

HEALTH AND WELLBEING BOARD

Minutes of the meeting held at 1.30 pm on 30 March 2023

Present:

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

Dr Nada Lemic, Director: Public Health

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

Christopher Evans, Community Links Bromley

Also Present:

Charlotte Bradford (*via conference call*)
Kim Carey (*via conference call*)
Jonathan Lofthouse (*via conference call*)

44 APOLOGIES FOR ABSENCE

Apologies for absence were received from Richard Baldwin and Teresa Bell.

Apologies were also received from Jacqui Scott (Bromley Healthcare).

Apologies for lateness were received from Jonathan Lofthouse (King's College Hospital NHS Foundation Trust).

45 DECLARATIONS OF INTEREST

There were no declarations of interest.

46 QUESTIONS

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

47 MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 2ND FEBRUARY 2023

RESOLVED that the minutes of the meeting held on 2nd February 2023 be agreed.

48 UPDATE ON THE BROMLEY MENTAL HEALTH AND WELLBEING STRATEGY

Report CSD23050

The Board considered a report providing an update on progress to deliver the Bromley Mental Health and Wellbeing Strategy (BMHWS).

The Associate Director of Integrated Commissioning – SEL ICB (Bromley) informed Board Members that the BMHWS (2020-25) was a joint endeavour by both Bromley Council and the NHS South-East London Integrated Care Board (ICB) which set out the joint vision and action plan to support communities and individuals to have good mental health and wellbeing. The Strategy set out an approach in which the Council and NHS would work together with partners to prevent children and adults reaching a crisis point through the provision of a strong prevention and early intervention offer. It also put in place a joint plan for the provision of a number of important services for people with mental health challenges. It was noted that an All-Age strategy was developed in 2019-20 following a significant period of engagement and co-production with people with mental ill-health or who had a history of mental health challenges.

The BMHWS was built around “Five Pillars” – prevention; early intervention; multi-disciplinary approach to treatment; long-term conditions; and recovery and rehabilitation. The overarching vision was to provide excellent mental health and wellbeing services for people in Bromley. It was noted that there had been substantial progress made across each of these five areas, and there was a need to begin work on what would follow the current strategy post-2025.

The Associate Director of Integrated Commissioning – SEL ICB (Bromley) highlighted that the finalisation of the BMHWS had coincided with the COVID-19 pandemic. Whilst it was not possible to see the full picture of the pandemic at that time, in subsequent years, the impact on both individual’s and communities’ mental health and wellbeing had become increasingly clear. One area where the impact of the pandemic had been seen was the mental health and wellbeing of children and young people, with a significant rise in referrals made to Children and Young People’s (CYP) Mental Health and Wellbeing Services from September 2020. Referrals had remained high, which had a huge impact on Children and Adolescent Mental Health Services (CAMHS) waiting times, and there had also been challenges within Adult Mental Health Services. Key achievements that had been delivered in terms of children and young people’s mental health and wellbeing included:

- the roll-out of three mental health support teams (MHSTs) to Bromley schools. The teams provided “on the ground” support to teachers and pupils

- dealing with mental health challenges.
- established the Mental Health Network between Bromley schools and CYP mental health and wellbeing services.
- expansion of the mentoring programme; establishment of a youth ambassador; roll-out of cutting-down (eating disorder) programme; and new support to children in the Youth Justice System.
- agreement on a new integrated NHS/voluntary sector Single Point of Access (SPA) and specialist Eating Disorder Pilot.

In response to a question regarding CAMHS waiting times, the Associate Director of Integrated Commissioning – SEL ICB (Bromley) acknowledged that these were unacceptable, however this was a trend seen across the country, and not just in Bromley. This had been a key focus within CYP mental health and additional funding had been agreed to help reduce waiting times – it was hoped that within a few months the waiting times would be at a more acceptable level. It was noted that, in addition to this, a different approach was needed which worked for schools and partners to ensure that the right support was provided for children and young people. The Board Member suggested that a target for reducing CAMHS waiting times be included in the next plan. The Chairman enquired if there were also difficulties relating to the number of skilled staff required. The Associate Director of Integrated Commissioning – SEL ICB (Bromley) said the amount of money put into mental health had increased significantly, but the biggest challenge related to the lack of psychologists and other skilled staff to appoint to these posts. They were using other roles in a more innovative way – hybrid roles were being developed by partners, which was helping to address the workforce challenges.

A Board Member highlighted that the pandemic had brought huge pressures and changed the way in which providers interacted with the public. It was considered that young adults may be more comfortable in approaching providers using digital methods of communication, such as e-consult or text message, and the risks and benefits of the digital offer could be reflected upon. The Associate Director of Integrated Commissioning – SEL ICB (Bromley) agreed that this would be a positive area to look at and could be considered for a deep dive. During the pandemic, a number of services had moved online – this was positive for some, but not all, and the importance of getting the tailored approach correct was highlighted.

The Associate Director of Integrated Commissioning – SEL ICB (Bromley) advised that key achievements, in terms of prevention and early intervention for adults with mental health and wellbeing challenges, included:

- the opening of the Bromley Mental Health and Wellbeing Hub – an innovative NHS/voluntary sector partnership between Oxleas NHS Foundation Trust and Bromley Mind, which was a “single point of access” for adults seeking help with mental health and wellbeing challenges.
- established mental health practitioner roles in GP Practices (Primary Care Networks) – supporting GPs with mental health clients, and delivering physical health checks for people with mental ill health.
- improved access for Bromley talking therapies, with more people able to access services and better recovery outcomes.
- improved employment support services rolled-out for people with mental

health challenges including the Individual Placement Scheme (IPS) service.

In relation to recovery and long-term conditions for adults with mental health and wellbeing challenges, the following key achievements had been delivered:

- commencement of a large-scale transformation programme of mental health recovery services, enabling 80+ people to live more independently – taking on tenancies. This had been done through co-production with clients, who had shaped and designed their new service offer.
- opened a new “step down” services for adults with mental health challenges who were moving into their own homes.
- established a new joint funding panel across Bromley Council, Oxleas NHS Foundation Trust and the SEL ICB to agree packages in a joined-up way.
- rolled-out a pilot personal health budget (PHB) service between Bromley Council and the ICB, which included mental health.

The Associate Director of Integrated Commissioning – SEL ICB (Bromley) informed Board Members that there were a number of other strategies within their ‘bookcase’. Joint working had been undertaken in relation to the BMHWS, Bromley Learning Disability Strategy and the new Bromley All-Age Autism Strategy (2022-27). There had been increased opportunities for the delivery of the strategies to be aligned, with areas including housing, employment and community treatment reviews (CTRs) managed together.

Board Members were advised that, despite a number of challenges, the BMHWS (2020-25) had been successful and had demonstrated what could be achieved when Bromley Council and the local NHS came together around a shared vision. It was proposed that work to refresh the strategy begin, with the aim of a new plan commencing in 2025/26. It was noted that the Health and Wellbeing Board would provide a key role in overseeing the development of the new strategy.

In response to questions regarding the statement that BAME community groups were over-represented across all types of severe mental health needs, the Associate Director of Integrated Commissioning – SEL ICB (Bromley) advised that a several pieces of outreach work had been undertaken. The youth ambassador worked closely with the communities and schools in Penge and Anerley – due to their own background and life experiences, they were able to reach areas that others could not. It was noted that similar work had also been undertaken in Oxleas adult mental health. The Associate Director of Integrated Commissioning – SEL ICB (Bromley) suggested that this was an area that could be explored further. The Member noted that there may be other aspects, but this appeared to be a lot for the youth ambassador to shoulder, and how this could be included as part of everyone’s roll should be reflected upon. It was recommended that learning should be taken from teams within the Council, third sector organisations and charities. Another Member highlighted that, in relation to prevention, other boroughs undertook a lot of work around Pride Month and Black History Month – increased activity could help communities in the borough to feel more supported, and therefore help reduce the strain of mental health. The Associate Director of Integrated Commissioning – SEL ICB (Bromley) said this was something that could be considered as part of the work to support people from different groups and communities to better manage their own mental health, and they may also

consider forming a cross party Task and Finish Group.

In relation to a question on the statistics provided on page 16 of the BMHWS, the Associate Director of Integrated Commissioning – SEL ICB (Bromley) informed Board Members that additional services had been provided, which it was believed were meeting the current needs of the population – however, a new baseline would be provided through the Joint Strategic Needs Assessment (JSNA). Another Member highlighted the reference made in the BMHWS regarding Bromley having the third highest level in London of adults diagnosed with depression and enquired if the reasons for this were known. The Associate Director of Integrated Commissioning – SEL ICB (Bromley) said that Bromley was a borough with a large population and higher CAMHS waiting times were expected in comparison to smaller boroughs. It was noted that the schools in borough were high achieving, which could bring added pressures, and this was something that would be looked at as part of the JSNA.

The Chairman thanked the Associate Director of Integrated Commissioning – SEL ICB (Bromley) for the presentation to the Board and requested that an early timeframe for the revision of the new BMHWS be provided to Board Members following the meeting.

RESOLVED that the progress to deliver the Bromley Mental Health and Wellbeing Strategy (2020-25) be noted.

49 UPDATE ON POST-COVID SYNDROME SERVICE

The Chairman welcomed Rachel Perry – Head of Integrated Services (SEL ICB), Lindsay Pyne – Head of Adult Therapies (BHC), Ellen Shiner – Physiotherapist - Long Covid (King's) and Dr Zia Buckhoree – GP Partner, Co-Clinical Director Beckenham PCN to the meeting to provide an update on the Post-COVID syndrome service.

The GP Partner, Co-Clinical Director Beckenham PCN informed Board Members that Post-COVID syndrome was the signs and symptoms that developed during or after an infection consistent with COVID-19; it was ongoing for more than 12 weeks and could not be explained by an alternative diagnosis; and was also known as Long COVID. The Bromley Post-COVID pathway was an integrated pathway that had been established to educate and empower individuals to manage their symptoms and improve their health outcomes (both physical and mental health). Advice, guidance and signposting, as well as one-off interventions to support patients, were provided via:

- 1) Self-management 'Your COVID Recovery' website
- 2) Primary Care
- 3) Post-COVID community services
- 4) Specialist Post-COVID Syndrome Assessment Clinic.

The GP Partner, Co-Clinical Director Beckenham PCN noted that it had quickly become evident that a national response would be needed. There had been more than 120,000 case of COVID-19 in Bromley and a research study estimated that 5-

10% of these people (6,000-12,000) would have ongoing symptoms of Long COVID. In spring 2021, a Post-COVID Syndrome Assessment Clinic had been established at the PRUH to undertake a holistic assessment including respiratory or neurological symptoms to rule out serious underlying pathology. This led to a single SEL assessment referral form and protocols developed for GPs and a Post-COVID community pathway accepting direct GP referrals. By the end of 2021, weekly Post-COVID Multi-Disciplinary Meetings (MDMs) were being held. These meetings had input from Occupational Therapy, Physiotherapy, Respiratory Consultants, Improving Access to Psychological Therapies (IAPT), GPs and Bromley Well. Progress to date included:

- A locally developed integrated Post-COVID pathway;
- Use of a single assessment referral form and protocols agreed across all SEL boroughs;
- Collaborative MDMs held weekly with input from community, secondary and mental health services professionals;
- Care Navigator role with knowledge of the third sector and able to signpost;
- Transition of the acute assessment clinic to include a therapy lead clinic resulting in a reduction in waiting times; and,
- The Bromley Post-COVID service had won the One Bromley integration staff awards in 2022 under the 'successful collaboration working in Primary Care service' category.

The Physiotherapist - Long Covid (King's) advised that, in autumn 2022, the acute care Post-COVID clinic switched from consultant led to a therapy led model. Therapy led triage involved checking that all bloods and chest x-rays were normal to indicate that a Long COVID assessment was appropriate and there were two physiotherapist and two occupational therapists in post completing new patient assessments across SE London. Consultant supervision and MDMs ran alongside this to discuss caseload, and referrals were made into community settings across the boroughs with a personalised approach. A snapshot of the data for Bromley patients attending the Post-COVID assessment clinics indicated that attendance rates were good and the majority of the referrals into the service were from Primary Care.

In response to a question regarding the performance data (page 76 of the agenda pack), the Physiotherapist - Long Covid (King's) advised that 58 patients booked into the PRUH's Post-COVID Assessment Clinic over the last 6-month period was a lower figure that expected. They had undertaken lots of work with the Guys' and St Thomas' Charity and they believed there were some areas of the population that were not being reached. Referrals in April 2021 had been at a much higher level, but had since reduced – it was considered that learning had been taken from the therapy led approach and more referrals were being made into community services. The Head of Integrated Services (SEL ICB) noted that the 58 patients referenced were referred into the acute therapy service model.

With regards to the Post-COVID community services, assessments were currently completed via the phone and all patients were discussed at MDMs. The majority of individuals were invited to attend the 8-week group community programme, which could be attended face-to-face or virtually – these sessions were delivered by different professionals, and focussed on a number of areas including fatigue and

breathlessness. Follow up phone calls were made to individuals after 12 weeks and 6 months and a peer support group was held every fortnight, provided by the Care Navigator from Bromley Well. In terms of next steps, additional funding had been received which would be used to expand the Post-COVID community services, and a number of additional staff would be appointed. They were aiming to deliver more face-to-face sessions; individualised care (including home visits) to improve recovery; exercise sessions; and a living with COVID recovery app across SEL. The outcome data indicated that, at the 12-week and 6-month follow ups, the overall scores were reducing (with a score of 0 representing no issues). On occasions there were relapses at 6 months, with a reoccurrence of symptoms being seen, and this was a pattern being reflected nationally. The Head of Integrated Services (SEL ICB) noted that the use of performance data to review individual outcomes to refine and improve the service would be further developed, and they would continue working with colleagues across SEL to share best practice.

A Board Member congratulated those involved with the Post-COVID syndrome service on the work undertaken, and enquired if they were contributing to any live studies. The Head of Integrated Services (SEL ICB) confirmed that the service was involved in several research studies. Guy's & St Thomas', Brompton & Harefield Hospital, Evelina London Children's Hospital and King's College were leading on a programme researching Long COVID, working with health professionals and communities. Patient co-production workshops had been held in Bromley and recommendations were made in terms of enhancing the model of care for people living with Long COVID. It was noted that the service was also part of the SEL Long COVID Programme, led by NHS Charities Together, which had focussed on the mapping exercise and there was now a programme of pilot workstreams in place. The Head of Adult Therapies (BHC) advised that, in Bromley, they were focussing on the impact on staff in care homes. Patients and staff in Bromley had also been involved in the research undertaken by London Southbank University, and they would continue to participate in any further studies. The GP Partner, Co-Clinical Director Beckenham PCN noted that the outcome measures and interventions used in Bromley were the same that were being used by King's and Guy's & St Thomas' – this provided a collective data set which was comparable.

The Chairman thanked the Head of Integrated Services (SEL ICB), Head of Adult Therapies (BHC), Physiotherapist - Long Covid (King's) and GP Partner, Co-Clinical Director Beckenham PCN for their presentation to the Board and requested that a further update be provided in spring 2024.

RESOLVED that the update be noted.

50 JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) UPDATE

Report ACH23-018

The Board considered a report providing an update on the Joint Strategic Needs Assessment (JSNA) and related needs assessments.

The Director of Public Health informed Board Members that the JSNA was a process designed to inform and underpin the Joint Health and Wellbeing Strategy (JHWS) by identifying areas of unmet need, both now and into the future. It was a statutory requirement for Local Authorities and their partners (under both the Health and Social Care Act 2012 and the Local Government and Public Involvement in Health Act 2007 s116 and s116A) through the Health and Wellbeing Board who had delegated this responsibility to the Public Health team.

The past year had seen completion of the Children's JSNA. The Alcohol and Substance Misuse Needs Assessments were in production and close to being finalised before publication, and the Homeless Needs Assessment was also in production. The plan for this year was to produce a JSNA chapter on Morbidity and Mortality in Bromley and to update the demography chapter on a rolling basis as Census data was released, supported by a public facing interactive Power BI report. In addition, there would be a short paper covering the COVID-19 pandemic: cases, deaths and outbreaks. The intention was also to resurrect the JSNA steering group post-pandemic which had a monitoring role of the content and strategic direction of the JSNA.

The Director of Public Health noted that consideration would also be given to creating a JSNA chapter on 'Brain Health'.

RESOLVED that the update be noted.

51 PRESENTATION OF THE CHILDREN'S JSNA

Report ACH23-015

The Board considered a report providing an update on the Children's Joint Strategic Needs Assessment (JSNA).

The JSNA for children and young people in Bromley was the second update of this JSNA. The first JSNA for children was written in 2016 and updated in 2018. It was due to be updated in 2020 but was delayed due to the COVID-19 pandemic. The JSNA aimed to pull together all information available about the health and wellbeing of children and young people in Bromley using data and information from across the Council, health partners, and the Police.

The Consultant in Public Health Medicine advised Board Members that information was gathered from a survey of Year 10 pupils, run by the School Health Education Unit (SHEU). The survey was reported to provide comparative national and local data, and subgroup analysis was also undertaken to provide each school with its own individual report. This survey was used to generate the potential key issues as reported in the Bromley Children's JSNA 2022:

- Particularly vulnerable groups of young people in Bromley: young carers and young people who were LGBTQ/Transgender;
- Increasing levels of vaping in children and young people in Bromley;
- Sexual harassment rates higher in Bromley than national rates;
- Relatively high rates of substance misuse in CLA compared to national

- rates; and,
- Majority of young people in Year 10 worried about knives at least sometimes when they went out.

In response to a question, the Chairman advised that the Children, Education and Families Policy Development and Scrutiny Committee led on this area and the Children's JSNA had been presented at a recent meeting. The Consultant in Public Health Medicine emphasised that, overall, the JSNA was a positive document – for the vast majority, the children and young people of Bromley were extremely healthy and well. The few issues highlighted were where Bromley was an outlier compared to other areas, and were mostly emerging trends. The Chairman asked if there was any comparable data available. The Consultant in Public Health Medicine advised that the SHEU data provided an average across England, but it may be possible to request comparison data for statistical neighbours. It was agreed that comparison data for similar boroughs would be requested and circulated to Board Members following the meeting.

In response to questions, the Consultant in Public Health Medicine advised that the individual schools received a copy of their own data – they knew their pupils well, and may be able to better identify specific issues. The issues identified relating to young carers was an emerging need – it was noted that there were a series of questions used to identify students as young carers, and they may not necessarily identify themselves as such. It was hoped that the SHEU survey would be repeated next spring (2024) – after the periods of lockdown, schools had struggled with a number of issues, such as lack of maturity and poor behaviour, and it was hoped that some of these issues would have settled down. The Assistant Director for Integrated Commissioning informed Board Members that work was taking place to create a new Carers Strategy, which would be brought to the Adult Care and Health Policy Development and Scrutiny Committee later in the year, and included young carers. Through Adult Social Care assessments they were able to refer young carers on to Carers Centre, run by Bromley Well and Children's Services, for support, but it was acknowledged that work to identify young carers was something that could be further developed.

A Member said it would be useful to have a breakdown of the types of sexual harassment, as this could inform the training and prevention tools used to tackle this issue. The Consultant in Public Health Medicine advised that after each of the SHEU surveys, they had identified areas for which they would like more specific data – the SHEU would then provide a bank of questions, which were vetted by experts and Headteachers to decide which ones were used.

A Member noted the relatively high rates of substance misuse in CLAs, and highlighted the corporate responsibility that lay with Elected Members. In response to a question, the Consultant in Public Health Medicine advised that Children's Social Care and the CLA Team were aware of the data, which had been discussed at length. It was noted that the figures were very small as only a small proportion of CLA's were teenagers – Public Health produced the JSNA, however this particular issue was being picked up by the Corporate Parenting Board.

The Chairman highlighted that the increasing levels of vaping in children and

young people was worrying as this was extremely addictive and had high levels of nicotine. A Board Member agreed, and considered that this was impacted by the marketing technique used. It was suggested that work needed to be done within the borough to instruct large supermarkets to keep vaping displays behind the serving counter. The Consultant in Public Health Medicine advised that work was being undertaken with Trading Standards which it was hoped may help to address some of these issues. A bid had been submitted, and if successful, would be used for work in the community to discourage vaping.

The Chairman thanked the Consultant in Public Health Medicine for the update to the Board.

RESOLVED that the update be noted.

52 HEALTH AND WELLBEING STRATEGY UPDATE

Report ACH23-017

The Board considered a report outlining the proposed structure for the new Joint Health and Wellbeing Strategy.

The Director of Public Health noted that at the Health and Wellbeing Strategy workshop, held on 8th December 2022, Members of the Board had discussed in small groups the potential priority areas for the focus of the next publication of the Health and Wellbeing Strategy. The proposed structure for the new Joint Health and Wellbeing Strategy was as follows:

- Foreword
- Contents
- Introduction
- What has happened since the last strategy?
- Our process to develop this Strategy
- Our Vision / Ambition (linking to the ICS strategy and ICB priorities)
- Our Priorities – overview of each priority area (Improving Health and Wellbeing of young people; Improving Health and Wellbeing of Adults; Disease prevention and helping people to stay well)
- Our Implementation plan (linking to the ICS strategy and ICB priorities)
- How we will measure progress (linking to the ICS strategy and ICB priorities)

The plan would have three overarching priority areas:

- 1) Improving Health and Wellbeing of young people (to include obesity, youth violence, adolescent mental health);
- 2) Improving Health and Wellbeing of Adults (to include obesity, diabetes, dementia, mental health, substance misuse); and,
- 3) Disease prevention and helping people to stay well (linking with our ICB prevention priority and achieving this through our vital 5 work).

Monitoring these areas would be achieved by the following:

- 1) For the 'Improving Health and Wellbeing of young people' priority area it

- was suggested that the Children's Executive Board lead on this;
- 2) For the 'Improving Health and Wellbeing of Adults' priority groups were already set up and identified whom it was suggested take a lead on each of these. For example, the Diabetes Partnership Group, the Bromley Obesity Working Group, Bromley Mental Health and Wellbeing Partnership Board, Combatting Drugs and Alcohol Partnership Board; and,
 - 3) For the 'Disease Prevention and helping people to stay well' priority this was work that was currently being undertaken with the ICB and would be picked up in these workstreams.

These groups would be asked about their priorities, and asked to include the Health and Wellbeing Strategy priorities in their action plans. The Public Health team would work on the development of the new strategy over the summer, and it was proposed that a draft be brought to the Health and Wellbeing Board meeting on 21st September 2023.

The Bromley Place Executive Director – NHS South East London ("Bromley Place Executive Director") provided an update on the South East London Strategy and Joint Forward Plan and the development of the One Bromley 5 Year Strategy. It was noted that the three priorities summarised by the Director of Public Health aligned well with the other strategies to be brought together. The ICS had identified the following five priorities:

- Become better at preventing ill health and helping people in south east London to live healthier lives;
- Ensuring parents, children and families receive the most effective support before and during childbirth and in early years;
- Ensuring that children and young people receive early and effective support for common mental health challenges;
- Ensuring that adults in south east London receive early and effective support for common mental health challenges; and,
- Ensuring that people, including those with continuing health needs, can conveniently access high quality primary care services

The Bromley Place Executive Director highlighted that the priorities for the Health and Wellbeing Strategy would also closely align with the draft One Bromley 5 Year Strategy. There would be specific priorities related to delivering care closer to home; developing neighbourhoods through which care could be delivered; ensuring good access to urgent care; and improving the health of the population.

A Member highlighted the need to target services in order to meet outcomes. Another area to consider was myth-busting – there were often presumptions, and different communities may look at health in different ways. The Chairman agreed that these were important points, but it was noted that some of this work would be operational and would need to be taken forward by health partners. The Director of Public Health advised that the overarching themes identified already had partner groups established that looked into the specifics. The groups could be asked to identify how they would address the issue of targeting communities.

A Member considered that prevention was key, and things such as having access to healthy food in the local area was important. There was more need in the outer

areas of the borough, and some of the centres would need to be located in these areas, rather than central Bromley, as people tended not to travel. The Director of Public Health advised that prevention was a whole priority area. In terms of targeting specific areas, it was noted that discussions and work in relation to this was ongoing with One Bromley partners and the ICB, and the JSNA chapter on Morbidity and Mortality in Bromley would contain information that assisted this further.

RESOLVED that:

- i.) the proposed structure for the new Joint Health and Wellbeing Strategy be agreed; and,**
- ii.) the update on the South East London Strategy and Joint Forward Plan and the development of the One Bromley 5 Year Strategy be noted.**

53 SCREENING UPDATE

The Bromley Place Executive Director advised Board Members that screening involved using simple tests across a healthy population to identify those individuals who had a disease, but did not yet have symptoms. The aim was to identify individuals with abnormalities suggestive of a disease and to refer them promptly for diagnosis and treatment. The NHS had the following cancer screening programmes:

- Bowel screening – offered every 2 years to everyone aged 60 to 74 (inclusive). The programme was currently expanding to also include people aged 50 to 59 years. This was happening gradually over 4 years and started in April 2021.
- Breast screening – offered to female patients aged 50 to 70 (inclusive).
- Cervical screening – offered to all women and people with a cervix aged 25 to 64 to check the health of cells in the cervix. It was offered every 3 years for those aged 25 to 49, and every 5 years from the ages of 50 to 64.

It was noted that there were similarities across the various screening programmes. Bromley did well in terms of uptake, but all programmes saw inequalities – the more socially deprived; certain ethnic groups; those with a learning disability; and those with serious mental ill-health were less likely to take up screenings. Recommendations had been identified and would be put in place to try and improve these inequalities. Board Members were advised that, generally, the screening programmes had returned to pre-pandemic levels.

In response to a question from the Chairman, the Bromley Place Executive Director advised that screening was the identification of people who were more at risk of developing a disease, and was not exactly the same as early case finding. For certain things, such as breast screening, artificial intelligence (AI) would be particularly targeted. The implementation of the Human papillomavirus (HPV) vaccination programme would reduce the incidents of cervical cancer – as a result, the screening programme may become less effective in the future, and case finding may be used.

RESOLVED that the update be noted.

54 PUBLIC HEALTH - SURVEILLANCE UPDATE

The Director of Public Health informed Board Members of future area for surveillance:

HIV Infections Monitoring

An issue had been identified in relation to late diagnosis of HIV. A specific audit would be undertaken to identify the particular reasons why people presented late, and a report would be provided to a future meeting of the Health and Wellbeing Board.

In response to questions, the Director of Public Health advised that HIV rates in Bromley were low. The issue was not related to an increase in numbers, it was patients presenting late. Over the last five years there had been an increase in late diagnosis – to help address this, an in-depth audit was being undertaken of every case to identify any potential problems and see if there were any lessons that could be learnt. The Member suggested that key considerations could include myth-busting, blood test screening and pre-exposure medication which could help create a safer culture.

Combating Drugs Partnership

This was a new partnership that had been established in response to the national drive to improve the treatment of substance misuse. It was noted that a grant had been available to all local authorities – Bromley had already been undertaking a lot of work in relation to surveillance of substance misuse and an in-depth Substance Misuse Needs Assessment had previously been presented to the Health and Wellbeing Board. The surveillance had helped identify specific problems and the department had been commended for their work.

Suicide Prevention Workstream: Update and Plans

Work had been undertaken in relation to suicide prevention and a monitoring system had been implemented. This was a complex area, and access to the data was confidential, but the numbers were relatively small. An update on this work would be presented to a future meeting of the Health and Wellbeing Board.

RESOLVED that the update be noted.

55 UPDATE ON THE BRAIN HEALTH TASK AND FINISH GROUP

The Chairman informed Board Members that the Brain Health Task and Finish Group had met earlier that day, and had agreed that its focus would be around physical brain health. It was noted that other countries had brought this concept into primary education, emphasising that having a healthy heart linked with having a healthy brain. There were other areas to be considered, such as interaction with the loneliness agenda and hearing impairments. It was proposed that a mapping exercise would be carried out to document the work already being undertaken,

and build it into a more coherent strategy to take forward – as previously mentioned, consideration would be given to creating a JSNA chapter on ‘Brain Health’. The Chairman advised that an update would be provided at the next meeting of the Health and Wellbeing Board.

RESOLVED that the update be noted.

56 CHAIRMAN'S ANNUAL REPORT

Board Members had been provided with a copy of the Chairman’s annual report of the Health and Wellbeing Board 2022/23 prior to the meeting. The document captured the issues that had been addressed throughout the year and were likely to remain going forward.

RESOLVED that the report be noted.

57 QUESTIONS ON THE HEALTH AND WELLBEING BOARD INFORMATION BRIEFING

The Health and Wellbeing Board Information Briefing comprised 3 reports:

- Better Care Fund and Improved Better Care Fund Performance Update
- Integrated Commissioning Board Update
- Vaping in Children

RESOLVED that the Information Briefing be noted.

58 MATTERS OUTSTANDING AND WORK PROGRAMME

Report CSD23044

The Board considered its 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 the Brain Health Task and Finish Group (29th June 2023)
- Update on the Post-Covid Syndrome Service (18th April 2024)

A Member suggested other areas for discussion could include the effects on health of air pollution and mould/damp in housing, and domestic abuse. The Chairman noted that these areas may fall within the remit of other Committees – it was agreed that how they were taken forward would be discussed with officers.

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

59 ANY OTHER BUSINESS

The Community Links Bromley (CLB) representative advised Board Members that they had recently been asked to administer a small grant, which had been set aside by the GLA to respond to the challenge of food insecurity that was resulting from the cost-of-living crisis. The grant was intended to provide “short-term capacity for new or existing partnership working to reduce food insecurity.” The GLA had requested that the funding be used to achieve four specific outcomes:

- Improving the understanding of need across organisations in the local area and acting as a point of contact for London-wide food supply organisations.
- Providing a link with the Local Authority and other providers/networks to ensure food aid was better linked into available financial advice and support.
- Developing links with local corporates and suppliers to support food aid organisations in the area.
- Coordinating volunteer needs and help liaise with the local Council for the Voluntary Sector (CVS) and other support to boost volunteering.

Christopher Evans noted that there was a bigger agenda, which was reflected in a report released the previous day by Sustain UK entitled “Good Food for All Londoners” which provided a wealth of data of each council’s approach to food poverty. The general findings were positive, in terms of Londoners having access to affordable, healthy and sustainable food. There were a number of league tables and good food maps on which Bromley scored quite low, and it was suggested that further discussions could take place in relation to this. It was considered that a partnership approach to the challenges highlighted would be helpful, and the Health and Wellbeing Board could play a positive and constructive role within this. The Chairman requested that he be provided with a copy of the report following the meeting – it would then be discussed with officers to consider the best way to take this forward.

The Chairman noted that this was the final Health and Wellbeing Board meeting of the municipal year and thanked Board Members and officers for their contributions throughout the year.

RESOLVED that the issues raised be noted.

60 DATE OF NEXT MEETING

The next meetings of the Health and Wellbeing Board would be held on:

- 1.30pm, Thursday 29th June 2023
- 1.30pm, Thursday 21st September 2023
- 1.30pm, Wednesday 16th November 2023
- 1.30pm, Thursday 1st February 2024
- 1.30pm, Thursday 18th April 2024

The Meeting ended at 3.32 pm

Chairman

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HEALTH AND WELLBEING BOARD

30th March 2023

WRITTEN QUESTIONS TO THE CHAIRMAN OF THE HEALTH AND WELLBEING BOARD

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

IMPACTS OF CLIMATE CHANGE ON VULNERABLE COMMUNITIES.

1. St. Mary and St Paul's Cray are classified as deprived communities, with large social housing estates and traveller/Gypsy population.

What measures is the Council taking to investigate and mitigate the effects of Climate Change, including flooding, drought, and high temperatures, on the health and well-being of the local population?

Reply:

The question posed is a very broad one. The Council has a major programme to mitigate climate change, to reduce carbon emissions and to promote sustainable development. These measures and the national UK and international programmes will benefit the health and wellbeing of all communities and residents in Bromley. Where there are specific problems affecting the health and wellbeing of local communities and/or for vulnerable people, the Council will, as always, take all appropriate actions with health and other partners.

BROMLEY COUNCIL & PARTNERSHIP ORGANISATIONS STATUTORY RESPONSIBILITIES FOR FLOOD RISK MANAGEMENT WITH REGARD TO EQUALITY DUTIES & VULNERABLE COMMUNITIES.

2. What responsibilities do the Board's partnership bodies have for carrying out Health Impact Assessments, and Equalities Impact Assessments for vulnerable communities at high risk of flood?

Reply:

The bodies whose members sit on the Health and Wellbeing Board are:

- ***NHS South East London Integrated Care Board***
- ***Bromley Safeguarding Adults Board***
- ***Bromley Safeguarding Children Partnership***
- ***Community Links Bromley***
- ***Healthwatch Bromley***

These bodies would need to be contacted directly for their policies as we do not have this information centrally.

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