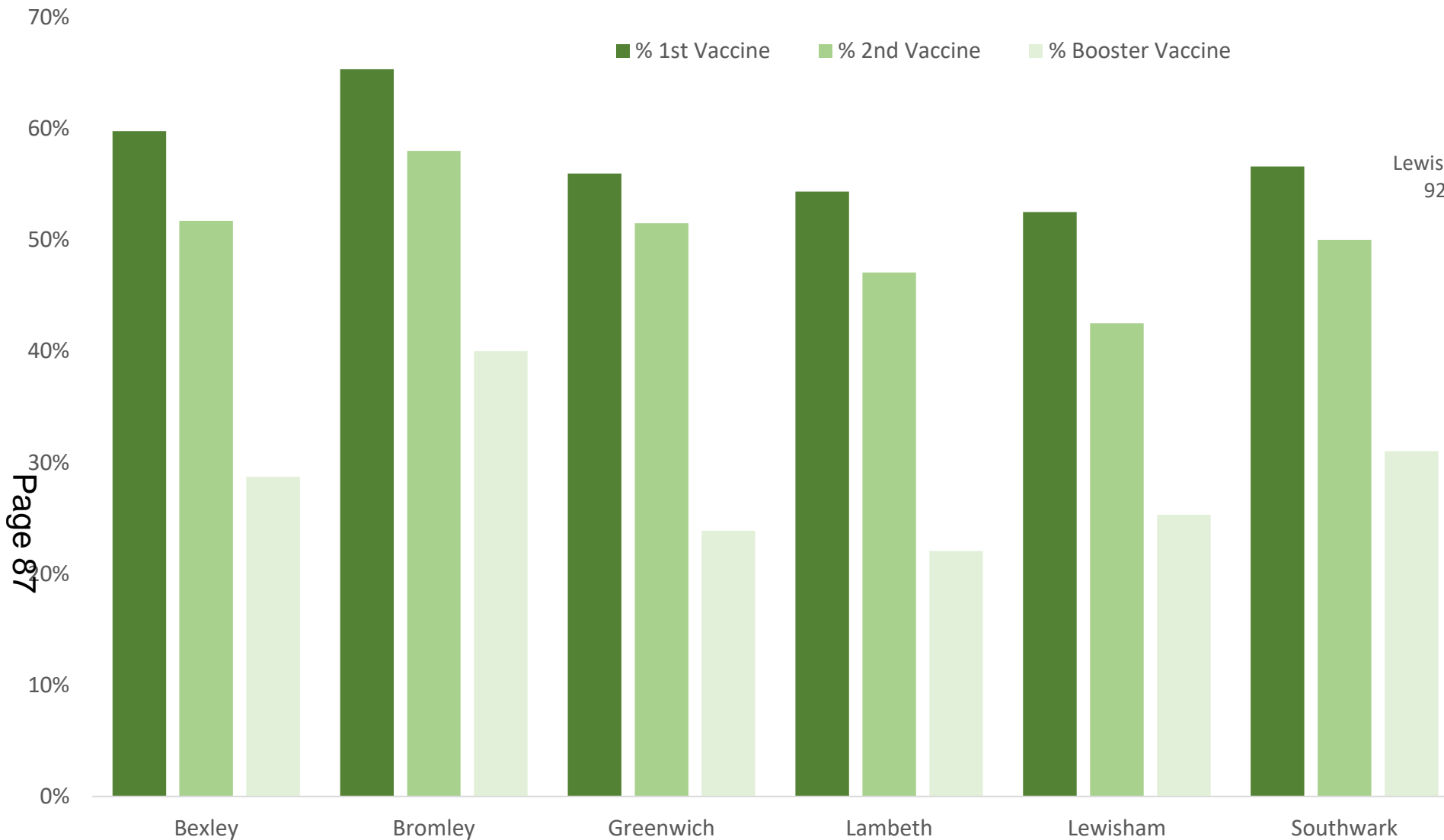
- Greenwich has the lowest uptake for dose 1 and booster across all six boroughs
- Bromley has the highest dose 1 uptake
- Engagement has taken place with maternity services and webinars were held for pregnant women and their families. More work needs to be done to promote the vaccine to pregnant women

Homeless people

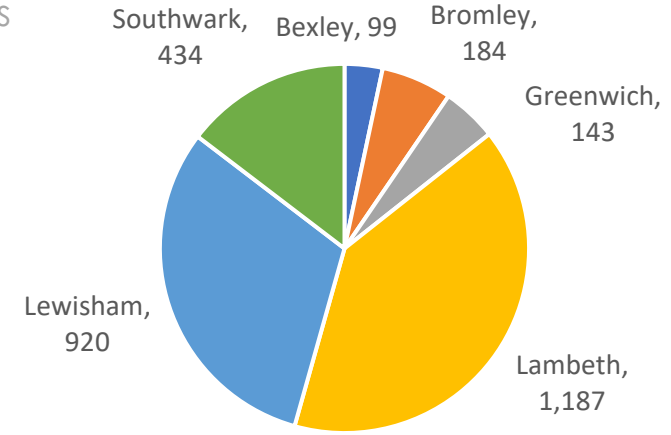
Homeless people are more likely to have undiagnosed or untreated medical conditions which makes them more vulnerable and more at risk from experiencing severe symptoms of Covid-19. These group may also find it more difficult to follow infection control precautions or self isolate.

% uptake for homeless people

This chart shows vaccination uptake for homeless people across the boroughs for each three doses



Population of homeless people



- Lambeth and Lewisham have the highest homeless population
- Uptake is highest in Bromley and Bexley
- Uptake is lowest in Lewisham

Deprivation

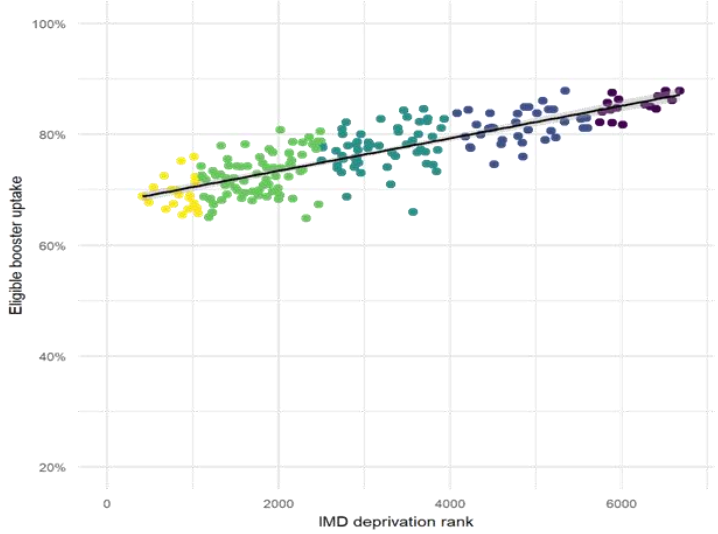
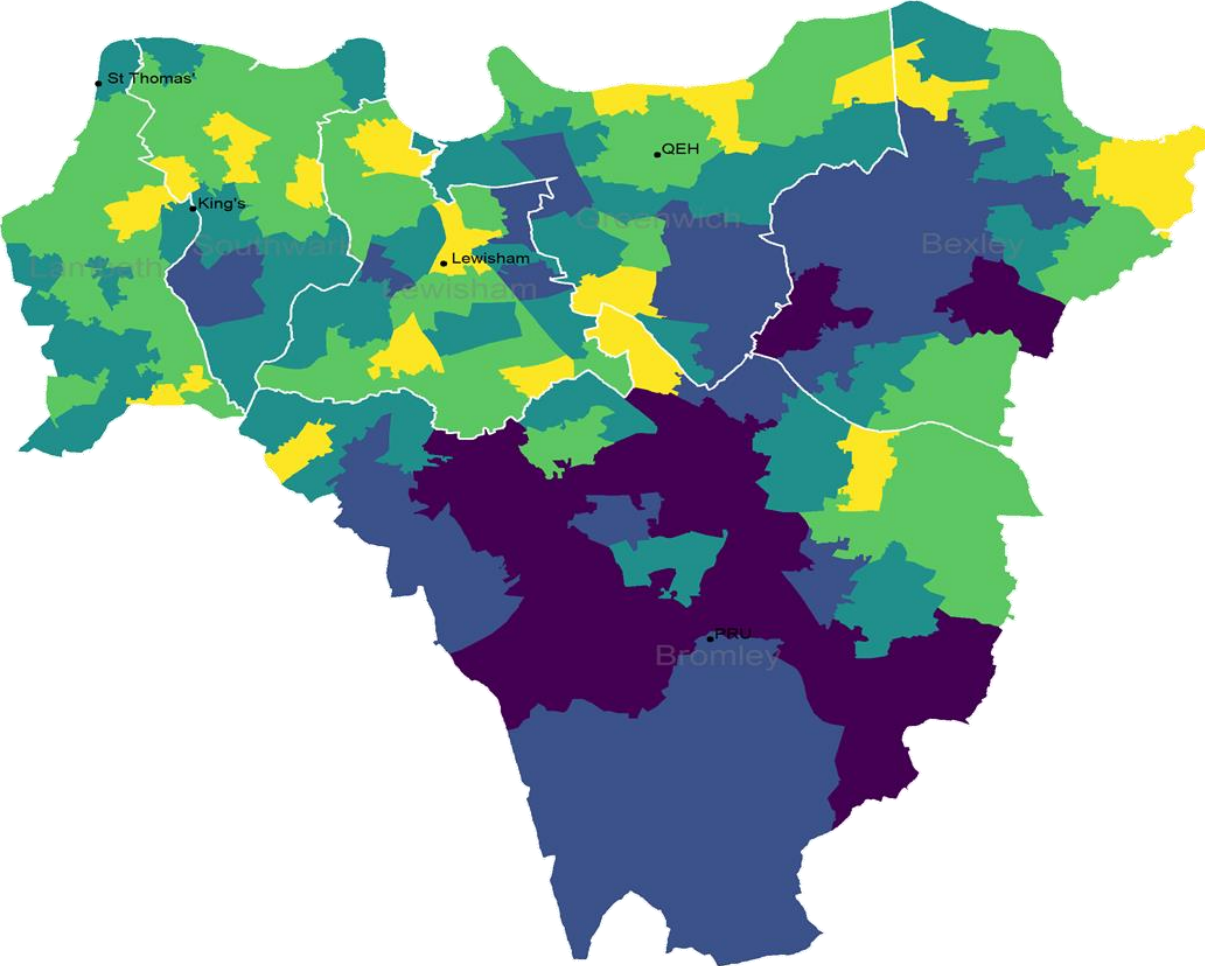
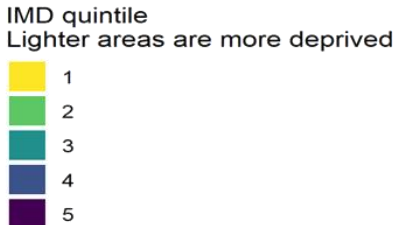
Those living in deprived areas are more likely to be diagnosed and to have poor outcomes following diagnosis than those in less deprived areas. Deprivation encompasses a wide range of aspects of an individual's living conditions including income, employment, education, health, crime, housing and the living environment. Similarly, people living in areas of deprivation are more likely to experience vaccine hesitancy and are more likely to not receive the vaccine.

The more central boroughs in SEL; Lambeth, Lewisham, Southwark and parts of Greenwich have higher levels of deprivation (as measured by the index measure of deprivation). The outer boroughs; Bexley, Bromley and parts of Greenwich have lower levels of deprivation.

1. Certain parts of Bromley have lower uptake of the vaccine
2. Interventions so far have included engagement with specific communities by the Inequalities Taskforce, targeted communications, and use of pop up clinics in areas with low vaccine uptake

Areas of deprivation and eligible booster vaccination uptake

This map shows areas of deprivation in SEL. The table on the left shows the correlation between eligible booster vaccine and areas for deprivation measured by IMD deprivation rank



Locations of Type 1 A&Es are overlaid | Source: NHS Foundry | NHS London Region Planning and Performance Team COVID-19 Programme

Key themes

Learning and insights:

- Standard models of access are 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 can be open for long hours and has associated car parking, was very attractive for members of the public.
- In Bromley, we used many volunteers to support the vaccination centres, this proved a very successful partnership model
- Certain groups in the community need very targeted arrangements for vaccination, such as those with learning disability and the homeless.
- Uptake is lower in pregnant women and young people, and more needs to be done to support and encourage specific groups to be vaccinated
- When we run outreach clinics and pop up sessions, they need to be accompanied by strong communications and community involvement
- Walk in services are essential for those who might not get the vaccine otherwise
- Trusted community voices are needed to engage effectively with those who have concerns and are uncertain

Key themes

Communications and engagement

- Localised promotion (local faces, names and places) has more impact amongst lower uptake groups
- Ensure communications are targeted at the people we are trying to get vaccinated, eg pregnant women and their families
- Local political engagement with promotion of key messages was very helpful

Partnership Working, governance and culture

- Highly collaborative approach to running the programmes
- Joint approaches to engagement with certain communities
- Volunteers were essential in helping to deliver the service
- Partnership approach ensured speed of delivery
- Multi-agency group of senior clinicians and operational leads supported delivery of vaccinations

Applying the learning

- **Use of mass vaccination centre model to deliver other vaccinations (flu, polio)**
- **Plans to extend the new One Bromley Health Hub to support other health improvements such as health checks**
- **Taskforce expanded to include all vaccinations, not just Covid**
- **Extended communications and engagement efforts, eg targeted media, leaflets, broader advertising**
- **Considering wider use of Community pharmacies in the vaccinations programmes**
- **Career progression in the NHS for vaccinators**
- **We should consider using our volunteer resources more widely, they are a great asset for the borough**

Report No.
ACH22-047

London Borough of Bromley

Decision Maker: HEALTH AND WELLBEING BOARD

Date: 8 December 2022

Title: Integrated Commissioning Board Update

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

Ward: All

1. Summary

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

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

2. Reason for Report going to Health and Wellbeing Board

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

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

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

Health & Wellbeing Strategy

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

Financial

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

Supporting Public Health Outcome Indicator(s)

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

4. COMMENTARY

4.1 Background to the Integrated Commissioning Board

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

- Leading and directing arrangements for integrated commissioning of health and social care within the borough of Bromley
- Supporting the work of the Health and Wellbeing Board in delivery of the key priorities identified in the Health & Wellbeing Strategy.
- Overseeing the management of joint resources that enable effective integrated commissioning programmes
- Producing a Local Plan, which allows the Council and 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.
- Ensuring the SELICB (Bromley) and the Council are well positioned to meet the emerging requirements from legislation, national/regional policy or best practice guidance.

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

4.2 The Integrated Commissioning Service

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

4.3 The Integrated Commissioning Board Work Programme 2021/2022

The current workload of the Board is as follows:

| Project/Programme | Detail | Next steps |
|------------------------------------|-------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| One Bromley Local Care Partnership | Supporting the work of the One Bromley Local Care Partnership and Integrated Care System developments | The new Integrated Care Service arrangements for South East London came into effect on 1 July 2022. Governance arrangements include a Local Care Partnership Board for Bromley chaired jointly between the Leader of the Council and the SELICB lead GP for Bromley |
| Ageing Well Strategy | Multi-agency health and care strategy for older people | Delivering on Action Plan |
| Learning Disabilities Strategy | Multi-agency health and care strategy for adults with a learning disability | A Partnership Board to lead on the strategy was launched in October 2020. |

| | | |
|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | The strategy is to be refreshed in 2023 |
| Care Homes Market Position Statement | A market position statement for care homes is in development and this work is to be replaced with a statement to cover all services | A Market Position Statement across all services is in development for publication in 2023 |
| Integrated Mental Health and Wellbeing Strategy | Multi-agency health and care strategy for adults needing mental health services support | An Action Plan was agreed at the Board in September 2020 and was consulted on with the LBB Policy & Development Scrutiny Committee. The strategy is being reviewed and refreshed for republication in 2023 with a focus on the impact of the pandemic on children's and adult emotional wellbeing |
| The Bromley Community Mental Health Services (CMHS) Transformation Programme | With government funding delivering a 3-year programme to transform community based mental health services in alignment with the Integrated Mental Health and Wellbeing Strategy (see above) | The programme has implemented a Mental Health and Emotional Wellbeing Hub. This new service is a NHS/voluntary sector partnership, which is being led in its pilot stage by MIND and NHS Oxleas. The first phase of the Hub opened in September 2021 with services scaling up thereafter. Local planning for the 2022/23 expansion of the hub is now complete, with additional services including housing support and improved links with GPs and other voluntary sector organisations. |
| Falls Project | Implementing a new therapies response to falls | Learning from Covid and developing pathways with Kings College Hospital NHS Trust |
| All Ages Autism Board Action Plan | Multi-agency action plan focused on improving advice, information and support to children and adults with autism | An All Ages Autism Board has produced a strategy and this is to be followed up with an action plan |
| Integrated Therapies Programme (including Community Equipment Service) | Programme of work to consider all therapies provision and look at how services and professionals can work better together and with clearer pathways. | Plans to increase capacity for children's therapies were implemented for the new school year. The Community Equipment Service has been put to tender through the London Consortium. The contract award is anticipated shortly. |
| Hospital Discharge and Single | Multi-agency programme and integrated service to support | This service is now jointly commissioned as a permanent |

| | | |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Point of Access (SPA) | hospital discharge and with Single Point of Access (SPA) integrated service supporting Covid-19 hospital discharge | service. A new multi-agency model for hospital discharge with sustainable funding has been agreed with implementation taking place from September 2022 and for completion in early 2023 |
| End of Life Programme | Establishing a new programme of work to consider end of life care provision | A new End of Life Board was launched in October 2020 and brings together agencies and professionals to plan and deliver palliative care services |
| Child and Adolescent Mental Health (CAMHS) Programme | Recommissioning of the CAMHS provision and development of trailblazer project | A new CAMHS contract was awarded to Bromley Y in 2020 and started in April 2021 The current focus is on responding to the increase in demand for services that has emerged since the Covid pandemic |
| Better Care Fund (BCF) and iBCF | Oversight of Bromley allocation of funds that support joint health and care working | Ongoing oversight of the fund – reported separately to the Health and Wellbeing Board The Bromley Better Care Fund Plan for 2022/23 was agreed by this Board in September |
| Domiciliary Care | Recommissioning domiciliary care services | The new service contracts began on 27 August 2021 and with mobilisation and new developments under way |
| Personalisation | Roll out of personal health and care budgets across services. Work instigated to improve infrastructure to support personalised services. | A joint infrastructure to expand Personal Health Budgets and Direct Payments across LBB and NHS services was launched in January 2022. These arrangements are to be reviewed |
| Primary and Secondary Interventions Service – (Bromley Well) | Recommissioning of health and care preventative services for September 2022 (Bromley Well Service) | A new contract has awarded to Bromley Third sector Enterprises in March. The new service began on 1 October 2022 |
| Health & Care Act 2022 – in relation to integrated care and health working | The Health and Care Act brings together proposals that build on the recommendations made in Integrating care: next steps to building strong and effective integrated care systems across England . | The Local Care Partnership Board is leading on the response to new legislation on health and care joint working |

| | | |
|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Assistive Technology | A business case has been agreed to test out the introduction of some new innovations to support services and residents | A programme of pilots is being implemented |
| Mental Health Recovery & Rehab / Support & Accommodation | Recommissioning of supported rehabilitative accommodation schemes for residents being discharged hospital | The procurement strategy for this new joint commission was agreed by the Council and SELICB in June 2022 and rk has begun on commissioning the new provisions for 2024. |
| Bromley Healthcare Assurance | A sub-group of the Board is leading on assurance of Bromley Healthcare Services following the publication of their CQC inspection report in February 2022 | The Health Scrutiny Sub-Committee will receive updates on progress which to date is going positively |

5. IMPACT ON VULNERABLE PEOPLE AND CHILDREN

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

6. FINANCIAL IMPLICATIONS

There are no direct financial implications arising from this report.

The Integrated Commissioning Board has oversight of the Better Care Fund and Improved Better Care Fund allocations, the 2022/23 budgets for which are £28m and £7.5m respectively.

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

Report No.
CEF22067

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: HEALTH AND WELLBEING BOARD

Date: 8th December 2022

Decision Type: Non-Urgent

Title: BROMLEY SAFEGUARDING CHILDREN PARTNERSHIP
ANNUAL REPORT (2021-22)

Contact Officer: Joanna Gambhir, Bromley Safeguarding Children Partnership Manager
Tel: 020 8461 7041 E-mail: Joanna.Gambhir@bromley.gov.uk

Chief Officer: Assistant Director of Children's Social Care

Ward: All Wards

1. Reason for report

The annual report of the Bromley Safeguarding Children's Partnership (BSCP) covers the period from April 2021 to March 2022. It is a statutory requirement for safeguarding partnerships to publish this report under Working Together 2018. In line with statutory guidance and best practice, this report will be submitted to the Chief Executive, Leader of the Council, the local police and crime commissioner and the Chair of the Health and Wellbeing Board, the Child Safeguarding Practice Review Panel and the What Works Centre for Children's Social Care.

2. **RECOMMENDATION(S)**

That the Health and Wellbeing Board notes the content of this report and in particular the BSCP's focus on co-ordinating the safeguarding work of agencies and to ensuring that this work is effective

Impact on Vulnerable Adults and Children

1. Summary of Impact: n/a
-

Corporate Policy

1. Policy Status: Not Applicable:
 2. BBB Priority: Children and Young People
-

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: Statutory Requirement:
 2. Call-in: Not Applicable:
-

Procurement

1. Summary of Procurement Implications: n/a
-

Customer Impact

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

Ward Councillor Views

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

3. COMMENTARY

The annual report of the Bromley Safeguarding Children's Partnership (BSCP) covers the period from April 2021 to March 2022. This report is a transparent assessment of the effectiveness of safeguarding and the promotion of child welfare in Bromley.

The Bromley Safeguarding Children Partnership (BSCP) was put in place in response to the Children and Social Work Act 2017 and Working Together 2018 and replaced Local Safeguarding Children Boards (LSCBs). The partnership supports and enables local organisations and agencies to work together in a system where:

- Children are safeguarded and their welfare promoted.
- Partner organisations and agencies collaborate, share and co-own the vision for how to achieve improved outcomes for vulnerable children.
- Organisations and agencies challenge appropriately and hold one another to account effectively.
- There is early identification and analysis of new safeguarding issues and emerging threats.
- Learning is promoted and embedded in a way that local services for children and families can become more reflective and implement changes to practice.
- Information is shared effectively to facilitate accurate and timely decision making for children and families.

This reporting year commenced in April 2021, shortly after children returned to school following the second extended period of national home learning (January - March 2021). This coincided with the launch of the national vaccination programme for COVID-19. The work of the partnership this year has therefore again been dominated by the COVID-19 pandemic.

The Chair's Foreword highlights the achievements and challenges of the year. The detail of the report sets out:

- the governance and accountability arrangements for the BSCP. This provides information about the structures in place that support the BSCP to do its work effectively, as well as the roles of our partners, including Designated Professionals and lay members.
- the context for safeguarding children and young people in Bromley. It highlights progress made by the partnership across a range of areas (e.g. Early Help, Private Fostering, child exploitation and the work of the Local Authority Designated Officer), as well as the challenges going forward.
- the lessons that the BSCP has identified through its Learning & Improvement Framework, including Learning Reviews and multi agency audits. This section also details the actions taken to improve child safeguarding and welfare as a result of this activity.
- the range and impact of the multi-agency safeguarding training delivered by the BSCP
- progress against the BSCP pledge four key area: health and wellbeing of the workforce; understanding vulnerability; a focus on getting the basics right; continuous improvement.

4. IMPACT ON VULNERABLE ADULTS AND CHILDREN

n/a

5. POLICY IMPLICATIONS

n/a

6. FINANCIAL IMPLICATIONS

n/a

7. PERSONNEL IMPLICATIONS

n/a

8. LEGAL IMPLICATIONS

n/a

9. PROCUREMENT IMPLICATIONS

n/a

| | |
|-------------------------------------------------------|-------------------------------------|
| Non-Applicable Sections: | [List non-applicable sections here] |
| Background Documents: (Access via Contact Officer) | [Title of document and date] |



Bromley
Safeguarding
Children
Partnership





Foreword by the Independent Chair

This reporting period began as children started returning to school in April 2021 and ends in March 2022, just as a level of post lockdown normality was settling in. The report therefore covers the work of the partnership response to lockdowns, the challenges, and concerns we all faced regarding the lack of line of sight to vulnerable young people and the increase in referrals as children began to emerge back into public spaces, not least the classroom.

Throughout this period the partnership monitored the health and wellbeing of the workforce, the emerging pandemic related safeguarding themes and sought reassurance relating to agency interoperability. I can report that partners demonstrated a real willingness to go the extra mile and to develop and enhance their ability to facilitate digital engagement. In many cases this has led to a more blended style of contemporary working. Individual and organisational commitment, agility, and a commitment to reflect on what could be improved was a key strength.

As part of our commitment to learning and improvement we surveyed partners to identify what had worked and what could work better. In January 2022, the BSCP carried out a Winter COVID Assurance survey with all safeguarding partners in Bromley. This built on the COVID-19 Minimum Standards Assurance Audit carried out the previous summer, but with a specific focus on winter pressures and the Omicron variant. This helped us identify common themes and where necessary adapt practice.

The increase in the number of Strategy meetings continued to be a challenge during this reporting period. Colleagues in the police and health sector in particular, struggled to maintain capacity. In response the partnership developed a new protocol with improved processes and guidance. We continue to monitor progress in this area.

In order to address some of the other pressures linked to heightened levels of post lockdown referrals we revised and relaunched the [Bromley's Threshold of Need](#) guidance and I carried out an audit of our Multi Agency Safeguarding Hub (MASH). This work reflected on the capacity and capability within the MASH, the commitment and resource input from partners and resulted in recommendations regarding call filtering, better pathways, training, resourcing, systems, and an enhanced analytical capability. The action plan to implement these recommendations is now well underway.

Notwithstanding the issues directly related to the pandemic, the partnership has continued to focus on business as usual and develop innovative ways to coordinate and deliver support.

For example, in this reporting period we built on the pan-London Child Exploitation Operating Protocol to develop the Bromley Child Exploitation Strategy 2022, led multiagency challenge and scrutiny activity on mental health services, the Mental Health Strategy and CAMHS waiting times. We also



mapped the availability of support services and advice across the partnership linked to the Afghan refugee crisis, commissioned and commenced a Thematic Review on a child's journey through custody, led multi-agency reflective sessions on key issues and completed an FGM pathway audit.

This reporting period also coincided with the launch of the Everyone's Invited website, highlighting allegations of sexual harassment and abuse in schools. The partnership reviewed the Ofsted report and has responded by ensuring that such matters are raised in our schools providing them with guidance on what is, and what is not acceptable. Furthermore, we have developed and introduced an online safeguarding self-assessment tool for all partners, including schools and early years. This will help such institutions reflect on their practice, identify areas for improvement and assist the partnership to monitor actions.

We recognised that annual reports by their nature are published after the fact, and therefore have begun a process of publishing shorter and more focussed assessments for members on the 'here and now' issues. Two such Strategic Assessments were completed and shared last year. These were based on contemporary feedback from partnership quarterly updates, regarding real time trends. This process has recently been enhanced by the recruitment of a strategic analyst, facilitated by funding won from a DfE pilot and now supported by Bromley Council. This adds deeper insight and analysis through access to better quality multi-agency data.

Moving forward we are determined to maintain momentum, capture what has worked well and make improvements wherever we can on those areas that remain challenging. I am also mindful (at the time of writing) of the growing cost of living crisis and the impact this will have on everyone. To that end, I am pleased to say that my engagement with leaders, at all levels reinforces my belief that they too are committed to doing whatever is necessary to support our children and their families in what are increasingly difficult times.

Jim Gamble QPM
Independent Chair





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About the Annual Report





The BSCP Annual Report 2021-22 is a transparent assessment of the effectiveness of safeguarding and the promotion of child welfare in Bromley

Pages 12 to 26 set out the governance and accountability arrangements for the BSCP. They provide information about the structures in place that support the BSCP to do its work effectively.

Pages 27 to 39 outline partners safeguarding achievements and challenges 2021/2022.

Pages 42 to 72 set the context for safeguarding children and young people in Bromley, highlighting the progress made by the partnership over the last year and the challenges going forward.

Pages 73 to 82 highlight the lessons that the BSCP has identified through its work and the actions taken to improve child safeguarding and welfare as a result of this activity.

Pages 83 to 90 describe the range and impact of the multi-agency safeguarding training and briefings delivered by the BSCP.

Pages 91 to 99 set out the priorities going forward and the key messages from the Independent Chair of the BSCP to key people involved in the safeguarding of children and young people.

In line with statutory requirements and best practice, the BSCP annual report 2019-20 has been sent to the following:

- Chief Executive LBB
- The Lead Member for Children's Services
- The Director of Children's Services
- The Chair of the Health and Wellbeing Board
- The Chair of the Safer Bromley Partnership
- The Independent Chair of the Bromley Safeguarding Adults Board
- Bromley Youth Council
- The Mayor's Office for Policing and Crime
- Child Safeguarding Practice Review Panel
- What Works Centre for Children's Social Care

This Annual Report covers and reports on activity between 1st April 2021 and 31st March 2022



Glossary of Terms





| | | | |
|----------------|--------------------------------------------------------|--------------------|--------------------------------------------------------------|
| ABH | Actual Bodily Harm | LA | Local Authority |
| BAME | Black, Asian and Minority Ethnic | LAC | Looked After Child |
| BCU | Basic Command Unit | LADO | Local Authority Designated Officer |
| BSAB | Bromley Safeguarding Adult Board | LBB | London Borough of Bromley |
| BSCP | Bromley Safeguarding Children Partnership | LSCP | Local Safeguarding Children Partnership |
| CAF | Common Assessment Framework | MAPPA | Multi Agency Public Protection Arrangements |
| CAFCASS | Children and Family Court Advisory and Support Service | MARAC | Multi Agency Risk Assessment Conference |
| CAIT | Child Abuse Investigation Team | MACE | Multi Agency Child Exploitation |
| CAMHS | Child and Adolescent Mental Health Services | MASH | Multi Agency Support Hub |
| CCE | Child Criminal Exploitation | MEGA | Missing Exploitation and Gang Affiliation Panel |
| CDOP | Child Death Overview Panel | MISPER | Missing Person |
| CHIN | Child in Need | NHS | National Health Service |
| CLA | Child Looked After (child in care) | NSPCC | National Society for the Prevention of Cruelty to Children |
| CME | Children Missing Education | OFSTED | Office for Standards in Educat, Children's Services & Skills |
| CP | Child Protection | PF | Private Fostering |
| CPP | Child Protection Plan | PCI | Performance, Challenge and Impact Subgroup |
| CRIS | Crime Reporting Information System | PPU | Public Protection Unit |
| CSC | Children's Social Care | PRUH | Princess Royal University Hospital |
| CSE | Child Sexual Exploitation | PSHE | Personal, Social and Health Education |
| DBS | Disclosure and Barring Service | PSP | Pupil Support Plans |
| DfE | Department for Education | RAS/R&S | Referral & Assessment Service |
| DSL | Designated Safeguarding Lead | RHI | Return Home Interviews |
| DVIP | Domestic Violence Intervention Project | SDVC | Specialist Domestic Violence Court |
| EHCS | Education, Care and Health Services | SELICB | South East London Integrated Care Board |
| ED | Emergency Department | SEND | Special Educational Needs and Disability |
| EWS | Education Welfare Service | SPR | Safeguarding Practice Review |
| EHE | Elective Home Education | SRE | Sex and Relationship Education |
| EIFS | Early Intervention and Family Support | TAC | Team Around the Child |
| FGM | Female Genital Mutilation | UASC | Unaccompanied Asylum Seeking Children |
| GP | General Practitioner | VAWG | Violence Against Women and Girls |
| ICPC | Initial Child Protection Conference | YJS | Youth Justice Service |
| IHA | Initial Health Assessment | | |



Context





Multi-agency Safeguarding Arrangements

The Bromley Safeguarding Children Partnership (BSCP) was put in place in response to the Children and Social Work Act 2017 and Working Together 2018 and replaced Local Safeguarding Children Boards (LSCBs). The partnership supports and enables local organisations and agencies to work together in a system where:

- Children are safeguarded and their welfare promoted.
- Partner organisations and agencies collaborate, share and co-own the vision for how to achieve improved outcomes for vulnerable children.
- Organisations and agencies challenge appropriately and hold one another to account effectively.
- There is early identification and analysis of new safeguarding issues and emerging threats.
- Learning is promoted and embedded in a way that local services for children and families can become more reflective and implement changes to practice.
- Information is shared effectively to facilitate accurate and timely decision making for children and families.

The safeguarding partnership is held accountable by the Safeguarding Children's Partnership Executive (BSCPE) which is formed of the three statutory safeguarding partners: the Police; the Local Authority; and the South East London Integrated Care Board (ICB). The Director of Education has also been co-opted as a member of the Executive because of the critical role that schools and education services play in safeguarding children and young people.

Executive leads and Partnership members have signed up to the BSCP Pledge which consists of four priorities: the health and wellbeing of the workforce; understanding vulnerability; a focus on getting the basics right; and continuous improvement.

COVID-19

This reporting year commenced in April 2021, shortly after children returned to school following the second extended period of national home learning (January - March 2021). This coincided with the launch of the national vaccination programme for COVID-19. The work of the partnership this year has therefore again been dominated by the COVID-19 pandemic. Partnership Board and Executive meetings have concentrated on the direct and indirect impact of the pandemic by focussing on health and wellbeing of the partnership workforce (COVID fatigue, work pressures, isolation and vaccine hesitancy), line of sight of children and emerging safeguarding themes, as well as multi-agency interoperability.

Partnership meetings and subgroups continued to engage digitally. Contingency Oversight Group (COG) meetings, which took place every three weeks during lockdowns since March 2020, also continued until June 2021. COG meetings reviewed the partnership risk assessment and multi-agency responses to the pandemic and in April and May 2021 specifically focused on emerging safeguarding concerns following the national return to school.

IMPACT

In January 2022, the BSCP carried out a Winter COVID Assurance survey to all safeguarding partners in Bromley. It followed up the COVID-19 Minimum Standards Assurance Audit in summer 2020, with a specific focus on winter pressures and the Omicron variant. The responses from the survey informed the BSCP Strategic Threat Assessment in 2022.



The Partnership





KEY ROLES AND RELATIONSHIPS

The Independent Chair and the BSCP Team

Jim Gamble QPM is the Independent Chair of the BSCP. The role of the BSCP Independent Chair is set out in our [Multi-Agency Arrangements to Safeguard Children](#). In short, the Independent Chair provides a rigorous and transparent assessment of the extent to which appropriate and effective systems and processes are in place in all partner agencies so as to fulfil their statutory duties and ensure that children are protected and that appropriate safeguarding strategies are developed and embedded. Key to this is the facilitation of a working culture of transparency, challenge and improvement across all partners with regards to their safeguarding arrangements. The Chair is accountable to the Chief Executive of the London Borough of Bromley. He has retained a 'right to roam', challenging the statutory safeguarding partners and all relevant partners and agencies listed in our multi-agency arrangements.

The BSCP is supported by one Partnership Manager (job share) and one full time Business Support Officer. They ensure the smooth running of the Partnership's day to day business.

Whilst being unable to direct organisations, the BSCP does have the power to influence and hold agencies to account for their role in safeguarding. This influence can touch on matters relating to both local and national arrangements that impact directly on the welfare of children and young people.

Designated Professionals

The Designated Doctor and Nurse for Safeguarding Children take a strategic and professional lead on all aspects of the health service contribution to safeguarding children. Designated professionals are a vital source of professional expertise. The Designated Dr and Nurse have continued to demonstrate their value by offering challenge and support to partners. This includes the escalation of cases as recommendations for learning review, development of the Health Economy Dataset and leading on health contributions to the BSCP dataset.

During 2021/2022, the Designated Professionals responded to requirements as the COVID-19 pandemic unavoidably dominated the work of health providers, however, they continued to attend all partnership and health safeguarding meetings, ensuring safeguarding remained a priority across the health economy. They also ensured that Health Economy Safeguarding Children Forum members were kept up to date with local partnership work, for example, the Threshold of Need Guidance and the multi-agency Strategy Discussion protocol.

IMPACT

As the number of referrals to Children's Social Care continued to increase this year, the BSCP revised and relaunched [Bromley's Threshold of Need](#) guidance in order to promote a better understanding of social care thresholds and what makes a good quality referral. This now also includes an additional section on thresholds for Children with Disabilities.



Partner Agencies

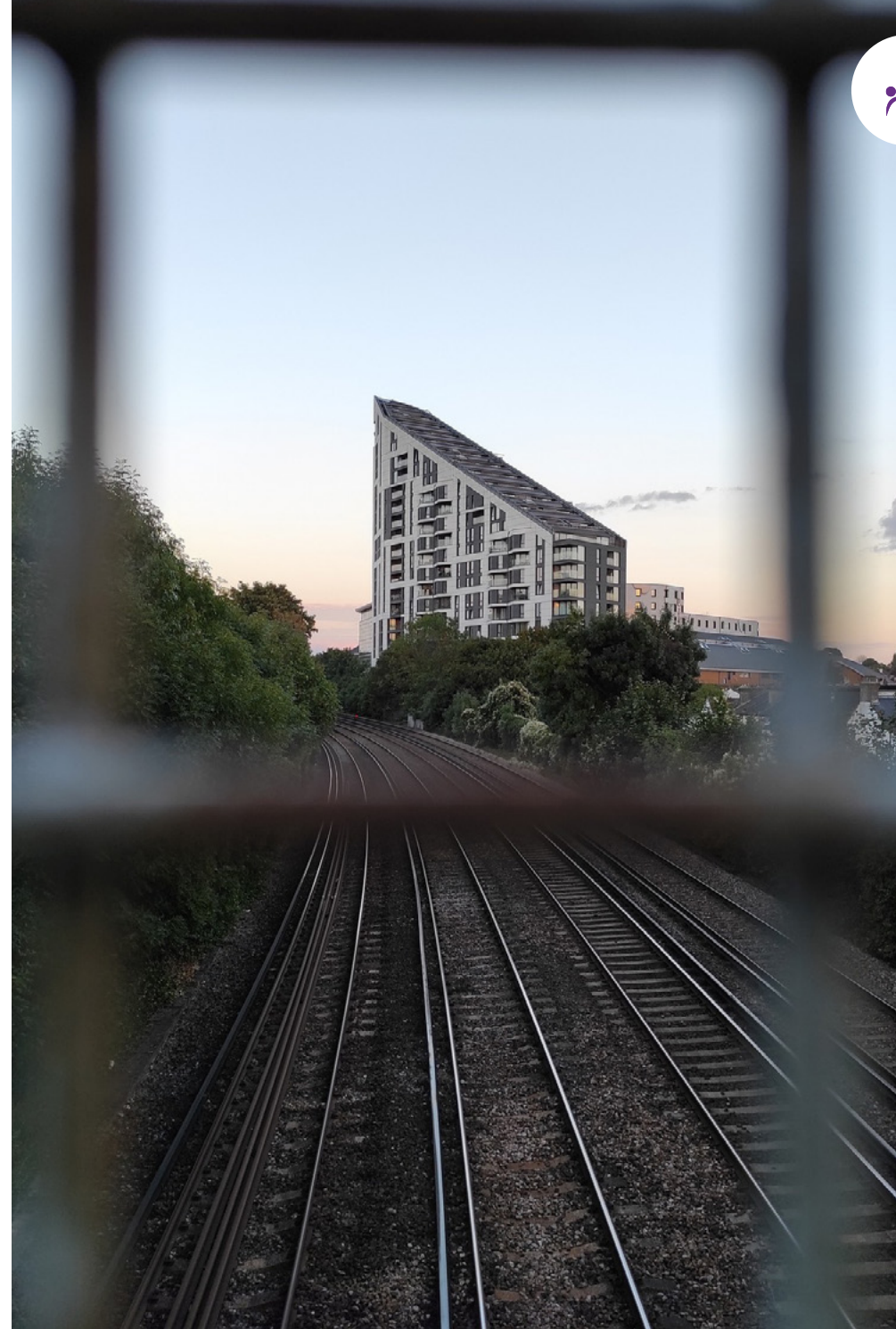
All partner agencies across Bromley are committed to ensuring the effective operation of the BSCP. This is supported by a Constitution that defines the fundamental principles through which the BSCP is governed. Members of the Partnership hold a strategic role within their organisations and are able to speak with authority, commit to matters of policy and hold their organisation to account.

Awareness of the escalation process has been raised at BSCP Multi Agency Partnership Events, via the BSCP app and during training events.

Relationship with Other Strategic Boards

The Independent Chair of the BSCP is a member of the Health and Wellbeing Board and has developed links between the two boards with regard to the strategic use of the Joint Strategic Needs Assessment and more recently the BSCP Strategic Threat Assessment. The BSCP Manager is also a member of Children's Social Care's (CSC) Practice Improvement Board to ensure that the BSCP is part of the ongoing improvement journey to excellence.

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The BSCP Chair chairs an Inter Board Chairs Group which brings together the Chairs of the BSCP, the Bromley Safeguarding Adults Board (BSAB), the Community Safety Partnership (Safer Bromley Partnership) and the Health and Wellbeing Board. This meeting is responsible for the coordination of leadership, collective awareness, and the coherence of respective plans when reporting back to individual Boards and will consider the strategic risks and key issues across safeguarding including children, young people, families, adults, those leaving care, and communities.





GOVERNANCE AND MEMBERSHIP

Quarterly Safeguarding Assurance Group

To ensure accountability for children and young people's safeguarding to the highest level, the Partnership introduced a new quarterly meeting in Bromley in 2021-22. This is attended by the most senior staff from the three statutory partners as well as other elected Members who have accountability in this area. The meetings are attended by:

- **Metropolitan Police (South BCU)** – Borough Commander.
- **South East London Integrated Care Board (ICB), formerly CCG** – represented by the Borough (Bromley) Managing Director.
- **Bromley Council** – Chief Executive, Leader of the Council, Portfolio Holder for Children, Education and Families
- **Independent Chair of the BSCP**



BSCP Executive

The children's safeguarding partnership is held accountable by the Bromley Safeguarding Children's Partnership Executive (BSCPE) which was put in place in June 2019 as part of new multi-agency safeguarding arrangements. The Executive meetings are chaired by the Independent Chair. The Executive is attended by the three statutory safeguarding partners as defined in Working Together 2018. Locally the three are:

- Metropolitan Police (South BCU) – represented by the Detective Superintendent for Safeguarding.
- South East London Integrated Care Board (ICB) – represented by the Borough (Bromley) Managing Director.
- Bromley Council (Children's Services) – represented by the Director of Children's Social Care.

The Director of Education has also been co-opted as a member of the Executive.

The Executive's purpose is to:

- hold the Partnership to account for the performance in ensuring vulnerable children and young people are safe.
- allow discussion of priorities and commitment of resource amongst partners to promote safeguarding.
- identify any major concerns or areas for further investigation by the Partnership.
- agree funding arrangements and budgets for the BSCP.



BSCP Board

The Partnership Board met four times during 2021-2022. It is held accountable by the BSCP Executive and has a membership made up of representatives from all statutory partners as well as a range of key health, probation, education and community representatives. A list of current Board Members is set out at the back of this report. The Board oversees the work of the subgroups which meet between the quarterly board meetings and scrutinises agency reports from across the Partnership. The agenda offers opportunities for information sharing and discussion, but also encourages questioning and challenge. The BSCP captures all challenges raised by the Independent Chair and partners inside and outside of Board meetings in an Impact Log.

The BSCP now regularly reviews performance through reference to its risk register, self-assessment process and partner agency updates submitted to each Board meeting. During 2021-22, key risks identified as having the potential to impact on the BSCP's ability to carry out its statutory objectives included COVID-19 pandemic and the health and wellbeing of the workforce.

There were some fluctuations around attendance rates sometimes associated with changes of staff changes within agencies. Attendance rates remain subject to ongoing monitoring and agencies are robustly challenged if attendance decreases. This has been a key area of focus for the Chair. The attendance rates by agency for 2021-22 to the four main Board meetings are set out below.

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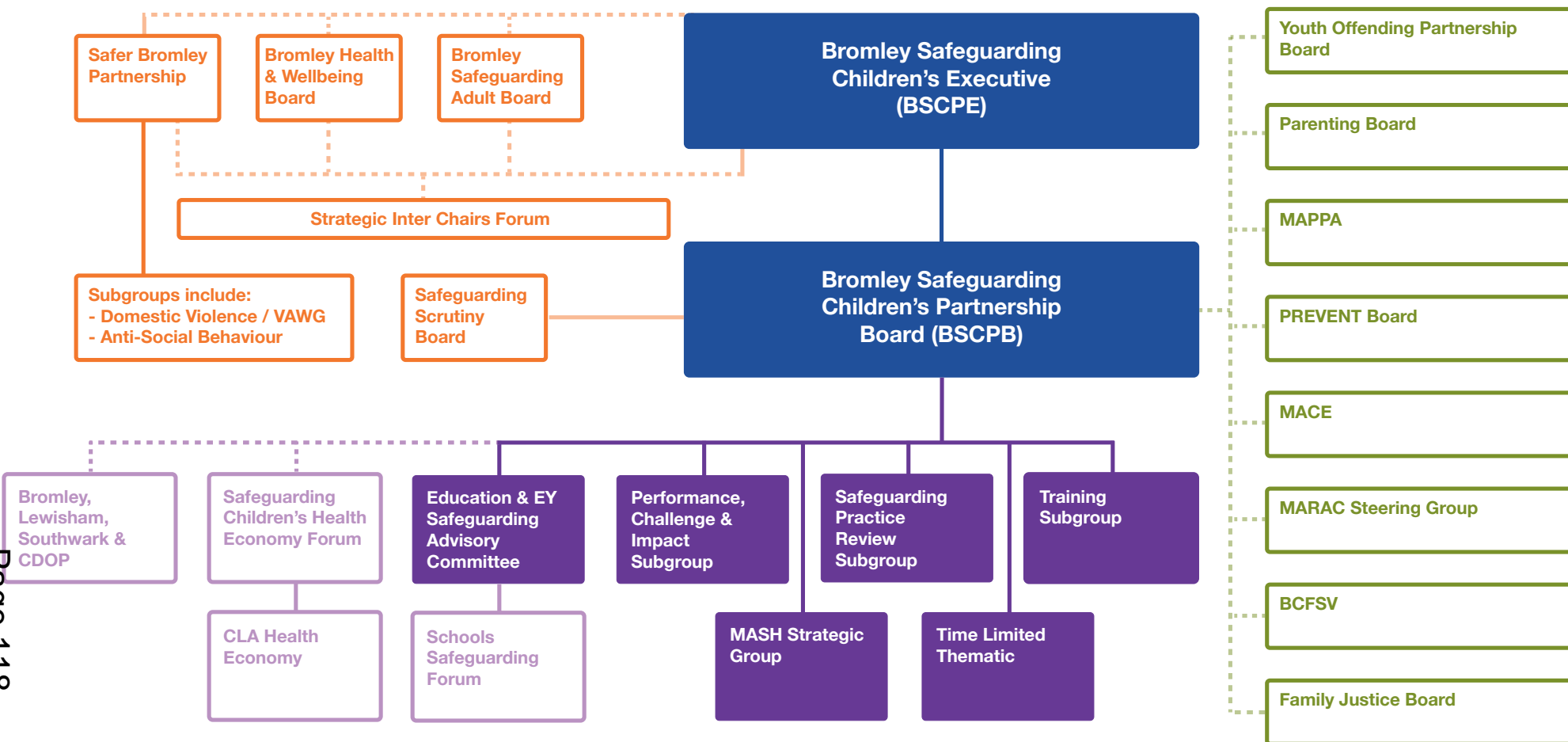
Partnership Board Attendance April 2021 to March 2022

| | Attendance | Number of seats per organisation |
|------------------------------------------------------------------------|------------|----------------------------------|
| Independent Chair | 100% | 1 |
| London Borough of Bromley, Children's Social Care | 100% | 3 |
| London Borough of Bromley, Education | 100% | 1 |
| London Borough of Bromley, Youth Offending Service | 100% | 1 |
| London Borough of Bromley, Public Health | 100% | 1 |
| London Borough of Bromley, Housing | 100% | 1 |
| London Borough of Bromley, Portfolion Holder Care Services & Education | 100% | 1 |
| National Probation Service | 75% | 1 |
| Lay Members | 100% | 1 |
| Children & Family Court Advisory & Support Service | 50% | 1 |
| Bromley School Representation | 75% | 2 |
| Bromley Colleges* | 50% | 1 |
| South East London Integrated Care Board (formerly known as CCG) | 100% | 3 |
| Kings College Hospital | 100% | 1 |
| Metropolitan Police Service – Bromley Borough BCU | 100% | 1 |
| Bromley Healthcare | 100% | 1 |
| Oxleas NHS Trust | 100% | 1 |
| Children & Family Voluntary Sector Forum | 75% | 1 |
| Change, Grow, Live | 100% | 1 |
| Bromley Y | 100% | 1 |

*Bromley Colleges joined the BSCP Board in December 2021



BSCP STRUCTURE - APRIL 2022



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BSCP SUB GROUPS

Below is an outline of each subgroup, its priorities, and its achievements over the last year.

Contingency Oversight Group

In March 2020, as a result of the first COVID-19 lockdown, the BSCP pivoted to holding Contingency Oversight Group (COG) meetings every three weeks. These meetings brought together senior representatives of partner agencies to review the partnership risk assessment and multi-agency responses to the pandemic. The agenda considered the health and well-being of the workforce, including COVID fatigue and vaccine hesitancy and reluctance, insights into emerging safeguarding themes and matters related to interoperability. Issues considered included: lack of line of sight on vulnerable children and their families, responses to abusive relationships, anticipation of increased online harms, issues related to vulnerable children no longer in school and the increase in need for and access to mental health services.

Example outcomes from the group include challenges by the Independent Chair of the BSCP around delays in Education Health Care Plans, how partners manage a mixed economy of vaccinated and non-vaccinated staff, attendance at Strategy Meetings and delays in concluding care proceedings.

These meetings continued until June 2021 when many restrictions were lifted and it was agreed that risk could be managed through the usual Executive and Board meetings.

Children's Scrutiny Board

IMPACT

The BSCP has put in place a Children's Scrutiny Board which brings together senior professionals from the statutory partners to facilitate the joining up of scrutiny functions across the children's safeguarding partnership. This improves accountability.

The BSCP has strengthened the independent scrutiny of quality and impact of children's safeguarding by establishing a Bi-annual Scrutiny Panel, chaired by the BSCP Independent Chair. The panel includes the independent chair of the Practice Improvement Board, the elected Member who chairs the Local Authority's Children, Education and Families Policy Development and Scrutiny Committee, and quality assurance leads from the LA, the police and the ICB. The purpose of the Board is to map scrutiny functions across the safeguarding partnership to ensure scrutiny activity is not duplicated. The partnership is bringing together scrutiny activity to strengthen the improvement journey across Bromley. This will inform the quarterly Strategic Threat Assessment.



Performance Challenge and Impact Subgroup

The Performance Challenge and Impact (PCI) Subgroup is central to the effective functioning of the BSCP. The subgroup met 4 times during 2021-22. The subgroup is chaired by the BSCP Partnership Manager. The PCI subgroup takes responsibility for monitoring standards in safeguarding arrangements and other operational aspects of local safeguarding. It checks how well single agency safeguarding arrangements are working and is able to provide robust challenge to improve practice and outcomes for children and young people.

This year the work of the PCI subgroup included:

- Scrutiny of single agency audits, including Police MERLINS for children, CSC Practice Assurance Stocktakes, police audits of child abuse, domestic abuse, mental health and hate crime.
- Scrutiny of a multi-agency audit, checking the FGM pathway from Maternity Services to primary care.
- Scrutiny of the multi-agency dataset every quarter with subsequent challenges. There was additional focus on CAMHS waiting times and caseloads, non-accidental injuries, elected home education, low CAF numbers, and the increase in LADO referrals.
- The BSCP dataset was reviewed this year by our new Strategic Data Analyst and a dashboard developed which draws on additional data sources, previously not shared at partnership level. The Analyst also proposed new indicators to focus partnership scrutiny for the year ahead.
- Scrutiny of regional and new national datasets, including the London Safeguarding Children Board dataset, MPS' Public Prosecution Improvement Plan with 40 KPIs and the Children's Commissioner's CHLDRN dataset to see where Bromley is an outlier and examine why this is the case.
- Monitoring actions from completed audits and reviews in a composite action plan. This included actions for Bromley agencies arising from a practice review in a neighbouring borough to ensure learning was embedded locally.
- Challenge, escalation and resolution of operational issues such as organisation of Strategy Discussions, attendance at Strategy Discussions, and hospital discharges following a mental health crisis presentation.

IMPACT

The safeguarding partnership has historically had a lack of strategic analysis. We are almost overwhelmed with data, much of it coming too late to be of use, commenting on what has been as opposed to what might be. The BSCP was successful in securing one-off DfE 'Safeguarding Reform' funding to pilot the role of a dedicated safeguarding children analyst. The analyst started in November 2021 and provides a richer interpretation of intelligence to safeguarding partners by way of producing succinct, timely strategic threat assessments that will strengthen decision making, improve the scrutiny of front-line safeguarding practice and enhance tactical decision making, which will in turn impact on front line practice. Elected Members in the Local Authority and others whose primary role is not safeguarding children, have found the Strategic Threat Assessments useful and praised the new approach.



Training Subgroup

The BSCP Training Subgroup is chaired by the Head of Workforce Development at London Borough of Bromley (LBB) and it met 3 times this year. The Training Subgroup consists of a multi-agency mix of managers who commission the BSCP multi-agency training programme and monitor the quality of said programme, which usually consists of formal live learning, online learning and less formal briefings, seminars and workshops throughout the year. This year all learning was delivered online using a mixture of live webinars and recorded interactive training modules.

A detailed summary of training is provided in the [Training and Development section](#). In brief, the main tasks of the Subgroup this year were:

- Improving the Learning Management System (Evolve) which manages bookings, evaluations etc
- Managing the 2021-22 training programme through another year impacted by the pandemic
- Agreeing bespoke training sessions from one expert partner to another in order to upskill particular sectors in the Partnership
- Understanding training needs and procuring a new three-year training programme for 2022-25 which is fit for purpose and affordable.

IMPACT

Following an increase in non-accidental injuries regionally and nationally during the pandemic, the Designated Doctor and Nurse ran bespoke training sessions for particular groups of professionals as lunchtime briefing sessions. These were delivered flexibly to groups of GPs, social workers and various agencies in the health economy. A briefing session about the particular vulnerabilities that under-ones face was run by the Designated Doctor for housing partners.

This was followed up with a new Protocol on Bruising and Non-Accidental Injuries in Children for professionals and a leaflet for parents/carers which was shared across the Partnership.





Safeguarding Practice Review Subgroup (Previously Serious Case Review Subgroup)

The Safeguarding Practice Review (SPR) Subgroup is chaired by the Independent Chair of the BSCP and meets quarterly. In addition, extraordinary meetings are held when the unexpected death/significant harm of a child requires further enquiry and cross-partner investigation. The purpose of the subgroup is: to consider instances of significant harm to, or the death of a child that may meet the criteria for a statutory review; to agree how learning can best be captured, distilled and shared; to act as the core group when a SPR is initiated and to maintain critical oversight of action plans resulting from SPRs and learning reviews.

The Child Death Overview Panel (CDOP) now reports directly to the SPR Subgroup. CDOP and Rapid Response/JAR updates are a standing item of the SPR Subgroup.

During 2021/22, the SPR Subgroup:

- Completed a joint Bromley Domestic Homicide Review / Learning Review where the children suffered significant harm
- Contributed to a neighbouring borough's Learning Review concerning the delay in seeking medical treatment
- Led a multi-agency reflective session on a child with complex mental ill health
- Commissioned and commenced a Thematic Review on a child's journey through custody

Multi agency action plans have been agreed for all completed Serious Case Reviews and Learning Reviews and these are monitored by the PCI subgroup. Learning from these reviews is detailed in the 'Reviews of Practice' section.





MASH Strategic Group

There was an increase in demand placed on the Multi Agency Safeguarding Hub (MASH) pre COVID and then exacerbated by the pandemic, with fewer contacts converting to assessment. The BSCP therefore put in place a MASH Strategic Group, attended by strategic leads across the partnership, to provide a forum to ensure partnership oversight, accountability, engagement and support. The subgroup is chaired by the Independent Chair of the BSCP. Its aims to:

- Ensure the formal Partnership agreement is delivered and regularly reviewed.
- Agree and advise sufficient operational resources to ensure that MASH activity is responsive to the changing needs of vulnerable children and families.
- Agree and monitor key performance indicators and develop analysis of the impact of the MASH Partnership.
- Respond to local and national policy and legislative change to ensure partnership practice is aligned.

IMPACT

The Independent Chair undertook a review of capacity and capability of the MASH in 2021. This was informed by interviews and a survey of a range of MASH staff, as well as comparisons with national and local data. The Review has found that the MASH is safe but it is under significant pressure - both the system and on particular individuals. The volume through the MASH has increased significantly since its inception but staffing levels have not increased to match this. The findings include recommendations relating to filtering and pathways, training, resourcing, systems and analysis. The full report was shared with Partnership Board and recommendations will be monitored via the MASH Strategic Group.



Education Safeguarding Advisory Committee

The Education Safeguarding Advisory Committee (ESAC) is a subgroup that reports to the BSCP and is led by schools' Designated Safeguarding Leads (DSLs) and Early Years Professionals. The subgroup has been chaired this year by a Secondary School DSL but will transfer to a Primary School DSL in September 2022.

The purpose of ESAC is to:

- Champion safeguarding across all education settings in Bromley, by promoting understanding of the need to safeguard the welfare of children
- Provide a communication channel between education settings and BSCP to share information and as a source of peer support in meeting safeguarding responsibilities, making it clear this is two-way communication
- Respond to and act on learning from safeguarding practice reviews and BSCP audits.

ESAC priorities are to:

- Share resources, guidance, and advice
- Model safeguarding policies, that are endorsed by ESAC / BSCP
- Support implementation of revised Keeping Children Safe in Education government guidance
- Learn from safeguarding practice reviews



ESAC has continued to meet virtually to look at safeguarding in schools, colleges, and early years. There have been discussions around good safeguarding practices, common presenting themes and reviewing of safeguarding policy and procedures.

The Self-Assessment Audit Tool was launched by ESAC in Summer 2021 and was completed by 91 education settings. These audits enable education establishments to determine whether there are any gaps in their practice and identify where they may need further support. Additionally, it enables the education establishments to evidence a good standard of safeguarding.

This year emotional wellbeing of children in education settings has continued to be an ongoing concern for education professionals, namely for DSLs. Mental health is a key priority in the ESAC work plan and this informed the implementation of Mental Health leads, to promote and support the wellbeing of children and young people. Mental Health & Wellbeing Leads Network have also been put in place. LBB has provided Mental Health and Wellbeing Tool Kits and schools also have access to a single point of contact at Bromley Wellbeing.

ESAC has held three DSL Network Meetings over the last year with schools. In the 2021 summer network meeting there was promotion of the safeguarding self-assessment, and the Education Safeguarding Officer (ESO) shared the findings at the meeting in March 2022. Discussions at the DSLs network meetings have focussed on mental health services in Bromley, contextual safeguarding, the new duties of the virtual school, peer on peer abuse and online bullying. In the summer term, there will be a transition day which facilitates information sharing between secondary and primary schools.

The ESO has provided consultations to DSLs, headteachers and education staff. This involves providing advice and support around safeguarding policies, procedures, and advice on safeguarding thresholds in relation to LADO referrals, where an allegation has been made that a member of staff has harmed or may have harmed a child.

The ESO has carried out training briefings to education professionals including guidance on referrals to children's services in accordance with Bromley's Threshold of Need document; promoting the learning from Safeguarding Practice Reviews; 'Keeping Children Safe in Education'; LADO processes (managing allegations against adults); and themes around contextual safeguarding that are relevant to the borough, such as mental health, gangs, child sexual and child criminal exploitation.

Over the last year some common safeguarding themes for schools are peer-on-peer abuse, bullying in person/online and students presenting with complex emotional needs. There has been increasing complexity around contextual safeguarding and DSLs have been supporting students and families with this over the last year.

Bromley Trust Academy (BTA) Outreach is now provided to primary and secondary schools to support students that are at risk of being permanently excluded. This aims to help the child remain at school where possible or if alternative provision is required, it can be achieved in a planned and supportive way.



Health Economy Safeguarding Children Forum

The Health Economy Safeguarding Children Forum is chaired by the Bromley Designated Nurse and Designated Doctor for Children. The Health Forum provides a professional network for Named Safeguarding Professionals (Nurses and Doctors) across the NHS and Private Sector. The Forum helps support these professionals to link the work of South East London ICB, Bromley Safeguarding Children Partnership, NHS England and the National Network of Designated Professionals and informs work plans, training, supervision and Provider Boards.

The Safeguarding Health Forum is tasked with reviewing practice through policy, audit, feedback and sharing of learning. During 2021/22, topics for discussion included presentation regarding transition support for children and young people with SEND living in Bromley. Discussions and actions were agreed regarding the implications for learning for health identified in Learning Reviews, Safeguarding Children Practice Reviews and Domestic Homicide Reviews. Protocols were reviewed and developed for example, escalation processes where there is professional difference, bruising and injury in the non-mobile child, perplexing presentations and Fabricated Induced Illness and Child Sexual Abuse pathways. Reports from the national panel, national reviews and new legislation were shared, reviewed and discussed and where appropriate recommendations for Bromley considered.

The CLA Designated Doctor and Nurse lead the CLA Health Forum. The Designated Nurse also chairs the Health and Wellbeing subgroup within the Corporate Parenting Board. The Lunch Club for Care Leavers has been on-going initiative since May 2022. The aim of the CLA Health Forum is for partner agencies to work collaboratively to achieve improved outcomes for CLA and Care Leavers. The CLA Designated Dr with Bromley CLA Health Team, carried out an audit of the emotional wellbeing of Bromley Foster Carers and CLA during the Pandemic. The audit was presented to the CLA Health Forum in October 2021.

IMPACT

The [Child Sexual Abuse pathway](#) has been updated so that partners are clear on the services that are available in Bromley following a disclosure or any concerns. It also includes immediate safety and welfare considerations.





FINANCIAL ARRANGEMENTS

A range of partner agencies from the local authority, health agencies, police and probation service continued to contribute to the BSCP's budget for 2021-22, in addition to providing a variety of resources, such as their staff time and support for the BSCP Team (HR, IT and legal). Agency financial contributions totalled £196,588. This is only an increase of 1.45% from last year's total agency income. Whilst several of the partners paid the agreed 2% annual increase, others paid the same small amount to all London LSCPs and one reduced their contribution due to the reunification of two organisations.

Income from training continued to be greatly reduced for the second year in a row; this is partly due to the changed nature of our delivery (we charged less for shorter webinars compared with our usual full day classroom-based courses), the waiving of cancellation/ no show penalty fees for 2021-22 and also due to administrative delays with charging as Learning and Development staff were diverted to new duties as part of the council's emergency response to the COVID pandemic. The books have balanced as many of our annual costs were averted this year due to the ongoing pandemic and social restrictions. BSCP did not run an annual conference, the Independent Chair was unable to work as many days in the first quarter due to illness and our training was all conducted online which incurred lower costs than in person training.

A thematic review was commissioned this year but the costs of this will be incurred in the 2022-23 financial year.

In 2021, we were successful in our bid for £40,000 grant money from the Safeguarding Reform team in Central Government to improve accountability in the Partnership. This grant allowed us to pilot the role of a dedicated safeguarding children analyst from November 2021. More detail on this can be found in the Progress on Bromley Pledge section of this report. The remainder of the grant will be spent in 2022-23.



INCOME

| | £ |
|---------------------------------------------|----------------|
| London Borough of Bromley | 95,044 |
| Bromley CCG | 24,073 |
| Oxleas NHS Foundation Trust | 23,657 |
| Bromley Healthcare CIC | 23,657 |
| Kings College Hospital NHS Trust | 23,657 |
| Metropolitan Police Service/MOPAC | 5000 |
| CAFCASS | 0 |
| National Probation Service | 1000 |
| London Fire Brigade | 500 |
| Training income | 1080 |
| One-off Safeguarding Reform grant from Govt | 40,000 |
| TOTAL INCOME | 237,688 |

EXPENDITURE

| | £ |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| BSCP SALARIES, including Independent Chair, lay members expenses, and BSCP 2.2fte staff | 156,883 |
| Data Analyst (agency costs to end March 2022) | 21,306 |
| TRAINING COSTS, including e-learning and external trainers | 21,433 |
| OTHER costs, including IT hardware, website costs, general office expenses, publication design, professional association membership | 1,682 |
| DfE grant money remainder to be spent in 2022-23. Carried forward | 18,694 |
| Thematic Review costs. Payment on completion Autumn 2022. Carried forward | 4,000 |
| Child Safeguarding Practice Review reserves | 12,000 |
| TOTAL SPEND | 235,998 |



PARTNER SAFEGUARDING ACHIEVEMENTS AND CHALLENGES 2021-22

The reporting year ended in March 2022 - approximately two years after the pandemic started. The impact upon children and their families has been and remains significant. As a partnership we adapted and remained flexible as to how we managed ourselves, our workforce, services, and partnerships to ensure we safeguarded children and supported the children and families needing our support and intervention.

Children's Social Care

Children's Social Care (CSC) has continued to keep children front and centre of all strategic and operational planning throughout the year. The second year of the pandemic has seen increasing demand upon services and LBB has met demand by adjusting and investing in more social work staff. There is a consistent focus upon the quality of social work practice through the Quality Assurance Framework - an internal and external cycle of auditing practice to ensure standards have not dropped during the pandemic. The findings of these audits are reported back to the senior leadership team to consider recommendations. CSC has continued to induct new staff in the Bromley Relationship Model (BRM) and continued with virtual refresher training for existing staff. Many of the compliments received evidence the BRM model displayed by social workers in their engagement with children and their families.

The Bromley Relationship Model emphasises the importance of practitioners' relationships with children and parents/carers as the vehicle through which CSC's intervention is delivered. The BRM vision is: 'By working together with agency partners, we will ensure that every child in Bromley has the right help at the right time to keep them safe, and to meet their needs, so that they achieve, thrive and reach their full potential'. This approach leads to better and timely outcomes for children when quality relationships are formed with families.



In October 2021 CSC received a focussed visit from Ofsted. The focus of the visit was the Children Looked After service: how CSC manage decisions and support children through their care journey. Inspectors fed back that ‘the right decisions are made at the right time, for the right children’ and that ‘children in care in Bromley continue to make good progress supported by a stable and skilled workforce’. In November 2021 the leadership team was strengthened by the introduction of a second assistant director, creating increased line of sight of all services across CSC.

The most common reasons that children are identified as needing a social care service continues to be the impact on children of domestic abuse, parental mental ill health, neglect and substance misuse. During the pandemic, CSC saw an increase in domestic abuse within families and an increase in young people as well as adults suffering from mental ill health. During this period CSC lowered its thresholds in order to ensure children received the right support at the right time. Children’s mental health became the third highest reason for a referral to CSC, behind domestic abuse and parental mental health.

Prior to the pandemic this was the sixth most common reason. The joint funded post of a mental health practitioner working alongside social workers in the Children Looked After Service has been a welcome addition to alleviate some of the demand.

Due to the demand and volume of work originating through the Multi Agency Safeguarding Hub (MASH) and then the Referral and Assessment Service, two additional safeguarding teams were funded in January 2022. The teams focus on Children in Need, accelerating identified actions to alleviate difficulties children and their families are faced with.

CSC was aware of the limitations of its recording system and therefore in July 2021 converted from the previous recording system to Liquid Logic. Support

has been in place to support this transition. The assistant directors lead weekly board meetings with senior managers and IT staff to address any new issues that have arisen when a new system has been implemented

The Quality Assurance Framework findings support that threshold is being well applied in decisions to undertake Section 47 enquiries and to convene Initial Child Protection Conferences. There is confidence that the right children continue to be identified from assessment to receive this level of intervention. CSC has seen a rise in children subject to Child Protection Plan. There were 345 children subject to a child protection plan at 31st March 2022, representing 45.7per 10,000 Under 18 population, an increase from last year. 537 children were the subject of Initial Child Protection Conferences (ICPC) during 2021-22 indicating an increase of 36 percentage points on the previous year (394).

The introduction of panels such as the Child in Need panel, chaired by a Head of Service helps to ensure that children who have had a Child in Need plan for more than 9 months are receiving meaningful intervention. The Head of Service for Quality Assurance continues to chair the Child Protection Scrutiny Panel. The panel considers children who have been on child protection plans for 9 months or more and reviews case direction. The panel challenges progress as to whether matters should be stepped up or down to ensure a positive outcome for children in a reasonable timescale.

Final Care Planning meetings are chaired by respective Heads of Service responsible for overseeing the proposed outcome for a child that is in our care. This is a final scrutiny meeting prior to submission of evidence to the court to ensure Local Authority professionals are agreed upon the care plan for the child.



The Legal Gateway Panel applies robust decision making to ensure that children whose safety requires escalating further than a Child Protection Plan is addressed in a timely way for children. The panel process has been commended by the local judiciary for the benefits it achieves in supporting timely outcomes of care applications to the Court. CSC continues to achieve timescales of care proceedings that compare well in the London and national context. That said the judiciary has not been unaffected by the pandemic and continues to experience a back log of hearings that are causing delays for some children.

The Staying Together team now has a lead practitioner, overseeing work across the team and continues to work intensively with families to prevent young people becoming looked after by improving family relationships and young people's safety. The team has designated workers for working with the Youth Justice Service and the MEGA panel.

In November 2021 the LA joined the Your Choice Project. This is led by LIIA (London Innovation & Improvement Alliance) and in partnership with the Institute for Fiscal Studies and the Anna Freud Centre, funded by the Home Office. The project aims to reduce Serious Youth Violence. Staff in the Youth Justice Service were trained in CBT and put their training into practice when working with selective young people as an alternative approach to working with this hard to reach cohort of young people. There are early indications that this is being received positively.

CSC Thrive service sits within the Permanency service and was created as an in house offer of therapeutic support to Bromley foster carers, adopters, connected carers and Special Guardians caring for children. The feedback is fantastic and is assisting these carers in caring for children and keeping placements stable. The number of children in Bromley placed with their family

through Special Guardianship during 2021/22 was 11 (8%); this is below that of the previous year and 2021 national average of 14%.

A challenge for CSC is managing caseloads through all of its services at levels that give the best opportunity for social workers and their managers to demonstrate excellence consistently in their work with children and families. This has been addressed by the introduction of new social work capacity but will remain under review as there are no signs of this reducing.

The increase in the complexity of issues children and their families are presenting gives challenges to train and develop social workers to be better skilled in their assessments and knowledge base in supporting families - ensuring social workers feel empowered in being clear in their professional authority and having a good knowledge of the legislative framework and statutory guidance that informs decisions.

IMPACT

The increase in the number of Strategy meetings continued to be a challenge this year. CSC has increased staff levels to meet the volume of demand and will continue to review this. Police and health partners are still struggling with capacity to attend Strategy meetings. The BSCP has therefore reviewed expectations for Strategy Meetings and worked on a new Protocol with improved forms, contact lists and guidance. Police have also implemented a new booking process that allows CSC to directly book appointments, including Strategy meetings, with the relevant teams.



Education

Mental health and wellbeing is a key priority area for the Education department and its partner agencies, with a significant increase in presenting mental health needs, including high levels of anxiety, which are believed to be pandemic related. During 2021/22 we have established a network of trained school Mental Health and Wellbeing Leads and provided extensive support to facilitate the implementation of whole school approaches to wellbeing across the Borough. Working with our specialist mental health providers in Bromley Y and CAMHS, we have extended the support through the Mental Health in Schools Teams (MHST) to cover all secondary schools and the majority of primary schools on a risk based approach.

All frontline Education teams have experienced significant growth in demand for services, with the complexity of presenting needs also increasing. Additional resources have been directed to the Special Education Needs (SEN) teams, Access to Education and Inclusion and Educational Psychology to seek to keep up with the exponential increase in requests that these services are experiencing. Current expenditure on vulnerable cohorts through the Dedicated Schools Grant significantly exceeds the funding provided by Government, necessitating a deficit recovery management action plan to ensure future sustainability of services. The Education Welfare Service has increased its presence on the Multi-Agency Safeguarding Hub (MASH), following the report and recommendations from BSCP.

Since Spring 2022, the Education department has rapidly implemented a range of initiatives to ensure our displaced Ukrainian guests are well supported and have rapid access to suitable education provision. Working with our partners in schools and other settings, we have been able to quickly offer all children an education placement and provided families access to education as a second or additional language (ESOL) support. An offer is made to all Ukrainian

guest pupils of a native language visit to their school, supporting the earlier identification of any wellbeing or safeguarding concerns and enhancing the school's profile of the pupil and individualised education plan.

The Education department has continued to support disadvantaged families with supermarket vouchers during school holiday periods, administered by Bromley schools. Additionally, an extensive range of fun and engaging opportunities is provided through our Holiday Activities and Food Programme, with all parts of the Borough and all age ranges 0-18 covered. Vulnerable children are prioritised within the grant conditions to complement safeguarding work.

School attendance is a key area of focus for 2022, following increases in persistent absence from school, which reflects the national picture. We have established the School Access Taskforce, with a number of primary and secondary school representatives, which will oversee the partnership's data for attendance and inclusion and direct activity to improve attendance for all pupils, with an increased focus on vulnerable cohorts, aligned to the Virtual School's new duties for children known to social care.

IMPACT

Following Ofsted's Review of Sexual Abuse in Schools and Colleges, there was a requirement for safeguarding partners to review how LBB works with Bromley schools and colleges (including academies and independent schools) and to set out its offer of support to schools and colleges. Plans were presented by the Director of Education and Police DCI to the Headteachers Forum and schools were asked to review the Ofsted report and identify any systemic issues within their school. Resources and consistent messages have been published on the LA's 'Education Matters' website, providing guidance on what is acceptable and what is not.



South East London Integrated Care Board (ICB) Formerly known as Bromley Clinical Commissioning Group

On 1 July 2022, Southeast London Integrated Care Board (ICB) was established. As a newly created statutory body, the ICB now supports and builds upon existing health and care partnerships established by the Integrated Care System (ICS) - Our Healthier Southeast London. The ICS was established in 2019 and continues as the partnership that brings together the full range of organisations responsible for publicly funded health and care services across the six south east London boroughs. These are Bromley, Bexley, Lambeth, Southwark, Lewisham and Greenwich. The ICB oversees the work of the ICS NHS body and makes decisions on allocating resources and planning services.

Within each ICS, place-based partnerships lead the detailed design and delivery of integrated services across their localities and neighbourhoods. The partnerships involve the NHS, local councils, community and voluntary organisations, local residents, people who use services, their carers and representatives and other community partners with a role in supporting the health and wellbeing of the population.

The Designated Professionals are represented on a number of Bromley place based multiagency forums, providing assurance and health oversight to safeguarding children, young people and children looked after. As part of the development of the ICS, the borough based safeguarding teams have been asked to deliver on key areas of practice which will enable a macro view of South East London in relation to safeguarding children and enable more joined up working to improve quality, efficiency and outcomes and help to address unwarranted variation and inequalities in access and experience across different boroughs for children, young people and their families.

Training within Primary Care: This year all training has been virtual due to the pandemic and social distancing requirements. Practices are offered a

training visit by the Named GP every 3 years to provide level 1 and 2 training. Fourteen virtual 'Practice visits' have been made this year. Level 3 training has been provided to Bromley GPs via one Academic Half Day and four Practice Leads training afternoons. Training included:

- Update on Identification and Referral to Improve Safety (IRIS – the Primary Care domestic abuse programme)
- Bruises and injuries in Infants and Non-Mobile Children
- Children Transition- Relevance to Primary Care and the GP Role
- Back to Basics Child Safeguarding
- Learning from Child Safeguarding Reviews and Quality Team
- Change Grow Live
- Early Intervention-Children
- Mental Capacity Act (MCA) and Liberty Protection Standards (LPS)
- Changes in Adults Social Care

Practice Leads training included legal aspects of child safeguarding, Health Visiting services and Family Nurse Partnership (FNP), learning from domestic homicide reviews, Special Educational Needs and Disability (SEND) and Prevent (safeguarding against radicalisation).

The CLA Designated Nurse started in post in March 2022 following the retirement of the previous post holder. The CLA Designated Nurse continues to be the SEND Champion. The Designated professionals have contributed to the multi-agency SEND audit. The CLA Designated professionals compiled a Commissioning Compliance Toolkit for CLA and Care Leaver health services. The Toolkit was aimed at improving health standards for CLA and Care Leavers, identifying best practices and immediate risks.



Police

The learning from Operation Aegis continues to be used across departments to manage risk and improve the outcome of safeguarding investigations. This includes the use of the daily whiteboard to identify risk during the daily morning safeguarding meetings. The schools officers and police resources team regularly attend which increases information sharing.

The Every Child Every Time (ECET) programme continues in custody suites at Bromley and Croydon. This has been running since June 2020, to improve awareness of officers who are dealing with children in custody as a reminder that officers need to understand their vulnerabilities as children and to encourage “the voice of the child”. The weekly ECET meeting monitors performance of the programme and also reviews incidents where children have been placed in police protection ensuring that safeguarding and multi-agency working has been effective. The ECET meeting is currently being reviewed with the intention of inviting social care to attend to share concerns and identify learning.

The “one front door” team was set up in February 2021 in response to the increased demand for multi-agency meetings regarding contextual safeguarding issues that affect children who may be drawn into criminality, risk of exploitation, gangs, missing episodes and living with domestic violence within their home setting. Working with partners, Police have now implemented a booking process that allows Children’s Social Care to directly book appointments with the relevant teams. The CAIT team, which has expertise in child safeguarding referrals, manage the booking process and continue to triage the requests from social care and then allocate to the best placed police team to take part in the strategy discussions. The implementation



of the booking process is improving police attendance at these meetings. Additional strategy discussion training is being delivered to Police teams and supervisors across Bromley. A weekly escalation meeting is in place with social care and health to review any issues and to share learning.

The Child Criminal Exploitation and Child Sexual Exploitation team continues to hold regular operations with the British Transport Police and Safer Neighbourhood team, other agencies and surrounding forces - particularly around transport hubs. These multi-agency operations will continue regularly in the coming year. Representatives from police, schools and safeguarding teams joined partners at the Pre Summer Summit which focused on contextual safeguarding and sharing information across the partnership.



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Oxleas NHS Foundation Trust (provider of Child and Adolescent Mental Health Service in Bromley)

Bromley has a single point of access for children and young people experiencing emotional or mental health issues. This is provided by the Community Wellbeing Service (Bromley Y). Specialist Child and Adolescent Mental Health Services (CAMHS) is provided by Oxleas NHS Foundation Trust in Bromley.

The former Safeguarding Adults and Safeguarding Children Committees amalgamated in November 2019, setting new terms of reference to ensure effective safeguarding arrangements. In August 2021, it was agreed to introduce a new standing agenda item – ‘Think Family Safeguarding’, in order to provide evidence of activities that are focused on embedding the principles of the Think Family approach. This has served as an opportunity to introduce new support tools to promote holistic safeguarding practice, such as the Think Family 7-minute briefing, as well as to present good practice through case studies and examples of systems developed within teams to safeguard children.

One of the key highlights of the year 2021-2022 was progress in documentation of “Children in Adult Network” on RIO (a patient records system) by Adult Mental Health services, therefore improving identification of children and young people who may be in need of further support or safeguarding.



Bromley Y

Bromley Y is the single point of access for mental health and emotional wellbeing referrals for children and young people (0-18 years or 0-25 years for CLA, Care Leavers and children with EHCPs in place) in Bromley, working closely with Bromley CAMHS and other partner organisations in the borough. Since April 2021 new systems and processes have been adopted to fully embed the new Mental Health & Emotional Wellbeing Service (MHEWS). The service has been restructured in line with the [Thrive](#) model, which is a needs-led system design.

Challenges included an increase in referrals, acuity, and complexity. There is an increased prevalence of self-harm, suicide ideation and more involvement from social care, medical services and other agencies working with children. The Bromley Y risk support team has made a great number of safety calls and there has been a requirement for increased supervision and staff training to support a growing workforce which includes the volunteer mentors.

With a focus on equality, diversity, and inclusion Bromley Y aims to ensure that marginalised groups have access to its services, particularly through active outreach into these communities. Work with BAME and Black Lives Matter themes continue to be one area of our focus.

Bromley Y has initiated multi-agency meetings to review complex cases, has set up a safeguarding committee which reports to the Board of Trustees and has recruited a full-time safeguarding manager.

The offer includes a choice of virtual and face to face interventions, both for individuals and groups. Bromley Y has developed its support for children and young people, professionals and parents/carers through webinars,

psychoeducation and clear information via its website and other social media platforms. New evidence-based technologies such as [Lumi Nova](#) (online therapeutic game) and The Signpost, a text chat service for young people aged 11-18 have supported this. A recent new intervention, The Cutting Down Programme, delivers a service to those young people who have been engaging in self-harming coping mechanisms.

In January 2022 Bromley Y was awarded additional funding for a third mental health support team (MHST). The MHST operates in 63 schools including all secondary schools. Following Bromley Y and Bromley CAMHS collaboration with LBB, the Mental Health and Wellbeing Leads network has been launched which supports the whole school approach strengthening links with education.

Given the additional challenges faced, Bromley Y places high importance on staff welfare and has introduced wellbeing days, access to Health assured benefits and flexible working.

Bromley Y continues to make sure the voice of children young people and their families are listened to, and their needs are at the centre of the service. Two youth ambassadors and a parent representative have been recruited to support developments in this area.

IMPACT

As the Afghan refugee crisis developed, the BSCP undertook an exercise to assist its understanding of issues and preparedness. The collated information was disseminated to help partners share good practice, to advise, signpost and support displaced families in need.



Kings College Hospital NHS Trust **(acute setting: Princess Royal University Hospital and south sites)**

King's College Hospital (KCH) has robust processes and procedures in place to safeguard children and young people accessing services and works closely with statutory partners. This year they have strengthened the working relationships between Adult and Paediatric teams by combining the teams into one safeguarding hub. This lends itself to a team approach of "Think Family". It has reinforced the importance of the working relationships between adult and children safeguarding, which underpins the culture that safeguarding children and adults is everyone's responsibility across teams and services in the Trust with clear governance structure in place for safeguarding.

There have been significant challenges within the team with regards to turnover, recruitment and sickness, however the team is now at full establishment with a Director of Nursing for vulnerable people also ensuring a robust structure is in place. A practice development post that works jointly with adult and children's services has ensured our safeguarding vision is reinforced through effective training of our professionals across the Trust. These additions will strengthen KCH's work with statutory partners and enhance the support and care it gives to patients and their families.

The impact of the COVID-19 pandemic has continued upon health services in the reporting period. Contingency plans and adaptations to service delivery were required to maintain business continuity.

An increase in MASH referrals to health has led to a business case proposal which was accepted and has resulted in the addition of a MASH Health advisor post.

The Children's Safeguarding Service continues to deliver high quality supervision, training and advice to empower frontline staff to effectively safeguard children and their families in Bromley. Supervision compliance for the reporting period has remained consistently between 90% and 100%. Similarly BHC achieved compliance with all targets for Child Safeguarding training levels 1 to 4.

This year the service has seen a sharp increase in reports of domestic violence, mental health crises in both adults and young people and sexual exploitation. The safeguarding service has seen exploitation in many other forms, including online grooming, scams, frauds, adult abuse, family poverty, mental health issues, and the resulting consequences that these things bring for families and communities.

The safeguarding team takes a proactive approach by collating any emerging themes to assist staff with identification and response to abuse and neglect. Through training, the service has concentrated on Professional Curiosity, Think Family and Back to Basics (including escalation). The introduction of the skills framework tool for Health Visitors and School Nurses supports embedding learning and Reflective Practice groups cover topics such as Routine Safe Enquiry (for Domestic Abuse) and the Myth of the Invisible Men.

Bromley Healthcare (community health services)

Safeguarding remains core business for Bromley Healthcare Community Interest Company (BHC). The Child Safeguarding Service is fully staffed and the new role of the Associate Director of Safeguarding, who will provide strategic safeguarding leadership, is in post.



Youth Justice Service (YJS)

This year, the Youth Justice Board (YJB) issued an updated version of Youth Justice Service Governance and Leadership. Throughout the guidance it refers to ‘youth justice services’ rather than the statutory definition of ‘youth offending team’. This is to acknowledge the evolution of services in all their guises and to move away from the stigmatising language of ‘offending’. As a direct result of this, Bromley Youth Offending Service (YOS) is now formally known as Bromley Youth Justice Service.

The YJS has continued to provide a good standard of service to children and their families, despite many challenges this year and has also performed well against demanding national and local goals to reduce children’s offending. The service continued to develop its service offer and increase resources, train and support staff, as well as work with partner agencies.

It has been a challenging year with high levels of concern for all YJS children, including those who are vulnerable to exploitation and offending. Bromley YJS continue to focus on its key strategic priorities:

- Reducing the number of first-time entrant children into the youth justice system
- Reducing offending by children.
- Improving the safety and wellbeing of children in the youth justice system
- Addressing ethnic disproportionality and overrepresentation of other characteristics and groups
- Protecting the public and victims
- Strengthening our Partnership Board and workforce

Bromley YJS has adopted the Child First principles: seeing and treating children who offend as children and treating them in this respect when they come into contact with youth justice services. The vision is one of pre-emptive prevention, public protection and keeping children safe by giving them the best opportunities and increasing their health and wellbeing to reduce their risk of further coming into the criminal justice system.



Housing

There continues to be significant challenges in supporting families to obtain and sustain suitable safe and affordable accommodation. The Council's Housing Options & Support Service works with partners in order to intervene early where a household is threatened with homelessness, wherever possible working with households and landlords to sustain tenancies. Our work to provide housing advice and homelessness prevention to ex-offenders continues to ensure that re-offending and rough sleeping is minimised, and to keep residents within the borough safe.

The Council has a number of services to support those experiencing domestic abuse; this includes the Sanctuary Scheme which ensures that people can remain safely in their home whilst benefitting from extra guidance and safety measures such as secure door locks, phone lines and even secure rooms where necessary. During the last year the Council has also engaged a new contract with Bromley and Croydon Women's Aid which provides enhanced holistic services aimed at both women and children as well as increased access to safe accommodation.

The Council recognises the challenges in securing accommodation within the Borough. Over the last year we have seen over 1500 households living in temporary accommodation, much of which has been provided outside of borough boundaries. This is typical across London as all boroughs tackle the challenges faced in securing homes. As part of its transformation programme and in line with the published Housing Strategy the Council has begun building accommodation on Bromley owned land. To date 60 homes - all of which are affordable, energy efficient and have been developed to a high standard have been built - representing the Council's aim to provide good quality 'Bromley Homes for Bromley People'.





Probation

The operational period of 2021/2022 was strongly influenced by the unification of Probation Services. On 26th June 2021, the public and private operational arms of Probation, previously referred to as Community Rehabilitation Companies and the National Probation Service, were unified under the single organisation of the Probation Service. For the borough of Bromley this has resulted in being part of a Probation Delivery Unit (PDU) alongside the borough of Lewisham, which is overseen by a single Head of Service.

The two operational teams in Bromley are responsible for the management and oversight of approximately 700 people on probation. The highest percentage of cases are managed as part of community disposals (Community Order or Suspended Sentence Order), whilst the remainder are subject to statutory supervision following their release from a custodial sentence.

When considering the demographics of the caseload, the vast majority are male (88%), with those of a White British and White Other background forming the highest percentage (64%). The age profile of people on probation indicates that those aged 26-35 form the highest percentage (31%) followed by those aged 36-45 (24%) and 18-25 (22%). In regard to offence type, violence (both domestic and non-domestic) forms the highest profile of offending, followed by matters related to drug supply and possession.

The past 12 months has seen a focus on the mobilisation of the workforce and the need to harmonise or align processes and procedures between the legacy organisations. These include aspects such as ensuring all staff are sufficiently and consistently trained in core mandatory areas such as risk management and safeguarding; that the Probation Services are represented across key operational forums such as the Multi-Agency Safeguarding Hubs (MASH); and that other key partners and statutory agencies are familiar with escalation routes to a single Head of Service.

This approach has resulted in the improved engagement of Probation Services across a number of key forums and partnerships. Whilst there remain some challenges ahead, critically within areas such as the recruitment of staff to case administrator and Probation Service Officer roles, the foundations developed over the past 12 months places the service in a strong position to work effectively with other partners and key stakeholders in Bromley around the area of child safeguarding.



Change, Grow, Live

(Bromley Changes Drug and Alcohol Service for Children and Young People)

Bromley Changes has continued to collaborate with children and young people to develop materials, interventions, and service delivery. Bromley Changes has started a research project entitled 'If Young People are taking risks, why are professionals playing it safe?' to look at Harm Reduction messaging to ensure practice is meaningful and effective for children and young people. There has been keen interest from two universities and the research proposal has been presented in an international webinar. It is also being used to reshape the Young Peoples service provision for CGL nationally.

Over this year, Bromley Changes has developed stronger working relationships with MASH, now attending morning briefings – sharing information, providing case consultation and taking referrals.

Bromley Changes has also:

- recruited a local Hidden Harm Lead and included young people on the recruitment panel – they provided interesting feedback to ensure a suitable candidate was recruited
- delivered training sessions to partners on young people's substance use and Hidden Harm. In addition, they developed a course 'what's drugs got to do with it?', linking the impact of Hidden Harm and substance use to safeguarding and invited all schools to participate
- engaged young people in treatment and assessed children and young people for Hidden Harm support

supported children and young people to successfully exit treatment, meaning they had achieved their goals around substance use or Hidden Harm.

Bromley Changes worked throughout the pandemic seeing young people and training professionals in a safe, effective and flexible way. To ensure the Bromley Changes offering was promoted, easily available and safely delivered, the website was fully updated with all support options for young people and the full training menu for professionals.



Communication





BSCP communicates with partner agencies and Bromley residents via the BSCP website, BSCP App and Twitter account. We also produce briefings for the children's workforce in Bromley and have a series of short videos explaining our work and priorities.

THE BSCP WEBSITE

The BSCP website includes separate sections for people working with children, for parents and carers, and for children and young people. Issues including Exploitation, Online Harm, Gangs and CCE, Harmful Practices, Radicalisation, Emotional Health and Wellbeing; Domestic Abuse, Bullying, Substance and Alcohol Misuse and Sexual Health have their own sections of the website with advice, signposting to resources, tips and information tailored to the specific audience. There are specific pages for young carers, children in care, licensed premises, and educational establishments. We have videos embedded, a news section and a live Twitter feed. The BSCP multi-agency training programme is accessed through the website and the Training and Resources section is a rich source of learning from audits, reviews and partnership events.

TWITTER

BSCP's Twitter account was launched in January 2017 and has been steadily increasing its number of followers. BSCP uses Twitter to share information about local and national safeguarding campaigns and promote local learning events and BSCP products to the children's workforce in Bromley as well as children, young people and families in the Borough. BSCP has supported the following campaigns through Twitter and our website this year: Child Protection in Sport Unit, Autism Acceptance Week, NSPCC – Speak out Stay Safe programme, E-scooters are illegal in all public areas in Bromley, #Childrensmentalhealthweek, #saferinternetday, 'Ask for Angela' initiative, #Antibullyingweek, World Mental Health Day, Not all #Domestic Abuse is physical, #Sexual Health Week, Bromley/Croydon Women's Aid – Young People's Support Group, MPS – Knife Crime Prevention Order, Winston's Wish – Support or information about supporting a bereaved child.



www.bromleysafeguarding.org



[@BromleyLSCP](https://twitter.com/BromleyLSCP)



Safeguarding Context in Bromley

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GLOSSARY OF
TERMS

CONTEXT

THE PARTNERSHIP

COMMUNICATION

**SAFEGUARDING
CONTEXT IN
BROMLEY**

LEARNING &
IMPROVEMENT

THE CHILD DEATH
OVERVIEW PANEL

TRAINING &
DEVELOPMENT

PROGRESS AGAINST
BROMLEY PLEDGE

TECHNOLOGY &
SOCIAL MEDIA

WHAT YOU NEED TO
KNOW

BSCP MEMBERSHIP



BROMLEY DEMOGRAPHICS SNAPSHOT

Approximately **71,000 children** and young people are **under 18**.
Of these, around **21,000** are aged **less than five years**.

0-18 year olds make up **22% of the total population** in Bromley,

Bromley has a similar ethnicity profile to the South-East of England, approximately **21.4%** of Bromley's population in 2021 are **ethnic minority groups**. The largest and fastest growing ethnic minority group in Bromley is Black African (8%), followed by white other group that includes Gypsy or Irish Travellers (7%), White and Black Caribbean (4%) and Black Caribbean (3%).

Although only around **21%** of Bromley's population are from **Black, Asian and minority ethnic backgrounds**, for our **school population the percentage of BAME is much higher at 35%**.

The **level of child poverty** is **better than the England average** with **15.5%** of children aged under 16 years living in poverty.

Source:

- GLA Housing Led Population Projection (2018)
- [Children and Young People Joint Strategic Needs Assessment \(JSNA\) 2018 – London Borough of Bromley](#)
- [Ethnic group population projections - London Datastore](#)
- [Demography JSNA Chapter Update 2021 \(bromley.gov.uk\)](#)





BROMLEY SAFEGUARDING INFORMATION

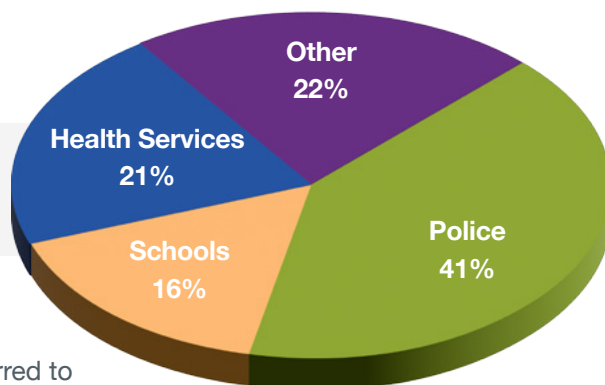
MASH ENQUIRIES AND REFERRALS

The number of monthly MASH enquiries received during 2021-22 has fluctuated throughout the year peaking at a high of 900 in March 2022 and reaching annual total of 8,115.

The three biggest sources of enquiries to the MASH during this period were:

- Police - 41%
- Health - 21%
- Schools - 16%

Source of MASH
Contacts 2022



39% of all children with MASH enquiries in 2020-22 were referred to Children's Social Care (CSC) for an assessment.

This conversion rate is slightly higher than that of 2021 (37%) but below that of 2020 (44%).

There is continued and sustained improvement in safeguarding awareness and CSC continues to work with partners on their understanding of the threshold. The pandemic resulted in an increase in enquiries not requiring CSC intervention.

SOCIAL WORK ASSESSMENTS

During the year 2021-22, 4207 Social Work Assessments (SWAs) were completed; compared to 3373 the year before 2020-21. 96% of assessments were completed within the expected timeframe of 45 working days, indicating 11% on previous years' outturn and above annual target of 87%.

The 5 most common factors identified at SWA were:

- Mental Health (of parent/carer) – 28%
- Domestic Abuse (of parent/carer) – 27%
- Mental health (of child) – 22%
- Emotional Abuse (of child) - 17.4%
- Learning disability (of child) – 16.9%

CHILDREN IN NEED

A child in need is defined under the Children Act 1989 as a child who is unlikely to reach or maintain a satisfactory level of health or development, or their health or development will be significantly impaired, without the provision of services, or where the child is disabled.

The Department for Education Child in Need Census includes all children referred to CSC and any that are currently open cases, except cases where children have reached successful permanence and are being monitored for funding purposes. Locally, our Child in Need cohort is those children who have been assessed as being in need by a completed Social Work



Assessment (excluding Children Looked After, Care Leavers, Child Protection and Private Fostering). Children with a disability are categorised into further subcategories of Child in Need.

In 2021/22, 6426 children were open to Children's Social Care at some point, indicating an increase of over 1,000 more than open cases the year before. On 31st March 2022, there were 2614 children in need indicating a rate of 346 per 10,000 children population in Bromley and slightly above 2021 national rate of 321.2 per 10,000.

SECTION 47 INVESTIGATIONS AND INITIAL CONFERENCES

A total of 1,825 Strategy Discussions were held in 2021-22 and 1,137 Section 47 enquiries commenced - both indicating increases on the year before.

537 children were the subject of Initial Child Protection Conferences (ICPC) during 2021-22 indicating an increase of 36 percentage points on the previous year (394). The average monthly number for 2021-22 was 45, ranging from the lowest number of 33 to 70. The rate per 10,000 ICPCs held in Bromley (72) is now above national rate of 59.3 in 2021.

83% of ICPCs resulted in the child becoming subject to a Child Protection Plan, a decrease from previous years conversion of 95%.

90% of ICPCs were conducted within 15 days of S47 during 2021-22. This is in line with previous year's outturn and above the 2021 national average of 83%.

CHILDREN SUBJECT TO A CHILD PROTECTION PLAN

There were 345 children subject to a child protection plan as of 31st March 2022, an increase of 22 percentage point from the year before (283). This represents 45.7 per 10,000 population and in line with national average of 41.4.

The highest category of abuse for Child Protection Plans is Neglect (217, 63%); followed by Emotional Abuse (107, 31%).

In 2021-22, only one child ceased to be subject of child protection plan that was longer than 2 years, this is less than the 4 reported the previous year and even less than 6 reported in 2019-20. Bromley's rate is well below national average of 3.7% (2021).

87 children became subject of a plan for a second or subsequent time during the period 2021-21 (19.5%) and is above the previous rate of 14% (50 children) but in line with 2021 national average of 22%.



CHILDREN LOOKED AFTER

At the end of March 2022, there were 328 Children Looked After (CLA) and this is 13 below previous years outturn (341). This amounts to 43.5 per 10,000 population and is significantly below the 2021 national average rate of 67 per 10,000.

On 31st March 2022, 19% of children were looked after under Section 20 of the Children's Act. This is slightly above the national rate (15%) but is in line with previous outturn as fewer Unaccompanied Asylum Seeking Children were taken into care in the last 2 years.

35 children looked after (10.7%) had 3 or more placement moves during 2021-22. This is above previous years outturn and better than the 2021 national average of 9%. 71% of Children Looked After are under the age of 16 and in care for 2.5 years or more and have been in the same placement for 2 years. This is in line with 2021 national average of 70%.

On 31st March 2022:

- 70% of CLA were in foster placements. Of these, 42% were with in-house carers, 30% with Independent Fostering Agencies and 13% in connected persons placements
- 22% in residential placements
- 0% in independent living
- 2.5% in adoptive placements
- 5% placed at home

21% of children are placed outside of Bromley and more than 20 miles from where they used to live. This is above the 2021 national average of 16%.

Of the 66 care leavers aged 17 and 18 receiving supports as of 31st March 2022 91% were in touch with the local authority. Of these, 97% were in suitable accommodation, 70% were in Education, Employment or Training (EET).

163 (89%) care leavers aged 19-21 were in touch on their birthday compared to 91% nationally in 2021. 94% were in suitable accommodation compared to 88% nationally and 57% were in EET better than the 2021 national average of 52%.

Of those children continuously looked after for 12 months as of 31st March 2022:

- 100% of under 5s had up to date health checks completed within the statutory timeframe
- 96% of children had a health assessment completed within the statutory timeframe, in line with previous outturn.
- 75% of children had a dental check completed within the statutory timeframe, significantly better than 45% the year before which was affected by the pandemic.
- 93% of children were up to date with their immunisations, slightly below last year's figure of 98%



ADOPTION

10 children were adopted from care during the year 2021-22 representing 8% of the cohort ceasing to be looked after and below the national average of 10% in 2021 also affected by the pandemic with reduced pace of court proceedings.

Six children were placed for adoption during the same year, this is below the 12 in 2019-20. 15 children had an ADM decision for adoption and were waiting to be placed.

Eleven (8%) children looked after ceased to be looked after due to a Special Guardianship Order in 2021-22 indicating significant decrease from the 33 reported in 2020-21.

The average number of days between a child entering care and moving in with an adoptive family in 2020-21 was 557.4. This is higher than the national threshold of 426 days and previous outturn of 287 days.

The average number of days between Bromley receiving court authority to place a child, and matching the child with an adoptive family, was 97 indicating improvement from previous outturn and below the national threshold of 121 days. The 3-year average is however above at 156 days, a slight improvement on previous rolling 3 years.

The percentage of children waiting less than 14 months between entering care and moving in with their adoptive family was significantly lower at 45% (representing 23 children over the last 3 years); slightly above the national average of 43%, however this is no longer published as an indicator.

At the end of 2021-22, there were 133 approved foster carer households (including respite and connected persons). This is similar to the 132 reported in the previous year. There have been 11 newly approved mainstream foster carer households in 2021-22, similar to the 10 approved in the previous year.



YOUTH JUSTICE

The Youth Justice Service (YJS) has 3 national targets of reducing:

- First Time Entrants
- Offending and reoffending
- The use of custody

As well as 2 local indicators:

- Suitable accommodation
- Education, training and employment

The YJS finished the last reporting year with good outcomes for all its indicators.

First-time entrants

- 40 Children became first-time entrants into the criminal justice system during January 2021 – December 2021. A 9% reduction (from 48 down to 40) in the actual number of first-time entrants compared with the previous year.
- Bromley's rate of first-time entrants has reduced annually by 21% and is 18% lower than the average for London. Bromley's rate is also 15% below the national average and is in line with our statistical neighbours. Bromley also has the lowest rate compared with the 6 surrounding boroughs. (Bexley, Croydon, Southwark, Lewisham, Lambeth, Greenwich).
- Bromley has the 5th lowest FTE rate in London and are ranked 45th out of the 154 YJS in the country.
- Bromley YJS are triaging an average 100 cases a year and issuing an average of 17 community resolutions a month which is having a direct impact on keeping the number of first-time entrants low in comparison to the London and national average. (A young person receiving a triage or community resolution for a first offence prevents them from becoming an FTE).



Reducing offending

This measure captures those children who offend and go onto reoffend. It is a quarterly rolling measure of the rate of re-offending after 12 months of a cohort of children. Data taken locally shows that age plays a significant part with the older children being more prolific in their offending.

The YJS tracks a cohort of offending children who received a pre-court, court disposal or were released from custody in a 12-month period. The latest figures available are for a 12-month period July 2019 - June 2020. (Tracked until the end of June 2021)

63 children received a YJS intervention between July 2019 - June 2020. 18 (29%) reoffended within a one year tracking period. Bromley YJS have achieved a 4% reduction in the rate of reoffending compared with the previous year, July 2018 - June 2019.

- This cohort of children being tracked has reduced over the past 4 years where 178 children were serving YJS interventions by the end of June 2016. This is a 65% (115 cases) reduction over a 4-year period.

- During the annual cohort period (July 2019 - June 2020) the YJS had been working with a number of children with complex issues and challenging behaviours. However, the YJS has continued to work to support and reduce the risks posed by these children both to themselves and the public. The service delivered a range of group and individual interventions to support their desistance.
- Bromley has an offence frequency rate of 0.90. A total of 57 offences were committed by those (18) who reoffended. Bromley has the 6th lowest frequency rate in London and is ranked 35th Nationally.

• Bromley YJS reoffending rate is 10% lower than the average for London and is 5% lower than the national average. Bromley's rate is also 2% lower than statistical neighbours.

- Bromley has the 3rd lowest reoffending rate in London and is ranked 39th out of the 154 YJS in the country.



Custody

The YJS tracks the number of children sentenced to custody in an annual period. The latest figures available are for the 12-month period of April 2021 – March 2022. Good performance is typified by a low figure.

- There has been an annual reduction of 10% in the rate per 1000 of custodial sentences, compared with the same period last year (4 custodial sentences). Bromley's rate of custodial sentences is 13% below the average for London and is 8% below the national rate. Bromley's custody rate is 5% lower than its statistical neighbours.
- Bromley is currently ranked 32 out of the 154 YJS in the country and has the 4th lowest rate of custodial sentences in London. Bromley has the 2nd lowest custody rate in comparison to its 6 neighbouring boroughs (Bexley, Croydon, Southwark, Lewisham, Lambeth, Greenwich).
- The YJS continues to provide robust community interventions to manage risk in the community where it is safe and appropriate, however, for those in custody it supports them throughout their sentence and assists in their reintegration into the community, working closely with Children's Social Care, Housing and other agencies to make this a smooth transition.

LOCAL INDICATORS:

Accommodation

The YJS tracks the number of children who have access to suitable accommodation at the end of their order. The latest reporting period is for April 2022 to June 2022. There were 24 interventions which ended between April 2022 to June 2022. 22 out of the 24 (94%) children were living in suitable accommodation with their parents/relatives and carers at the end of their order. Two children were remanded into custody, however, the YJS does not view these placements as suitable for children. The percentage living in suitable accommodation is 8% lower than last year.

Education Training and Employment

The YJS monitors the percentage of children engaged in suitable education, employment, and training at the end of their YJS intervention. The latest reporting period is for April 2022 to June 2022. There were 24 interventions which ended, and these were all school aged children who were on roll and attending an ETE provision at the end of their order. This is in line with the same period last year. YJS has supported these children in a range of ways including CV writing, interviewing and motivational skills. The YJS has seen an 8% increase in the number of above school age children being in a suitable education in comparison to last year. Overall, 92% of all children completing their YJS interventions between April 2022 to June 2022 were in a suitable ETE Provision.



DOMESTIC ABUSE

The Domestic Abuse Strategy Lead role sits within the Early Intervention and Family Support Services which aids the early intervention approach we want to take in Bromley in addressing and tackling domestic abuse.

The 2021/24 Domestic Abuse Strategy 'An intergenerational domestic abuse strategy, making domestic abuse everyone's business' was published last year. Key stakeholders have signed up to the commitment, within the Strategy, to tackle domestic abuse.

The Domestic Abuse Strategy sets out the five key priorities adopted by the London Borough of Bromley.

The priorities and associated workplans are:

1. To promote the message that tackling DA is everyone's and every agency's responsibility.

A Domestic Abuse Strategic Board and an Operational Forum were developed and have been operational since 2020 to help guide, develop and monitor the domestic abuse need and services across the borough. Both the Board and Forum have a strong engagement from services across the borough ensuring a multi-agency approach of early intervention.

The Bromley Multi Agency Risk Assessment Conference (MARAC) Action Plan developed in partnership with SafeLives remains an active document driven through the MARAC Steering Group, Operational Forum and Strategic Board. There is more work to be done on this.

The MARAC Steering Group membership has been reviewed to reflect all agencies required to be in attendance. Over the last year there has been a substantial increase of referrals to MARAC hence the importance placed on having the right people around the table. A second order of 10,000 wallet sized cards have been purchased for front line practitioners to give to people who may be experiencing domestic abuse. The cards contain contact numbers and websites for local and national services and helplines.

The Strategic Domestic Abuse Lead has developed:

- A language document to support professionals in using the correct domestic abuse terminology – published via the BSCP and BSAB
- A factsheet on the Domestic Abuse Act 2021 – published via the BSCP and BSAB
- A range of presentations for focussed services – published via BSAB

Data collection and a service mapping tool is an area of work under development through the Operational Forum.



2. To commission effective services to support victims of Domestic Abuse

Bromley and Croydon Women's Aid (BCWA) are the current commissioned domestic abuse victim survivor service in Bromley.

The services that they provide under the contract with Bromley are:

- Independent Domestic Abuse Advocates (IDVAs)
- One Stop Shop
- Freedom / Keys to Freedom Programme
- Hosting DRIVE IDVA (Perpetrator Service)

The referrals into BCWA for their services have increased since last year. This was impacted by COVID-19 (both in Bromley and nationally):

- Total of new referrals into IDVA services:
 - 2019/2020 - 466
 - 2020/2021 - 943
 - 2021/2022 - 922

- Total number of people supported through the One Stop Shop:
 - 2019/2020 - 358
 - 2020/2021 - 358
 - 2021/2022 - 508
- The Freedom/Keys to Freedom Programme was adapted for online learning:
 - 2020/2021 - 244 places offered online
 - 2021/2022 - 257 offered a place

3. To challenge perpetrators and explore interventions that measure change in their behaviour.

In March 2021 Bromley joined with Croydon and Sutton Local Authorities and the London South BCU (Police) to be part of a new perpetrator intervention: Domestic Abuse Perpetrator Panel (DAPP) delivered through DRIVE. DRIVE is a perpetrator service that works to challenge and change behaviour of high-risk high harm perpetrators and to disrupt behaviours to reduce risk.

A Domestic Abuse Perpetrator Panel sits monthly, and referrals are fed to this panel via MARAC Panel. The target for the year is for 70 referrals into DRIVE. As at quarter 4 2021/22, there were 45 (64% of target) - of which 2 referrals were repeat referrals - therefore 43 referrals were accepted onto the programme. Disappointingly only 13 perpetrators fully engaged.



4. To increase and develop existing training offer on Domestic Abuse to improve local responses to victim survivors.

The Strategic Lead Officer continues to work closely with both the BSCP and BSAB to ensure that Bromley is delivering a good training model to support understanding of Domestic Abuse issues.

Due to COVID there was reduced access to the core domestic abuse training programmes as the provider was unable to deliver online, however, the Domestic Abuse Lead Officer identified and brought into Bromley several specialist DA training events covering in 2021 and repeated in 2022:

- Domestic Abuse and the impact on children
- Coercive control
- DRIVE DAPP panel training (for panel members only)
- Service and referral pathways for MARAC, DAPP and DA support services

5. To introduce Domestic Abuse Ambassadors to support staff in the workplace.

The Strategic Domestic Abuse lead is working with LBB to develop and implement a staff domestic abuse strategy policy to support all Bromley staff and to raise awareness and give guidance to managers. As part of this guidance, there are plans to develop a team of trained Domestic Abuse Ambassadors in Bromley. The staff Domestic Abuse Policy was presented to colleagues and Trade Union in November 2021 and will be implemented in the coming year.

Data from the Mayor's Office for Police and Crime (MOPAC) shows that in Bromley, between August 2021 and August 2022 there were:

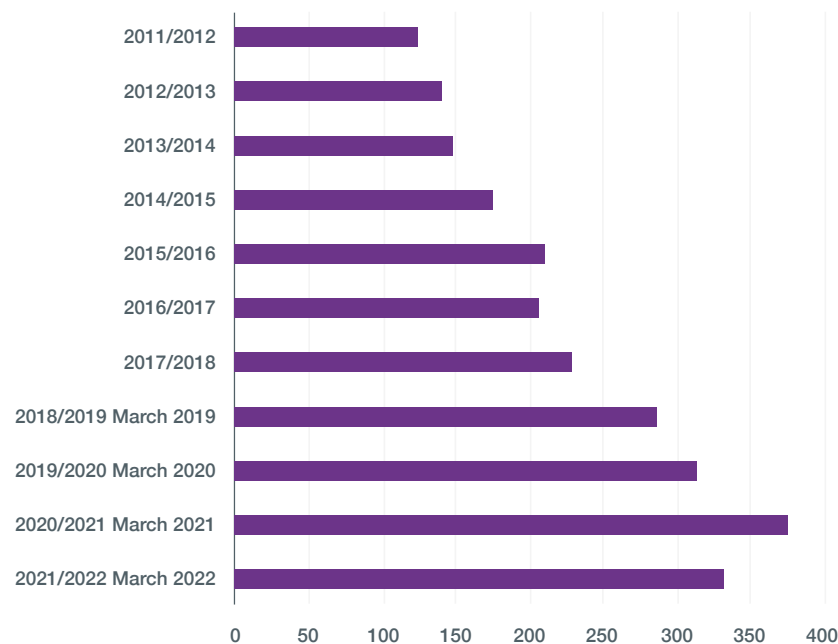
- 2750 domestic abuse offences - a decrease from the 2020/21 data of 3035 offences (where a crime has been committed and recorded)
- 4305 domestic abuse incidents - a decrease from 2020/21 data of 4410 incidents (where a crime has not been committed but is recorded for intelligence purposes – i.e. a verbal argument)
- 641 sexual offences - an increase from 2019-20 data of 514 sexual offences.



ELECTIVE HOME EDUCATION

The graph below shows the number of children known to be Electively Home Educated (EHE) in Bromley since 2011/12. It should be noted that the figures up to 2017/18 are based on academic year and the later figures are for the financial year (April-March).

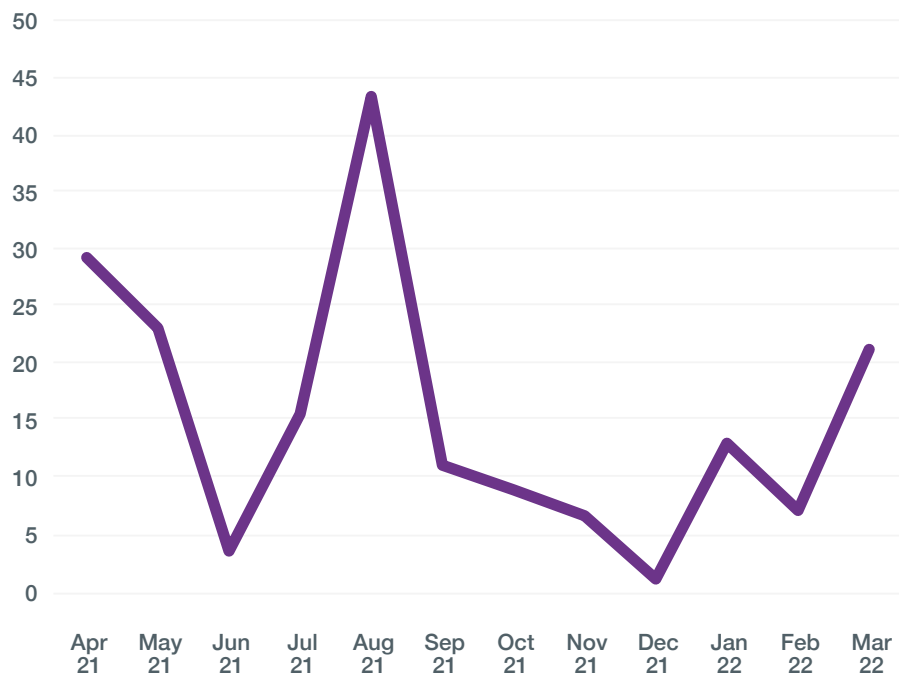
Number of EHE Declared in Bromley since 2011



As of March 2022, the total number of young people registered as electively home educated was 332 (see chart above). Whilst this is a slight reduction in numbers from the previous year, it falls in with the trend that was being seen pre-COVID with a gradual increase in number of students being registered as EHE. With the new guidance and Schools Bill, placing responsibility on ensuring parents notify the LA of their intention to home educate, it is expected that next year we will see a further increase in numbers.



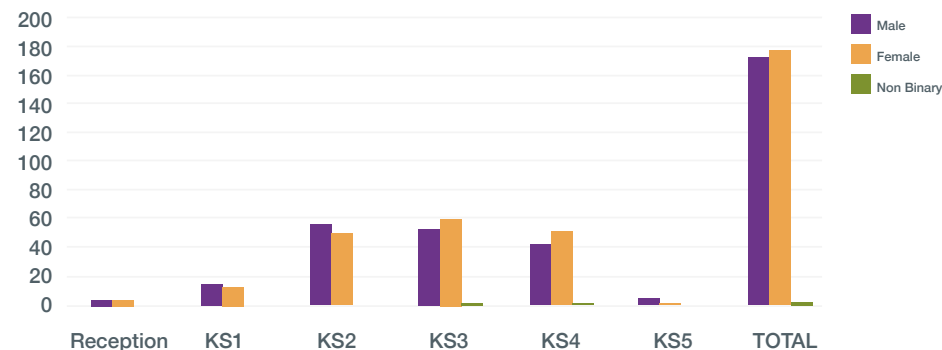
Numbers of Newly Declared EHE April 2021 to March 2022



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The fluidity of the EHE is indicative of students returning to mainstream education and being removed from the list when moving out of borough whilst at the same time, new additions from children moving into the borough. The above chart provides data regarding the number of declarations received on a monthly basis from April 2021 until March 2022. As with previous years, we have seen a similar trend of a significant spike in the number of EHE declarations around August.

EHE Cases by Key Stage and Gender for May 2022

Based on data from May 2022, the number of students registered as EHE is highest in Key Stage 2 and 3. A decline is seen in Key Stage 4, with the numbers in Key Stage 5 being almost comparative with reception. Overall females were the most represented group on the register.



Following the removal of restrictions relating to the pandemic, the EHE Team have been able to resume home visits and face to face interactions with families on the register, continuing to build relationships with the EHE community.

Building upon changes made during the previous years in response to the pandemic, the EHE Team and Education services continue to work with the EHE community to appropriately support parents with their choice to home educate their children.



Reasons Given for Choosing EHE May 2022

The Local Authority has a good understanding of the reasons why parents choose to home educate their child. The pie chart shown confirms that philosophical preference continues to be the biggest reason for parents choosing to declare EHE. The number of cases where a reason for decision to EHE was not stated has significantly decreased this year allowing a clearer picture of reasoning to be provided. The number indicating COVID-19 was the main influencing factor has reduced, but it is still present due to the ongoing impact of the pandemic. However, the numbers choosing to return to school indicates the fear of COVID-19 was at the heart of some families' decision.

A clear protocol exists between Bromley CSC, the EHE Team and the Education Welfare Service to manage EHE arrangements. These arrangements remain subject to ongoing and robust scrutiny by the Senior Leadership Team and Portfolio holders.

Partnership working within Education and with other teams across the Local Authority continues to be important. This is seen as a way partners can take a more preventative approach to decisions on Elective Home Education, as well as providing children and families with appropriate support.

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Health related concerns relating specifically to COVID

21

Parents did not provide a reason

20

A means of avoiding school exclusion (PEx)

10

Health / emotional health / anxiety

21

Difficulty in accessing a school place

3

Did not get school preference

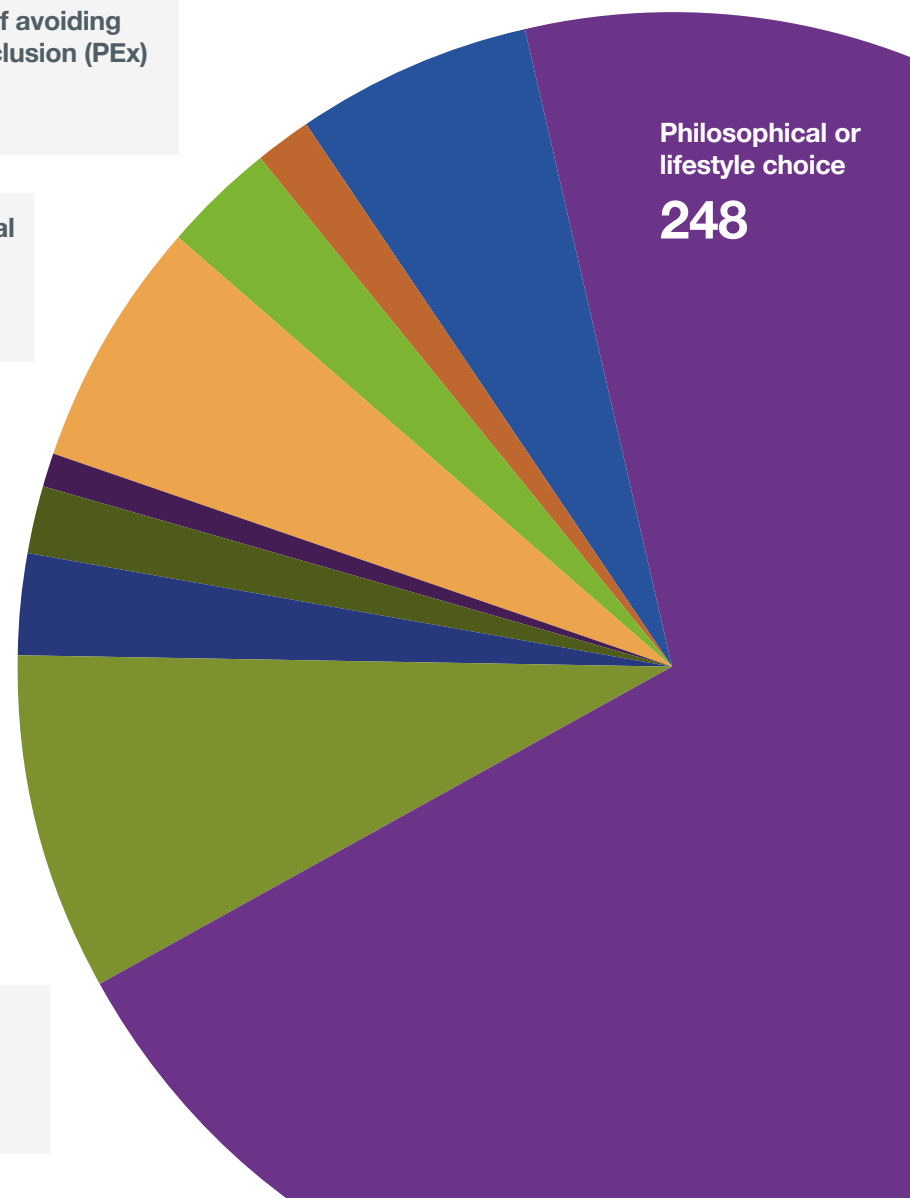
6

Bullying

9

Dissatisfaction with the system

29





Private Fostering Awareness

Do you know a child being looked after by someone who is not a close relative?

It could be a private fostering arrangement.

Learn more at:



bromley.gov.uk/privatefostering



Download our
free App →

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PRIVATE FOSTERING

The Private Fostering Regulations apply when children or young people, under the age of 16 years (18 if they have a disability) live with a person who is not a close relative for 28 days or more.

The Local Authority where the arrangement takes place needs to assess the suitability of this arrangement and review it under the Private Fostering (PF) Regulations to ensure the placement can safeguard and promote the child's welfare. The BSCP monitors the arrangements in place for privately fostered children in Bromley. The PCI Subgroup considers the quarterly data on private fostering and scrutinises the PF annual report to scrutinise the arrangements the LA has in place to discharge its duties.

The data that follows illustrates the private fostering activity for the year 2021-2022.



| | | |
|---|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Number of active/open PF arrangements at 31 March 2021 | 4 |
| 2 | Number of new notifications received during 1st April 2021 to 31st March 2022 | 4 *1 of the new notifications did not progress into a private fostering arrangement because the birth parent came to the UK and stayed with her child for a few months until the young person turned 16. |
| 3 | The Source of new notifications in the year | |
| | <i>International School</i> | 4 |
| | <i>Social Care departments</i> | 0 |
| | <i>Primary school</i> | 0 |
| | <i>Community / Parents</i> | 0 |
| 4 | Number of children in PF arrangements during 1st April 2021 to 31st March 2022 | 7 (3 new and 4 from previous year) |
| 5 | Number of PF arrangements closed during 1st April 2021 to 31st March 2022 | 7 |
| 6 | Outcome / Reason for closure | |
| | <i>Section 20 / Transfer to other teams in Bromley</i> | 0 |
| | <i>Child returned to parents or close relative in the UK</i> | 0 |
| | <i>Child returned to parents or close relative overseas</i> | 4 |
| | <i>Child turned 16</i> | 3 |
| | <i>Child returned to Boarding school after lockdown</i> | 0 |
| | <i>Criteria not met as child living with close relative</i> | 0 |
| | <i>Care transferred to another Local Authority</i> | 0 |
| 7 | Number of active/open PF arrangements at 31st March 2022 | 0 |



- The ages of children at point of notification ranged between 13-15 years.
- The table below illustrates the ethnicity of the children in private fostering arrangements during 2021-2022

| | |
|---------------|---|
| Black British | 1 |
| White Other | 5 |
| White British | 1 |

The number of private fostering notifications has decreased significantly in the last two years. This appears to be a continued impact from the pandemic; notifications from Private Schools decreased significantly due to a reduction in international travel. Awareness raising was impacted due to less contact with the public and partners agencies. An awareness strategy is in place and there are also indications that notifications are increasing again (2022/23).





SEND (SPECIAL EDUCATIONAL NEEDS AND DISABILITY)

The number of Education Health and Care Plans (EHCP) have continued to increase over the past year at a rate significantly above any population changes (60% since 2018). At the January 2022 SEN2 Census there were 3,241 children and young people in Bromley with an EHCP, with 476 new plans in 2021.

Requests for Statutory Needs Assessments have increased by 110% since 2018 with a projected annual increase of 36% for 2022 based on the first 7 months data. EHCP assessments in 2022 are projected to be 710 which would be a 42% increase from last year. Based on the first 7 months of this year, it is likely that the number of plans will increase by 17% from last year, bringing the total number of plans to 3,783.

The most common primary needs of children and young people with an EHCP are Speech, language and communication needs (930), autistic spectrum disorder (698) and social, emotional and mental health (SEMH) needs (598).

Mainstream schools (943) and special schools (870) are the settings with the largest EHCP population. Over the past 10 years the total capacity of maintained special schools has increased by 80% from 454 in 2012 to 842 in 2022 to meet this growing need.

increase of up to 90% since before the pandemic. Schools and early years settings are reporting a higher complexity of need within their pupil cohort - especially related to SEMH, early developmental presentation and co-existing conditions. The pandemic has contributed to challenges in school, this is partly due to children and young people with SEND missing out on learning time with teachers. In addition, health services have been under significant pressure leading to greater than expected waiting times.

Bromley is now an Autism Education Trust (AET) hub and provides free training to all early years settings, schools, colleges and colleagues across health and social care. Other accredited courses are also offered to schools including Talk Boost and Word Aware.

Each early years setting and school across Bromley has single points of contact within key support teams providing education colleagues with access to advice, support and signposting in a timely way.

The multi-agency panels including Gateway provided a holistic and joined up support pathway for schools and other agencies to refer children. The SEND teams continue to work collaboratively with health and social care colleagues to agree, deliver and communicate a robust offer of support at universal, targeted and specialist levels.

Data shows a higher level of requests for support from the Advisory and Teaching Teams (SENAT) over the last two years with referral rates showing an



CHILDREN WITH DISABILITIES

At the beginning of August 2022 there were 410 children open to the Children's Disability Service. These are children with a severe or profound disability. Children who require social care support who have a mild or moderate disability can be supported by colleagues across other social care teams. Within the 410 children, there are presently 119 children open via a self-assessment. These are children with a severe or profound disability, who benefit from the provision of short breaks, although do not require a social work visit or increased intervention from social care. This supports children with disabilities and their families to receive a service through a more proportionate assessment.

The team is presently responsible for 31 looked after children and 3 children who are subject to a child protection plan. All children known to the Children's Disability Service are classed as 'children in need'. There are currently 15 children on child in need plans, requiring the highest level of support with 4 weekly visits and 6 weekly meetings. These children may be at risk of coming into care or there may be safeguarding issues requiring a high level of monitoring.

The Children's Disability Service continue to complete their own strategy discussions and subsequent Section 47 enquiries and recommend for Child Protection Conferences if applicable. This has strengthened the safeguarding of disabled children; having practitioners with knowledge of the child, family, and the child's communication needs, therefore aiding in making appropriate decisions to safeguard the child, whilst also recognising the pressures and complexity of caring for a severely disabled child. The team also leads on cases that need presenting to the courts. This ownership of the child's situation has improved the skills of practitioners and consistency of support for children with disabilities. The service continues to support the children within the service if they meet the criteria from initial assessment through to adulthood, which offers consistent support to the child and family and embraces the 'relationship model' within Bromley.

LBB has developed a new role - Head of Service, 0-25 Service. This will lead on ensuring that young people who are transitioning to adult services are supported appropriately.

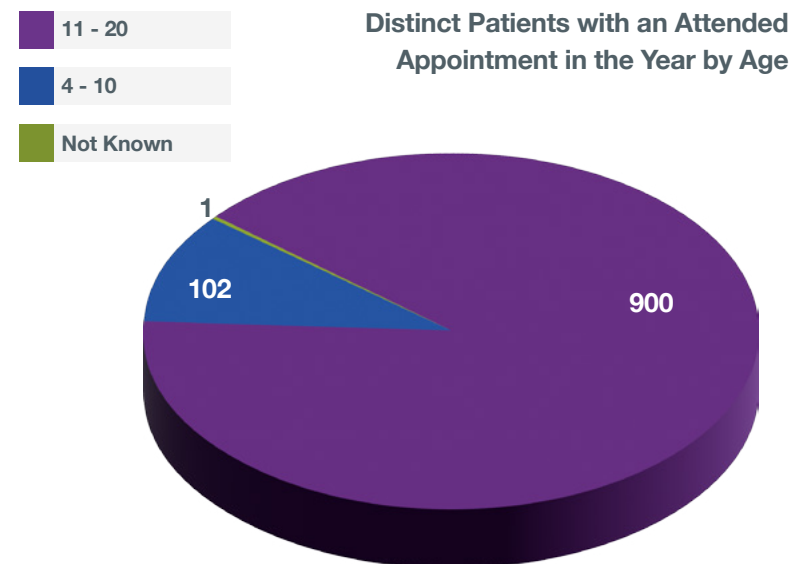
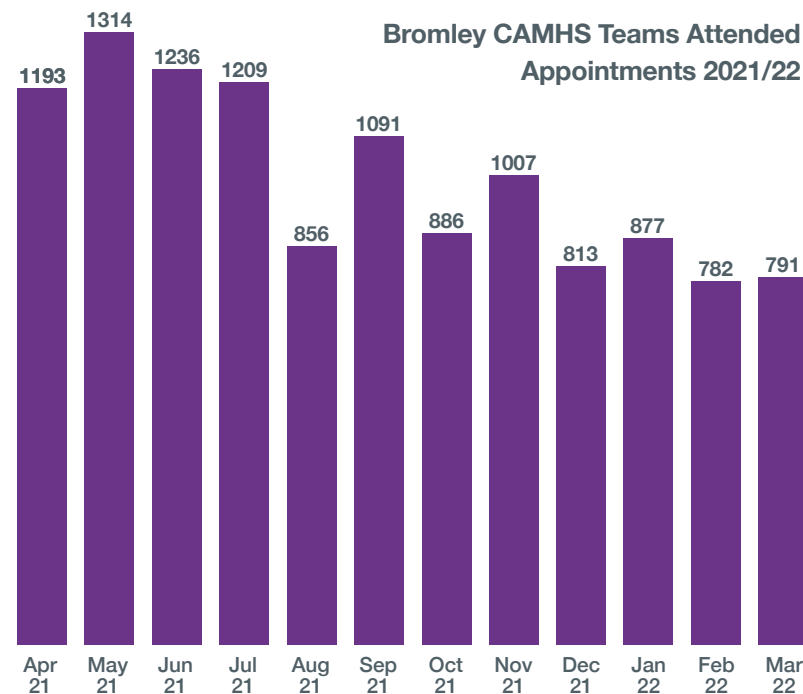


CHILDREN'S MENTAL HEALTH

During 2021 – 2022 Oxleas services made 44 referrals to Children Social Care, which is comparable to the previous year when 43 referrals were made. Oxleas NHS Foundation Trust Safeguarding Team monitors all referrals that are notified to the team. This includes a closer scrutiny of referrals resulting in No Further Action (NFA) in order to improve the quality of information shared with Children's Social Care and at the same time, to identify any potential themes for learning or systems issues that may need to be raised at a partnership level.

In 2020-2021 the referrals received by Bromley Y for the year were 2,348 which is an average of 587 per quarter. As this was an unusual year with the pandemic and two lockdowns, the number of referrals for 2019-2020 was 2,675 which is an average of 669 per quarter. The first quarter of 2021-2022 showed approximately a 74% increase on the 2020-2021 average and a 35% increase on 2019-2020. In Quarter 3 and 4 the number of referrals is closer to the 2019-2020 average. However, the complexity and acuity of referrals has increased. By Quarter 1 of 2022-2023 the number of referrals was again increasing -averaging 15 referrals per day.

The number of children seen by Bromley CAMHS in 2021-2022 was 1003, compared to 1086 in 2020-2021. The drop may be reflective of an increased complexity of risks and vulnerabilities faced by our children and young people due to the pandemic and its aftermath, as well as increasing workforce challenges with recruitment and retention, reflective of the broader national context. The graphs shown evidence the number of attended appointments each month and by age categories.



IMPACT

Due to emerging mental health complexities since the pandemic started, the BSCP have focussed their challenge and scrutiny activity on mental health services this year. The BSCP Board reviewed mental health data and the Mental Health Strategy at the June 2021 board meeting and again in March 2022 to scrutinise CAMHS waiting times. Board members have been assured of mitigations and have planned a follow up Digital Footprint Survey in 2022/23.



MAPPA

The Criminal Justice Act 2003 provided for the establishment of Multi-Agency Public Protection Arrangements (MAPPA) in England and Wales. Nearly 20 years later these mechanisms continue to form a conduit for information sharing and the oversight of the management of individuals presenting the highest likelihood of committing offences involving the most serious harm.

Whilst these arrangements are predominately focussed on the management of individuals convicted for offences of sexual and violent offences, the arrangements also include mechanisms for increased oversight for other individuals where risk is assessed to be escalating.

Within MAPPA there is a statutory duty for criminal justice agencies and other bodies managing offenders to work together in partnership. Although the Police, Prison and Probation Services are the 'Responsible Authorities' (with responsibility for chairing and convening these meetings), other bodies hold a 'Duty to Co-operate' function and are invited to attend and share information within these arrangements. Duty to Co-operate agencies may include statutory bodies such as Children and Adult Social Care; the Youth Justice Service; Job Centre Plus; Integrated Care Boards; providers of electronic monitoring; and the Home Office Immigration Enforcement.

Given the dynamic nature of risk assessment, the level at which individuals are managed within MAPPA thresholds will fluctuate, with level 1 being the lowest threshold and level 3 the highest. Most individuals are managed at level 1.

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Those individuals with a current conviction for serious violence (category 2) currently form the highest percentage of those managed within the MAPPA framework, followed by those with registrable sexual offences (category 1), and finally those without either a violent or sexual offence but where their likelihood of committing an offence involving serious harm is deemed to be escalating (category 3).

The volume is as follows: Category 1 (74 cases), Category 2 (125 cases), Category 3 (2 cases).

ALCOHOL AND SUBSTANCE MISUSE

In 2021/22 Bromley Changes continued to face lockdowns and uncertainty surrounding coronavirus restrictions. This meant some trends mirrored the previous year:

- Some key partners were not routinely seeing children and young people face-to-face, making it challenging to spot the signs of substance misuse and therefore not making as many referrals
- Anecdotal evidence and feedback from children and young people indicates a lot of children and young people's drug and alcohol use actually reduced with the lockdown due to reduction in supply and the absence of peer pressure as socialising was limited.

Bromley Changes received 196 referrals for young people between 1st April 2021 and 30th April 2022. There were 106 referrals in 2020/21 and 221 in 2019/20. The referral sources included A&E, Alternative Education, Bromley Y, CAMHS, Carer, GP, Children's Social Care, Mainstream Education.



EARLY HELP

Early Intervention and Family Support Services (EIFS) comprise of five distinct services:

- The Bromley Children Project (BCP) Family Support and Parenting Practitioners encompassing the Supporting Families agenda (nee Tackling Troubled Families)
- Children and Family Centres
- Common Assessment Framework (CAF) Team
- Children's Contact Centres
- Information Advice and Support Service.

Also sitting within EIFS are three other key services: Domestic Abuse Strategic Lead Officer; the Reducing Parental Conflict agenda; and the Social Communication Needs Family Support Coordinator. All of these posts reach council and partner-wide and work to support families and their journey through challenging times.

The strongest focus within EIFS is on effective early intervention so that children and their families can receive the help they need at the best time for them. When children and their families need to receive a service, the focus is on understanding their needs and their context well so that help is purposeful and achieves the best outcomes for them. Practitioners work holistically with the family to help them take back control by supporting them to build their self-efficacy and resilience.

The Bromley Children Project Facebook and Instagram account presence continues to grow in popularity and BCP has now also launched its own YouTube Channel 'Creative Kids'. There are in excess of 1,790 Facebook followers

and in excess of 1,050 Instagram followers. During the pandemic, BCP launched its YouTube Channel and posted 28 videos. The Parenting Hotline was launched in 2020 and remains a key element of the support offer. EIFS continues to host the monthly MAPE (Multi Agency Partnership Event) 'Safeguarding is Everyone's Business' training event. Alongside this, EIFS has continued to run the monthly EIFS Information Sessions but moved these online to ensure consistency during the pandemic. 182 partners registered attendance on these sessions. This has been well attended and feedback has been excellent.

Common Assessment Framework (CAF)

Bromley maintains a centralised Common Assessment Framework (CAF) service within EIFS, providing support, training and a central repository for all CAF (also known as early help assessments) completed by any professional working with families in Bromley. The CAF team works with any agency working with children, providing bespoke training as requested, as well as the training published through the BSCP.

Unfortunately, during the COVID pandemic there was a reduction in CAFs lodged with the CAF Team, as partners in education and health had to adapt their practice and move staff to cover key operational areas. During the pandemic the biggest author of CAF was with Children's Social Care including the Bromley Children Project.

Data shows that Early Years Settings and Health services continue to log very few CAF. Despite work undertaken with partners to increase their knowledge and understanding of both the process of CAF and benefits of it to families, this has not translated into an increase in the number of CAF being logged. This continues to be a key focus for the service during the coming year.



Family Support and Parenting Work

The EIFS continued to deliver a range of evidence based accredited parenting programmes using online Webinars in both short courses and one-off sessions. The range of programmes delivered cover parents of children and young people of all ages (0-25, including SEND) and include self-reported before and after measures in relation to confidence, learnt strategies and family cohesion. During the pandemic the service developed a range of new parenting events. There are currently 9 courses in person face-to-face, 18 online webinars, and 2 'short' online courses. Courses are delivered to capacity audiences and have become integral to the wider support offered by other specialist services, such as the recommendation by Community Paediatricians who are asking parents to complete Cygnet before ASC diagnosis and New Forest Parenting before ADHD diagnosis.

Feedback regarding parenting courses and webinars continues to be excellent. The increase in the number of families where both parents attended the sessions remains consistent.

All Family Support and Parenting Practitioners are trained to deliver these programmes which ensures consistency of practice and advice / support for families including in their one-to-one case work. Previously there has

been a year-on-year increase in the number of evidence-based parenting programmes, however, during the pandemic the service adapted to webinars in order to ensure COVID safety restrictions were not breached. Since introducing online parenting in October 2020, EIFS have delivered 151 seminars and short courses, equating to 261 online sessions, and alongside this, delivered 24 face-to-face parenting courses of between 4 and 13 weeks in duration.

Referrals for one-to-one support via Bromley Children Project's Family Support and Parenting Practitioners have dramatically increased; EIFS received its highest ever number of referrals for support for the Family Support and Parenting Practitioner Team in 2019/20 at 977. Despite COVID this extremely high rate of referrals for support was mirrored in 2020/21 with 971 referrals, and likewise in 2021/22 with 947 referrals. Data shows EIFS have worked with in excess of 4,300 families and supported in excess of 5,800 cycles of support.

Feedback continues to demonstrate the positive impact of attending any of these evidence-based parenting programmes with other parents who are struggling. The positive impact reflects improved parenting abilities, improved wellbeing, reduced isolation and generally happier families.



Children and Family Centres

The Children and Family Centres were unable to operate as 'normal' during the pandemic but remained open for appointment only sessions with health partners and its own staff delivering play sessions. COVID safety measures were in place and reported effective as the service did not have to close its doors due to COVID contact.

Whilst the number of visits to the Children and Family Centres was far below normal operating standards during 2020/21 due to COVID, the Centres still managed to support 6,663 visits. As restrictions were relaxed in line with Government health and safety guidance, there was an immediate increase in visits to in excess of 28,280 during 2021/22. We are on track to exceed this for the current year.

The commissioning process for services for the coming year 2023/4 is underway and the ambition is to return to the normal operating model.

Tackling Troubled Families

EIFS continues to lead on the Tackling Troubled Families (TTF) agenda within Bromley. The number of families referred to BCP for support continues to grow. A referral for Bromley Children Project relates to a whole family rather than an individual child or children, and EIFS have received an all-time high this year.

The Department for Levelling Up, Housing, and Communities (DLUHC) set Bromley a range of targets to achieve. To date, all of the Supporting Families (nee Tackling Troubled Family) Programme milestones agreed with the DLUHC have been achieved. This is confirmed via the validation process which requires officers to submit evidence to Internal Audit to evidence that the changes made by the family are both 'significant and sustained'.





CHILD EXPLOITATION

In Bromley all children and young people at risk of extra familial harm, including those who go missing from home and care, those who are at risk of child sexual exploitation (CSE), child criminal exploitation (CCE), gang affiliation, serious youth violence, radicalisation and trafficking are tracked through the Atlas team. The Atlas team was set up in 2017, initially to track and respond to young people who go missing and those who were at risk of CSE. Since then, the team's remit has expanded to respond to wider contextual safeguarding concerns. The team comprises of a team manager, three return home interview (RHI) officers, a data analyst and a business support officer.

The team works closely with the Youth Justice Service, Police (Gangs, Missing, CSE, CCE and Rescue and Response Project). The Atlas team manager also sits on Bromley's Channel (PREVENT) panel, the YJS Risk and Safeguarding Panel and the Out of Court Disposals Panel. The Atlas team functions as an intelligence hub, supporting the MASH and all CSC Teams. The team manager and data analyst attend strategy meetings and collate information in relation to risk assessments and safety planning for young people. This allows for a rich intelligence picture both in relation to young people, their friendship groups, the locations in which they live, learn, and grow as well as the identification of local hotspots, emerging trends / risks and people and places of concern. Having this information allows the social work teams and the wider professional network to identify the most appropriate services to support and address the needs to the young people and their families.

Children and young people who go missing from home and care

The Atlas team has 3 dedicated RHI workers who offer return home interviews to young people who go missing. This includes Children Looked After who are placed outside of Bromley. Where young people have frequent

missing episodes, the team maintains the consistency of the same worker undertaking the return interview. RHI workers provide feedback to allocated social workers. Where young people are not known to a social work team, consideration is given to where an assessment needs to be undertaken by the Referral and Assessment teams. All young people who go missing are discussed in the daily MASH meetings. It is recognised that children and young people rarely go missing in isolation of "push and pull" factors. The Atlas manager reviews all RHIs to ensure that any concerns / indicators around possible exploitation and/or extra familial harm are identified and responded to.

Missing, Exploitations and Gang Affiliation (MEGA) Panel:

Where concerns arise, in relation to extra familial harm, social workers undertake exploitation risk assessments and safety plans. All young people who are considered medium or high risk are tracked through the multi-agency MEGA panel. The MEGA panel supports risk management and risk reduction through strategic and operational oversight. The shared intelligence and partnership arrangements support joined up planning and interventions and offer opportunities for challenge, creative thinking and building a local picture of trends, patterns and themes. In addition to tracking and monitoring risk and safety plans for young people, all partner agencies provide general contextual updates at each MEGA panel e.g. new drugs available, emerging county line activity, hotspots, etc. The information shared at MEGA Panels, ensures that all partner agencies have the most contemporary intelligence in relation to the Bromley context. The panel meets fortnightly and is well attended by all relevant partner agencies. Strategic challenges and emerging trends are shared with senior leadership via the quarterly MACE Panel and through the BSCP.



Key indicators (April 2021- March 2022)

Missing from home and care:

- 162 Children / Young people were reported missing or had an unauthorised absence from care.
- 865 missing episodes were recorded by Atlas and 73 unauthorised absences
- 830 return home interviews were offered. (88%)
- 497 return home interviews were taken up. (60%)
- Of the RHIs taken up, 70% was held within 72 hours of the young person returning.

Risk of Exploitation:

- 55 young people were tracked through the MEGA.
- The risk level of 25 young people was sufficiently reduced and they were closed to MEGA.
- Of the 55 children tracked at MEGA, the following categories of exploitation were identified. Some young people were identified in more than one risk category.
 - 42% had at least 1 missing episode.
 - 14% were identified to be at risk of CSE.
 - 23% were being exploited by gangs or there were concerns around serious youth violence.
 - 17% were being criminally exploited / concerns in relation to County Lines.
 - 3% at risk of radicalisation.

IMPACT

Since publishing the BSCP Vulnerable Adolescents Strategy and protocols on CSE, Missing and Gangs in 2017, the partnership is far more adept at understanding the connections and interplay between these and other types of exploitation. This year, the BSCP has built on the pan-London Child Exploitation Operating Protocol to develop its Bromley Child Exploitation Strategy 2022. This will provide 'local pathways' to access support for exploited children and children at risk of exploitation, and the governance/ accountability arrangements explaining how the MEGA fits with MACE and how they are accountable to the BSCP Executive.



MISSING FROM EDUCATION

The work of the Children Missing Education (CME) Officer ensures that Bromley Council meets its statutory responsibility regarding the identification, monitoring and tracking of children missing or not in receipt of a suitable education. The CME officer works closely with partner agencies including health, police, housing, and the Multi Agency Support Hub (MASH) to fulfil our responsibilities.

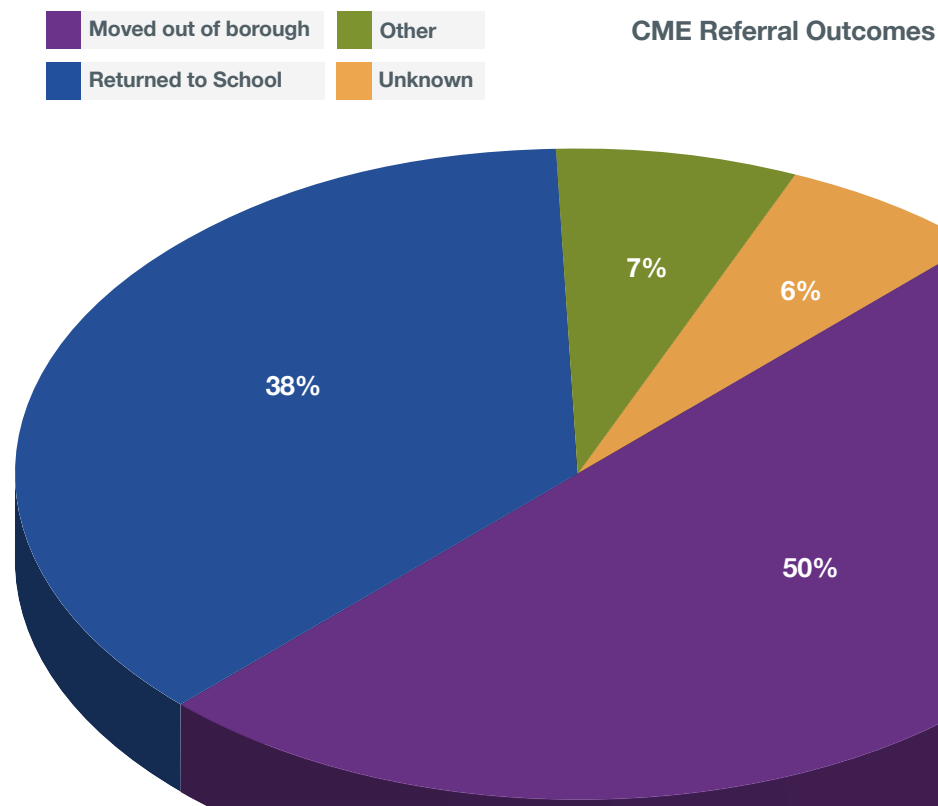
In addition to the tenacious efforts of the CME officer, the Education Welfare Service (EWS) works with schools and families to identify and remove barriers preventing children from accessing school on a regular basis. Secondments in the MASH and Youth Justice Service (YJS) allow the EWS to support vulnerable pupils. The team has strong partnership working across the borough with partner agencies.

The Director of Education has monthly oversight of CME and Children Missing out on Education (CMOE), ensuring there is continued rigour in the tracing and tracking of young people to confirm their safety and ensure measures are in place to secure schooling.

All referral forms for the EWS are online and this provides a secure central access point for all schools and other agencies to use. All submissions from schools and partner agencies are received into a central mailbox which is monitored throughout the day. Cases are allocated swiftly to officers to begin enquiries.

Whilst robust referral and tracking procedures are in place, children continue to leave the borough without a known destination. These cases are tracked, and all reasonable efforts are made by the EWS and CME Officer to trace the family.

From April 2021 to March 2022, the EWS received 288 CME referrals, this includes referrals from schools and outside agencies. 143 referrals (49.6%) had moved out of the borough and appropriate referrals were made. In 108 cases the children returned to a Bromley school as shown in the graph below. The current number of children that remain unknown is 18 because despite all reasonable efforts, LBB were unable to locate them, or the case remains open due to ongoing investigations.

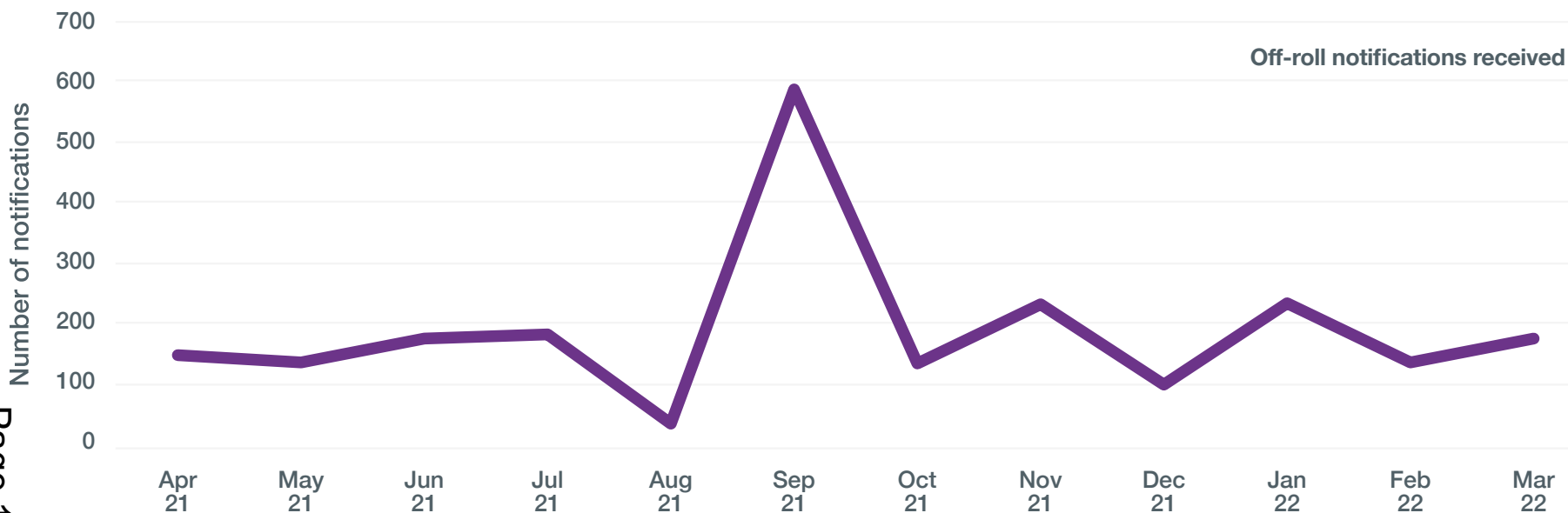




Outcomes for CME Referrals from Outside Agencies

During the pandemic EWS has continued to ensure any family who moved into borough prior to lockdowns was supported with their schooling applications. In addition, EWS officers have contacted other Local Authorities to inform them when families had moved into their area and supported parents with information to apply for schooling in the new area.

The Education Welfare Service received 2,330 'Intention to Delete from School Roll' notifications from April 2021 and March 2022. This is an increase in notifications from the previous year by 467. The following chart plots this data showing totals of notification each month.



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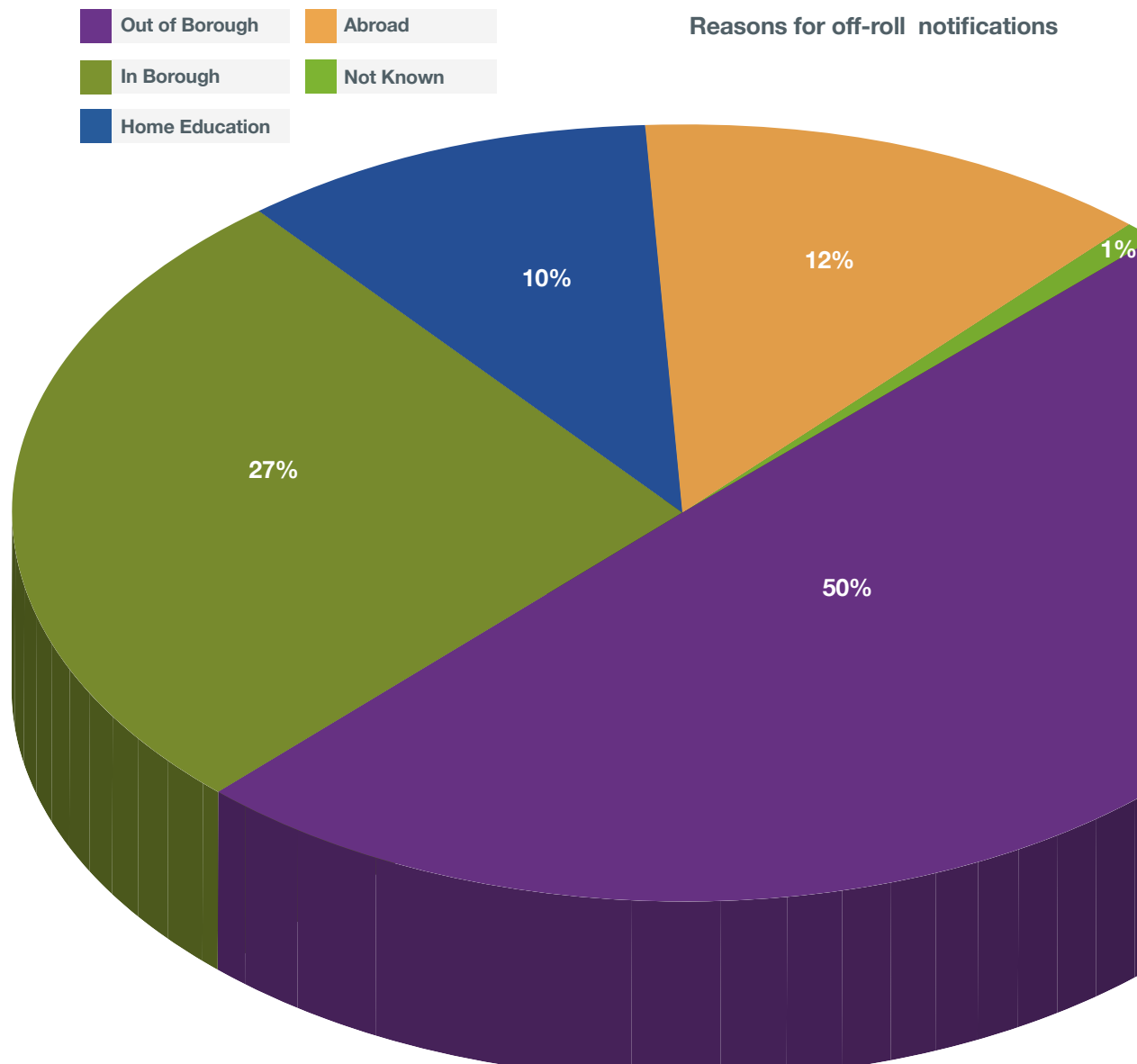
The data shows a spike in September where 590 requests to remove a student from roll was received by the Education Welfare Service (EWS). This accounts for 25% of the total number of requests received in the 12 months from April 2021-March 2022. This peak correlates to the start of the school year.

Schools are required to provide the EWS with the information and reasoning for their intention to off-roll a student. All notifications that are received are tracked and the details verified before confirmation is provided to schools that they may remove from roll. Where there is any doubt, clarification is sought by the EWS.



This chart provides an understanding of the reasons behind the requests to off-roll a student. Almost half (1161 out of 2330) of the requests received relate to the family moving out of borough, where applications in the new borough have yet to be made, a referral is made to the children missing education officer. 627 of the 2330 requests are for in-borough transfers to new schools. 236 requests were received relating to Elective Home Education (EHE) - upon receipt of these the CME officer contacts the parents discussing the implications and ensuring the parent is happy with their decision before the information is passed to the EHE team.

Not all families are easily located and whilst these families may be removed from the school roll, when they move out of area, the EWS continues to try and identify their whereabouts.





LOCAL AUTHORITY DESIGNATED OFFICER (LADO)

In accordance with Working Together to Safeguard Children, the London Borough of Bromley, like all Local Authorities, has a designated officer with overall responsibility for managing and co-ordinating allegations of harm/risk of harm made against staff who work with children. This role is undertaken by a Local Authority Designated Officer (LADO). The LADO should be informed of all allegations and should provide advice and guidance to ensure cases are dealt with and resolved in a timely, fair and proportionate manner.

The LADO continues to develop close working relationships with some of the most experienced LADOs in the London region and keeps abreast of themes, issues and challenges which are shared across the London wide LADO network.

The permanent appointment of a LADO Business Support Officer, continues to provide invaluable support by way of maintaining an effective tracker, minuting Allegations against Staff and Volunteers (ASV) Meetings and facilitating a seamless transition from Care First to Liquid Logic in relation to LADO specific processes.

Referrals to the LADO have significantly increased this reporting period with 437 contacts being made, nearly double from the previous reporting year. Out

of those contacts: 214 met threshold for LADO Referral and 223 were dealt with as LADO Consultations. There were no Criminal Convictions made during this reporting period, although 2 are due for trial this next reporting year. There have been 9 DBS (Disclosure and Barring Service) and TRA (Teaching Regulatory Agency) referrals advised.

The LADO has worked closely with regulatory agencies namely Ofsted, NHS England, DBS, TRA, Church Diocese and Sporting regulatory bodies, i.e. The FA, Swim England, British Gymnastics etc. The LADO has continued to seek to provide information and learning to all partners with virtual quarterly training sessions, and evening training sessions specifically targeted to Early Years Provision who are often unable to attend daytime training. This raises the profile of the LADO along with advice around what constitutes a referral to the LADO and LADO processes.

The LADO line manages the Education Safeguarding Officer (ESO) and continues to be instrumental in supporting the development of the ESO role during the year, providing a link between social care and education. Over the last year the ESO has attended the MASH daily briefing meetings twice weekly to support the triangulation of information about young people and schools being reported to the MASH.



Learning & Improvement





THE CHILD'S VOICE

BSCP Business Plan Principle:

At the core of our safeguarding and child protection work is the commitment to ensuring that children and young people are seen in the context of their lives, heard through professionals taking time to listen and helped by remaining professionally curious. To understand the quality of a child's individual experience in the unique context of their lives in Bromley.

IMPACT

At quarterly BSCP Board meetings, partners are requested to submit Agency Updates, including how they seek the voice of the child. This year, the Independent Chair wrote to all agencies to highlight that many of these updates are descriptive or simply a list of actions. He challenged agencies to demonstrate HOW they seek out the voice of the child, what they do with what they've heard and the difference (impact) that makes. This feedback was collated and shared so that agencies could learn about trends, themes, patterns and good practice across the Partnership.

Children who are looked after by the Local Authority take part in a Brightspots survey every year which is conducted by an external agency in order to give neutrality to the way answers are collated. Children's Social Care holds dissemination sessions with its Living in Care Council to consider the findings and understand the trends and themes and look at where improvements can be made. Recently they have focussed on 'trust' as some young people highlighted they feel they have limited people they can trust to share private information with. CSC has also started a Young Inspector programme whereby older young people in care (16-25 year olds) are supported to visit semi-independent living establishments. They feed back to the provider their thoughts in writing on the provision and this influences providers to make positive changes.

Bromley's Youth Justice Service conducted a feedback questionnaire with young people and their families on activity based restorative justice programmes through the summer which led to very positive feedback that young people want these opportunities to learn and grow.

Bromley Youth Council are an elected forum of young people. When there is a consensus from young people across the borough about their priorities, they design a campaign plan to support them to make a difference for local young people during the year ahead. They have identified significant concerns about young people's mental health post pandemic as well as an increased amount of bullying and sexual harassment occurring in isolated situations. The Youth Council have continued to prioritise their mental health campaign and they have sought online mental health first aid training for young people. Following concerns about sexual harassment, bullying and the boundaries between young people, work has been undertaken in relation to consent and young people's rights in an effort to empower all young people who were feeling unsure about what is acceptable.



The All About Me assessment is a questionnaire tool used by the School Nursing team. It asks comprehensive and age appropriate questions and opens up discussions with children and young people. All About Me has helped facilitate discussion so the practitioner has a good understanding of the child's needs and can offer appropriate support to improve outcomes. The questionnaire has also facilitated discussions around topics children and young people find more difficult to discuss such as sexual health and substance misuse and has led to safeguarding disclosures.

This year, Bromley Y implemented a 'Mental Health and Wellbeing Support' awareness survey as part of their User Involvement Plan. The aim was to capture (via survey) what young people and parents/carers know about mental health services in Bromley and identify subsequent areas for improvement. Bromley Y has employed a Youth Ambassador for 11 months to support this work and to make sure that young voices are heard and their views and recommendations are actioned as part of the service moving forward.

Police continue to run the 'Every Child Every Time' programme in custody suites at Bromley and Croydon. This aims to improve officers' awareness of vulnerabilities when dealing with children in custody and to encourage "the voice of the child". This is further supported by posters in and around police stations and in custody, as well as prompt cards for all officers. Performance around this is monitored at the daily safeguarding meetings and weekly SLT meetings.





REVIEWS OF PRACTICE

Child Safeguarding Practice Reviews (CSPR) are undertaken to learn lessons and improve the way in which local professionals and organisations work together to safeguard and promote the welfare of children. These reviews were previously known as Serious Case Reviews (SCRs) but were transitioned to a new CSPR structure from July 2019 in accordance with Working Together 2018. Responsibility for learning lessons lies with a new national panel – the Child Safeguarding Practice Review Panel (the Panel) – and with local safeguarding partners. The Panel and local partners help to identify serious child safeguarding cases that may raise issues of national importance. They commission a review that involves all practitioners who may be relevant or have information that will help to provide learning for future practice. At the time of writing, the BSCP has not commenced any CSPRs. A serious child safeguarding case is one in which:

- abuse or neglect of a child is known or suspected
- the child has died or been seriously harmed.

Where the CSPR criteria has not been met for national learning, the BSCP can also undertake smaller-scale multi-agency case reviews. Whatever the type of review, the principles are still the same with the aim being to share information, identify good practice and establish the key lessons that will help to improve practice.

During 2021/22, the SPR Subgroup:

- Completed a joint Bromley Domestic Homicide Review / Learning Review where the children suffered significant harm
- Contributed to a neighbouring borough's Learning Review concerning delay in seeking medical treatment
- Led a multi-agency reflective session on a child with complex mental ill health
- Commissioned and commenced a Thematic Review on a child's journey through custody

Recommendations and learning are monitored at the PCI Sub Group.

Learning this year includes:

- The need to share information with schools where a child is in a home with incidents of domestic abuse.
- The need to produce coordinated action plans through the MARAC (Multi Agency Risk Assessment Conference) process and the need for MARAC to consider safeguarding of the children.
- The importance of housing services in a multi-agency response to domestic abuse and the need to explore underlying issues.
- The value of facilitating a professionals meeting, especially where there are numerous professionals involved, in order to triangulate all known information to inform decision making.
- The need for Police to take immediate proactive steps to investigate domestic abuse and coercive control.
- The importance of robust CSC transfer procedures between boroughs and local areas.
- The importance of including all family members in assessments.
- Being aware of unconscious bias towards articulate, polite parents.

Access to published serious case and learning reviews can be found at www.bromleysafeguarding.org.



Training and Resources





AUDITING

Safeguarding Self-Assessments

Safeguarding Self-Assessments are issued by the Bromley Safeguarding Children Partnership (BSCP) to safeguarding partners and relevant agencies in Bromley. They replace the Section 11 and Section 157/175 audits and are a key part of our local arrangements. Under Section 16G of the Children Act 2004, relevant agencies must act in accordance with the BSCP's arrangements. They can help organisations focus on what matters most and improve the sufficiency of their safeguarding practice.

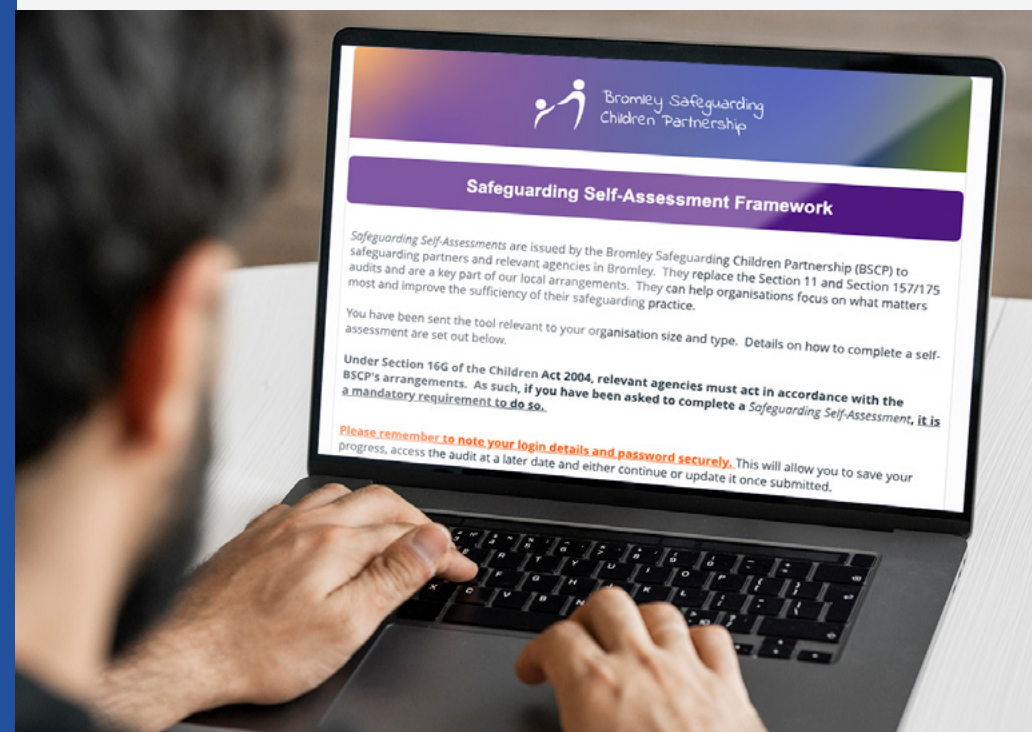
This year, all schools in Bromley were required to submit their safeguarding self-assessments with 91 education settings completing. Analysis was undertaken of the results to identify common themes and areas needing improvement or further support. The Education Safeguarding Officer has dip sampled school self-assessments and will be visiting these schools to discuss areas of concern or needing further development. Overall, schools are meeting requirements relating to leadership, child protection procedures, policies and guidance, practice, safe recruitment, ethics, behaviour and equality, as well as communication. It was noted that there has been positive development around supervision since the last self-assessment in 2019. Some areas for development were also highlighted which recommended that schools:

- ensure the role of Designated Safeguarding Lead is written into job descriptions, specifying responsibilities relating to LADO investigations
- develop child-friendly child protection procedures in schools
- cover Bromley Thresholds of Needs document, local thresholds and contextual safeguarding in their safeguarding training
- ensure DBS checks are being updated and that risk assessments are carried out where a potential employee has a criminal record
- provide safeguarding training to their volunteers.

Early Years settings were also required to submit self-assessment. A total of 264 (41%) audits were returned from the following sectors: 132 (30 %) childminders, 132 (82%) pre-schools and day nurseries. A selection of providers will be visited in summer/autumn 2022 as part of the early years moderating process. These are providers who stated 'not met' or 'partly met' for key priorities.

IMPACT

The BSCP launched an on-line user-friendly safeguarding self-assessment tool this year to help safeguarding partners, including early years and education settings to review their evidence more effectively and enable them to develop action plans to address any weaker areas in their self-assessment.





Winter COVID Assurance survey

In January 2022, the BSCP launched a Winter COVID Assurance survey to all safeguarding partners in Bromley. It followed up the COVID-19 Minimum Standards Assurance Audit in summer 2020, with a specific focus on winter pressures. The survey provided assurance that agency contingency plans were in place during the Omicron wave of infections and that vaccination take up was increasing. It also provided assurance that hybrid ways of working were fully embedding and working well. The responses from the survey informed the BSCP Strategic Threat Assessment in 2022.

FGM (Female Genital Mutilation) Pathway Audit

Following our Learning Review 'Natalie', the BSCP wanted to seek assurance that FGM recording was accurate and shared appropriately from Midwifery to the relevant primary care services. This FGM pathway audit has taken much longer than anticipated due to one agency's reluctance to share adult information with another agency. Escalations and discussions with the Caldicott Guardian took time but were finally resolved. The number of women with FGM who had a female baby is small in Bromley. BSCP was assured that in all cases the correct codes had been used to record on the FGM-IS¹ (Female Genital Mutilation - Information Sharing). However, there was an issue identified whereby not all the relevant GPs could see this on their local NHS information system (EMIS). This has been escalated to the IT lead.

Further learning was identified as the language used on the record shared with the GP was ambiguous; this has been amended. We will audit again with this year's cases in the Autumn of 2022 to ensure the two actions have led to the necessary improvements in recording.

Single Agency Audits

Partners have their own internal audit programmes and report the key findings at the Performance, Challenge and Impact (PCI) subgroup. This year, we have had a particular focus on the Metropolitan Police Service's audits which have included case audits of MERLINS as well as thematic audits of child abuse, hate crime, domestic abuse and mental health. Training and supervision were identified as areas for improvement, particularly for new recruits and Emergency Response and Patrol Teams (ERPT)/first responders. This was overseen by the DCI for Safeguarding. There was also local learning in relation to Operation Encompass and partners were able to support to ensure communication with school occurs after a domestic abuse incident involving a parent/guardian. South BCU is also prioritising the voice of the child and ensuring officers speak with children independently and record those conversations in reports.

¹ The FGM-IS is part of the [NHS Spine](#). Healthcare professionals and administrative staff can view, add and remove the FGM indicator, and it can be accessed via the [Summary Care Record Application \(SCRa\)](#), or with a [local clinical system integrated with FGM-IS](#).



The Child Death Overview Panel





The overall purpose of the Child Death Review process is to understand why children die and put in place interventions to protect children and prevent future deaths. The Child Death Overview Panel (CDOP) is accountable to the Bromley Safeguarding Children Partnership (BSCP) Executive via the Safeguarding Practice Review Subgroup.

All of the meetings are joint meetings with Bromley, Lambeth and Southwark. The meetings are split into deaths of infants under 1 month (Neonatal Death Overview Panel, NDOP) and older children over 1 month (Child Death Overview Panel, CDOP).

Between 01 April 2021 and 31 March 2022 the Southwark, Lambeth and Bromley Child Death Review partnership held 7 CDOP meetings, including a Learning Disability themed panel, and 5 NDOP meetings. During this 12-month period a total of 36 child death cases were signed off at either CDOP or NDOP, 18 cases were signed off at CDOP and 18 at NDOP.

Between 01 April 2021 and 31 March 2022, there were a total of 45 child deaths among residents living within the Southwark, Lambeth and Bromley tri-borough footprint.

Bromley Child Deaths 2021/22

- There were 11 child deaths (Female 4: Male 7).
- The number of deaths in the first month of life was 5.
- The number of deaths of children more than a month old and less than a year old was 3.
- The number of deaths of children in Bromley is very variable due to death being a rare event.
- If stillbirths and infant (neonatal) deaths are monitored together this shows variable rates in Bromley but overall lower than the national and London rates.
- All Bromley perinatal mortality rates are still lower than England and London rates.
- The trend in deaths of older children is downward, again mirroring the rates in London and England



Comparison Bromley deaths 2008-2022 with death rates in England, 2019/20

| Category of death | Bromley 14 years average 2008-2022 (%) | All child deaths England 2019/20* (%) |
|-------------------------------------------------|----------------------------------------|---------------------------------------|
| Deliberately inflicted injury, abuse or neglect | 1 | 2 |
| Suicide or deliberate self-inflicted harm | 3 | 4 |
| Trauma and other external factors | 8 | 4 |
| Malignancy | 7 | 8 |
| Acute medical or surgical condition | 8 | 6 |
| Chronic medical condition | 8 | 5 |
| Chromosomal/ genetic/ congenital anomaly | 20 | 25 |
| Perinatal/ neonatal event | 33 | 31 |
| Infection | 1 | 6 |
| Sudden unexpected, unexplained death | 9 | 8 |

* *Source: National Child Mortality Database

This comparative data shows some differences between pooled data over 14 years of child deaths in Bromley and the national data. Even with pooling of data the numbers are too small for the differences to be statistically significant. However, this process is useful for indicating where there may be differences between national and local patterns of child death.



Suicides of 18-25 year olds

In March 2021, the BSCP Case Review Subgroup held a tabletop session following the suicide of an 18-year-old. It was agreed a system was needed for BSCP to be aware of young adults' suicides as no notifications are legally required to safeguarding partners following a child's 18th birthday.

The BSCP Managers, BSAB Manager and Public Health Intelligence leads (for Bromley Suicide Prevention Group) now have access to the THRIVE database which records all suicides in London. This is checked routinely by the BSCP team.

There were 28 completed suicides of Bromley residents recorded on THRIVE for this financial year, 2021-22. Those deaths have been analysed by the Bromley Suicide Prevention Group for trends, themes and patterns and comparisons with other areas and with non-pandemic years. In addition, the BSCP has analysed the three young adults aged 18-25 years who died. There were no significant similarities between the cases so no additional learning to be shared with professionals. We will continue to actively monitor this information through the Safeguarding Practice Review Subgroup and report on any trends, themes and patterns as they are identified.

In five cases, the adult who died was a parent to a child aged under 18 years. BSCP has checked that recording has been accurate and information shared appropriately in order to support the children and family.



Training & Development





The BSCP training programme consists of the following elements: online e-learning courses, live learning (formerly classroom-based courses, formal face to face learning), and shorter face to face briefings/seminars/workshops.

London Borough of Bromley (LBB)'s Workforce Development Team supports the commissioning and administration of the BSCP training programme with strategic direction provided by the BSCP Training Subgroup. 2021-22 was the last year of a three-year training programme and procurement for the 2022-25 programme began in early 2022.

The BSCP training programme for 2021-22 continued to be significantly impacted by the COVID-19 pandemic. All live learning courses were conducted online for a second year. There continued to be a wide range of multi-agency learning opportunities for the children's workforce in Bromley with 43 different courses. The vast majority of it was very well received and had a beneficial impact on practice. 648 people attended a live learning session (577 excluding the bespoke school DSL courses) which is a modest increase from last year. 5248 people completed an e-learning course.





E-Learning

This year Bromley's e-learning package consisted of 22 different courses suitable for the children's workforce. These courses make up the majority of the BSCP Group 1 and 2 (foundation level) training offer. The advantage of online training is that delegates can learn at a time and pace that suits them. BSCP and BSAB pay costs in full so all participants can undertake this training at no cost to them.

5245 people completed online learning modules for children's safeguarding this year. There has been a steady increase in uptake since 2016, with 2020-21 seeing a huge increase during lockdowns when no other training was available.

Participants on the Level 1 this year included refuge staff, sports coaches, road safety officers, benefits advisers, private tutors, employment advisers/coaches, youth workers, technicians, midday supervisors, environmental health officers, administrators and those working as volunteers. This is excellent as we aim to reach as many workers and volunteers as possible to teach 'safeguarding is everybody's business'. It is reassuring to see that the Safeguarding Children level 1 course continues to have the highest take up.

The use of e-learning is particularly important for those in the children's workforce who struggle to attend daytime live learning sessions. 1285 Early Years staff completed e-learning this year, as did 171 foster carers, and 415 voluntary/charity/private agency staff. This is an excellent take up.

Courses offered this year included: Autism Awareness, Child Exploitation, Gangs and Youth Violence, Human Trafficking and Modern Day Slavery, Safeguarding Children with Disabilities, and Unconscious Bias.

Live Learning

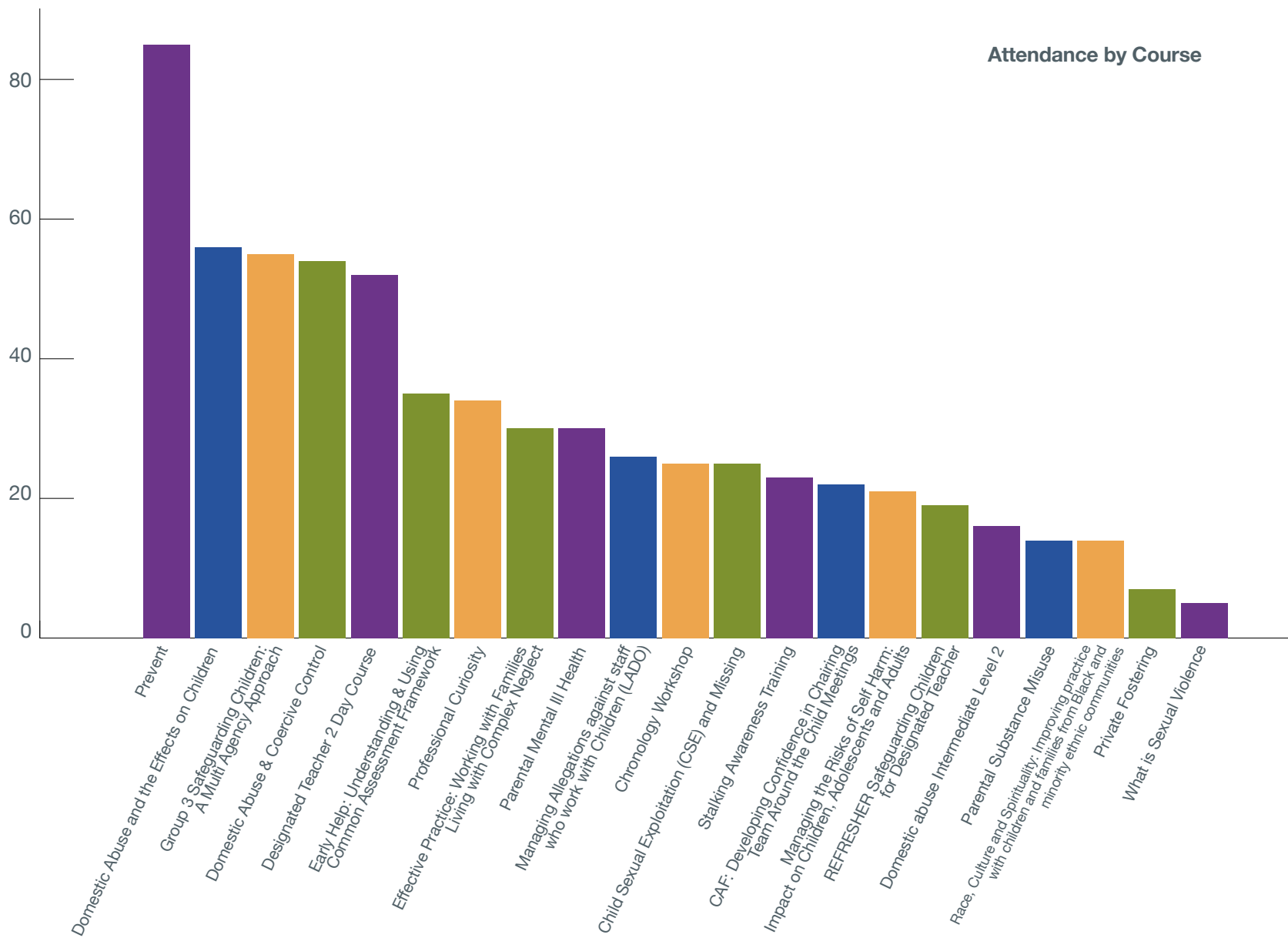
For all the benefits of online pre-recorded training, not all training can take place in short informal sessions and it is important for all staff to have some protected time for formal multi-agency training where they have a safe space to reflect on their own practice, share experiences with other members of the Bromley children's workforce and learn from each other. The BSCP promotes that partner agencies ensure a balance and BSCP provides opportunities for different types of learning every year.

In 2021-22, we ran 21 classroom-based learning courses, including the two Designated Safeguarding Lead (DSL) courses that we commission on behalf of schools. These courses range from half a day to two days' duration and comprise our formal multi-agency training offer. These were attended by a total of 648 people across the different agencies.

Single agency safeguarding training continues to be mandatory for most agencies and covers a broad range of issues. Staff are strongly encouraged to complete some multi-agency training as well as their own agency training every year.



Attendance by Course





We monitor attendance by agency at every course as it is important that training is multi-agency to improve the learning experience. When excluding DSL courses in the analysis, London Borough of Bromley (LBB) accounts for the largest percentage/number of attendees with 71%. This included staff from across the council including Adult Services, Education, Housing, HR, Legal, Public Health, Commissioning, Youth Support, Youth Offending with the majority of places taken by Children's Social Care staff and Early Intervention. Many specialist teaching staff are LBB employees and therefore count in this total. The proportion of our training being taken up by LBB staff has increased considerably since 2019. The increase in LBB staff may be due to increased promotion from LBB's Learning and Development team who send very regular emails to all staff. It may be due to reluctance from other agencies to use Evolve to book on to our training (LBB employees have a simpler single sign on to Evolve so don't need to register for an account). The Training Subgroup will analyse this further.

Education establishments account for 12% of attendances which is a reduction proportionally compared to previous years. School staff attend a very wide range of BSCP multi-agency courses, including domestic abuse, exploitation, Group 3, CAF and chronology courses. We would like to see more education staff attending the courses on self-harm, parental mental health and Race/Culture.

6% of attendances at live learning courses were by health professionals which is lower than in previous years. The 'Other Health Professionals' category included staff in the Bromley Community Wellbeing Service (Bromley Y) and SELICS (formerly CCG). There was nobody from GP practices this year. No doubt the low uptake of training by health professionals was due to the unprecedented pressure on them at the frontline throughout the pandemic.

No foster carers attended our multi-agency training this year. A very comprehensive programme of accredited training for foster carers is in place from London Borough of Bromley but the BSCP programme is available to them free and the LBB Fostering Team continue to promote BSCP training.

1 member of the police attended a multi-agency live learning course this year. This ongoing low level of engagement in multi-agency safeguarding training remains a concern.

Early Years staff accounted for 45 places which is an increase. It is positive that so many early years staff attended multi-agency BSCP training this year. Separate safeguarding training is delivered by specialist LBB Education for early years staff which is evaluated separately. Training sessions are delivered to designated leads in early years settings, childminders, staff in nurseries and out of school provision. Those sessions are run in the evenings and weekends to enable more staff to attend.

Last year, in response to emerging risks and intelligence from our partner agencies, we recognised the increase in domestic abuse during the pandemic, and particularly in periods of lockdown. To better equip practitioners, we spot purchased two new 'live' webinar courses – Domestic Abuse and Coercive Control, and Domestic Abuse and the Impact on Children. Both courses were extremely well received, and attendees stated they felt more able to spot the signs, be professionally curious, support children and families and know what services were available. We committed, alongside the Bromley Adult Safeguarding Board, to continue to provide an enhanced domestic abuse training offer in 2021-22 with a variety of courses at different levels offered at no cost to attendees. This was achieved.



Briefings and Seminars

Attendee numbers for these less formal sessions are not counted within the figures given above as they are commissioned outside the BSCP, however, they are a vital source of learning for partners.

The half day Multi Agency Partnership Events (MAPE) commissioned by London Borough Bromley in partnership with key partners which started in 2017 are highly evaluated and continue to be a welcome contribution to multi-agency training. MAPE covers: Bromley's thresholds of needs; what services are available for families; key safeguarding pathways; and summarises how other partners' work. These sessions are perfect for workers who are new to Bromley or in a new role.

The Designated Doctor and Designated Nurse for Safeguarding Children ran briefing sessions for various sectors this year, including housing, GPs and Children's Social Care. Topics included Perplexing Presentations and Fabricated Induced Illness and Non-Accidental Injuries. The attendee numbers are not included in this analysis. These were short 1-2 hour briefing sessions without follow up evaluations as per our formal training offer.





Impact of Training

The BSCP consistently provides training of a high standard, with course participants agreeing that courses are useful and relevant to their needs. Each course is subject to user evaluation at two points in time – immediately after the course (every participant) and 8 weeks after the course (one session per course). This year 85% of attendees completed the initial evaluation and 61% completed the 8 week follow up evaluation.

In the immediate post-course feedback in 2021-22, 97% of the attendees judged the courses to be Excellent or Good. Whilst this is positive, it is not as glowing as in previous years. Far more attendees rated the course as ‘Good’ than ‘Excellent’ this year. This is almost certainly caused by the courses being online, rather than face to face.

At the 8 week post training evaluation, attendees were asked to state whether they had had time to reflect on the training with colleagues and in supervision,

whether the training made them feel better equipped to do their job in working with professionals, how they’d applied the training to their work and to give examples of any impact. Evaluations were received from a wide range of agencies.

- 349 of the 359 scored that they felt (significantly or much) better equipped to do their job.
- 326 of the 359 said they had been able to reflect on the learning from the training two months earlier with either colleagues or in professional supervision.
- 313 of the 359 had been able to apply the learning to their work within the two months since they had completed the training.

Strongly Disagree Disagree Agree Strongly Agree





The Training Subgroup has been provided with the detailed data analysis showing evaluations by course. We have particularly looked at those attendees who answered that they disagreed with the statements or were yet to apply any learning to their practice. 1.68% (11 attendees) who strongly disagreed with any of the three questions felt the learning is not very applicable to their job role and they had not yet reflected on the learning. 11.8% (71 attendees) who disagreed with any of the three questions felt they were yet to apply the knowledge acquired during the training and others felt they had forgotten what they learnt in the training sections.

Each BSCP training course is allocated to a member of the Training Subgroup to monitor, dependent on their specialist area. Where a course consistently has a low score, indicating low impact, attendees are contacted to obtain more specific details, which is then fed back to the trainer to amend content or delivery. Poor evaluations can lead to unsatisfactory trainers being replaced or courses decommissioned. Furthermore, certificates can be withheld if individuals do not apply the training and the BSCP also expects that this is followed up by supervisors and line managers during supervision.

All trainers are required to submit an evaluation form to evaluate how well the course went. Questions include how relevant the course was to the experience of the delegates and whether any organisational issues emerged during the training. Forms are submitted to and followed up by the Chair of the Training Subgroup. The Training Subgroup routinely analyses evaluation data and also carries out observations of courses to ensure quality and impact.

Page 192 Courses are amended during the year by trainers in agreement with BSCP to reflect learning from evaluations, new developments (for instance the introduction of a new policy or guidance) and learning from new reviews. Our trainers continue to be accommodating and receptive to these amendments.

A detailed analysis of training, learning and development can be found in the Training Evaluation Report 21-22 which is available from the [BSCP Team](#) or members of the Training Subgroup.



Progress against the Bromley Pledge

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GLOSSARY OF
TERMS

CONTEXT

THE PARTNERSHIP

COMMUNICATION

SAFEGUARDING
CONTEXT IN
BROMLEY

LEARNING &
IMPROVEMENT

THE CHILD DEATH
OVERVIEW PANEL

TRAINING &
DEVELOPMENT

PROGRESS AGAINST
BROMLEY PLEDGE

TECHNOLOGY &
SOCIAL MEDIA

WHAT YOU NEED TO
KNOW

BSCP MEMBERSHIP



BSCP Vision:

“Children and young people in Bromley are seen, heard and helped; they are effectively safeguarded, properly supported and their lives improved by everyone working together.”

The Executive has reviewed Bromley’s safeguarding children landscape, refreshed and agreed their philosophy and priorities and commit their organisations, wherever and whenever possible, to support and improve the lives of our children and their families and carers. This forms a key part of that commitment and comprises of the follow four areas:

Health and Wellbeing of Workforce

What did we do?

- Health and wellbeing of workforce was a standing item at Contingency Oversight meetings and also at quarterly Board meetings for oversight, identification of risks and solutions across the partnership and sharing of good practice.
- We carried out a Winter COVID Assurance survey to all safeguarding partners in Bromley. It followed up the COVID-19 Minimum Standards Assurance Audit in summer 2020, with a specific focus on winter pressures and the Omicron variant. The responses from the survey informed the BSCP Strategic Threat Assessment.
- Included health and wellbeing of workforce in BSCP Strategic Threat Assessments.
- The BSCP requested regular updates on vaccine hesitancy and reluctance amongst staff and explored how partners manage a mixed economy of vaccinated and non-vaccinated staff.
- The MASH Review made specific recommendations regarding the health and wellbeing of staff on this busy team. Some of these have been achieved already with several key agencies adding resources to increase capacity.





Understanding Vulnerability

What did we do?

- Piloted the role of a dedicated safeguarding children analyst. The analyst provides a richer interpretation of intelligence to safeguarding partners which strengthens decision making, improves the scrutiny of front-line safeguarding practice and enhances tactical decision making.
- Line of sight of children, emerging risk and mitigation linked to the pandemic was a standing item at the 3 weekly Contingency Oversight meetings.
- Identified current pathways to harm, risks and recommendations were included in Strategic Threat Assessments.
- Built on the pan-London Child Exploitation Operating Protocol to develop the Bromley Child Exploitation Strategy 2022. This will provide 'local pathways' to access support for exploited children and children at risk of exploitation.
- Reviewed and relaunched the Bromley Threshold of Need guidance.
- Focussed challenge and scrutiny activity on mental health services. The BSCP Board reviewed mental health data and the Mental Health Strategy at the June 2021 board meeting and again in March 2022 to scrutinise CAMHS waiting times. Board members have been assured of mitigations and have planned a follow up Digital Footprint Survey in 2022/23.
- Mapped the partnership approach to risk identification, assessment, medication and management of vulnerable young people that you come into contact with, including Children Looked After (via December 2021 Board agency update).
- Reviewed partnership work specifically for harm to children under the age of one (via December 2021 Board agency update).

A Focus on Getting the Basics Right

What did we do?

- Carried out a review of MASH capacity and capability. Recommendations are monitored through the MASH Strategic Group.
- Reviewed our expectations for Strategy Meetings/Discussions and worked on a new Protocol with improved forms, contact lists and guidance.
- Reviewed and republished our Threshold of Needs Guidance using the pan London indicators to improve cross borough working and transfers.
- Revised the health assessment form so it can easily be used as a Common Assessment Framework (CAF) referral if Early Help support is needed.



Continuous Improvement

What did we do?

- Launched an on-line user - friendly safeguarding self-assessment tool to help safeguarding partners review their evidence more effectively and enable them to develop action plans
- Led a multi-agency reflective session on a child with complex mental ill health and safeguarding concerns
- Commissioned and commenced a Thematic Review on a child's journey through custody
- Scrutinised single agency audits, including Police MERLINS for children, CSC Practice Assurance Stocktakes, police audits of child abuse, domestic abuse, mental health and hate crime.
- Audited the FGM pathway from Maternity Services to primary care.
- Scrutinised the multi-agency dataset every quarter with subsequent challenges. There was additional focus on CAMHS waiting times and caseloads, non-accidental injuries, elected home education, low CAF numbers, and the increase in LADO referrals.
- Undertook challenge, escalation and resolution of operational issues such as organisation of Strategy Discussions, attendance at Strategy Discussions, and hospital discharges following a mental health crisis presentation.
- Ensured our training programme reflected training needs, which included commissioning additional domestic abuse courses.





Technology & Social Media

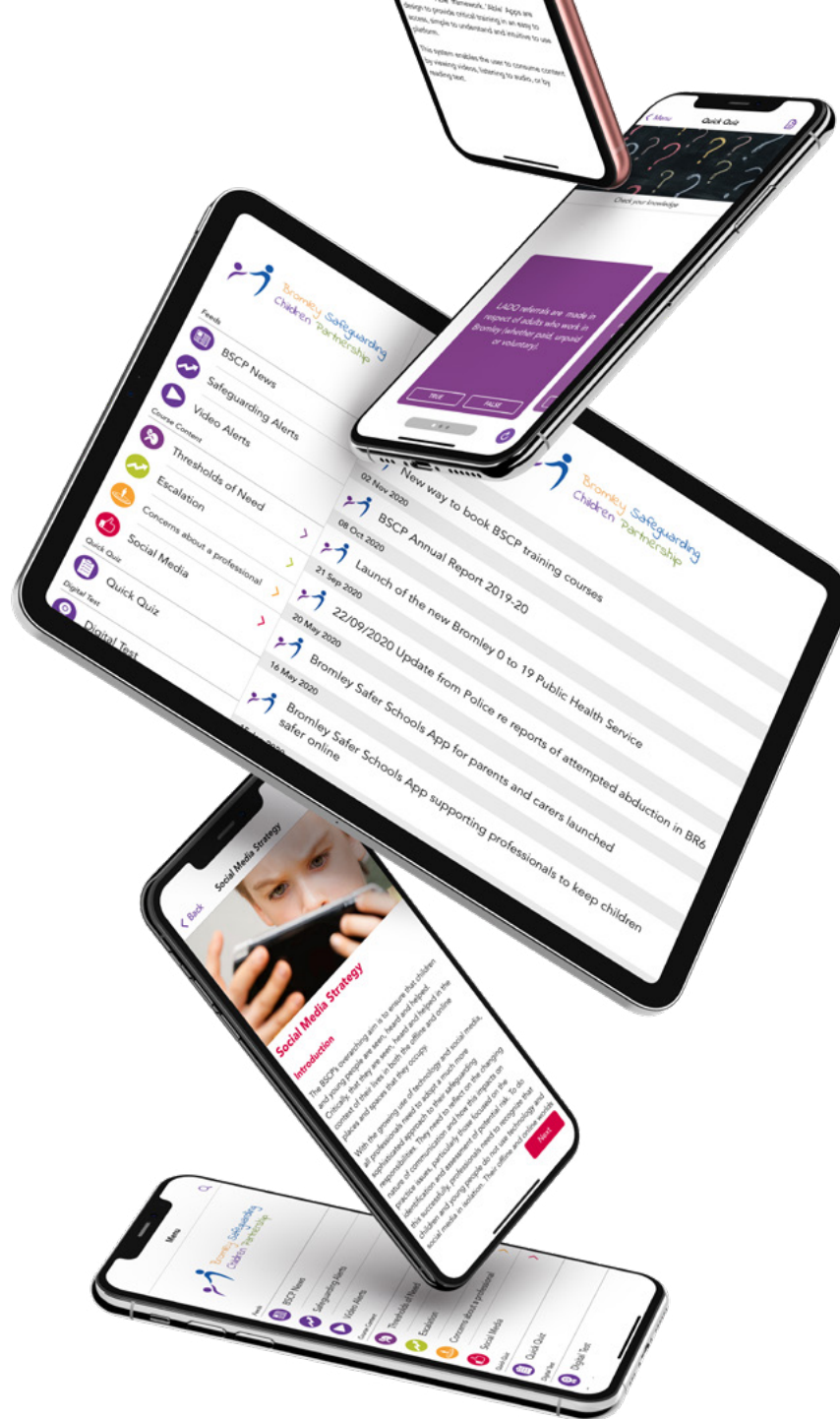




The BSCP business plan aims to develop and deliver services that meet the needs of the children they seek to safeguard. This in the context of children's lives; at home, in care, in education and health, with family and friends and in all the offline and online spaces they frequent. The BSCP recognises that children's access to technology and use of social media is not novel and distinct; rather it is fundamentally integrated in the lives of young people. We further recognise that the context within a child's offline life; neglect, emotional or physical abuse or living in the shadow of abusive relationships is often reflected in the online 'digital footprint' children, young people and many adults now create.

We have therefore discarded the development of an e-safety strategy on the basis of its singular focus on technology and have instead, developed a strategy and suite of supporting documents focused on safeguarding children and young people within the context of their real lives and their access and use of technology. In the toolkit supporting this strategy, professionals are provided with policy, guidance and checklists that will assist safeguarding professionals identify and support children and young people in need of help and protection. This is available on the [BSCP website](#).

In addition, the BSCP has developed Apps to support professionals so that they have immediate access to the guidance they need. The BSCP App includes information on subjects such as thresholds of needs, escalation, what to do if you are concerned about a professional and how to get help if you are concerned about a child. The BSCP Private Fostering App has been downloaded around 26,377 times, the BSCP Safeguarding App has been downloaded around 16,823 times and the FGM App has been downloaded 1,393 times. Short videos on a number of topics, including exploitation, are also available for professionals on the [BSCP website](#).





What you need to know





THE BSCP WEBSITE



www.bromleysafeguarding.org >



[@BromleyLSCP](https://twitter.com/BromleyLSCP) >

CHILDREN AND YOUNG PEOPLE

- Nothing is more important than making sure you are safe and well cared for
- As adults, sometimes we think we always know best...we don't..... and that's why your voice is so important
- This is about you and we want to know more about how you think children and young people can be better protected
- We want to talk to you more often and we want to know the best way to do this..... please help
- If you are worried about your own safety or that of a friend, speak to a professional you trust or speak to Childline on 0800 1111

PARENTS AND CARERS

- Public agencies are there to support you and prevent any problems you are having getting worse...Don't be afraid to ask for help
- Tell us what works and what doesn't when professionals are trying to help you and your children
- Make sure you know about the best way to protect your child and take time to understand some of the risks they can face
- You'll never get ahead of your child when it comes to understanding social media and IT – but make yourself aware of the risks that children and young people can face





THE COMMUNITY

- You are in the best place to look out for children and young people and to raise the alarm if something is going wrong for them.
- We all share responsibility for protecting children. Don't turn a blind eye. If you see something, say something.
- If the child lives in Bromley, call the Multi Agency Safeguarding Hub (MASH) on 0208 461 7373/7379 7026 during working hours
- If you need to speak to someone out of office hours contact the Out of Hours Duty Service on 030 0303 8671
- You can also call the NSPCC Child Protection helpline on 0808 800 5000

FRONT-LINE STAFF AND VOLUNTEERS WORKING WITH CHILDREN OR ADULTS

- Make sure children and young people are seen, heard and helped... whatever your role
- Your professional judgement is what ultimately makes a difference and you must invest in developing the knowledge, skills and experiences needed to effectively safeguard children and young people. Attend all training required for your role
- Understand the importance of talking with colleagues and don't be afraid to share information. If in doubt, speak to your manager
- Escalate your concerns if you do not believe a child or young person is being safeguarded
- Use your representative on the BSCP to make sure that your voice and that of the children and young people you work with are heard
- If your work is mainly with adults, make sure you consider the needs of any children if those adults are parents/carers

LOCAL POLITICIANS

- You are leaders in your local area. Do not underestimate the importance of your role in advocating for the most vulnerable children and making sure everyone takes their safeguarding responsibilities seriously
- Councillor Kate Lymer is the Portfolio Holder for Education and Children and Families and has a key role in children's safeguarding - so does every other councillor
- You can be the eyes and ears of vulnerable children and families... Keep the protection of children at the front of your mind

CHIEF EXECUTIVES AND DIRECTORS

- You set the tone for the culture of your organisation. When you talk, people listen - talk about children and young people
- Your leadership is vital if children and young people are to be safeguarded
- Understand the capability and capacity of your front-line services to protect children and young people - make sure both are robust
- Ensure your workforce attend relevant BSCP training courses and learning events
- Ensure your agency contributes to the work of BSCP and give this the highest priority. Be Section 11 compliant
- Advise the BSCP of any organisational restructures and how these might affect your capacity to safeguard children and young people
- Keep engaged with the safeguarding process and continue to identify children who need early help and protection



THE POLICE

- Robustly pursue offenders and disrupt their attempts to abuse children
- Ensure officers and police staff have the opportunity to train with their colleagues in partner agencies
- Ensure that the voices of all child victims are heard, particularly in relation to listening to evidence where children disclose abuse
- Ensure a strong focus on MACE, MAPPA and MARAC arrangements

HEAD TEACHERS AND GOVERNORS OF SCHOOLS

- Ensure that your school / academy/ educational establishment is compliant with 'Keeping Children Safe in Education' (DfE 2022)
- You see children more than any other profession and develop some of the most meaningful relationships with them

INTEGRATED CARE BOARDS

- ICBs in the health service have a key role in scrutinising the governance and planning across a range of organisations
- Discharge your safeguarding duties effectively and ensure that services are commissioned for the most vulnerable children

THE LOCAL MEDIA

- Safeguarding children and young people is a tough job
- Communicating the message that safeguarding is everyone's responsibility is crucial - you can help do this positively
- Hundreds of children and young people are effectively safeguarded every year across the borough of Bromley





BSCP Membership





Independent Chair

Jim Gamble QPM

BSCP Team

| | |
|-----------------------|---------------------------------|
| Kerry Davies | Partnership Manager (Job Share) |
| Joanna Gambhir | Partnership Manager (Job Share) |
| Hazel Blackman | Business Support Officer |

Board Members (as at May 2022)

| | |
|---------------------------|-------------------------------------------------------------------|
| Gill Allen | Director, Bromley Y |
| Richard Baldwin | Director Children's Social Care, LBB |
| Angela Bhan | Director (Bromley) South East London Integrated Care Board |
| Samantha Britnell | Bromley CFVSF Operations Manager (third sector) |
| Kim Carey | Interim Director, Adult Social Care, LBB |
| Debbie Carter | Interim Head of Safeguarding, Bromley Colleges |
| Lynnette Chamielec | Deputy Director Housing, LBB |
| David Dare | Assistant Director Children's Social Care, LBB |
| Stuart Hills | Head of Service Quality Assurance, LBB |
| Louise Jones | Service Manager, Cafcass |
| Marina Laurie | Lay Member |
| Cllr Kate Lymer | Portfolio Holder, Care Services & Education |
| Fiona Martin | Detective/Superintendent, South BCU (Metropolitan Police Service) |

| | |
|-----------------------------|----------------------------------------------------------------------|
| Betty McDonald | Head of Youth Offending Service, LBB |
| Karen Moorey | Deputy Headteacher, Eden Park High School |
| Lauren Mulligan | Service Manager, Change, Grow, Live |
| Jared Nehra | Director of Education, LBB |
| David Osoba | Designated Dr, South East London Integrated Care Board |
| Rebecca Saunders | Designated Nurse, South East London Integrated Care Board |
| Geraldine Shackleton | Primary Education Director, Aquinas Trust |
| Jenny Selway | Consultant in Public Health, Public Health, LBB |
| Sharon Smith | Head of Children's Nursing, Bromley Healthcare |
| Lucien Spencer | Head of Service, National Probation Service |
| Antoinette Thorne | Learning and Development Manager, LBB & BSCB Training Subgroup Chair |
| Lizzie Wallman | Deputy Director Nursing, Kings College Hospital |
| Jane Wells | Director of Nursing and Safeguarding, Oxleas NHS Trust |



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Bromley
Safeguarding
Children
Partnership

Seen | Heard | Helped

www.bromleysafeguarding.org

Report No.
ACH22-051

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: HEALTH AND WELLBEING BOARD

Date: 8th December 2022

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

Title: , **Innovation in Bromley health and care services 2020 – 2022**

Contact Officer: Dr Angela Bhan

Chief Officer: Dr Angela Bhan

Ward: All

1. Reason for decision/report and options

- 1.1 To share highlights of the improvements and impact of collaborative working in Health and Care services 2020 – 22.
-

2. **RECOMMENDATION(S)**

To note the highlights and the impact of collaborative working across Bromley.

Impact on Vulnerable Adults and Children

1. Summary of Impact: The highlights shared in the presentation reflect work being done to support vulnerable adults and children including the homeless and rough sleeping population, adults and children and young people's emotional and mental wellbeing and those with Autism.
-

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.
 - (5) To manage our resources well, providing value for money, and efficient and effective services for Bromley's residents.Not Applicable: Further Details
-

Financial

1. Cost of proposal: Not Applicable:
 2. Ongoing costs: Recurring Cost Non-Recurring Cost Not Applicable: Further Details
 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: Statutory Requirement Non-Statutory - Government Guidance None: Further Details
 2. Call-in: Applicable Not Applicable: Further Details
-

Procurement

1. Summary of Procurement Implications:
-

Property

1. Summary of Property Implications:
-

Carbon Reduction and Social Value

1. Summary of Carbon Reduction/Sustainability Implications:
-

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

Please see slides attached.

| | |
|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Non-Applicable Headings: | 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] |

INNOVATION, COLLABORATION AND IMPROVEMENTS


Page 211 Bromley health and care services 2020 – 2022

Highlights



Barcoding in flu clinics

- Enable flu clinics to run efficiently during the pandemic.
- Quick appointments with minimal contact.
- Contributed to Bromley being one of the highest flu performers in London.
- Positive feedback from patients - **“brilliant, fast and slick process”**.



Extended phlebotomy services

- Blood tests in GP practices where available, home service for the housebound, walk in services and booked appointments in a range of community clinics.
- Improved booking process – both on the phone and online, and extended opening times.
- Good patient satisfaction – **“Booking online was such a pleasure and the reminder was very thoughtful. The nurse was lovely. Excellent service. Well done”**.



Homeless healthcare clinics

- Partnership approach with homeless shelter to provide a wide range of healthcare services in safe environment.
- Vaccinations, health screening, examinations, advice, wound care and signposting.
- Winner of a national Innovate award for innovation in helping address health inequalities.

Highlights

What is **Integrated mental health services**

NHS *Face your mind*

- New adult mental health hub providing a single point of access for community mental health services. Providing personalised care and early intervention.
- New mental health staff working in primary care.
- Integrated mental health and wellbeing service for young people.
- Mental health support teams in schools bringing together school leaders and mental health services.

All age autism strategy

- Close working partnership and collaboration with London Borough of Bromley.
- Extensive engagement with people with autism and their families to develop and deliver the strategy.
- Aims to ensure equality of access to universal services.
- Specialist services to support those with autism.

Primary care improvements

- Investment in digital technology, premises, clinical space and waiting areas.
- Expanded primary care team including pharmacists, physio, mental health and paramedics.
- Appointment options from more locations with flexible virtual access.
- Clinician training for remote assessments and redesign of reception roles for signposting.

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Report No.
CSD22138

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: HEALTH AND WELLBEING BOARD

Date: Thursday 8th December 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);

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.

| | |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Non-Applicable Headings: | 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 |
|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| Minute 26 24th September 2020 Bromley Health and Wellbeing Centre Update | A copy of the Bromley Health and Wellbeing Centre outline business case to be circulated to Board Members. | One Bromley Programme Director – SEL ICS | The Outline Business Case (OBC) has been updated to reflect the new arrangements in respect of the Adventure Kingdom site is currently going through the assurance process with South East London ICB and NHS England. Comments have been received from the respective assurance teams and the OBC has been updated to reflect these before going to the ICB for final approval. Once approved, this will be shared with the members of the Health and Wellbeing Board. | Open |
| Minute 46 31st March 2022 Integrated Commissioning Board Update | An update on the proposal for a new special free school in Bromley to be circulated to Board Members following the meeting. | Director of Education | DfE Feasibility underway. Site surveys due to start shortly in advance of DfE appointing contractor to develop planning application. | Ongoing |
| Minute 5 9th June 2022 Update on Children and Young People's Mental Health | Information on CAMHS waiting times to be circulated to Board Members. | Associate Director – Integrated Commissioning | Information circulated on 20 th June 2022. | Completed |
| Minute 7 9th June 2022 Substance Misuse Needs Assessment | A copy of the full Substance Misuse Needs Assessment to be circulated to Board Members. | LBB Public Health Registrar | Document circulated on 20 th June 2022. | Completed |

HEALTH AND WELLBEING BOARD WORK PROGRAMME

| 8 th December 2022 | |
|------------------------------------------------------------------------------------------------|--------------------------------------------|
| Winter Planning | Jodie Adkin |
| Annual Public Health Report | Dr Nada Lemic / Dr Jenny Selway |
| Additional Hospital Discharge Funds 2022/23 | Sean Rafferty |
| Bromley Safeguarding Children Partnership Annual Report | Jim Gamble / Joanna Gambhir / Kerry Davies |
| Integrated Commissioning Board Update | Sean Rafferty |
| Health and Wellbeing Strategy: JSNA Priority Area - Presentation from the Falls Service | Lindsay Pyne (Bromley Healthcare) |
| Learning from the COVID-19 Vaccination Programme | Dr Angela Bhan / Cheryl Rehal |
| Innovations from the ICB/CCG | Dr Angela Bhan |
| Work Programme and Matters Outstanding | Democratic Services |
| <i>Information Briefing: Better Care Fund and Improved Better Care Fund Performance Update</i> | <i>Ola Akinlade</i> |
| <i>Information Briefing: Healthwatch Bromley Patient Experience Reports</i> | <i>Charlotte Bradford</i> |
| 2 nd February 2023 | |
| Health and Wellbeing Strategy: JSNA Priority Areas (x2) | |
| Update on Children and Young People's Mental Health | James Postgate / Richard Baldwin |
| Update on the Long COVID Service | Dr Angela Bhan |
| Screening Update | SEL CCG / LBB |
| Bromley Safeguarding Adult Board Annual Report | Bulent Djouma |
| Combating Drugs Partnership | Dr Nada Lemic / Mimi Morris-Cotterill |
| Update from the Brain Health Task and Finish Group (TBC) | Chairman |
| Alcohol Misuse Needs Assessment (TBC) | Dr Jack Haywood |
| Work Programme and Matters Outstanding | Democratic Services |
| 30 th March 2023 | |
| Health and Wellbeing Strategy: JSNA Priority Areas (x2) | |

| | |
|-------------------------------------------------------------------------------------------------|------------------------------------------|
| Update on the Bromley Mental Health and Wellbeing Strategy | James Postgate / Sean Rafferty |
| HIV Infections monitoring | Mimi Morris-Cotterill / Stephanie Sawyer |
| Integrated Commissioning Board Update | Sean Rafferty |
| Report on the effects of vaping and nitrous oxide (<i>TBC</i>) | Dr Jenny Selway / Gillian Fiumicelli |
| Work Programme and Matters Outstanding | Democratic Services |
| <i>Information Briefing</i> : Better Care Fund and Improved Better Care Fund Performance update | Ola Akinlade |

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