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DATE: 21 June 2023

To: Members of the
HEALTH AND WELLBEING BOARD

Councillor David Jefferys (Chairman)
Councillor Robert Evans (Vice-Chairman)
Councillors Yvonne Bear, Will Connolly, Chris Price, Colin Smith, 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

Integrated Care Board:

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

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

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

Charlotte Bradford	Healthwatch Bromley
Christopher Evans	Community Links Bromley

A meeting of the Health and Wellbeing Board will be held at Bromley Civic Centre on
THURSDAY 29 JUNE 2023 AT 1.30 PM

TASNIM SHAWKAT
Director of Corporate Services & Governance

Copies of the documents referred to below can be obtained from
<http://cds.bromley.gov.uk/>

AGENDA

1 APOLOGIES FOR ABSENCE

2 DECLARATIONS OF INTEREST

3 QUESTIONS

In accordance with the Council's Constitution, members of the public may submit one question each on matters relating to the work of the Committee. Questions must have been received in writing 10 working days before the date of the meeting – by **5pm** on **Thursday 15th June 2023**.

Questions seeking clarification of the details of a report on the agenda may be accepted within two working days of the normal publication date of the agenda – by **5pm** on **Friday 23rd June 2023**.

4 MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD 30TH MARCH 2023 (Pages 1 - 18)

5 SOUTH EAST LONDON ICB JOINT FORWARD PLAN AND ONE BROMLEY 5 YEAR STRATEGY - SIGN OFF (Pages 19 - 50)

6 UPDATE ON THE HEALTH AND WELLBEING CENTRE (VERBAL UPDATE)

7 BETTER CARE FUND PLAN 2023-2025

To follow

8 SUICIDE PREVENTION WORKSTREAM: UPDATE AND PLANS (Pages 51 - 56)

9 UPDATE ON THE BRAIN HEALTH TASK AND FINISH GROUP (Pages 57 - 58)

10 QUESTIONS ON THE HEALTH AND WELLBEING BOARD INFORMATION BRIEFING

The briefing comprises:

- Better Care Fund and Improved Better Care Fund Performance Update
- Combating Drugs and Alcohol Partnership (CDAP) Update
- Healthwatch Bromley Patient Experience Report

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://cde.bromley.gov.uk/ieListMeetings.aspx?Cld=559&Year=0>

Printed copies of the briefing are available on request by contacting the Democratic Services Officer.

11 MATTERS OUTSTANDING AND WORK PROGRAMME (Pages 59 - 66)

12 ANY OTHER BUSINESS

13 DATE OF NEXT MEETING

1.30pm, Thursday 21st September 2023

1.30pm, Thursday 16th November 2023

1.30pm, Thursday 1st February 2024

1.30pm, Thursday 18th April 2024

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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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Bromley Health and Wellbeing Board

DATE: 30 June 2023

<p>Title</p>	<p>South East London Joint Forward Plan incorporating One Bromley 5 Year Strategy</p>
<p>This paper is for decision</p>	
<p>Executive Summary</p>	<p>ICB 5 Year Joint Forward Plan</p> <ul style="list-style-type: none"> • ICBs were asked to produce a 5 year Joint Forward Plan (JFP) in this year’s planning guidance. • National guidance set a range of expectations for the plans, including a medium term focus across the key areas of ICB responsibilities, emphasising the need for links back to borough based Health and Well Being Plans, ICP integrated care strategies, national planning guidance and other ICB responsibilities for arranging services to meet population needs and delivery statutory responsibilities. • South East London has taken a ‘bottom up’ approach to development of the SEL JFP, including: <ul style="list-style-type: none"> ○ SEL integrated care strategy priorities ○ LCP borough-based JFPs (<i>adopted as the One Bromley 5 Year Strategy</i>) ○ ICB care pathway programme board plans ○ ICB enabler programme plans ○ Medium Term Financial Strategy ○ ICB statutory responsibilities <p>The plan amounts to about 250 slides and can be viewed and relatively simply navigated here: Joint Forward Plan - South East London ICS (selondonics.org) Note the One Bromley slides in the SEL JFP will be updated to reflect our updated One Bromley 5 Year Strategy.</p> <p>One Bromley 5 Year Strategy</p> <ul style="list-style-type: none"> • Building on work with the King’s Fund and through One Bromley Executive and Local Care Partnership Board seminars we have developed our One Bromley 5 Year Strategy. This incorporates the SELICS ask for a borough-based Joint Forward Plan. It links to and builds on Making Bromley Even Better 2021/31, Bromley Health and Wellbeing Strategy, and other work such as the Bromley Mental Health and Wellbeing Strategy 2020-25.

- The One Bromley Strategy is structured around our population and health outcomes, priorities, programmes and projects to deliver these, a set of enablers, and overarching principles of how we will deliver together.
- The ambition is to improve the wellness of the people of Bromley. We will achieve this by shifting the focus of our work to prevention, focussing on people living with long term conditions, frailty, Core 20Plus5 health inequalities and those at risk of emergency admission for physical or mental health. Our plan therefore takes a population health approach to focus on prevention at scale, continuity of care and more holistic approach to people’s needs.
- The strategy sets out three key priorities on this:
 - Improving population health and wellbeing through prevention and personalised care
 - High quality care closer to home delivered through neighbourhoods
 - Good access to urgent and unscheduled care and support to meet people’s needs
- The most significant structural change to support the delivery of the ambitions is the development of neighbourhood teams. We have been implementing different neighbourhood models for different goals across Bromley for several years – including Integrated Care Networks for proactive care, Wellbeing Cafés, and more latterly Children’s Health Hubs. We also have other successful experience of working collaboratively across agencies, such as in transfer of care, where we bring colleagues together and share information.
- The Fuller review has prompted us to take this further: defining across our borough neighbourhoods for the organisation and delivery of health and care services to meet the specific needs of the local population. The aim is to work across health, social care and third sector colleagues to deliver more co-ordinated and proactive services relevant to the local population to mitigate demand on the health and care system, develop community resilience, and support staff recruitment and retention through new models of care.

Role of Health and Wellbeing Board in approval of plans

Each Health and Wellbeing Board in South East London is asked by national guidance to provide a statement on the plan ahead of its publication in July. Through correspondence committee members were invited to provide comments on the plans ahead of this meeting. Formal replies (attached) were received from Healthwatch Bromley and Community Links and amendments made to the Bromley section of the plans in response. In consort with the Chair and Portfolio Holder the HWBB’s feedback has been provided to SELICS in the form of the following statement:

Statement from Bromley Health and Wellbeing Board on the South East London ICS Joint Forward Plan

The Bromley Health and Wellbeing Board endorses the South East London Integrated Care System Joint Forward Plan (JFP) as taking proper account of the current Bromley Health and Wellbeing Strategy published by this Board. The Board notes the plan is in line with our strategy for the people of Bromley to live an independent, healthy and happy life for longer. Bromley Health and Wellbeing priorities include cancer, long-term conditions, and mental health, across all age ranges. In delivering the JFP we must see investment and working together to bring these plans to life in the borough. The Board strongly supports the aim of preventing illness and promoting health through local place-based initiatives. The borough section of the SEL plan pays particular attention to what we will develop locally to better identify poor health earlier and deliver services as locally to residents as possible. The Board is particularly keen that the establishment of neighbourhood teams sees a step-change in the prevention agenda and in bringing together health, social care, and voluntary and third sector organisations to achieve this for all the people of Bromley.

The Board notes it is important that in moving plans to reality there is continued engagement with the population and working with our vibrant local authority and voluntary, community and social enterprises (VCSE) as strategic partners and enablers of improvement. We recommend that moving into delivery the plans include further consideration on resourcing and harnessing VCSE partners. We also note that the current trajectory of new community services is unlikely to flatten acute demand growth sufficiently in the short term to deliver the recurrent savings outlined in the plan, and that this poses a material risk. Similarly, it is essential that the ambitions of the programmes are met with responsive and fast-paced delivery by enabler workstreams such as workforce, IT and estates.

We welcome the emphasis on subsidiarity and the recognition that Place is best positioned to understand the needs of our residents and we look forward to working with partners across the ICS in ensuring resources are deployed effectively where people live, work and thrive. We wish to give added support to the Place-based approach and expect over time that further delegation to Place will be considered and occur, and that the current management cost review provides the opportunity to further enhance Place working.

ONE BROMLEY

Recommended action for the Committee	The committee is asked to endorse the statement and approve the plans.	
Potential Conflicts of Interest	All partners were asked to work in the interests of the population of Bromley in supporting the development of the One Bromley Five Year Strategy.	
Impacts of this proposal	Key risks & mitigations	<p>Risk: There is a risk that expansion of prevention and community based care is insufficient to dampen acute demand in the short term, leading to financial pressures.</p> <p>Mitigation: This will be monitored at ICS level and locally, which a key aspect of the plans is to move acute care into the community where clinical expertise can have greater impact in many chronic specialties.</p> <p>Risk: There is a risk that the plans require too much change simultaneously resulting in fatigue, a lack of focus on top priorities and partial delivery of the plans.</p> <p>Mitigation: Utilise business as usual avenues where possible to facilitate delivery. Operating plan includes a mix of business as usual and change initiatives. Change initiatives monitored in year through One Bromley Executive for decision making on continued delivery or plan amendment.</p>
	Equality impact	Reducing health inequalities is threaded through the plans, with particular focus on health inequalities through neighbourhood working and anticipatory care.
	Financial impact	The plans themselves are not costed, but are to be delivered within agreed financial envelopes and transformational funding inline with the SEL medium term financial strategy.
Wider support for this proposal	Public Engagement	<ul style="list-style-type: none"> Public engagement in Bromley across the preceding two – three years has been taken into account in the drafting of the One Bromley Strategy. A public engagement event took place in Bromley 22 May 2023 – focussing on sharing the plans and

ONE BROMLEY

		<p>discussing how best to work with local communities in achieving our ambitions.</p> <ul style="list-style-type: none"> • SEL colleagues arranged two SEL-wide online events to promote the SEL JFP.
	Other Committee Discussion/ Internal Engagement	<ul style="list-style-type: none"> • 2022-23 King's Fund Workshops with One Bromley Executive • 05/07/22 Local Care Partnership Board • 25/07/22 and 06/10/22 One Bromley Executive • 28/02/23 One Bromley Executive strategy workshop • 23/03/23 One Bromley CPAG • 18/04/23 One Bromley LCP Seminar Session • 11/05/23 Bromley Primary Care Group • 11/05/2023 One Bromley Executive • 16/05/2023 Bromley Local Care Partnership Board
Author:	Elliott Ward, Resilience Programmes Lead, One Bromley Sean Rafferty, Assistant Director for Integrated Commissioning, London Borough of Bromley	
Clinical lead:	Dr Andrew Parson, GP Clinical Lead - Bromley, South East London Integrated Care Board	
Executive sponsor:	Angela Bhan, Bromley Executive Lead, South East London Integrated Care Board	

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South East London Strategy and Joint Forward Plan and Developing the One Bromley 5 Year Strategy

June 2023

Two 5 year plans

South East London Strategy and Joint Forward Plan

One Bromley 5 Year Strategy

Incorporates Bromley's delivery plan of the South East London Joint Forward Plan

SEL Strategy published in March 2023 and Joint Forward Plan (draft) published in April 2023. As a minimum, the JFP should describe how the ICB and its partners intend to arrange and/or provide NHS services to meet their population's physical and mental health needs. This should include the delivery of universal NHS commitments, address ICSs' four core purposes and meet legal requirements. The SEL JFP requires a statement from each Health and Wellbeing Board.

South East London ICS Strategy

ICS 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



Ensuring that people, including those with continuing health needs, can conveniently access high quality primary care services

South East London Joint Forward Plan

The Integrated Care Board Joint Forward Plan sets out our medium term objectives and plans, at both a borough level and from the perspective of our key care pathways and enablers, to ensure that we are developing a service offer to residents that:

- Meets the needs of our population.
- Demonstrates and makes tangible progress in addressing the core purpose of our wider integrated care system – improving outcomes in health and healthcare, tackling inequalities in outcomes, experience and access, enhancing productivity and value for money and helping the NHS support broader social and economic development.
- Delivers national Long Term Plan and wider priorities, all of which resonate from a SEL population health perspective.
- Meets the statutory requirements of our Integrated Care Board.

Note: Once at Place we have approved our One Bromley Strategy the Bromley ‘Place’ slides in the SEL JFP will be updated with our Bromley approved slides

South East London ICB Joint Forward Plan

The Joint Forward Plan provides the following:

- A strategic overview of our key priorities and objectives for the medium term.
- A high level summary of the short term actions that we will take, working with partners, to ensure the key milestones that support us in meeting these medium term objectives are secured, with further underpinning detail included in our 2023/24 and subsequent operational plans.

This is the first Joint Forward Plan and it will be refreshed annually to:

- Take account of implementation and outcomes over the previous year, including any learning to be applied to our future plans.
- Reflect any changes required due to new or emerging issues or requirements, be they related to population health, feedback from our communities and service users or service delivery issues and opportunities.

One Bromley Strategy

Forms part of the SELICS Joint Forward Plan



Our draft One Bromley 5 Year Strategy

- A population health approach
- Focus on prevention at scale, continuity of care and a more holistic approach to people's needs
- A bold vision for Bromley: delivery will involve significant changes in how agencies work together for our population
- Developed through discussion of One Bromley partners across 2022 and 2023 with support of the King's Fund

Strategy structure

- Bromley's population and health outcomes
- Priorities
- Principles of how we will deliver together
- Programmes
- Projects
- Enablers

Our draft strategy

Our population

- **Population expected to rise** to 345,350 by 2027. **Second oldest population in London** (17.7%) - expected to grow to 67,400 over 65s by 2030. Life expectancy is 81.3 for men and 84.9 for women, with up to 8.4 years of variation between wards. **People live on average 17.7 years in poor health.** Net growth in child population is in the 11-18 age group.
- Index of multiple deprivation shows Bromley's **east and north west has wards in the most deprived 10% and 20% nationally**, equally Bromley's **central belt and far south west have wards in the least deprived 10% and 20% nationally.**
- The ethnic minority population of Bromley is 19.8% with Black African population the fastest growing BAME group. **19% of 0-4 year olds in Bromley are from BME groups compared to 5% of those post retirement age.** Between 2017 and 2027 the overall **ethnic minority population is projected to rise by 23%.**

Health outcomes for our population

- The main underlying causes of death in Bromley 2016-2020 were **cancer** (29.5% of deaths), **circulatory disease** (27.9%) and **respiratory disease** (13.9%).
- Other areas of opportunity to improve health outcomes for Bromley include:
 - **Obesity** 57% of adults overweight or obese, 340 children obese in year 6 with higher rates of child obesity in north east, north west and Mottingham areas
 - **Diabetes diagnosis rate** of 66.1% is poor compared to England and London, with over 15,000 people diagnosed with diabetes and 30,000 estimated at risk
 - **Dementia** 4,380 people aged 65+ live with it, estimated to rise 50% by 2030. Bromley has higher rates of young-onset dementia than England and London.
 - **Adult mental health** 10.8% of GP patients diagnosed with depression, 6th highest London borough, and higher rates of chronic ill health than general population.
 - **Adolescent mental health** 1,702 pupils with social, emotional and mental health needs, while drug use among young people higher in Bromley than London.

Inequalities within our borough

- **Deprivation** Life expectancy lower in more deprived wards, especially for men. More adults report poor health in Cray Valley & Mottingham and Chislehurst North.
- **CYP** Children in north east & north west and Mottingham have the highest rates of obesity. Teenage pregnancy rates highest in areas of greatest deprivation and where more children live in households with unemployment and financial issues.
- **Substance misuse** Low levels of recorded drug use mask high rates of opiate and/or crack use in 15-24 year olds. Hospital admissions and drug-related mortality highest in most deprived wards.
- **Sexual health** 50% of STIs in Bromley diagnosed in 15-25s; they plus men who have sex with men, and Black African/Caribbean ethnic groups have the highest rates of new STI. Majority of new STIs in 2017 were diagnosed in the more deprived wards.
- **Learning disabilities** Shortfall in the number of people identified with learning disability who have had an annual health check.

What we've heard from the public

- Strong support for moving more care into the community, including: ease of access at the One Bromley Health Hub, positive response to plans to develop a Bromley Town health and wellbeing centre, Beckenham Urgent Treatment Centre felt essential service for that geographic area; exceptional user feedback for Children's and Adult Hospitals at Home.
- Frustration regarding accessing primary care in general and getting information on waiting times, including at our Urgent Treatment Centres.
- Mixed responses on use of technology for home monitoring: generally positive from those who have used it, but caution when considering establishing virtual wards.

Priorities for One Bromley 2023-2028



One Bromley culture and wider enablers

- One culture to help us deliver joined up services
- Asset-based community approach with an engaged population
- One Bromley organisations are tied to the wellbeing of the populations we serve
- Maintaining and securing resources for the needs of children and adults in Bromley
- Workforce, estate, digital tools (including analysis and artificial intelligence) and finance in place to deliver our priorities

How will things be different in 5 years' time?



Overarching principles

What are the values-based principles we need to achieve this ambition?

We will...

- **Embed One Bromley priorities** into our own organisations' priorities
- **Engage within our organisations** on our priorities at all levels
- **Work together as one team across organisations** by empowering our staff to work together for the benefits of patients and service users
- **Pool our insight and expertise** to develop creative ways of delivering care and support
- **Harness the power of our communities and third sector** so residents are empowered in their personal care and health decisions, in shaping services to meet local needs and being part of resilient communities
- **Allocate resources differently** shifting resources in Bromley on an agreed basis to areas where they could have greatest effect and reducing duplication

Our strategy in detail

1

Improve population physical and mental health and wellbeing through prevention & personalised care

- Evidence driven population health improvement by tackling inequalities, improving outcomes and services formed around the needs of service users.
- Patients and carers supported in the management of long term conditions – including transitions between services.
- Meeting the needs of Bromley’s elderly population as well as children and young people.
- Influencing the strategy of partners on wider determinants of health.

2

High quality care closer to home delivered through our neighbourhoods

- Primary care is on a sustainable footing and tackling unwarranted variation in patient outcomes, experience and access.
- Neighbourhood teams based on geographic foot-prints provide seamless services across health, social care and third sector services.
- Improved access by moving services from hospitals and into the community and people’s home, and delivering new approaches for mental health care and services for children and young people.
- Monitor and maximise the health and care resources for our population

3

Good access to urgent and unscheduled care and support to meet people’s needs

- Residents have and understand how to use same day and emergency care across Bromley spanning physical and mental health, social and third sector care.
- Services meet the needs of the population and support people into non-urgent care once their urgent needs are met.

Our strategy in detail

1 Improve population physical and mental health and wellbeing through prevention & personalised care

2 High quality care closer to home delivered through our neighbourhoods

3 Good access to urgent and unscheduled care and support to meet people's needs

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Priority Programmes

1) Evidence driven prevention and population health

2) Neighbourhood teams on geographic footprints

3) Implement care closer to home programmes

4) Primary care sustainability

5) Integrated urgent care



Programme 1: Evidence driven prevention and population health

Deliver evidence-driven population analysis to support teams in targeting prevention and improving population health outcomes

Establish the evidence and analysis requirements, means of delivery and support to planning and operational teams for evidence driven population health analysis. This will enable population segmentation into actionable groups at place and neighbourhood level, with an initial focus on our areas of greatest population health opportunity: living with long term conditions, frailty, experiencing health inequalities (Core 20Plus5) and those at risk of emergency admission. Alongside Programme 2, focussed on developing neighbourhoods, this will enable us to work with identified groups, understand the drivers of inequalities and co-design solutions for healthier lives, including the wider determinants of health.

How we will secure delivery

- Population health analysis plus local intelligence held by health, care, third sector and SAFER Bromley partners to identify those living with long term conditions, frailty, experiencing health inequalities (Core 20Plus5) and at risk of emergency admission.
- Utilise care closer to home initiatives (see Programme 3) to identify and support those we could help the most – e.g. Children’s hubs relationships with schools; development of Bromley Mental Health Hub and single point of access; CAMHS and Bromley Y single point of access offering tailored offer to service users
- Case management approach for complex and vulnerable individuals to provide more holistic, anticipatory and coordinated care, using a plan-do-study-act approach
- Further understanding of who communities trust and engage, including with VCSE
- One Bromley taskforce and strategic board to plan and deliver improved vaccinations uptake, including through a Health ‘one stop shop’ in central Bromley.

- Engagement through neighbourhoods with communities about the root cause of current levels of utilisation of prevention and screening services and self care.
- Delivery of a new Bromley Mental Health and Wellbeing Strategy by 2025
- Linked to above, explore need for place-based prevention service supporting health checks & management of chronic conditions at scale, embedded in neighbourhoods.
- Evidence analysis support - support for staff at all levels and across providers to interrogate, manipulate and interpret service and populations data.
- Expansion of use of care closer to home initiatives for more complex areas requiring greater cross boundary working – e.g. Children’s hubs: LGBTQ+ and young carers.
- Influencing partners beyond health and care with evidence from engagement

Intended outcomes in 5 years time

- System partners working together to identify and support the needs identified
- People identified through population health analysis have more holistic, anticipatory and co-ordinated care, delivering better health outcomes and managing the growth demand on GPs, mitigating hospital admissions and impacting social care costs.
- Population health analysis platform in place
- Place and neighbourhood teams utilising population health analysis platform to support identifying and engaging populations with higher health opportunity, then monitoring the impact of our actions
- Neighbourhoods have clear understanding of, and work hand-in-hand with, their communities
- Increased screening for diabetes, cancer
- Services amended to better meet needs of our population living with long term conditions, frailty, experiencing health inequalities (Core 20Plus5) and those at risk of emergency admission
- Earlier support for children and adults requiring mental health support.

Programme 2: Neighbourhood teams on geographic footprints

Evolve neighbourhood teams into integrated geographic footprints to meet health and prevention needs of the local population: spanning primary, community and social care, with third sector and specialist physical and mental health

Partners have joint understanding of the purpose, function and geographies of neighbourhood teams, and the roles different providers play within them, to target prevention, tackle inequalities and provide appropriate focus for people with more complex needs. Neighbourhood teams will make the best use of time – that of service users, health and care professionals, voluntary and third sector partners – to deliver service-user-led outcomes. Combined with Programme 3, moving resources out of hospitals to the community, we will support the sustainability of our health and care system in the long term.

How we will secure delivery

- Grow early initiatives, including CYP hubs, wellbeing café, diabetes outcomes improvement programme to gain and share learning of this joint working
- Deliver a programme of engagement with providers, local authority and third sector to establish core principles and geographic footprints of INTs, and to develop local leadership groups at neighbourhood level
- Agree between One Bromley partners a roadmap of services, staffing and structures commitment to neighbourhoods
- Start conversations with local populations on our plans
- Baseline the existing organisational capacity and capability change, at system, place and neighbourhood levels, to ensure systems can undertake their core operational and transformation functions. Link with understanding of community assets and tools.
- Workforce and skills gap analysis and plan development
- Commence needs analysis and scoping for improved community access to diagnostics and wider primary care services (dentistry, pharmacy and optometry)

- Establish neighbourhood forums of providers for ongoing conversations about shaping services offered and dock in enablers, e.g. population health analysis
- Commence shift of organisations' structures to neighbourhood footprints – including translations of secondary and mental health consultant capacity from outpatients to neighbourhood MDTs for target clinical specialties
- Co-production skills development with neighbourhood teams to set selves up for future development work

Intended outcomes in 5 years time

- Neighbourhood structures and governance established to a common minimum standard
- Workforce, finance, data analysis, organisational development, co-design skills and other enablers to support success of neighbourhood teams in their work is established
- Target clinical specialties secondary and mental health consultant job plans embed neighbourhood working as a means to delivery of secondary care services - aligning services to core teams at different geographical levels as appropriate for the patients' needs.
- Care and health services operating as part of high-trust integrated neighbourhood teams reducing duplication between services
- A sustainable, accessible and responsive model of integrated primary care operating across all neighbourhoods in Bromley.
- Initial commissioning of services on neighbourhood geographic footprints
- Reduce need for hospital referral through greater use of community point of care testing, community diagnostics and primary care / community / secondary and mental health MDTs.

Actions
for
23/24

Actions
for
24/25

Programme 3: Implement moving care closer to home

Implement our care closer to home programmes across Children's and Young People, Community Mental Health Transformation, and Hospital at Home

Where it is safe and effective to do so, Bromley will move more care into communities and people's homes. This will mean that hospitals are better able to target their resources for patients needing care in those settings, while improving equity of access to care and outcomes for Bromley residents. These place-level programmes to move resources into the community will be delivered alongside neighbourhood teams. This will involve sharing workforce and developing new ways of working among professional teams and with service-users, carers and families to support people using services more effectively, with self care and remote monitoring and support, including with third sector partners. These programmes will interface with and support the Bromley delivery of South East London-wide programmes where relevant.

How we will secure delivery

- Continue to work with communities co-develop our care closer to home programmes to support equitable access and improved outcomes
- Continue building clinical confidence in pathways – e.g. Hospital at Home pull models and weekend service offer
- Children's Integrated Health Teams develop and go-live across all PCNs
- Expand adult Hospital at Home to include remote monitoring and as part of a holistic community urgent response service
- Development of the Bromley Mental Health Hub, a joint Oxleas/VCSE service.
- Work to integrate the Bromley Mental Health Hub with other community mental health wellbeing services around a Single Point of Access.
- Join-up Bromley Mental Health Hub with Bromley Talking Therapy Services
- Deliver an integrated Single Point of Access across CAMHS/Bromley Y to deliver a tailored offer across services

Intended outcomes in 5 years time

- Reduction in waiting times for children's health services
- Improved access to adult wellbeing early intervention and prevention
- Reduced need for adults to access secondary mental health services
- Reduced need for adults to attend hospital for acute care
- Reallocation of resources to reflect change in where patients are treated
- Improvement in Bromley ranking in London for recorded depression
- Improved outcomes for users of all care closer to home programmes
- Communities feel that they own the services they have supported build through co-design

Actions for 23/24

Actions for 24/25

- Commence linking working of care closer to home services with neighbourhood teams
- CYP transformation embedded following contract specification updates
- Delivery of new Bromley Mental Health and Wellbeing Strategy by 2025
- Continued work across all programmes with communities to refine the service offer.

Programme 4: Primary care sustainability

Establish and deliver development plan to support primary care sustainability

Bromley has a well developed model of collaborative working across the local health, voluntary and social care system, under the umbrella of One Bromley. We will continue to develop models to enable enhanced primary care resilience, develop sustainable operating models and work together with other local health and care services through neighbourhood teams. This will support primary care focussed reduction in inequalities and ensure a sustainable, accessible and responsive primary care offer for Bromley residents.

How we will secure delivery

- Continued delivery of primary care events to collaborate on transformation of general practice and the local system
- Second phase of the primary care needs analysis to evaluate the developments to date and agree future model(s) in general practice
- Share insights and benchmarked outcomes on delivery of primary care across clinical care and patient outcomes at practice and PCN level, e.g. Clinical Effectiveness, QOF, and other data sources for long term condition outcomes.
- Identify where additional investment or services may be required to ensure equitable access and suitable provision for our patient populations
- Continue clinical quality improvement plan: 1) quality improvement methodologies, 2) reviewing demand and capacity, 3) digital transformation - online consultations, clinical monitoring and patient-led management of health needs
- Maximise use of existing estate – focus on fit for purpose and appropriate scale
- One Bromley Strategic Workforce programme, Training Hub and partners collaborate on attracting people to work in primary care in Bromley and new routes into primary care. Develop Portfolio working model for Bromley practices to attract Portfolio GPs.

- Continue delivery of primary care development programme
- Delivery of identified responses to support health inequalities – e.g. catch-up clinics for screening
- Plans for fit for purpose estates to enable integrated neighbourhood working
- Deployment of resources to support equitable access
- Commence training for staff on how to work cross organisationally as part of joined-up primary care and neighbourhood teams

Intended outcomes in 5 years time

- Primary care on a more sustainable footing and practices more resilient
- Optometry, pharmacy and dentistry part of One Bromley partnership
- Improvement in equality of primary care access
- Improvement in health inequalities outcomes
- General practice working with partner practices and as part of integrated neighbourhood teams

Actions
for
23/24

Actions
for
24/25

Programme 5: Integrated urgent care

Coherent system-wide approach to integrated urgent care in a more sustainable model and easier to navigate for professionals and all service users

We will co-develop an urgent health and social care plan across our partnership and with our communities to simplify same day access to physical, mental health, social support and third sector care when it is needed. Our ambition is people receive the right care, in the right place, at the right time - reducing escalation of need and hospital admission, particularly for our frail, elderly and higher users of services. This will mitigate growth in costs to the Bromley health and care budget while supporting the sustainability of our urgent care providers. It will build on, and augment, our current provision to form a highly integrated and responsive model meeting the population needs using resources available.

How we will secure delivery

- Develop borough-wide pathway to meet same-day care needs for patients, regardless of access channel, clarifying role of general practice and meeting seasonal demand
- Admission avoidance: Urgent Community Response, including Hospital at Home, fully supporting all 9 national clinical conditions and aligned with general practice.
- Admission avoidance: front door ED streaming, SDEC services with embedded speciality capacity, mandated heralding of professional referrals to ED.
- Expanded High Intensity User Programme focused on most frequent ED attenders and supported by population health analysis as available
- Clarified primary care access to urgent mental health care and support
- Mainstream Home First and Discharge to Assess (D2A) and commence work on integrated D2A pathways for clients with more complex health and care needs
- Transfer of Care Bureau / Single Point of Access pathways – expand current supported discharge process to a broader offer of proactive support to prevent readmissions
- Children’s hubs across borough to support community response (see Programme 3)

- Agree between partners and with our communities an improved integrated urgent care model which enhances sustainability – working with developing neighbourhood teams to calibrate activities at Place and Neighbourhood level
- Needs analysis and scoping for improved community access to diagnostics and wider primary care services to avoid hospital attendances
- Utilise emerging neighbourhood teams to support delivery of self care messaging – with supporting collateral e.g. ‘when to escalate’ booklets for parents, training course for informal carers of people with long term conditions.

Intended outcomes in 5 years time

- Services refocussed on avoiding hospital admission, particularly frail elderly
- Where necessary, after urgent episode of care urgent services refer patients onto robust community and third sector services
- Single Community Urgent Response Service in place which avoids hospital for more complex, frail and elderly patients
- Residents have better understanding of how to best use same day and emergency care
- Residents, particularly informal carers, more confident in self care, support available to them and when and how best to escalate acute exacerbations
- Implementation of guaranteed same-day care for patients where identified need
- Clarified role of general practice in urgent care
- Clear, timely, accurate handover of patients from hospital to neighbourhood teams
- Greater utilisation of step-up same day social and third sector care
- Reduction in ED attendance as part of urgent mental health pathway
- Providers and commissioners financially more sustainable in delivery of urgent care
- Reduced need for hospital referral through greater use of community point of care testing and community diagnostics
- At any ‘point of access’ health professional access other help rather than re-refer

Enablers

Workforce

- **Workforce plan to support each of the priorities** – including Integrated Neighbourhood Teams workforce planning tool and resource
- **Recruitment** (current and future workforce)
 - One Bromley recruitment campaign; One Bromley ‘come and work with us’ website page on ICS website; Local Recruitment fairs for health and care roles
- **Retention** (innovative roles, shared roles, wellbeing and skills development)
 - Building staff agreement for joint services; Joint training and wellbeing programmes
- **System working** (Organisational Development to support wider understanding of the system, working across silos, development of teams employed across the system, system leadership)
- **Widening participation and understanding of careers**
 - One Bromley Springpod, One Bromley Cadet programme
- **Business intelligence on workforce** – location, roles, contracts

Estates

- **Local estates planning** with all local partners through the Local Estates Forum, developing the local and primary care estates strategy
- **Utilisation of estate across Bromley** beyond existing NHS properties, including shared accommodation and hub working
- **Levering investment** into the Borough to support estates development
- **Progress the development** of the Bromley Health and Well Being Centre and other capital schemes
- **Delegations** to support decision making
- **Improve the quality** of existing estate and ensuring robust contractual arrangements in place to provide stability for future use.

Digital

- **Aligning and integrating systems** used by delivery staff over the medium-long term – to enable effective joined up delivery at neighbourhood level, but requiring action at Place and ICB level to realise this ambition.
- **Securing new tools for clinical staff** – supporting specification development and interdependencies for remote monitoring platform(s) and real-time integrated clinical systems and tools.
- **Clarity on future of non-recurrently funded tools**, e.g. Ardens, Accurex (SMS), e-consult, practice websites.
- **Business Intelligence and shared data** tools made available to local teams to support population health management and clinical decision making
- **Enable mobile workforce**

Finance

- **ICB supported analysis** - Post-code based analysis and data on NHS and care utilisation, with either place based staff to interrogate, or simple access to SEL based analysis with analytical time for Bromley.
- **Service and programme level reporting** across the system, across providers to support service transformation
- **Financial support to diagnostics** - Support for greater diagnostic capacity/modality access to community/primary care
- **Financial support to estates** - Support with capital investment
- **Consideration to how capacity and capability of VCSE** can be enhanced
- **Shared financial reporting** across health and social care providers in Bromley to understand the impact of change initiatives on the Bromley pound.

Enablers

One Bromley Culture

- Governance for cross organisational working
 - **Streamlined governance** which supports the building of trust and assurance amongst and between senior leadership teams
 - **Broaden range of cross One Bromley functional groups** – e.g. Communication and engagement, business intelligence, contracting, strategy leads
 - **Review what decisions and risk can be held jointly** between partners rather than by each organisation individually
 - **Review the operational groups** required to enable joined up delivery at place and neighbourhood level, including community voice
 - **Embedding of One Bromley strategic priorities into organisational priorities**
- Working with SEL partners
 - **Alignment of Place delegations and resources and decision making authority at Place**

Communication and engagement

- Communication and engagement **skills training for neighbourhood teams and SEL programme leads** – building asset based community approach
- **Direct support** to neighbourhood teams community engagement
- Support building and skilling network of **community champions**
- **Agreed One Bromley identity and usage requirements**
- Agreed approach to **internal communication and engagement on One Bromley** and its work programmes
- **Work hand-in-hand with voluntary, community and social enterprises** as source of insight, intelligence, strategic direction and engagement, especially with marginalised communities.

Healthwatch Bromley response to SELICS Joint Forward Plan

The aspirations of the SELICS JFP support the stated ambitions of the One Bromley Local Care Partnership strategy. While we welcome the ambition and scope of the plans, we feel it is important to highlight the key enablers that SELICS needs to achieve in year 1 and 2 if the plans are to be successful.

It will be critical that workforce, IT and estates issues are addressed by robust plans of the necessary scale and scope put in place immediately. Helping to support development of the social care workforce is of particular importance.

The financial section of the JFP lays out the challenge the system faces, in particular the acute trusts. Failure to achieve the necessary recurrent savings in the next 18 months will have a material impact on the stated longer-term ambitions. Reviewing 22/23 performance highlights the complexity in delivering large recurrent savings in a system facing sustained growth in demand. It would be helpful to have a greater understanding of how the acute trusts will deliver these savings. The current trajectory of new community services is unlikely to flatten acute demand growth sufficiently in the short term to deliver the requisite savings.

The intention to focus on health inequalities is very welcome. We hope that the ICS will include population groups with known health inequalities in Bromley when allocating resources. Key to success will be a focus on the wider determinants of health. Social housing is consistently raised as one of these and yet is missing from current wider ICP plans.

When undertaking the stated transformation programmes and while addressing the short-term financial challenges to deliver them, we believe there should be an increased SELICS focus on quality improvement, measuring health outcomes and incorporating the patient/public/carer voice during all stages of the decision-making process. For instance, it is not possible to see if year one activity has been subject to or is undergoing robust quality and equality impact assessment.

As Healthwatch Bromley we look forward to working with SELICS partners in the development of these plans and the incorporation of the patient/public/carer voice.

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Supporting Voluntary Action

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Dr Angela Bhan

14 June 2023

Dear Angela,

RE: SELICS Joint Forward Plan and Bromley Local Care Partnership Strategy

Thank you for sharing the 5 Year Joint Forward Plan and providing the opportunity to comment on the plans prior to sign off.

We welcome the five key priorities within the strategy and recognise the widespread engagement across the partnership to develop these priorities. We also welcome the current draft of the One Bromley Strategy, along with its three identified priorities.

We recognise both the scale of the challenge and the ambition within the JFP to address these challenges. In particular we welcome the commitment to prevention at scale.

We welcome the values-based principles including the need to pool our insight and expertise, and the commitment to harness the power of our communities, as outlined in slide 11 – a mention here of the role that the sector can and does play in facilitating engagement¹ would be a useful addition. This could therefore read “harness the power of communities and third sector.”

Role of the voluntary sector as an Enabler

The role enablers can play is covered within the priorities slide and separately as an enabler slide.

The role that the voluntary, community, social enterprise and faith sector can play is acknowledged in numerous slides within the deck. For instance, slides 12 and 15 note the role the sector plays as a deliverer of services. However, the sectors' role is broader than only as a provider of services. This is recognised in the development of the ICS and in the approach and direction SEL ICS are taking, which also recognises the important role that the sector plays as a strategic leader in shaping thinking and approaches, as an important source of data, insight and intelligence, and as the pandemic highlighted, as a means to enabling trusted engagement with marginalised communities to enable greater inclusion.

¹ Key for enabling trusted conversations and supporting the system to re-build trust with communities who have lost trust in the health& care system (often same communities which are also likely to be facing greater inequalities in access and outcome)

Given this emphasis we feel that the role the sector can play should be clearly acknowledged as an enabler. This needs to be central to our approach and resourced.

How will things be different in 5 years' time?

The slide 10 highlights “How will things be different in 5 years' time?” This is a useful benchmark. We welcome these pledges but note that the pledges are silent on reduction of inequality. This may merit further discussion given the acknowledged need to improve population health and wellbeing through prevention & personalised care, as well as tackling unwarranted variation in patient outcomes.

Programme 1: Evidence driven prevention and population health.

We welcome the commitment to co-design solutions for healthier lives, including the wider determinants of health. We also welcome the commitment to build further understanding of who individuals in communities trust and engage with. *The role the voluntary, community, social enterprise and faith sector can play here in facilitating this engagement should be acknowledged here not least as in some communities/groups VCSEs are likely to be the ONLY trusted partner.*

Programme 2: Neighbourhood Teams on geographic footprint

The approach outlined within this programme and the recognition of the role of third sector providers is welcome, along with the accompanying actions. This includes an action to “Baseline the existing organisational capacity and capability change.” This could be strengthened and needs to be *joined up with understanding of local community assets*. Support for the ongoing work to map community assets undertaken by Community Links Bromley via State of the Sector Reports and the ongoing development of its platform Simply Connects would be helpful here. This will help enable the delivery of an asset-based community approach with an engaged population.

Omissions

The recent Kings Fund Report Actions to support partnership: Addressing barriers to working with the VCSE sector in integrated care systems and resource, A framework for addressing practical barriers to integration of VCSE sector organisations (NHS England 2023) highlighted the importance of funding and sustainable development. It stated, “The barriers and challenges in this area limit the ability and opportunity for the VCSE sector to contribute by failing to reflect its costs and capacity in the procurement processes and allocation of funding. They can also constrain both the potential to develop more sustainable approaches to working with the sector and its potential contribution to addressing areas such as prevention and the wider determinants of health, which are integral to addressing key system issues such as demand for services.”

It made a number of resulting recommendations including, allocating a percentage of funding streams for investment in the VCSE sector.

This, therefore, is a notable omission and further consideration should be given to how both the capacity and capability can be resourced in a more sustainable way. As outlined above the positive and constructive role the sector can play is acknowledged extensively within the 5-year strategy. It has a key role to play in the provision of services, addressing digital

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exclusion, supporting neighbourhood forums, engaging with marginalise communities, sharing data, insight and intelligence. To ensure that is affective requires investment and a deployment of resources to support equitable access.

The COVID-19 pandemic has given society its biggest challenge of the past 70 years. It has shown that people need support joined up across local councils, the NHS and voluntary organisations. Initiatives to bring support to people in their communities have been most successful when partners have bridged traditional divisions between health and care and the voluntary sector. The pandemic has highlighted the value of this work. It is important that these lessons are acted upon and not lost.

In summary, we welcome the South-East London ICS Strategy and One Bromley 5 Year Strategy.

We further suggest the following:

1. Consideration be given to clearly relaying the role of the VCSE sector as a strategic partner and as a key enabler of change.
2. The role the voluntary, community, social enterprise and faith sector play in facilitating meaningful community engagement should be clearly acknowledged with clear plans for this is going to be resourced and harnessed for influencing sustainable change .
3. That assessments of baseline organisational capacity and capability change includes an assessment of and understanding of local community assets.
4. Resourcing and ensuring the joining up of neighbourhood-based care with available local tools which enhance visibility of and simplify access to services (e.g. simply connect)
5. Consideration is given to resourcing, capacity building and sustaining the VSCE as part of the strategy.

Kind regards

Christopher Evans
Chief Executive Officer

Cc Elliott.Ward@selondonics.nhs.uk

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Agenda Item 8

Report No.
ACH23-031

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: HEALTH AND WELLBEING BOARD

Date: 29th June 2023

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

Title: Suicide Prevention Workstream: Update and Plans

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

Chief Officer: Dr Nada Lemic, Director of Public Health

Ward: All

1. Reason for decision/report and options

- 1.1 To provide an update on the Suicide prevention workstream and outline future plans.
-

2. **RECOMMENDATION(S)**

The Health and Wellbeing Board is asked to note the update and plans.

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

Financial

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

Personnel

1. Number of staff (current and additional): Not Applicable
 2. If from existing staff resources, number of staff hours:
-

Legal

1. Legal Requirement: Not applicable:
 2. Call-in: Not Applicable:
-

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:
-

Customer Impact

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

Ward Councillor Views

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

2 COMMENTARY

2.1 The Bromley Suicide Prevention Steering Group meets regularly and are responsible for developing a Suicide Prevention Plan with an accompanying action plan. The current plan can be found at the following [link](#) and progress has been made on the action plan in relation to pathways, training, raising awareness and sharing of good practice.

2.2 The Bromley Suicide Prevention Plan 2019-2024 and the action plan are due for renewal and update in 2024.

2.3 In preparation for this the Public Health Intelligence Team are conducting a review and audit of the Suicide and Self Harm data for the borough.

2.4 The last Suicide Audit that took place was in 2017 so it is time to review the data once more to identify any issues / trends.

2.5 The suicide and self-harm review / audit plans to look at the following:

- Trends in suicide and self-harm rates
- The burden of suicide and self-harm in the borough
- Local mortality data related to suicides
- Demographic differences of suicide and intentional self-harm
- Methods used in suicide and intentional self-harm

2.6 The suicide and self-harm review / audit report is due to be complete by November 2023 after which we would like to present the findings at a future health and wellbeing board meeting.

3 IMPACT ON VULNERABLE ADULTS AND CHILDREN

Not applicable

4 TRANSFORMATION/POLICY IMPLICATIONS

Not applicable

5 FINANCIAL IMPLICATIONS

Not applicable

6 PERSONNEL IMPLICATIONS

Not applicable

7 LEGAL IMPLICATIONS

Not applicable

8 PROCUREMENT IMPLICATIONS

Not applicable

9 PROPERTY IMPLICATIONS

Not applicable

10 CARBON REDUCTION/SOCIAL VALUE IMPLICATIONS

Not applicable

12 CUSTOMER IMPACT

Not applicable

13 WARD COUNCILLOR VIEWS

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Non-Applicable Headings:	[List any of headings 4 to 13 that do not apply.]
Background Documents: (Access via Contact Officer)	Not applicable

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Thursday 30th March 2023 – 10.00am

HWB – Brain Health Task and Finish Group - Initial discussions

In attendance:

- Councillor David Jefferys
- Councillor Diane Smith
- Dr Angela Bhan
- Kim Carey
- Nada Lemic

Key points noted prior to the meeting:

- 1) Some refer to Brain Health, others to The Healthy Brain.
- 2) Some focus on preventative measures for/and the promotion of mental health and well-being, others focus on physical and structural brain disorders but clearly there is considerable overlap.
- 3) Mental health and well-being are arguably covered within our current Bromley Mental Health Strategy, but could/should we do more in terms of promoting mental well-being and link to our loneliness strategy.
- 4) Brain health is seen by many as being the promotion/preservation of brain function. As such it is seen as a long term and lifelong approach, encompassing many aspects. The aspects include educating both children and adults of all ages to recognise that taking steps to protect the health of their brains ought to be a top priority.
- 5) Education about Brain health should begin in childhood.
- 6) Evidence on the effects of intervention is mounting but is not fully validated (see the Lancet Commission Report)
- 7) Recommended interventions include:
 - A healthy, balanced diet
 - Reducing cholesterol, avoiding obesity, and maintaining normoglycaemia
 - Strict treatment of diabetes mellitus
 - Avoiding head injury
 - Promoting exercise
 - Detecting and managing hearing impairment
 - Avoiding loneliness, promoting social interaction
 - Promoting brain agility
 - Alcohol reduction
 - Recognising that a healthy heart is linked closely to a healthy brain.

Delivery:

Major feature in Scotland - Brain Health Scotland programme, taught in schools from aged 7/8 years.

There are 90 Brain Health clinics in England, most are collocated with Memory Clinics.

There is a network association of the centres and memory clinics, and a meeting was convened on the 23rd March to discuss sharing best practice and whether a guidance note should be elaborated by NICE.

Potential role of Brain Health Clinics within/alongside Memory Clinics and "Dementia Hubs".

Possible case finding initiatives and longer-term mild cognitive impairment detection.

Link with campaigns around hearing impairment, and links to loneliness.

Discussion:

- A number of things already being done to improve brain improve but not necessarily under the 'brain health' banner – suggest 'stock take' of what already doing.
- Cardiac element – health checks and secondary prevention to reduce risks.
- Links with the Loneliness Strategy; sleep hygiene; healthier diets; hearing impairments.
- Signposting, reminding residents what they can do themselves.
- Head injuries – rugby/football. Work with schools/PE teachers regarding the potential long-term affect.
- Ageing Well Strategy
- Role of voluntary sector – Memory/dementia-friendly cafes; PCN's set up 'Health Hubs' for older people.
- Prevention and slowing down the rate of progression.
- Consider 'Brain Health' chapter in JSNA.
- Link with Loneliness Day on 16th June 2023.
- Link with next years' 'Brain Awareness Week'.

Actions:

- **Mapping exercise**
- **Consider 'Brain Health' JSNA chapter**
- **Focus on physical brain health**
- **Link with Loneliness Day on 16th June 2023**
- **Link with next years' 'Brain Awareness Week'**

Report No.
CSD23091

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: HEALTH AND WELLBEING BOARD

Date: Thursday 29th June 2023

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, Impact on the Local Economy, Impact on Health and Wellbeing, 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 HWB.	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 33 2nd February 2023 Minutes of the Meeting of the Health and Wellbeing Board Held on 8th December 2022	Information providing an overall picture of the number of falls and an understanding of data on falls admissions and number of ambulance call outs to be circulated to Board Members once collated.	Director of Public Health		In progress
Minute 35 2nd February 2023 Update on Children and Young People's Mental Health	Information regarding waiting times for ASD and ADHD to be provided to Board Members following the meeting.	Associate Director – Integrated Commissioning, SEL ICB (Bromley)	Information circulated to HWB Members on 20 th June 2023.	Completed

<p>Minute 48 30th March 2023</p> <p>Update on the Bromley Mental Health and Wellbeing Strategy</p>	<p>An early timeframe for the revision of the new BMHWS to be provided to Board Members following the meeting.</p>	<p>Associate Director – Integrated Commissioning, SEL ICB (Bromley)</p>	<p>The current Bromley Mental Health and Wellbeing Strategy (2020-25) will conclude at the end of 2025. It is intended to have a new strategy in place by this time, with significant work to develop the new plan through the course of 2024/early 2025.</p>	<p>Completed</p>
<p>Minute 51 30th March 2023</p> <p>Presentation of the Children's JSNA</p>	<p>Comparison data for similar boroughs to be requested from SHEU and circulated to Board Members following the meeting.</p>	<p>LBB Consultant in Public Health Medicine</p>		<p>In progress</p>

HEALTH AND WELLBEING BOARD WORK PROGRAMME

29th June 2023	
Suicide Prevention Workstream: Update and Plans	Chloe Todd
South-East London ICB Joint Forward Plan and One Bromley 5 Year Strategy – Sign off	Dr Angela Bhan Elliott Ward / Sean Rafferty
Better Care Fund Plan 2023-2025	Sean Rafferty
Update on the Health and Wellbeing Centre (Verbal Update)	Dr Angela Bhan / Mark Cheung
Brain Health Task and Finish Group	Chairman
<i>Information Briefing:</i> Combating Drugs and Alcohol Partnership (CDAP) Update	Dr Nada Lemic / Mimi Morris-Cotterill / Finola O'Driscoll
<i>Information Briefing:</i> Better Care Fund and Improved Better Care Fund Performance update	Ola Akinlade
<i>Information Briefing:</i> Healthwatch Bromley Patient Experience Report	Charlotte Bradford
Work Programme and Matters Outstanding	Democratic Services
21st September 2023	
Health and Wellbeing Strategy	Dr Nada Lemic / Chloe Todd
Winter Plan	Jodie Adkin
Alcohol Misuse Needs Assessment	Jonathan Walker / Mimi Morris-Cotterill / Finola O'Driscoll
HIV Infections Audit	Mimi Morris-Cotterill / Stephanie Sawyer
Disabled Facilities Grant	Debbie Ricketts
Integrated Commissioning Board Update	Sean Rafferty
<i>Information Briefing:</i> Better Care Fund and Improved Better Care Fund Performance update	Ola Akinlade
<i>Information Briefing:</i> Healthwatch Bromley Patient Experience Report	Charlotte Bradford
Work Programme and Matters Outstanding	Democratic Services
16th November 2023	
Update on Children and Young People's Mental Health	James Postgate / Richard Baldwin
Bromley Safeguarding Children Partnership Annual Report	Jim Gamble / Joanna Gambhir / Kerry Davies

Bromley Safeguarding Adult Board Annual Report	Bulent Djouma / Teresa Bell
<i>Information Briefing:</i> Healthwatch Bromley Patient Experience Report	Charlotte Bradford
Work Programme and Matters Outstanding	Democratic Services
1st February 2024	
<i>Information Briefing:</i> Healthwatch Bromley Patient Experience Report	Charlotte Bradford
Work Programme and Matters Outstanding	Democratic Services
18th April 2024	
Update on the Post-Covid Syndrome Service	Mark Cheung / Rachel Perry / Lindsay Pyne / Ellen Shiner / Dr Zia Buckhoree
Integrated Commissioning Board Update	Sean Rafferty
Chairman's Annual Report	Chairman
<i>Information Briefing:</i> Better Care Fund and Improved Better Care Fund Performance update	Ola Akinlade
<i>Information Briefing:</i> Healthwatch Bromley Patient Experience Report	Charlotte Bradford
Work Programme and Matters Outstanding	Democratic Services