



BROMLEY CIVIC CENTRE, STOCKWELL CLOSE, BROMLEY BRI 3UH

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DATE: 13 September 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 21 SEPTEMBER 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 7th September 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 15th September 2023**.

4 MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 29TH JUNE 2023 (Pages 1 - 8)

5 HEALTH AND WELLBEING STRATEGY (Pages 9 - 20)

6 WINTER PLAN 2023-24 (Pages 21 - 38)

7 INTEGRATED COMMISSIONING BOARD UPDATE (Pages 39 - 44)

8 UPDATE ON THE HEALTH PROTECTION FUNCTION (Pages 45 - 74)

9 UPDATE ON RIGHT CARE, RIGHT PERSON (RCRP)

10 QUESTIONS ON THE HEALTH AND WELLBEING BOARD INFORMATION BRIEFING

The briefing comprises:

- Alcohol Needs Assessment
- Healthwatch Bromley Patient Experience Report – Q1 2023-24

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 75 - 82)

12 ANY OTHER BUSINESS

13 DATE OF NEXT MEETING

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 29 June 2023

Present:

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

Richard Baldwin, Director: Children's Social Care
Chloe Todd, LBB Public Health

Dr Angela Bhan, Bromley Place Executive Director: NHS South
East London
Harvey Guntrip, Lay Member: NHS South East London

Christopher Evans, Community Links Bromley

Also Present:

Kim Carey (*via conference call*)
Jacqui Scott (Bromley Healthcare) (*via conference call*)
David Sharif (PRUH) (*via conference call*)
Jane Walters (Healthwatch Bromley) (*via conference call*)

1 APOLOGIES FOR ABSENCE

Apologies for absence were received from Nada Lemic – Director of Public Health and Charlotte Bradford – Healthwatch Bromley, and Chloe Todd – Consultant in Public Health and Jane Walters – Healthwatch Bromley attended as their respective substitutes.

Apologies were also received from Teresa Bell, Rachel Dunley and Dr Andrew Parson.

Apologies for lateness were received from Councillor Chris Price and Jacqui Scott (Bromley Healthcare).

Apologies were received from Dr Ify Okocha – Oxleas NHS Foundation Trust. Apologies were also received from Jonathan Lofthouse (King's College Hospital NHS Foundation Trust) and David Sharif (Head of Performance and Planning – PRUH) attended as substitute.

The Chairman informed Board Members that he had written to Jonathan Lofthouse to thank him for all the work undertaken and extend congratulations on his appointment as Group Chief Executive for Hull University Teaching Hospitals NHS Trust and Northern Lincolnshire and Goole NHS Foundation Trust.

2 DECLARATIONS OF INTEREST

There were no declarations of interest.

3 QUESTIONS

No questions had been received.

4 MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD 30TH MARCH 2023

With regards to a matter outstanding from the February meeting of the Health and Wellbeing Board, relating to the waiting times for Child and Adolescent Mental Health Services (CAMHS) and ASD, the Director of Children's Social Care clarified that the delays sat wholly with the Oxleas NHS Foundation Trust, rather than jointly with the Local Authority.

In respect of Minute 48, a Member requested an update regarding the reference made in the Bromley Mental Health and Wellbeing Strategy that Bromley had the third highest level in London of adults diagnosed with depression and enquired if the reasons for this were known. The Bromley Place Executive Director – NHS South East London (“Bromley Place Executive Director”) said that there may be a number of reasons for this, including increased levels of diagnosis and a general increase in mental ill health. The Consultant in Public Health advised that this would be a project area covered in the mental health needs assessment and suggested that the work on the depression element could be brought forward. A Member considered that this was a positive statistic, with the borough being better than others in identifying depression. Some excellent work was being undertaken in relation to the loneliness agenda and as these areas were linked they could be taken forward together.

The Chairman advised that, in relation to Minute 59, discussions were ongoing in terms of how the Local Authority could assist with the distribution of the GLA grant, set aside to respond to the challenge of food insecurity that was resulting from the cost-of-living crisis. With regards to the wider issue, Board Members were advised that conversations had been held with health colleagues in relation to this and the validity of the report.

RESOLVED that the minutes of the meeting held on 30th March 2023 be agreed.

5 SOUTH EAST LONDON ICB JOINT FORWARD PLAN AND ONE BROMLEY 5 YEAR STRATEGY - SIGN OFF

The Bromley Place Executive Director advised that Integrated Care Boards (ICBs) had been asked to produce a 5-year Joint Forward Plan (JFP) in order to ensure a strategic approach was in taken in terms of delivery. The SEL ICB had taken the

approach that this would be brought together by incorporating input from all six boroughs into the SEL Plan. Another element was the Integrated Care Strategy – this was a longer-term piece of work which set out the ambitions for South East London – improving health; providing better quality services; and reducing the need for acute services. This would incorporate a number of elements, including improving mental health services; ensuring the best start for children and families; and improving the management of long-term conditions.

Within the borough they had worked with partners to develop a strategy for Bromley over the next five years. Support had been secured from the King's Fund and through the One Bromley Executive and Local Care Partnership Board a set of local priorities had been agreed. The local strategy linked with the Bromley Health and Wellbeing Strategy and was structured around improving population health and wellbeing through prevention and personalised care. It also aimed to ensure that high quality services were closer to home, delivered through communities, and there was good access to urgent and unscheduled care services. Other strategies had also been taken into account. The Fuller Review had prompted further work in relation to better working within localities and neighbourhoods and supporting general practice.

The Bromley Place Executive Director advised that the Health and Wellbeing Board were being asked to confirm that they were content with the proposals and noted that the strategy would continue to evolve over time.

The Chairman stated that the process had been very inclusive, and consideration was being given as to how services could be best delivered within the overall framework. Congratulations were extended to all who had been involved in this work. The Director of Children's Social Care said it was positive to see that children were reflected throughout both documents, which was not necessarily the case within other ICBs. The Chairman considered that the development of this work was seen as an exemplar in London, and beyond, and had been noted at the highest level.

In response to a question, the Bromley Place Executive Director said that prevention was at the forefront of many pieces of work, such as proactive care, Health Checks and vaccinations. They would ensure that when implementation plans were being discussed this would be made much clearer. The Chairman highlighted that the Board's response, which stated that they strongly supported the aim of preventing illness and promoting health through local place-based initiatives.

A Board Member said they welcomed the latest version, which took into account the comments provided, which acknowledged the voluntary sector's role in terms of being a trusted mechanism to engage with the community and provide an important source of data. It was noted that there was a paper being drafted in relation to a charter for partnership working with the voluntary and community sector, which may also need to be aligned with the strategy. The Chairman highlighted that the charter would be particularly important for Bromley due to the high number of volunteers within the borough. The Bromley Place Executive Director considered that Bromley was in a very good position in terms of the work

being undertaken by the third sector – the CEO, Bromley Third Sector Enterprise, was part of the Local Care Partnership Board and Bromley Well were contracted to deliver a number of services, ranging from loneliness to supporting hospital discharge.

In response to questions, the Bromley Place Executive Director advised that a number of elements included in the plan were things that were already being worked on. The SEL ICB had earmarked some monies to help reduce inequalities – such as increasing the uptake of vaccinations and cancer screening. With regards to shared financial reporting, it was noted that the challenges faced when establishing the ICB was how the collective benefit for residents could be shown. Shared financial reporting was to provide an understanding of what each organisation was spending, and was not about having a single or joined budget. When putting the detail together this was found to be extremely complex, and the Chairs of the Local Care Partnership Board had asked for it to be presented in such a way to provide an idea of what had been spent collectively, particularly on transformation and new projects that improved health and wellbeing. The Director of Adult Social Care said the benefit of being open and transparent about budgets had allowed discussions about how to make changes to the whole system. It was acknowledged that by sharing this data the knock-on effect of any changes made could be seen. The acute trust agreeing to move some of its resources into community services was a unique situation, and was a good indication that sharing financial data allowed decisions to be made which kept the Bromley pound moving with the demand and provided better services. A Board Member considered that it would be beneficial if money could be spent jointly using local services and suppliers.

A Member advised that a number of discussions had taken place at the Local Care Partnership Board, including conversations regarding the government's planned social care reforms. All partners were as one in the understanding that there was not a huge pot of money. There were a number of objectives, such as early discharge from hospital. If this was undertaken correctly it could save time, effort and money for health services and the Council and, most importantly, it would provide a better service and outcomes for Bromley residents and patients. It was noted that money was not being pooled, however if there were agreed outcomes that suited the agencies involved they could work together on one-off projects to achieve these.

RESOLVED that the statement be endorsed, and the plans approved.

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

The Chairman welcomed Lucy Hindell – Associate Director of Business Development, NHS South East London (Bromley). to the meeting to provide an update on the Bromley Health and Wellbeing Centre.

Board Members were advised that a decision had been made back in May to change the location of the new Bromley Health and Wellbeing Centre, which was

previously planned to be housed on the Adventure Kingdom site, and would now be included in part of the development of Churchill House in Bromley town centre.

A project team was in place which included colleagues from the both the ICB and LBB. Surveys were currently being undertaken and internal designs were being drawn up. A new communications engagement plan was being established – internal meetings would be held in the coming weeks, followed by meetings with stakeholders and the wider public.

The new Health and Wellbeing Centre would house the Dysart GP practice and community, outpatient and other flexible space for wellbeing services.

RESOLVED that the update be noted.

7 BETTER CARE FUND PLAN 2023-2025

Report ACH23-032

The Board considered a report providing an overview of the Better Care Fund (BCF) 2023-2025 Plan submission to NHS England.

The Assistant Director for Integrated Commissioning advised that the government had published the BCF Policy Framework for 2023-25 on 4th April 2023, followed by a set of BCF Planning Requirements for 2023-25. The guidance set out the requirements for implementing the government's Policy Framework for the BCF programme for 2023-24 with some further guidance for 2024-25 yet to be published. Unlike previous years, where the submission process covered a 1-year period, the current BCF policy framework set out national conditions, metrics, and funding arrangements for the BCF programmes for 2 years (2023-24 and 2024-25)

The BCF 2023-25 submission plan required the partnership to report on two new metrics – one on 'Falls' and another on 'Discharges from Hospital'. The submission to NHS England was to include the completion of a planning template that set out and details the range of planning, finance and performance data. The Plan was to be agreed by the local Health and Wellbeing Board and submitted to NHS England by 30th June 2023.

The Assistant Director for Integrated Commissioning informed Board Members that Bromley was continuing to spend money on a number of preventative services and services provided by the voluntary sector. In recent years the borough had been very successful in terms of its BCF Plans, with all of the metrics set by the government rated as 'green'.

In response to a question regarding the census data referenced in the report, the Assistant Director for Integrated Commissioning advised that data relating to 'supporting unpaid carers' was a new addition to the census in 2021. It was noted that the consistent use of 2021 census data would be checked prior to the Plan's submission.

The Chairman and Portfolio Holder for Adult Care and Health extended their thanks to the Assistant Director for Integrated Commissioning for providing a very detailed paper within such a tight deadline.

RESOLVED that the submission of the Better Care Fund 2023-2325 Partnership Plan to NHS England be approved.

8 SUICIDE PREVENTION WORKSTREAM: UPDATE AND PLANS

Report ACH23-031

The Board considered a report providing an update on the suicide prevention workstream and outline of future plans.

The Consultant in Public Health advised that the Suicide Prevention Steering Group meets regularly and were responsible for developing a Suicide Prevention Plan with an accompanying action plan. The current plan could be found at the following link ([Suicide prevention plan – London Borough of Bromley](#)) and progress had been made on the action plan in relation to pathways, training, raising awareness and sharing of good practice.

The Bromley Suicide Prevention Plan 2019-2024 and the action plan were due for renewal and update in 2024. In preparation for this the Public Health Intelligence Team were conducting a review and audit of the Suicide and Self-Harm data for the borough. The last Suicide Audit that took place was in 2017 and therefore a review of the data would take place once more to identify any issues / trends. The suicide and self-harm review / audit planned 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; and,
- methods used in suicide and intentional self-harm.

The suicide and self-harm review / audit report was due to be complete by November 2023 after which the findings would be presented at a future meeting of the Health and Wellbeing Board.

A Member enquired if the impact of social media would be considered as part of the review. The Consultant in Public Health said they were aware of this being well documented in the press. It was noted that the reasons behind taking their own life and methods of suicide had changed since the last plan was produced. As part of the work to be undertaken, they would be provided with access to information from the first responders, and a review of the individual circumstances would be undertaken. Key stakeholders would be involved in developing a plan that was more fitting in meeting the needs within the borough.

In response to a question regarding the extent to which suicides were known to services, the Consultant in Public Health advised that when the previous plan had been produced it had not been possible to access that level of data. However

systems recording suicide deaths had been implemented, and this was something that they planned to look at in greater detail, including looking at whether other services had been accessed.

RESOLVED that the update be noted.

9 UPDATE ON THE BRAIN HEALTH TASK AND FINISH GROUP

The Chairman advised that the notes from the initial discussions of the Brain Health Task and Finish Group had been provided in the agenda pack. The actions identified had included:

- Mapping exercise
- Consider 'Brain Health' JSNA chapter
- Focus on physical brain health
- Link with Loneliness Day on 16th June 2023 (and importance of social isolation)
- Link with next years' 'Brain Awareness Week'

It was noted that these elements would be taken forward by both Public Health and NHS colleagues. Jacqui Scott, CEO – Bromley Healthcare, said that Bromley Healthcare would be happy to participate in this work.

In response to question, the Chairman highlighted that discussion point 4 had recognised the need to educate 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. The Director of Children's Social Care considered that healthy brains in childhood would have an impact on mental health in later life.

A Board Member asked for further information regarding the approach to engagement. The Bromley Place Executive Director noted that this work was still in the very early stages, however co-production and wider engagement on specific pieces of work would be helpful. The Chairman advised that aspirations could be set out in the JSNA chapter, but this would be a long-term project. In response to a question from another Member, the Consultant in Public Health said that within the Public Health department they had a Public Health communications group, which could take on work to connect with organisations in relation to joint campaigns. The work currently being undertaken was the mapping exercise to determine what was available and what the evidence base was. It was noted that the JSNA Steering Group was about to be restarted which would capture lots of input for the chapter on brain health.

RESOLVED that the update be noted.

10 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
- Combating Drugs and Alcohol Partnership (CDAP) Update
- Healthwatch Bromley Patient Experience Report

RESOLVED that the Information Briefing be noted.

11 MATTERS OUTSTANDING AND WORK PROGRAMME

Report CSD23091

The Board considered its work programme for 2023/24 and matters arising from previous meetings.

The following item was added to the forward rolling work programme for the Health and Wellbeing Board:

- Suicide & Self-harm: a review and analysis of the data and trends over time (1st February 2024)

The Consultant in Public Health advised that a significant amount of work would be undertaken this year in relation to the JSNAs. The Alcohol and Substance Misuse Needs Assessments were in production and close to being finalised before publication, and the Homeless Health Needs Assessment was also in production. A JSNA chapter on Morbidity and Mortality in Bromley would be produced as well as an update to the demography chapter on a rolling basis as census data was released. In addition, there would be chapters on suicide, brain health and mental health and learning disability. As mentioned, the JSNA steering group was being reinstated and would have a monitoring role of the content and strategic direction of the JSNA.

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

12 ANY OTHER BUSINESS

There was no other business.

13 DATE OF NEXT MEETING

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

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

The Meeting ended at 2.25 pm

Chairman

Report No.
AC23-043

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: HEALTH AND WELLBEING BOARD

Date: 21st September 2023

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

Title: Update on the new Health and Wellbeing Strategy

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 outline the proposed detail of the draft Health and Wellbeing Strategy 2024 to 2028

2. RECOMMENDATION(S)

The Health and Wellbeing Board is asked:

2.1 To agree the draft Health and Wellbeing Strategy 2024 to 2028

2.2 To agree the process with partners about the development of action plan to address the priorities outlined in the new Health and Wellbeing Strategy 2024 to 2028

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: Statutory Requirement:
 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 At the Health & Wellbeing Strategy workshop held on 8th December 2022, members of the Board discussed in small groups the potential priority areas for the next publication of the Health & Wellbeing Strategy to focus on.

2.2 At the Health & Wellbeing Board on 30th March 2023 the board agreed on the 3 overarching priority areas for the new Health & Wellbeing Strategy 2024 to 2028, these areas are as follows:

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).
3. Disease prevention and helping people to stay well (linking with our ICB prevention priority and achieving this through our vital 5 work).

2.3 The purpose of this paper is to share with the board the draft document of the new Joint Health and Wellbeing Strategy and ask them to agree on its content and structure (see attached document).

2.4 The plan is to then put the document through a design phase to ensure the document is ready for publication later in the year.

2.5 We will be seeking from partners detail on how they will respond to the priorities in this new strategy and asking them to outline how they will address these priorities. Potential partners include:

- LBB
- One Bromley
- Voluntary sector

2.6 The Public Health Team will then work with these partners to coordinate updates on progress against this strategy twice a year to the Health and Wellbeing Board

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

7.1 The production of a Joint Health and Wellbeing Strategy has been a statutory requirement of upper tier local authorities and partners since the Health and Social Care Act (2012).

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

Click here and start typing

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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BROMLEY HEALTH AND WELLBEING STRATEGY

2024 – 2028
DRAFT

FOREWORD

TBC

CONTENTS

Foreword
Introduction
Our process to develop this Strategy
Our Vision/ Ambition
Our Priorities
Our Implementation Plan
How we will measure progress
Glossary

INTRODUCTION

This strategy aims to improve and protect the health and wellbeing of all who live and work in the borough, and sustain Bromley as a healthy place to live, work or visit. We aim to tackle gaps in health inequalities and achieve real and measurable improvements in the health and wellbeing of residents. Our vision is for a healthier Bromley, where everyone is able to benefit from improvements in health and wellbeing.

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

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

determinants of health. It will identify and bring together a number of overarching priorities for action. From these, more detailed plans will be developed and delivered.

OUR PROCESS TO DEVELOP THIS STRATEGY

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

This methodology is based around the production of a matrix that classifies health and wellbeing issues according to their potential impact on the Bromley population (defined by the prevalence or incidence of disease or mortality) and the recent direction of trends (improving or worsening).

HIGH BURDEN	Issues that have a large impact but trends indicate the impact on the Bromley population is decreasing	Issues that have a large impact but trends indicate the impact on the Bromley population is worsening
LOW BURDEN	Issues that have a relatively low impact and trends indicate the impact is decreasing	Issues that have a relatively low impact but trends indicate the impact is decreasing
	IMPROVING	WORSENING

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

- I. [Bromley Joint Strategic Needs Assessment \(JSNA\)](#)
- II. [The Public Health England Public Health Outcomes Framework \(PHOF\)](#)

The information on disease morbidity and mortality within the PHOF framework and JSNA chapters was used to identify diseases for which the prevalence or incidence was increasing in the Bromley population or mortality rates were rising.

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

We engaged with key stakeholders, organisations and partners from across the borough in developing this strategy through a workshop event where partners agreed on the overall priorities and focus for this strategy.

This Health and Wellbeing Strategy is a statutory requirement but sits within the context of several other related strategies and plans:

- [Making Bromley Even Better \(corporate strategy for London Borough of Bromley\)](#) – The corporate strategy for the London Borough of Bromley sets out 5 ambitions; 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, for adults and older people to enjoy fulfilled and successful lives in Bromley, ageing well, retaining independence and making choices, for people to make their homes in Bromley and for business, enterprise and the third sector to prosper, for residents to live responsibly and prosper in a safe, clean and green environment great for today and a sustainable future, and to manage our resources well, providing value for money, and efficient and effective services for Bromley’s residents
- [South-East London Integrated Care System \(ICS\) Strategy](#) – this document sets out the mission and vision for improving health and care in SEL ICS and the strategic priorities to focus on to improve health and care for residents. The five cross-system strategic priorities are; prevention and wellbeing, early years, Children’s and young people’s mental health, Adults’ mental health, and Primary Care and people with long-term conditions
- [South-East London ICS Joint Forward Plan](#) – this provides a strategic overview of the SEL ICS key priorities and objectives for the medium term. It provides a high level summary of the short term actions that SEL ICS will take, working with partners, to ensure the key milestones that support meeting the medium term objectives are secured, with further underpinning detail included in the 2023/24 and subsequent operational plans
- One Bromley 5 year Strategy **(INSERT LINK)** – this is a strategy for Bromley over the next five years. The local strategy is structured around improving population health and wellbeing through prevention and personalised care. It also aims to ensure that high quality services

are closer to home, delivered through communities and there is good access to urgent and unscheduled care services

A large number of other strategies and plans connect to this Health and Wellbeing Strategy, and while many of them have a different focus or starting point, their content supports the delivery of our health and wellbeing outcomes. These include the Children and Young People's plan, Children's Early Help Strategy, Children's roadmap to excellence, Homelessness Strategy, Ageing Well Strategy, learning disabilities strategy, mental health and wellbeing strategy, adult social care roadmap to excellence, Housing strategy, economic development plan, regeneration strategy, digital strategy, open spaces strategy and Bromley council department / portfolio plans.

OUR VISION/AMBITION

The Bromley Health and Wellbeing Strategy outlines the key priorities for improving health and wellbeing of people living in the Borough.

Our strategic vision is to help the people living in Bromley to:
"Live an independent, healthy and happy life for longer"

This will be achieved by improving the quality of life and wellbeing for the whole population, and for those with specific health needs, leading to an improvement in health and wellbeing for our residents. We will work closely with our partners to achieve this over the next five years.

OUR PRIORITIES

This strategy sets out key priorities which will enable us to target and focus on providing impact on health inequalities related to each of these priority areas, with an emphasis on groups and communities that currently have some of the lowest health and wellbeing outcomes.

For each priority we have set out a list of outcomes, things we want to change as a result of this strategy.

To deliver these outcomes we will need to operate differently. Working with key partners and organisations and working across the key strategies for each of these partners and organisations.

PRIORITY 1 – IMPROVING HEALTH AND WELLBEING OF YOUNG PEOPLE

Outcomes:

- Reducing the prevalence of overweight and obesity in children and young people
- Initiatives and interventions to tackle youth violence in Bromley
- The emotional wellbeing of parents and caregivers, babies, children and young people is supported at the earliest possible stage

PRIORITY 2 – IMPROVING HEALTH AND WELLBEING OF ADULTS

Outcomes:

- Reducing the prevalence of overweight and obesity in adults

- Slowdown the rise in the number of new cases of diabetes
- Raise awareness on the links to obesity, diabetes and hypertension
- Significantly improving awareness and understanding of dementia so people have the information they need to reduce risk of developing dementia as well as to live well with dementia
- Ensure people with dementia have equal access to the health and wellbeing support which is available to everyone
- People at risk of and with depression, anxiety and other mental health issues access the right early help and resources
- Support the suicide prevention steering group to develop and deliver a suicide prevention action plan for Bromley to support delivery of the Bromley Suicide Prevention Strategy
- Support the Combatting Drugs and Alcohol Partnership Board to implement the recommendations of the National Drug Strategy

PRIORITY 3 – DISEASE PREVENTION AND HELPING PEOPLE TO STAY WELL

Outcomes:

- Long term conditions are prevented and further complications prevented – focus on the vital five (smoking, obesity, hypertension, alcohol and mental health), and physical activity
- People are supported to live well independently for as long as possible

OUR IMPLEMENTATION PLAN

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

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

Alongside this strategy there will be an action plan for each individual priority area with lead organisations which will clearly set outcomes and targets and how partners will work together to achieve each priority. We will be asking partners / groups to develop more detailed action plans.

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

HOW WE WILL MEASURE PROGRESS

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

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

GLOSSARY

Acronym	Definition
HWB	Health & Wellbeing Board
ICB	Integrated Care Board
ICS	Integrated Care System
JHWS	Joint Health & Wellbeing Strategy
JSNA	Joint Strategic Needs Assessment
PHOF	Public Health Outcomes Framework

Report No.
ACH23-041

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: Health and Wellbeing Board

Date: Thursday 21st September 2023

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

Title: ONE Bromley Winer Plan 2023-24

Contact Officer: Jodie Adkin, AD – Urgent Care, Hospital Discharge and ToCB
Tel: 0208 E-mail: jodie.adkin@selondonics.nhs.uk

Chief Officer: Angela Bhan, Borough Director, SEL ICS (Bromley)

Ward: All

1. Reason for decision/report and options

- 1.1 The ONE Bromley Winter Plan 2023-24 described how Bromley health and care resources will be organised in order to respond to seasonal pressures for local residents. The Health and Wellbeing Board are asked to review the Winter Plan and provide scrutiny to the Plan.
-

2. **RECOMMENDATION(S)**

The Committee are asked to:

1. Endorse the ONE Bromley Winter Plan 2023-24
2. Consider ways members can use their links to the local community, to support the aspirations of the Winter Plan to ensure health and care services are accessed appropriately and the local community undertakes as many preventative measures as possible to remain well throughout the winter period.

Impact on Vulnerable Adults and Children

1. Summary of Impact: Vulnerable adults, specifically the elderly and those with long term health conditions will be supported to access preventative care as well as ensuring timely access to health and care services should they be needed throughout the winter period.
 2. A specific focus is also provided within the Plan for children and young people, with a focus on access to services throughout the period, support to parents and carers and ensuring sufficient capacity to meet need during seasonal viral outbreaks.
-

Transformation Policy

1. Policy Status: Existing Policy:
 2. Making Bromley Even Better Priority (*delete as appropriate*):
 - (1) For children and young people to grow up, thrive and have the best life chances in families who flourish and are happy to call Bromley home.
 - (2) For adults and older people to enjoy fulfilled and successful lives in Bromley, ageing well, retaining independence and making choices.
 - (5) To manage our resources well, providing value for money, and efficient and effective services for Bromley's residents.
-

Financial

1. Cost of proposal: Estimated Cost:
 2. Ongoing costs: Non-Recurring Cost: *all winter funded activity is delivered only within the winter period to manage all activity and mitigate any potential of ongoing costs to any organisation.*
 3. Budget head/performance centre:
 4. Total current budget for this head: £1,896,590
 5. Source of funding: Better Care Fund
-

Personnel

1. Number of staff (*current and additional*): 20.5
 2. If from existing staff resources, number of staff hours:
-

Legal

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

Procurement

1. Summary of Procurement Implications: There are expected to be minimal procurement requirements for the local authority with procurement activity being undertaken only where there is an explicit need associated to fulfil statutory responsibilities that are unable to be met with existing arrangements. All procurement requirements will follow existing procurement rules.
-

Property

1. Summary of Property Implications: N/A
-

Carbon Reduction and Social Value

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

Impact on the Local Economy

1. Summary of Local Economy Implications: N/A

Impact on Health and Wellbeing

1. Summary of Health and Wellbeing Implications: Delivering a robust plan for how health and care services will prepare for and arrange themselves throughout winter has a direct impact on achieving positive health and wellbeing outcomes for all Bromley residents throughout the winter period.
-

Customer Impact

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

Ward Councillor Views

1. Have Ward Councillors been asked for comments? Yes
2. Summary of Ward Councillors comments: Ward councillors are being engaged through the various committees in which members sit.

3. COMMENTARY

The ONE Bromley system develops a Winter Plan each year which describes how seasonal pressures will be mitigated and managed locally. The Winter Plan builds on learning from previous years, responds to any new national policy change and responds to local system changes since the previous plan.

The co-ordination and delivery of a joint Winter Plan places Bromley in a strong position to respond effectively to the changeable position through winter.

Our joint plan sets out how local services will be arranged, expanded, flexed and work together to meet the pressures experienced throughout the period and manage risk as a system. Through this we will support our residents to make the most cost-effective and sustainable use of our joint resources, while enabling better outcomes and ensuring we are able to provide services for our most vulnerable.

The 2023-24 Joint Winter Plan describes how health and care services across Bromley will organise themselves and work together to ensure local residents are able to access the services they need and stay well throughout winter. The Plan is set out in two sections

Section 1 describes the work that will take place before winter to reduce risk to vulnerable residents

Section 2 describes, under the 3 pillars of winter planning, the activity that will take place during winter to increase capacity across key health and care services, manage the impact of seasonal pressures and viruses and maintain oversight to manage the system throughout.

Engagement with a wide range of stakeholders has taken place to inform the Plan with specific, special-interest working groups set up around key themes to develop the plans in these areas.

Workforce engagement has taken place throughout the development of the Plan including engagement of primary care, community health providers, social care workforce and providers and the voluntary sector.

Endorsement of clinical pathway development has been given by Clinical and Professional Advisory Group (CPAG) on the 13 July 2023

The Local Care Partnership endorsed the Plan on 27 July 2023

4. IMPACT ON VULNERABLE ADULTS AND CHILDREN

Vulnerable adults and children are at increased risk throughout the winter period of poor health and wellbeing outcomes. The Winter Plan is aimed at ensuring all residents, especially the most vulnerable, are supported to undertake preventative measures and are able to access health and care services in a timely manner, throughout the winter period.

5. TRANSFORMATION/POLICY IMPLICATIONS

N/A

6. FINANCIAL IMPLICATIONS

The winter Budget, funded from the Better Care Fund totals £1,896,590

	Budget	
ICB Winter	£	706,000.00
LBB Winter	£	1,190,590.00

7. PERSONNEL IMPLICATIONS

Due to increase pressure on some areas of the health and care system, some of the winter monies is used to increase the workforce in order to respond efficiently.

8. LEGAL IMPLICATIONS

The delivery of a robust health and care system throughout the winter period ensures all organisations are fulfilling their statutory responsibilities to local residents.

9. PROCUREMENT IMPLICATIONS

There are no direct procurement implications for the Local authority within this year's Winter Plan. SEL ICB (Bromley) are procuring new services within Primary Care and Respiratory diagnostics.

SEL ICB (Bromley) are also expanding some existing commissioned health services including all hospital discharge rehab services, pulmonary rehabilitation provision and services for children.

10. PROPERTY IMPLICATIONS

N/A

11. CARBON REDUCTION/SOCIAL VALUE IMPLICATIONS

No environmental, social or economic implications have been considered

Detail here any environmental, social or economic implications that have been considered as part of this proposal. This section should consider requirements of the 2012 Public Services (Social Value) Act if procuring goods or services. Authors should detail how the recommendations in this report will lead to a positive impact in terms of the Council's Carbon Reduction ambitions.

12. IMPACT ON THE LOCAL ECONOMY

N/A

13. IMPACT ON HEALTH AND WELLBEING

Delivering a robust plan for how health and care services will prepare for and arrange themselves throughout winter has a direct impact on achieving positive health and wellbeing outcomes for all Bromley residents throughout the winter period.

14. CUSTOMER IMPACT

N/A

15. WARD COUNCILLOR VIEWS

Non-Applicable Headings:	<p>TRANSFORMATION/POLICY IMPLICATIONS</p> <p>PROPERTY IMPLICATIONS</p> <p>IMPACT ON THE LOCAL ECONOMY</p> <p>CUSTOMER IMPACT</p>
Background Documents: (Access via Contact Officer)	[List any documents used in preparation of this report - Title of document and date]



ONE BROMLEY

WORKING TOGETHER TO IMPROVE HEALTH AND CARE IN BROMLEY

Outline Winter Plan 2023/24

Winter Plan Pillars

1. Increasing System Capacity

- Supporting same day access in Primary and community care avoiding admissions
- Hospital Discharge and recovering well in the community

2. Managing Seasonal pressures

- Respiratory conditions
- Paediatrics and children's conditions
- Effective management over Christmas and New Year

3. Information Sharing and Escalation

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

System commitments

As a system, we commit to working together to ensure same day care is accessible, sustainable and high quality. This will achieve the best outcomes for residents and positive working environment for staff.

This includes

- Develop out of hospital services to our full capacity to prevent the need for anyone to attend hospital where they don't need to, with a particular focus on care home residents, frail residents, people with respiratory conditions and children
- Managing LAS Hand over delays through the new robust escalation process
- Protecting SDEC and Frailty Assessment unit at all costs
- Ensure Consultant connect is fully working to provide a strong interface between primary and secondary care
- Maintain timely and early discharge to ensure all patients that need an acute bed can be moved out of ED in a timely way, and patients can start their recovery, as early as possible out of hospital
- Provide as much access in primary care for same day/urgent appointments as possible preventing the need for patients to go elsewhere to be seen
- Social Care will continue to be a key provider ensuring eligible care and support needs are met, carers are well supported and providing urgent access to care and support for people in crisis
- All organisations will prioritise workforce wellbeing and ensure the workforce are fully supported to do their jobs throughout winter
- All providers will respect one another, problem solve together and ensure residents best interests are put first, managing risk together

Pre-Winter activity to reduce risk

1

Prevention through Covid-19 and Flu vaccination



A full vaccination programme is being delivered locally to all required residents.

1

2

Ensuring Universal Care Plans are in place and accessed for all patients at risk of deterioration



Ensure Advance Care Plans (ACPs) or crisis plans are in place and available on the UCP platform for

- People with mental health conditions at risk of crisis
- Carer breakdown plans for people dependent on a vulnerable carer
- All care home residents at high risk of deterioration
- All patients under specialist palliative care teams
- Frail patients at high risk of deterioration, not for hospital treatment

Training for all health care providers on accessing and using UCPs. Access will be monitored to ensure access goes up

2

3

Ensuring effective planning for all patients with a respiratory presentation



- All patients with a respiratory condition receive a diagnosis through Spirometry access
- Ensure all patients with a respiratory diagnosis have an up-to-date management plan, medication and rescue packs available
- Pulmonary rehab for all patients that would benefit

3

1. Increase System Capacity to meet seasonal demand

Increasing System Capacity

Supporting same day access in Primary and community care avoiding admissions

Proposed winter offer for primary care

- Additional Same Day GP appointments – scalable and responsive to seasonal demand
- Increased Rapid Response capacity to support GP home visiting
- Direct Access to children's and adults Hospital @Home including adult virtual monitoring service for primary care, including care homes
- Full and consistent consultant connect, SDEC and direct to specialty referral process (ambulatory, frailty, paediatrics, ENT, surgery, Gynae)
- Same day social care access



See
WCPD01: Increasing System Capacity – primary and community care

WCP02: Increasing System Capacity: Hospital at Home Plan

Increasing System Capacity

Hospital Discharge and recovering well in the community

Proposed winter offer for Hospital Discharge

- Increase in all hospital discharge services and staffing capacity (inc rehab, reab, AT, ECH, equipment, VCS, LBB) to mitigate against staff sickness and maintain maximum service provision



Wider Strategic programmes that will launch by winter 2023 and will support safe and timely discharge

- Maintaining D2A and Home First for all patients requiring new care and support at discharge managed through the integrated hospital discharge arrangements locally
- H@H in-reach to maximise utilisation of all available interventions, including virtual monitoring for early supported discharge
- Developing complex care pathway for patients with complex care and support needs inc interface with Proactive Care Pathways and delirium pathway
- Providing case management for the transition of patients from hospital to home at high risk of readmission

2. Managing Seasonal pressures

2.1 Managing Seasonal Demand



Respiratory conditions



1. **Current HIN hublets** (expansion/ gaps/ capacity- can we do more?)
2. **PR capacity** (waiting lists good justification/ will need to get people trained)
3. **Rescue pack** (ensure they are issued, inc as part of referral to resp)
4. **EMIS searches** (proactive for asthma/ COPD)
5. **Respiratory hubs** (could do it on urgent/ non urgent including some reviews)
6. **H@H** (monitoring nebs, loan of nebs. Direct GP referral)
7. **ROP** (getting this on/ referrals from GPs)



See **WPD04: Respiratory**



Paediatrics and children



1. Direct Access to **specialist paediatric advice, guidance and referral** (Consultant Connect) for GPs
2. **Increased GP appointments** during outbreaks to see children face to face
3. Step up to **Children's Hospital @Home** from primary care
4. Robust **UTC triaging** of children attending hospital
5. Clarity on **community pharmacy** offer for children'
6. Library of **communication material** for looking after children when they are unwell



See **WPD05:Paediatrics**



Effective management over Christmas and New Year



Blueprint from 22-23 carried forward
Detailed plans worked up in November



Prevention through Covid-19 and Flu vaccination

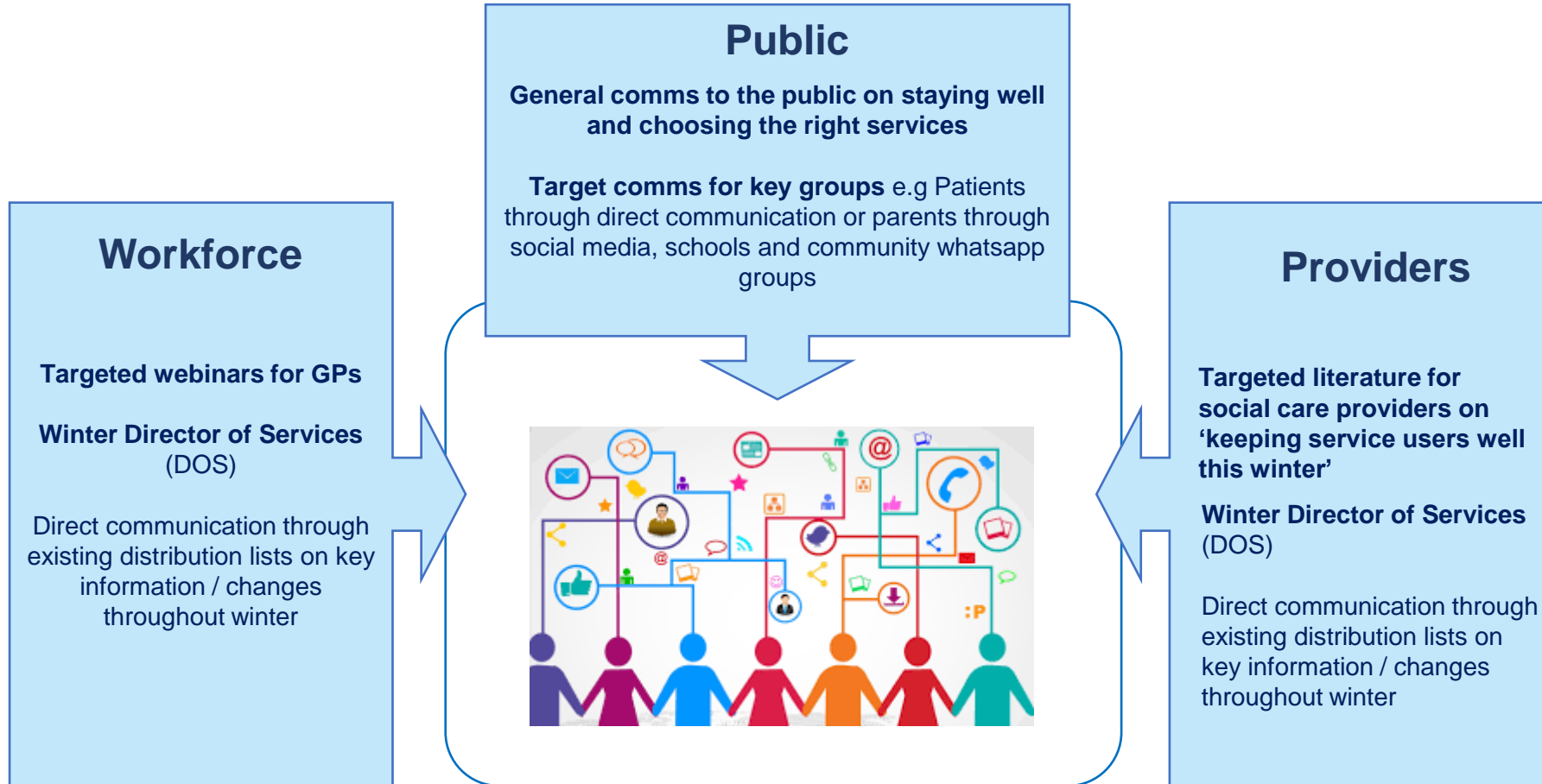


Detailed plans being worked up inc approach for housebound residents, care homes and marginalised groups

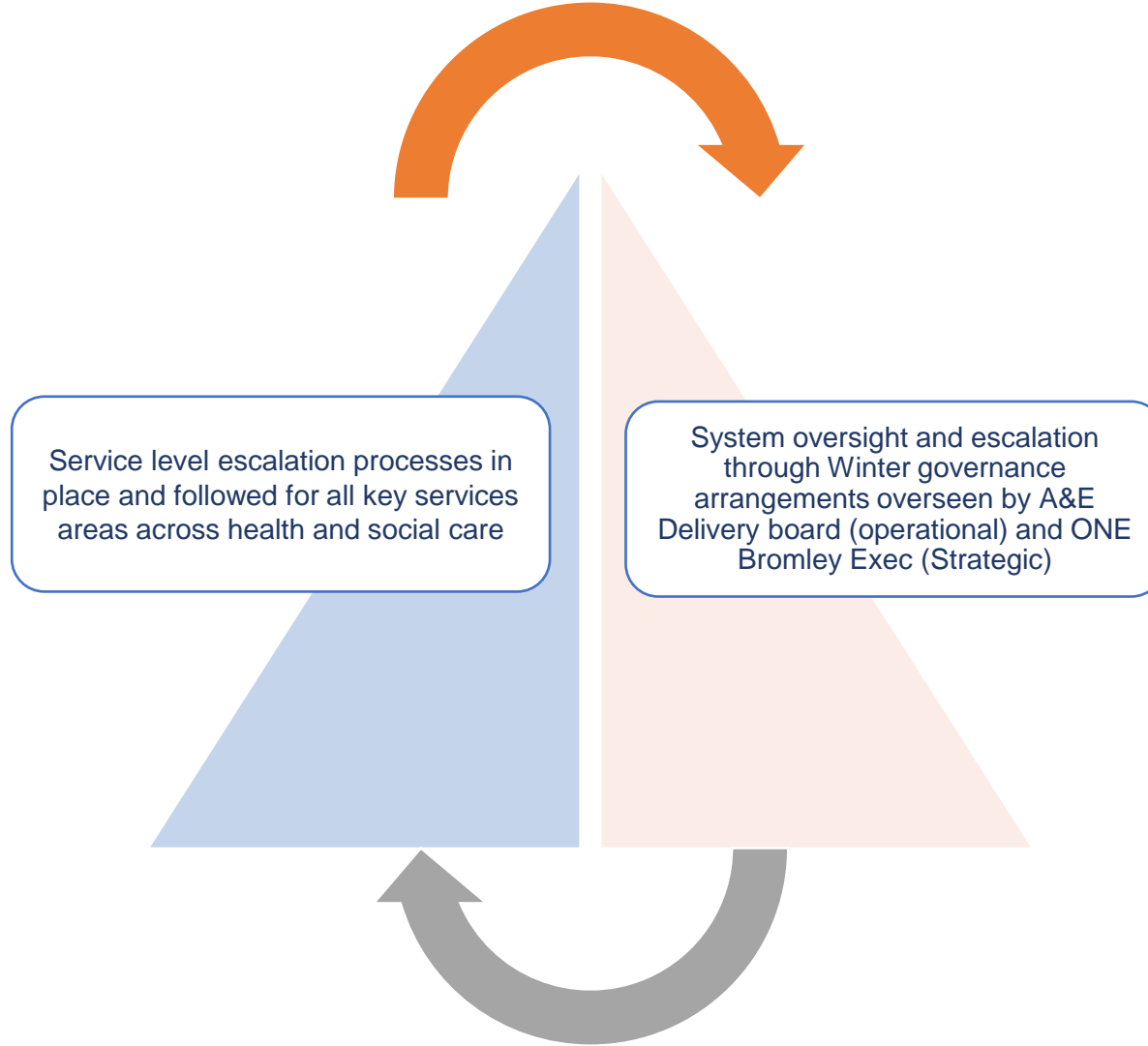
3. Information Sharing and Escalation

3.1 Winter Communication Plan

Targeted communications approach for winter issues
Getting the right information to the right people in the right way



3.2 System Escalation Management



Report No.
ACH23-047

London Borough of Bromley

Decision Maker: HEALTH AND WELLBEING BOARD

Date: 21 September 2023

Title: Integrated Commissioning Board Update

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

Chief Officer: Kim Carey, Director for Adult Social Care

Ward: All

1. Summary

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

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

2. Reason for Report going to Health and Wellbeing Board

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

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

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

Health & Wellbeing Strategy

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

Financial

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

Supporting Public Health Outcome Indicator(s)

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

4. COMMENTARY

4.1 Background to the Bromley Integrated Commissioning Board

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

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

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

4.2 The Integrated Commissioning Service

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

4.3 The Integrated Commissioning Board Work Programme 2023/2024

The current workload of the Board is as follows:

Project/Programme	Detail	Next steps
One Bromley Local Care Partnership	Supporting the work of the One Bromley Local Care Partnership and Integrated Care System developments	The Bromley 5-year Local Care Partnership Strategy is now agreed and delivery underway. The current focus for development is neighbourhood working arrangements
Learning Disabilities Strategy	Multi-agency health and care strategy for adults with a learning disability	A Partnership Board to lead on the strategy was launched in October 2020. The strategy is being refreshed in 2023/24
Care Homes Market Position	A market position statement for	A Market Position Statements across all services is in

Statement	care homes is in development.	development for publication in 2023/24
Integrated Mental Health and Wellbeing Strategy	Multi-agency health and care strategy for adults needing mental health services support	The strategy is being reviewed and refreshed for 2025
The Bromley Community Mental Health Services (CMHS) Transformation Programme	With government funding delivering a 3-year programme to transform community based mental health services in alignment with the Integrated Mental Health and Wellbeing Strategy (see above)	The programme has implemented a Mental Health and Emotional Wellbeing Hub through a NHS/voluntary sector partnership of MIND and NHS Oxleas.
Falls Project	Implementing a new therapies response to falls	A Falls workshop is to be run later this year to review activity on Falls work and develop a new set of multi-agency actions
All Ages Autism Board Action Plan	Multi-agency action plan focused on improving advice, information and support to children and adults with autism	An All Ages Autism Board has produced a strategy and an action plan
Integrated Therapies Programme (including Community Equipment Service)	Programme of work to consider all therapies provision and look at how services and professionals can work better together and with clearer pathways.	Focus is on the mobilisation of the new contract with a new provider that began 1 April 2023 Work on Children and Young People's OT and Speech and Language therapies is focused on mobilising a new model of provision
Hospital Discharge and Single Point of Access (SPA)	Multi-agency programme and integrated service to support hospital discharge including a Single Point of Access (SPA) for all supported discharges	With the co-location of LBB social work staff in the SPA the multi-agency model for hospital discharge is now implemented
End of Life Programme	Establishing a new programme of work to consider end of life care provision	An End of Life Board brings together agencies and professionals to plan and deliver palliative care services
Child and Adolescent Mental Health (CAMHS) Programme	Recommissioning of the CAMHS provision and development	The current focus is on responding to the increase in demand for services that has emerged since the Covid pandemic
Better Care Fund (BCF) and iBCF	Oversight of Bromley allocation of funds that support joint health and care working	Ongoing oversight of the fund – reported separately to the Health and Wellbeing Board. The BCF Plan for 2023/24 and 2024/25 was agreed by the HWB Board

		at its last meeting.
Domiciliary Care	Recommissioning domiciliary care services	The new service contracts began on 27 August 2021. The service continues to be developed with the introduction of the Trusted Assessor model in 2023/24
Personalisation	Roll out of personal health and care budgets across services. Work instigated to improve infrastructure to support personalised services.	A joint infrastructure to expand Personal Health Budgets and Direct Payments across LBB and NHS services was launched in January 2022. These pilot arrangements are extended and realising a growth in Direct Payments
Primary and Secondary Interventions Service – (Bromley Well)	Recommissioning of health and care preventative services for September 2022 (Bromley Well Service)	A new contract was awarded to Bromley Third sector Enterprises and began on 1 October 2022. The new specification is now implemented
Health & Care Act 2022 – in relation to integrated care and health working	The Health and Care Act brings together proposals that build on the recommendations made in Integrating care: next steps to building strong and effective integrated care systems across England .	The Bromley Local Care Partnership Board is leading on the response to new legislation on health and care joint working
Assistive Technology	A business case has been agreed to test out the introduction of some new innovations to support services and residents	A programme of pilots is being implemented
Mental Health Recovery & Rehab / Support & Accommodation	Recommissioning of supported rehabilitative accommodation schemes for residents being discharged hospital	The procurement for the new services has begun for contract award in March 2024 and implementation from October 2024
Bromley Healthcare Assurance	A sub-group of the Board is leading on assurance of Bromley Healthcare Services following the publication of their CQC inspection report in February 2022	A post inspection action plan is now implemented. Key issues will continue to be monitored up until the next CQC inspection.

5. IMPACT ON VULNERABLE PEOPLE AND CHILDREN

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

6. FINANCIAL IMPLICATIONS

There are no direct financial implications arising from this report.

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

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

Agenda Item 8

Report No.
ACH23-045

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: Health and Wellbeing Board

Date: September 2023

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

Title: REQUEST FOR HEALTH AND WELLBEING BOARD TO RECEIVE REPORTS FROM HEALTH PROTECTION BOARD

Contact Officer: Dr Jenny Selway, Consultant in Public Health Medicine
Tel: 0208 313 4769 Email: jenny.selway@bromley.gov.uk

Chief Officer: Dr Nada Lemic, Director of Public Health

Ward: All

1. REASON FOR REPORT

1.1 It is proposed that the Health Protection Board is accountable to the Health and Wellbeing Board.

2. RECOMMENDATION(S)

2.1 The Health and Wellbeing Board is asked to agree that the Health Protection Board reports to the Health and Wellbeing Board.

Impact on Vulnerable Adults and Children

1. Summary of Impact: The Health Protection team supports the health protection needs of local vulnerable and disadvantaged populations. This includes challenges such as infection, prevention and control in community settings and venues, vaccination and immunisation.
-

Transformation Policy

1. Policy Status: Not Applicable
 2. Making Bromley Even Better Priority (delete as appropriate):
(4) For residents to live responsibly and prosper in a safe, clean and green environment great for today and a sustainable future.
-

Financial

1. Cost of proposal: No Cost
 2. Ongoing costs: Not Applicable:
 3. Budget head/performance centre:
 4. Total current budget for this head: £
 5. Source of funding:
-

Personnel

1. Number of staff (current and additional):
 2. If from existing staff resources, number of staff hours: 100
-

Legal

1. Legal Requirement: No
 2. Call-in: Not Applicable:
-

Procurement

1. Summary of Procurement Implications:
-

Property

1. Summary of Property Implications:
-

Carbon Reduction and Social Value

1. Summary of Carbon Reduction/Sustainability Implications:
-

Customer Impact

1. Estimated number of users or customers (current and projected): 330,000 (population of Bromley)
-

Ward Councillor Views

1. Have Ward Councillors been asked for comments? Not Applicable

3. COMMENTARY

- 3.1 During the Covid-19 pandemic the multi-agency oversight of the local response to the pandemic was co-ordinated by the Health Protection Covid Board, chaired by the Director of Public Health. This board reported to Council's Chief Officers Group.
- 3.2 Towards the end of the pandemic, the Health Protection Covid Board was renamed the Health Protection Board in order to oversee the local response to a wider range of communicable diseases. The Board leads on the production of Bromley Outbreak Management Plan, which is appended together with the current Terms of Reference (Appendices 1&2)
- 3.3 With the ending of the pandemic, it is no longer appropriate for the Health Protection Board to report direct to Chief Officers. In other areas the Health Protection Board reports to the Health and Wellbeing Board. It is proposed that this system of reporting and accountability is put in place in Bromley.
- 3.4 An annual report of the Health Protection Board is suggested as an appropriate format and a suggested annual report is attached as an appendix to this document (Appendix 3)

4 IMPACT ON VULNERABLE ADULTS AND CHILDREN

Where data is available at local area level rather than borough level this information is collated and used in order to identify where additional resources may be needed for vulnerable adults and children.

Non-Applicable Headings:	TRANSFORMATION/POLICY IMPLICATIONS, FINANCIAL IMPLICATIONS, PERSONNEL IMPLICATIONS, LEGAL IMPLICATIONS, PROCUREMENT IMPLICATIONS, PROPERTY IMPLICATIONS, CARBON REDUCTION/SOCIAL VALUE IMPLICATIONS, CUSTOMER IMPACT, WARD COUNCILLOR VIEWS
Background Documents: (Access via Contact Officer)	

Appendix 1. Terms of Reference Bromley Health Protection Board

Background and purpose

The response to outbreaks of infectious disease (including Covid-19) is delivered by the local office of UKHSA, the South London Health Protection Team (SLHPT), and a team within the Bromley Public Health team, the LBB Health Protection team.

The Bromley Health Protection Board will ensure there are up-to-date comprehensive Bromley plans to deliver the local elements of the response to outbreaks and provides governance and assurance on the implementation and delivery of these plans. These plans will include measures to identify and contain outbreaks and protect the public's health in Bromley in a way that is safe and protects our health and care systems. An Outbreak Management Plan will detail how Bromley (key stakeholders and partners) will manage the response to the outbreak.

Key objectives and responsibilities include:

- a. To provide strategic direction, oversight and assurance, and challenge at a local level to ensure preventative measures are being taken and in event of an outbreak occurring the necessary actions are being met.
- b. To review all data for health protection. This will include ensuring potential hotspots are identified by local Public Health leads and SLHPT and partners using local data intelligence, and prevention measures are put in place effectively as appropriate.
- c. To ensure risk assessments are being carried by SLHPT and the Bromley Public Health team where appropriate, whilst an outbreak is ongoing.
- d. To review learning from health protection incidents
- e. To ensure all key stakeholders are communicated with when appropriate, providing accurate, timely and informative sources of information. This might include appropriate key messages, briefings, FAQ's, Social Media campaigns etc
- f. To liaise with lead officers and operational leads as directed and agreed by the board across all settings to minimise the impact of outbreaks of infectious diseases.
- g. To consider wider impacts of infectious diseases on local communities
- h. To also provide a Health Protection assurance framework for immunisations
- i. To escalate high level risks and issues to the Health and Wellbeing Board and South East London ICS IPC meeting for appropriate action.

3. Membership

Core membership

DPH, London Borough of Bromley

AD Environmental Services, London Borough of Bromley

Health Protection Specialist Nurse, London Borough of Bromley

Senior Health Protection Practitioner, London Borough of Bromley

Health Protection Practitioner, London Borough of Bromley

Emergency Planning Manager, London Borough of Bromley

Public Protection lead, London Borough of Bromley

Communications Executive, London Borough of Bromley

Consultant in Public Health Medicine, SEL ICS (Bromley)

GP representative, Bromley

SEL ICS Place representative (Bromley)

Health Protection Lead, Consultant in Public Health Medicine, London Borough of Bromley

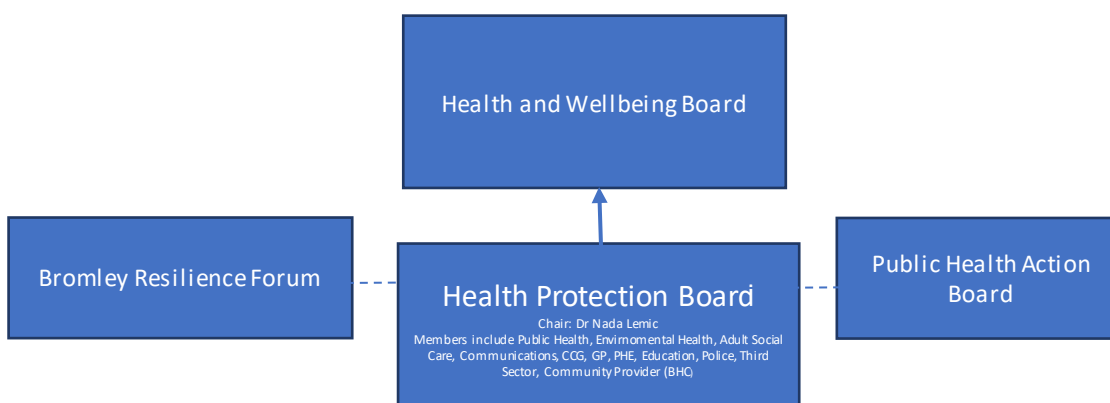
Public Health Intelligence team, London Borough of Bromley

Business Support Officer, Public Health, London Borough of Bromley
 Consultant in Communicable Disease Control, South London Health Protection Team
 Consultant in Sexual Health and HIV
 Sexual Health Lead, Public Health, London Borough of Bromley
 Education School Standards Lead, London Borough of Bromley
 Adult Social Care Lead, London Borough of Bromley
 IPC lead BHC
 IPC nurse SEL ICS
 IPC nurse PRUH
 Microbiologist, PRUH, Bromley

Additional members as required:
 TB Specialist Nurse, PRUH, Bromley
 GUM Specialist Nurse, PRUH, Bromley

4. Governance

The Health Protection Board will provide oversight, governance and assurance of the Bromley Outbreak Management Plan, reporting to the Health and Wellbeing Board. Accountability flows and links are set out in the following diagram.



5. Frequency and Format The board will meet every 2 months.

These Terms of Reference will be reviewed after 6 months.

Dr Jenny Selway
 09/05/2023

Bromley Outbreak Management Plan

Document name:	Bromley Outbreak Management Plan
Version: 1.1	Developed by: Public Health Bromley, May 2023

Table of contents

1. Introduction	3
2. Prevention and early detection of outbreaks in Bromley	6
3. Managing outbreaks in Bromley	10
4. Communications overview	13
5. Legal powers	15
6. Governance	16
Glossary of terms	18
Appendix 1. Local, regional and national roles	19
Appendix 2. Vaccine inequalities in Bromley	20
Appendix 3. UKHSA's Covid-19 Contingency Plan, Dec 22	21

1. Introduction

This plan is the Bromley Outbreak Management plan and provides the framework for co-ordinating the Bromley borough multi-agency response to outbreaks of infectious diseases. The information within this plan is designed to complement individual agencies' own arrangements. Partner agencies will need to link this plan with their own Incident Plans and Business Continuity Plans.

Our systems and processes need to be flexible enough and with enough capacity to manage outbreaks. We also need to closely monitor the changing local risks and drivers for transmission in Bromley.

This Outbreak Management Plan is the overarching plan beneath which there are individual work streams leading on Data and Intelligence and Vaccinations. Bromley is working closely with the South London Health Protection Team (SLHPT - local office of the UKHSA) as outlined in Table 1.

Table 1. Responsibilities and roles of UKHSA and local authority in the event of an outbreak

	Health Protection Team (LBB)	South London Health Protection Team (UKHSA)
Case and contact investigation management	<ul style="list-style-type: none"> - Receive notifications of cases via UKHSA or local settings. - Inform UKHSA of all notifiable infections and causative organisms, and situations of health protection concern, if not already notified - Investigate and manage cases and contacts as per local SOPs. This applies to infections and scenarios that can be investigated and managed locally: - E.g. <ul style="list-style-type: none"> o COVID-19 o Norovirus o Scarlet Fever o Chicken pox o MRSA / MSSA o C. difficile o GNBSI - Escalate to SLHPT if appropriate 	<ul style="list-style-type: none"> - Receive notifications of all notifiable infections, causative organisms, and clusters via a number of different routes - Investigate and manage cases and contacts as per national guidance - Maintain database of local infectious diseases cases, communicated to the boroughs on a regular basis by the surveillance team - Support local HP team with the management of complex cases ("red flags") For example: <ul style="list-style-type: none"> • Client is hospitalised • Death of client due to infection • Infectious disease is causing significant disruption to a service
Settings (care homes workplaces, schools, homeless etc)	<ul style="list-style-type: none"> - Receive notification of cases and clusters. Investigate and manage cases and clusters in settings. - Provide advice and support to local settings re contact tracing, isolation, infection control practices and testing including written resources. Chair IMTs if required - Maintain surveillance of local settings in outbreak - Develop and provide communications to stakeholders - Liaise with SEL ICS GPs and other healthcare 	<ul style="list-style-type: none"> - Receive notification of infections, causative organisms, and clusters via a number of different routes - Provide expert advice and support around contact tracing, isolation, infection control practices and testing, including written resources as required. - Support local HP team with the management of complex situations ("red flags") For example: <ul style="list-style-type: none"> - Client is hospitalised - Death of client due to infection - Infectious disease is causing significant disruption to a service - Outbreaks which are not resolving in 3 weeks - Attend IMT if required - Support development of communications to stakeholders where required

	<p>providers to provide ongoing healthcare support to setting</p> <ul style="list-style-type: none"> - Provide appropriate training, briefings and updates for staff 	
<p>Management of chronic infectious diseases (Hep B,C, TB)</p>	<ul style="list-style-type: none"> - Participate in London-wide work on pathways - Liaise with local/regional leads to support management of individual cases where required on a case by case basis 	<ul style="list-style-type: none"> - Oversight of pathways - Expert advice and support as required <p>TB</p> <ul style="list-style-type: none"> - Supports TB services with risk assessment and management of certain cases and situations - NTBS is managed by UKHSA including a London regional support team for TB services - Locally positive TB culture samples are sent to UKHSA reference lab for: <ul style="list-style-type: none"> - Confirmation of TB, drug sensitivity - WGS to identify clusters of genetically identical strains -
<p>Strategic management of Health Protection function in LA</p>	<ul style="list-style-type: none"> - HP Lead Consultant role - Produce and update the local Outbreak Management Plan and SOPs - Hold regular Health Protection Board meetings 	<ul style="list-style-type: none"> - Support development of LOMP and SOPs where required - Attend Health Protection Board where possible

Aim

The aim of this plan is to outline the approach for managing outbreaks of infectious diseases in Bromley. This plan will provide guidance to ensure that local statutory organisations, alongside voluntary agencies, are able to respond effectively and in a timely manner and mitigate the impact of infectious diseases on Bromley's population and communities.

Objectives

The main objectives of this plan are to:

- Provide strategic leadership as part of a multi-agency response as we respond to outbreaks of infectious disease.
- Identify key areas of responsibility between agencies. This will include co-ordinating with regional and other health protection specialist advice in the management of outbreaks and instituting local control measures as they may be required.
- Provide appropriately governed assurance and oversight of how outbreaks are handled in Bromley to local, regional and national stakeholders.

Principles

There are 4 key principles:

1. Public Health systems and leadership
2. A whole system approach across the whole borough, linking to regional and national teams
3. A local system which is efficient and effective with access to data and intelligence
4. A sufficiently resourced system

In addition to these principles are four key epidemiological principles:

1. Transmission of infectious diseases needs to be kept as low as possible.
2. Surveillance of infectious diseases must be optimal.
3. Contact tracing where appropriate.
4. Vaccines, where appropriate, to be delivered equitably.

This approach will use a combination prevention¹ approach, drawing from the experience gained from managing communicable diseases such as HIV and measles where vaccination alone does not stop spread.

Vaccines significantly reduce the link between infections and severe disease and death. In this context, people will be asked to make informed decisions and act carefully and proportionately, to manage the risks to themselves and others.

The prevention and management of outbreaks is central to the role of DsPH and their teams. We know that outbreaks are more likely to occur in particular settings and providing ongoing advice and support will remain critical, as will a rapid response if outbreaks occur. The ability to respond swiftly and robustly to a outbreak must continue to be a priority for local areas, with the support of HPTs and national teams as required.

Regional role and responsibilities

The South London Health Protection Team (SLHPT) work closely with national teams to ensure policy and operational coherence across NHS England, Department of Health and Social Care and other key government departments. The South London Health Protection Team includes specialist expertise in communicable disease control, epidemiology, outbreak management, contact tracing, public health case management, and related issues. They have strong professional working relationships with Directors of Public Health. They provide local directors of public health with access to highly specialised public health advice and support, and often lead on complex outbreak investigation and management. The regional DPH is responsible for feeding in

¹ Combination prevention approaches rely on interventions at a range of levels from the biological (eg vaccination) to the social (eg social consensus, community support) to the environmental (eg physical distancing, "Covid-secure" workplaces) to the legislative (eg guidance and law).

local intelligence and providing professional public health advice into the bronze, silver and gold command structure.

National role and responsibilities

Ministers are accountable for setting the overall framework for the response to outbreaks of infectious diseases, including a national communications strategy, enabling and supporting the local response, provision of funding, and for oversight and intervention where necessary.

Relationships to other plans

This document builds on existing outbreak plans and should be read in conjunction with them:

- London Resilience Partnership Pandemic Influenza Framework v 6.0.
http://www.london.gov.uk/sites/default/files/LRF_PanFlu_Framework_6.0.pdf
- Department of Health; <https://www.gov.uk/coronavirus>
- Individual organisations' Pandemic Plans
- London / Bromley Excess Deaths Plan
- Bromley Pandemic Plan
- Bromley Outbreak Management Plan Action Plans

2. Prevention and early detection of outbreaks in Bromley

Supporting vulnerable residents

All communities have different needs, experiences, and outcomes so any approach that is essentially based on a universal offer (the same for everyone regardless of circumstances) has inequality built in. DsPH will ensure their local response is targeted at the communities and settings that are at the greatest risk, ensuring that the underserved and vulnerable, particularly those who are ineligible or unable to be vaccinated, are protected.

Clinical vulnerability

The most significant factors for clinical vulnerability are age and pre-existing medical conditions. LBB are responsible for maintaining a contingency plan for Clinically Extremely Vulnerable (CEV) individuals (previously identified as a population of around 21,000) if necessary.

Social vulnerability

Plenty of evidence has identified a range of 'social vulnerabilities' which lead to an increased risk of transmission and poor outcomes once infected.⁴

Table 3. Local approaches to addressing inequalities in uptake of vaccination and Public Health messaging on infectious diseases

Bromley	<ul style="list-style-type: none">• Use of behavioural insights research on attitudes towards vaccines• Engaging with local communities on vaccine uptake and response to infectious disease messaging in a culturally sensitive way through social media, webinars, community champions, health care professionals, and translated communications.
Pan-London	<ul style="list-style-type: none">• The Mayor's Health Inequalities implementation plan• Promote and support collaboration and action at neighbourhood, borough and ICS/STP level• Provide visible systems leadership and advocacy on health equity issues for Londoners
Emerging priorities	Improved access to vaccination data between NHS and local authorities to help inform understanding of vaccine access and hesitancy

Our aim is to ensure that all identified vulnerable individuals and communities are supported in their settings. Our collaborative approach with partners (voluntary sector, faith sector, NHS, and GPs) enables us to work effectively and efficiently to meet the needs of the diverse population of Bromley.

Our plans include the production of proactive, tailored messages to build trust and correct misinformation; this includes -

- Development of simple standard messaging, using a variety of methods to also reach those with language barriers and digital poverty.
- Communication with voluntary, community groups and faith sector partners to enhance their role in support.

Homeless people are a particularly vulnerable group.

Bromley's Gypsy, Roma, Traveller (GRT) population have specific needs around communication and may have additional challenges regarding infection prevention and control, vaccine uptake and engaging with health services. The inequalities in this population are being addressed through a multiagency working group which includes Public Health.

Testing for Covid-19

National testing for people with Covid-19 symptoms

COVID-19 tests are no longer free for most people.

Some people can still get free COVID-19 rapid lateral flow tests from the NHS:

- People who have a health condition which means they're eligible for COVID-19 treatments
- Some people going into hospital
- Staff who work in the NHS or in adult social care

Staff can also get free NHS tests if they work in care homes, domiciliary care, extra care and supported living services, adult day care centres or hospices.

[Who can get a free NHS coronavirus \(COVID-19\) test - NHS \(www.nhs.uk\)](https://www.nhs.uk)

Testing in Adult Social Care

The Director of Adult Social Services (DASS) and DPH are the Strategic Leads for this programme. Support is delivered through the Care Settings Support Network, which includes the Adult Services, Contract Compliance Team, Integrated Commissioning, ICS and health colleagues work with Bromley Public Health as part of the One Bromley systems approach as a virtual Multi-Disciplinary Team (MDT). National guidance on testing can be accessed via this link [COVID-19 supplement to the infection prevention and control resource for adult social care - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

Testing in the NHS in the community

- All NHS patients in a community or primary care setting requiring a test by a clinician to support clinical decisions will be offered a lateral flow device (LFD) test.

Staff testing

- Symptomatic NHS staff should test themselves using LFDs.
- Staff who test positive should follow the current [return to work guidance](#).
- Staff who are household contacts of a positive COVID-19 case will continue to work as normal if they remain asymptomatic and continue to test twice weekly.

[Coronavirus » Living with COVID-19 – testing update \(england.nhs.uk\)](https://www.nhs.uk)

Waste water surveillance

UKHSA, working with Thames Water, is conducting waste water sampling at around 30 sites around London. Trends over time and comparisons in results between sites can provide insight into the relative levels of infectious diseases circulating in the population.

Outbreak prevention support and advice

London Borough of Bromley and SE London ICS will continue to provide infection prevention control advice to support care homes, and other settings. The LBB Health Protection response team is available to respond to queries and enquiries from care settings, education settings and council services.

Table 5: Outbreak Prevention in Bromley settings by local LBB Health Protection team*

Setting	Outbreak Prevention Activity
Schools, Early years and childcare providers	<ul style="list-style-type: none"> • Public health advice via health protection group email • Briefings and communications to schools on outbreak prevention in their setting, e.g. IPC measures. Encouraging vaccination uptake
Care Settings e.g. Care Homes, Extra Care Housing, Domiciliary Care and Supported Living	<ul style="list-style-type: none"> • Public Health advice and support to all care settings • Tailored advice to specific care settings requiring additional support • Testing advice and support for care staff and residents • Follow up on positive tests for infectious diseases • Continue to support and train the Health Protection Champions within each care setting and Contract and Compliance Officers within the Contract and Compliance Team • Urgent response provision to specific care settings requiring additional support
Work settings	<ul style="list-style-type: none"> • General work settings advised by UKHSA. Food premises inspection and advice visits by Environmental Health
Primary Care	<ul style="list-style-type: none"> • Provide Public Health advice and support to GP Practices (together with ICS IPC nurses) • Communication through Primary Care Networks
Homeless and asylum seekers	<ul style="list-style-type: none"> • Interagency working to continue to identify, engage and support the asylum seeker and homeless populations • Continuation of working group to improve homeless health
Gypsy/ Travellers sites	<ul style="list-style-type: none"> • Continue to engage the community and establish contact links with the different sites • Provision of education to LBB staff and other providers to increase cultural understanding of the community.
Community/Faith Groups	<ul style="list-style-type: none"> • Provision of Public Health Advice and Guidance. • Development and distribution of community specific messages • Community engagement meetings to increase understanding of the needs. • Work with One Bromley to explore the development of a community champion programme

*Some of this support is also offered by UKHSA.

Refresher IPC training is regularly offered to care settings providers via the local Public Health Team. Information on external IPC training opportunities is also shared in addition to general IPC guidance and advice. The local Public Health Team is maintaining and supporting a network of Health Protection and Care Champions, providing training and resources so that they can train the rest of the staff on topics of IPC and outbreak management.

General engagement with care settings providers is ongoing. There is a weekly Care Home (including Extra Care Housing) newsletter which summarises the multiple guidance and updates to ensure care homes have access to all key information. This often contains information relating to vaccinations, testing, IPC, guidance updates etc. as well as learning and development opportunities and resources to support resident and staff wellbeing. Regular communication is also shared with Domiciliary Care Agencies and Supported Living settings to summarise guidance and key updates.

The Care Home Forum, Domiciliary Care Forum and Supported Living Forum (LD) are held 6-weekly and are well attended by care settings managers. Information and guidance is communicated by a range of presenters and provides an opportunity for managers to discuss any issues.

The Activity Coordinator Forum continues to be held and provides an opportunity for care home activity coordinators to share and learn from experiences which plays an important part in the residents' wellbeing, especially during an outbreak where residents are isolating in their rooms.

Vaccination

Vaccination Programmes are nationally led and managed through a Regional Vaccination Operations Centre in addition to a local Borough Team.

The Bromley vaccination team is NHS based and led by the Bromley Head of Primary Care and the One Bromley Consultant in Public Health supported by a Vaccination Borough Coordinator.

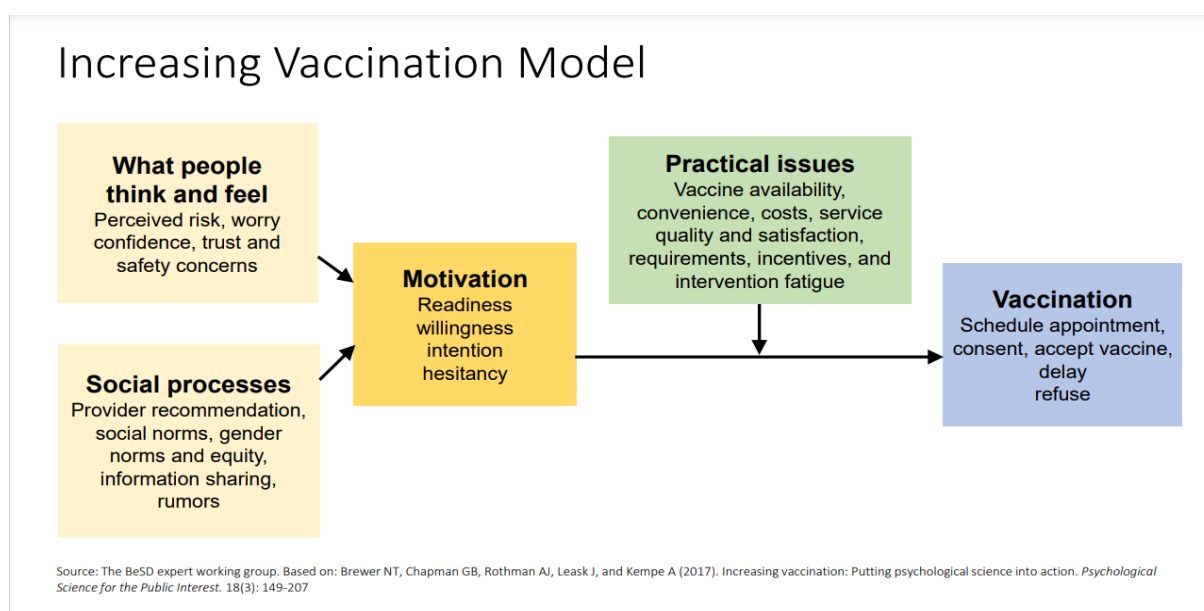
Vaccinations are delivered from:

- Primary Care Network led sites
- Mass Vaccination Site (run by King's College Hospital)
- Community Pharmacies

In addition, satellite clinics can be run from individual GP practices and pop-up clinics at community sites. The number and capacity of these sites is stepped up and down depending on demand.

A strategic group is developing and testing innovative methods of addressing vaccine hesitancy through a programme of work following the elements of the WHO Increasing Vaccination Model (Figure 4). This group will link with the Bromley Equality Partnership Corporate Board to share information and promote interventions.

Figure 4



This work is a co-production model together with local leaders, community influencers and ambassadors in order to address barriers to vaccination. The work done during the pandemic to address barriers to vaccination is in Appendix 3.

3. Managing outbreaks in Bromley

Support to Care Settings during an outbreak

As outbreaks are identified, an urgent response plan is agreed and actioned by the LBB Health Protection team to support the individual settings experiencing an outbreak. This support includes:

- Proactive support and guidance for providers on appropriate testing schedules as well as proactive support on outbreak testing.
- Advice and guidance from local Public Health team on IPC measures.
- Additional IPC training and support for care home staff.
- Follow up of settings in outbreak.
- Regular meetings with providers to support the management of the outbreak and co-ordinate the response.
- Following the outbreak, a review meeting with individual providers to reflect on and learn from the experience.

The above support is complemented by the health response, including:

- Regular patient reviews and clinical input by Bromley Care Practice GPs.
- An enhanced primary care offer able to provide treatment in care homes for residents where it is not in their best interest to be conveyed to hospital
- Dedicated support from a St Christopher's Consultant Nurse Specialist (CNS) and Consultant in Palliative care to provide palliative and end-of-life care within the care home.
- Emotional wellbeing support for carers via St Christopher's as well as training to support the emotional wellbeing of residents

Care Home Quality Liaison Nurse providing responsive training and support

Support to education settings during an outbreak

- Advice on IPC measures for education settings as and when required
- Review meetings with school staff during infectious disease outbreaks
- Information sessions with school representatives as required

Data and Intelligence

The presence of reliable, informative and timely data helps to understand the local spread of infectious diseases and to identify any communities or settings that are affected. Monitoring and acting on this data is crucial in protecting residents from infection. The sections below summarise how data will be received, monitored, stored and managed.

Surveillance and monitoring data

This data is necessary to understand the local spread of infections and to respond to queries and local concerns around the spread of infection. The LBB Health Protection team will take lead responsibility for receiving and monitoring surveillance data (usually provided by UKHSA), with the support of the Public Health Data and Intelligence team.

So that local NHS and LAs are able to spot concerning patterns in the epidemiology in order to enable swift and decisive action, national and regional teams use a range of system indicators as part of ongoing oversight and assurance, for example:

- case detection rates and testing
- prevalence – at regional and sub-regional level, including from surveillance studies
- trajectory – rates at which cases are rising or falling
- pressure on the NHS – occupancy and admissions
- variants – descriptive epidemiology of variants of concern
- vaccine uptake – across regions and LAs, different populations, and the impact on case rates, hospitalisation and mortality

- effectiveness of operational response
- local characteristics – mobility, deprivation, ethnicity, data on reported contacts

These system indicators, together with qualitative insights, are also used to inform thematic and geographical ‘deep dives’ to ensure we have a full picture of an outbreak through different lenses.

In the event that ongoing national and regional oversight and assurance and/or local gold command identifies a serious concern in the epidemiology that may pose a risk nationally, the national Local Action Committee response structure will be used to mobilise surge support, at the request of the local system. The Government will also act quickly where an area sees unmanageable growth of infectious diseases or the NHS is at risk, with local intervention centred on testing, communications, compliance and business enforcement.

Escalation

In the following situations the Data and Intelligence team or the LBB Health Protection team will alert the Director of Public Health. The Health Protection team will consult with the SLHPT and members of the Health Protection Board regarding appropriate action to be taken:

- An increasing trend in infections
- Geographical analysis indicating a community cluster

Table 7. Escalation criteria

Setting	Criteria for escalation	Escalation to:	
		Health Protection Board	Bromley Executive
Major events (any setting)	- Death of a child	Yes - immediate	Yes - immediate briefing needed
	- Outbreak linked to a major public building or event in the borough	Yes – immediate	Yes – immediate briefing needed
Schools/childcare	- 2 or more cases in a school/EY setting*	Yes	Yes – routine reporting only
	- Setting not able to contain outbreak	?	?
	- School closure	Yes	Yes
	- Media interest in outbreak/cases	Yes	Yes
Adult social care	- More than 1 cases in ASC setting	Yes	Yes – immediate briefing needed
	- Setting not able to contain outbreak	Yes	Yes – immediate briefing needed
	- Cases linked to a hospital outbreak	Yes	Yes
Homeless setting	- More than 1 cases in setting	Yes	Yes – routine reporting only
	- Setting not able to contain outbreak	Yes	Yes
Council as workplace	- Any outbreak	Yes	Yes
Local businesses	- More than 1 cases in setting	Yes	Yes – routine reporting only
	- Setting not able to contain outbreak	Yes	Yes

*Or single case of severe disease (hospitalisation) or single case in setting with medically vulnerable children

Role of LBB Health Protection team in outbreaks in Bromley

The Health Protection team supports settings in managing outbreaks. This support includes chairing incident management meetings and subsequent review meetings. Depending on the setting, these meetings may be attended by colleagues from UKHSA (if the outbreak is complex or if support is required), Adult Social Services (for care home outbreaks) or Education team (for school outbreaks) who provide further management support and advice.

4 Communications Overview

Public Health work closely with the communications and engagement team, local NHS and other stakeholders to communicate with a variety of audiences with key messages around outbreak prevention, outbreak management and the vaccination programme.

There are a number of clear elements to this work:

- Advice to prevent further spread of infection and signposting to Government guidance
- Guidance in the case of an outbreak
- Advice for schools
- Care homes advice and guidance
- Vaccinations and hesitancy

Audiences

- Councillors
- MPs
- GPs
- ICS
- Residents including harder to reach audiences
- Community Groups
- Community Leaders and faith groups
- Care homes
- Schools
- Staff
- Others as identified

General Public:

This element is a steady, ongoing drumbeat across the borough using communications channels already open to us such as websites, posters, poster sites in the high streets, parks, businesses premises, social media and newsletters. We have also used door-to-door printed communications and inserts in Council Tax communications as well as in other door-to-door publications such Environment Matters. Messages amplify and signpost Government guidance, updating as it changes.

Harder to reach audiences:

Communities are being engaged in the messages outlined above, with targeted communications as necessary. Individual newsletters, direct messages through email and telephone contact as well as face-to-face comms where necessary all of which is important in opening up a dialogue and gaining trust.

In the case of an outbreak where more detailed advice as required, the pathways are established through advocates such as community groups and other trusted sources of information within the identified communities. This work is being conducted in liaison with organisations such as Community Links, Faith Groups and Community Leaders.

Care Homes

Ongoing, regular communication has been maintained with care homes through direct contact, newsletters, training and through the testing programme and now addressing vaccine hesitancy in staff.

Schools

Support and advice delivered through the Education Matters portal, School standards bulletin, ad hoc briefings and emailed guidance and resources such as posters for display in schools and at school gates.

Businesses

Support and guidance has been deployed to workplaces and retail outlets through the Council's website, direct contact, through the Business Development Teams and through Environmental Health Officers.

Event management

Regular specialist infection prevention advice given via a multi-disciplinary specialist advisory group when event organisers seek to licence their programmes to run in Bromley.

Vaccine Hesitancy

Work is underway to address key areas of low vaccine take-up to give good clear information for residents to make up their minds about taking the vaccine and to counter myths circulating primarily on social media. This will be highly targeted and tailored to specific audiences and to individual level.

Consideration will be given to a targeted approach to certain key areas of the borough where uptake is lower: Crystal Palace, Penge, Anerley and the Crays.

Internal audiences

- Bromley Council Staff: we use established communications channels to engage staff through email, newsletter and meetings.
- Staff as advocates: our nurses, social workers, environmental health officers, trading standards, regeneration and business colleagues all have relationships with influential audiences who can help spread the prevention messages.
- Partners: we use established communications channels to share messages and engage as advocates.
- Councillors: as advocates. Ward councillors are advocates in their local ward
- Data Intelligence reports are distributed as required if available.
- Web materials – the Council website is updated regularly with guidance for residents and businesses at www.bromley.gov.uk/covid-19

5. Legal powers

The legal basis for managing outbreaks of communicable disease is spread across several different pieces of primary and secondary legislation, with the associated responsibilities split across a number of organisations and professional groups.

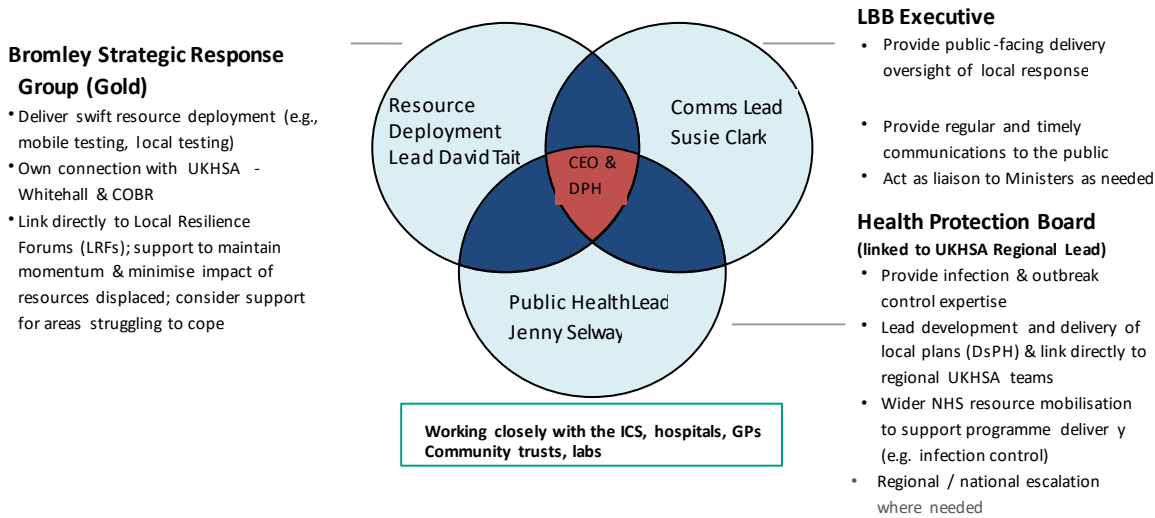
Table 12.

Legislation	Responsibilities	Organisations and professions
The Public Health (Control of Disease) Act 1984	Provides for powers to intervene in cases of public health risk, however these powers are seldom used.	Environmental Health in local government
Civil Contingencies Act, 2004	Sets out the responsibilities of different agencies in responding to major incidents	NHS organisations, local government and Public Health England
Health Protection Regulation, 2010	Enable local authority environmental health teams to intervene in cases of public health risk; potentially can be used for magistrate's order to undertake specified health measures for an individual	Environmental Health in local government
Health and Social Care Act, 2012	Specifies that local authority Directors of Public Health retain a responsibility for protecting the health of a local population and emergency preparedness	Creation of Public Health England and NHS Clinical Commissioning Groups; move of local Directors of Public Health to local government
Health and Safety at Work etc. Act 1974	Impose duties on employers to protect employees and members of the public and a power to require employees to cooperate	Environmental Health in local government and HSE

6. Governance of this plan

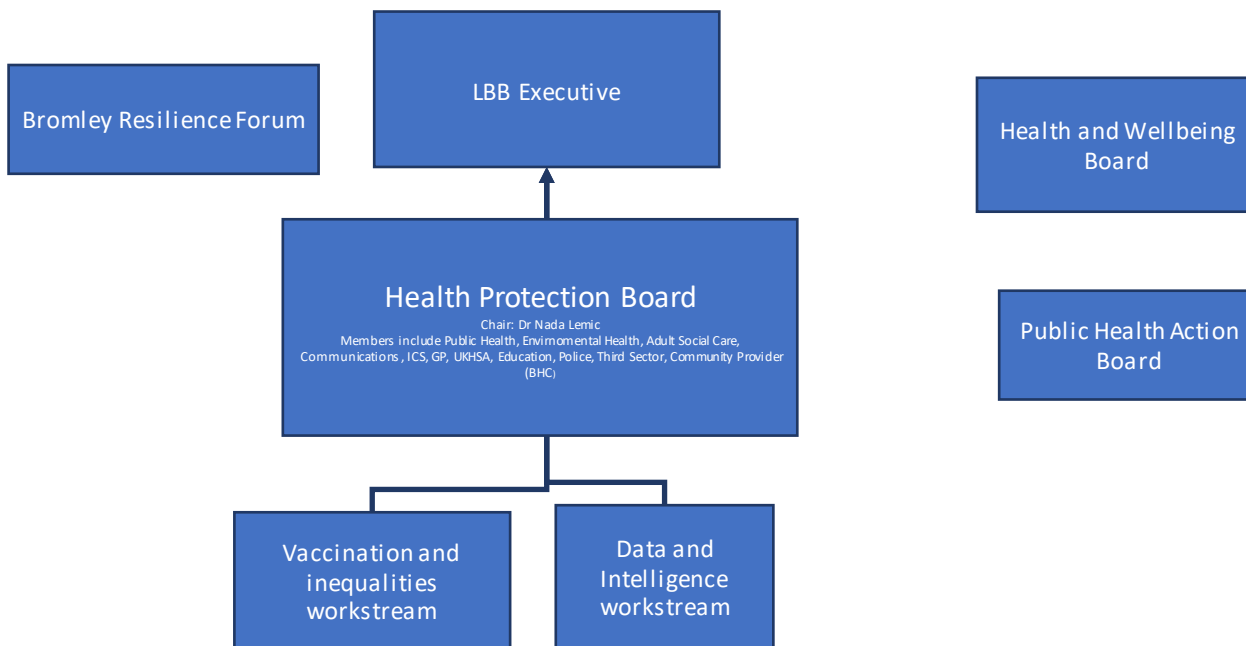
The governance of this Bromley Outbreak Management Plan is led by the Health Protection Board, reporting to the London Borough of Bromley Executive Committee and Health and Wellbeing Board.

Figure 7



Accountability flows and links are set out in Figure 8.

Figure 8.



Local governance of Health Protection builds on existing practice and structures:

- the Health Protection Board (HPB) co-ordinates the response to outbreaks in Bromley.
- the Director of Public Health leads the Bromley Outbreak Management Plan
- Where required, the local 'Gold' structure provides resource coordination, and links to other key Category 1 responders from the Local Resilience Forum (LRF)
- the Civil Contingencies Act provides that responders, through the LRF, have a collective responsibility to plan, prepare and communicate in a multi-agency environment.
- councillors, as local democratically elected representatives, are directly accountable to their local community for the local response, decisions and spend undertaken by the council

- chief executives and directors of public health are accountable to their local councillors, in particular the leader of the council/elected mayor and the council cabinet/executive, who will also agree the local COVID-19 response budget
- councillors are local systems leaders and local community leaders, and can facilitate systems relationships and community engagement
- local authorities have legal powers relating to public health

LBB has a number of powers to impose restrictions on settings and members of the public. These can be used where appropriate to manage events such as religious festivals, performances and other large gatherings.

Glossary of Terms

- a. **Antibody test** means the type of test that looks for the presence of antibodies (produced by people with the infection to counteract the bacteria/virus) against the infection. These antibody tests are also referred to as serology tests and can be conducted in a laboratory or through point-of-care testing.
- b. **Community cluster** means a number of confirmed cases linked by geographical location or other similar characteristic (e.g. linked to a neighbourhood or community group, specific buildings, or groups with social links like through language or common interest).
- c. **Confirmed case** means an individual that has taken a valid test and has tested positive, with or without symptoms.
- d. **Contact tracing** means a process in which when a person tests positive for a disease (e.g. TB), they are contacted to identify anyone who has had close contact with them during the time they are considered to be infectious, and these close contacts are also contacted to give them the advice they need about prophylaxis, treatment, and other behaviour modification.
- e. **Incident management team** means team convened by either UKHSA to manage a high risk complex outbreak, or team convened by local authority to manage a local outbreak.
- f. **Incubation period** means the period from exposure to the virus or bacteria to the onset of symptoms.
- g. **Infectious period** means the period in which an individual may be contagious to others.
- h. **Outbreak** means two or more people that have tested positive for an infectious disease, which are linked through common exposure, personal characteristics, time or location; A greater than expected rate of infection compared with the usual background rate for the particular population and period.
- i. **Outbreak control team** means team convened by local authority to manage an outbreak.
- j. **PCR swab test** means the type of test that looks for the presence of genetic material from the COVID-19 virus within a swab or saliva sample. PCR stands for polymerase chain reaction.
- k. **Possible case** means an individual that may be presenting with symptoms of a disease but has not been tested or are awaiting their test result.
- l. **Self-isolation** means when an individual stays at home because they have or might have an infectious disease, which helps stop the contagious virus/bacterium spreading to other people.

Appendix 3. Proposed Annual Report of the Health Protection function in Bromley

Background

In 2012 Health Protection staff in England were moved into a new organisation Public Health England (PHE), leaving very few staff with Health Protection expertise in local community settings (Primary Care Trusts). During the pandemic it became clear that more expertise was needed in local areas and the role of Health Protection in local areas is now under review, with national guidance expected. In 2021 PHE was replaced by the UK Health Security Agency (UKHSA) which has goals of promoting quality in the protection of the public's health, delivering sustainable reductions in health inequalities and securing the best value for the public purse.

There has been a Health Protection function in the Public Health team in London Borough of Bromley since Public Health moved into the council in April 2013. Until March 2020 this function was provided by Esther Dias (Infection Prevention and Control lead). During the pandemic a large proportion of the Public Health team were trained and working with Esther Dias on the response, and in 2021 it was agreed that new posts for Health Protection would be established within the Public Health team.

The Health Protection team now comprises a Senior Health Protection Practitioner, a Health Protection Practitioner, an Infection Prevention and Control and Health Protection Practitioner, a Business Support Officer and a Consultant in Public Health Medicine.

Quality standards in Health Protection in Public Health

In 2019 the Association of Directors of Public Health (ADPH) and PHE produced guidance to support local public health systems to promote and improve quality in health protection functions². It describes 'what good looks like' for local health protection, including suggestions for the measurement of quality. The vision is for every person, irrespective of their circumstances, to be protected from infectious and non-infectious environmental health hazards and, where such hazards occur, to minimise their continued impact on the public's health. This is done by preventing exposure to such hazards, taking timely actions to respond to threats and acting collectively to ensure the best use of human and financial resources.

Key agents in the local system for health protection include (but are not limited to): UKHSA, Local Authorities (Public Health and Environmental Services), National Health Service (NHS) Provider Organisations, NHS England, NHS Improvement, Integrated Care Systems (ICSs), Local Resilience Forums (LRF) and the community and voluntary sector.

² [What-Good-Looks-Like-for-High-Quality-Local-Health-Protection-Systems.pdf \(adph.org.uk\)](https://www.adph.org.uk/what-good-looks-like-for-high-quality-local-health-protection-systems.pdf)

Scope of health protection practice in Public Health and partners

a) Public Health

Health protection practice aims to prevent, assess and mitigate risks and threats to human health arising from communicable diseases.

Core health protection functions of local authority health protection systems in Public Health include:

- Communicable disease control
- Incident and outbreak investigation and management
- Monitoring and surveillance of communicable diseases
- Response to public health alerts
- Infection prevention and control (IPC) in care settings
- Oversight of immunisation and vaccination programmes
- Risk assessment, management and communication about communicable diseases
- Working closely with Emergency Planning team

b) Integrated Care System

The health protection functions of the Integrated Care System in Bromley cover the above roles in health settings and delivers the immunisation and vaccination programmes

c) Environmental Health

The roles of Public Protection in Environmental Health in the council includes:

- testing cooling towers and water systems for Legionnaire's Disease
- testing private water supplies for chemical and bacterial pollution.
- manage the Borough's response to civil emergencies.
- address people with TB who persistently avoid or refuse treatment, thus remain infectious in the community

Environmental Health also lead local Air Quality Management work in Bromley and Climate Change/Carbon Reduction actions (led by Carbon Management & Greenspace)

Environmental Health & Licensing Services provide the following services:

- promote food premises inspections,
- the adoption of hygiene ratings,
- training for staff who handle food,
- undertake RIDDOR inspections to ensure there is learning from past workplace accidents.

d) UKHSA

The responsibilities for managing outbreaks of disease between the local health protection team in Public Health and the local UKHSA office is outlined in the following table.

Table 1. Responsibilities and roles of UKHSA and local authority in the event of an outbreak

	Health Protection Team (LBB)	South London Health Protection Team (UKHSA)
Case and contact investigation management	<ul style="list-style-type: none"> - Receive notifications of cases via UKHSA or local settings. - Inform UKHSA of all notifiable infections and causative organisms, and situations of health protection concern, if not already notified - Investigate and manage cases and contacts as per local SOPs. This applies to infections and scenarios that can be investigated and managed locally: - E.g. <ul style="list-style-type: none"> o COVID-19 o Norovirus o Scarlet Fever o Chicken pox o MRSA / MSSA o C. difficile o GNBSI - Escalate to SLHPT if appropriate 	<ul style="list-style-type: none"> - Receive notifications of all notifiable infections, causative organisms, and clusters via a number of different routes - Investigate and manage cases and contacts as per national guidance - Maintain database of local infectious diseases cases, communicated to the boroughs on a regular basis by the surveillance team - Support local HP team with the management of complex cases (“red flags”) For example: <ul style="list-style-type: none"> • Client is hospitalised • Death of client due to infection • Infectious disease is causing significant disruption to a service
Settings (care homes workplaces, schools, homeless etc)	<ul style="list-style-type: none"> - Receive notification of cases and clusters. Investigate and manage cases and clusters in settings. - Provide advice and support to local settings re contact tracing, isolation, infection control practices and testing including written resources. Chair IMTs if required - Maintain surveillance of local settings in outbreak - Develop and provide communications to stakeholders - Liaise with SEL ICS GPs and other healthcare providers to provide ongoing healthcare support to setting - Provide appropriate training, briefings and updates for staff 	<ul style="list-style-type: none"> - Receive notification of infections, causative organisms, and clusters via a number of different routes - Provide expert advice and support around contact tracing, isolation, infection control practices and testing, including written resources as required. - Support local HP team with the management of complex situations (“red flags”) For example: <ul style="list-style-type: none"> - Client is hospitalised - Death of client due to infection - Infectious disease is causing significant disruption to a service - Outbreaks which are not resolving in 3 weeks - Attend IMT if required - Support development of communications to stakeholders where required
Management of chronic infectious diseases (Hep B,C, TB)	<ul style="list-style-type: none"> - Participate in London-wide work on pathways - Liaise with local/regional leads to support management of individual cases where required on a case by case basis 	<ul style="list-style-type: none"> - Oversight of pathways - Expert advice and support as required TB <ul style="list-style-type: none"> - Supports TB services with risk assessment and management of certain cases and situations - NTBS is managed by UKHSA including a London regional support team for TB services - Locally positive TB culture samples are sent to UKHSA reference lab for: - Confirmation of TB, drug sensitivity

		<ul style="list-style-type: none"> - WGS to identify clusters of genetically identical strains -
Strategic management of Health Protection function in LA	<ul style="list-style-type: none"> - HP Lead Consultant role - Produce and update the local Outbreak Management Plan and SOPs - Hold regular Health Protection Board meetings 	<ul style="list-style-type: none"> - Support development of LOMP and SOPs where required - Attend Health Protection Board where possible

Partnership working in health protection

The health protection team in Public Health work closely with many partners. In order for this to be effective there is a need for:

- Clear lines of accountability for working across health protection practice
- Strong agreed system-level governance arrangements
- Promotion of a collaborative culture of openness, transparency and shared objectives at a system level for the protection of the public's health
- Strong shared commitment to learning from adverse and serious incidents in health protection services, minimising system and social barriers and promoting a culture of continuous learning from clinical and public health practice
- Proactive efforts to build links between health protection and other areas of work in local government, including environmental health and education
- Strengthen links between formal health protection services and public and voluntary sector organisations working with high risk or vulnerable groups, e.g. homelessness services and drug and alcohol services
- Agreed mechanisms for strengthening relationships with NHS organisations in primary and secondary care to improve the patient experience, patient safety and effectiveness of health protection services and functions
- Aspiration to sharing and linking data to inform health protection action

The Bromley Outbreak Management Plan includes current agreements of accountability between the health protection team in Public Health and UKHSA and the ICS. These are based on local discussions. National guidance is expected, at which point the Bromley Outbreak Management Plan will be updated.

Performance of the Health Protection function

The performance of the health protection function is monitored every two months at the Health Protection Board which is chaired by the Director of Public Health or the Consultant in Public Health with the lead for Health Protection. The Board has developed the Bromley Outbreak Management Plan which is updated regularly.

a) Outbreaks and incidents

The Health Protection team in Bromley Public Health work with UKHSA local team (South London Health Protection Team) to minimise the harm caused by outbreaks and incidents.

b) Immunisations and screening

The aim is that all children, adults in risk groups and older adults are protected against key vaccine-preventable diseases by immunisation. Transmission of Hepatitis B and Hepatitis C should be minimised by immunisation.

All partners in Bromley are working together to be responsive to the health protection needs, including immunisations, of local vulnerable and disadvantaged populations.

Immunisation data is reviewed at each Health Protection Board and members of the HP team also attend the Bromley Immunisation Board and the South East London Immunisation Board.

c) Monitoring and surveillance

Systems are in place to monitor infectious diseases, working closely with the UKHSA and local partners.

d) Prevention of harm by care associated infections

Spread of common infections amongst older people in care settings and children in education settings is addressed by regular training, monitoring and oversight, including hand and respiratory hygiene. Health Protection Champions in care settings have been trained and supported in their role.

e) Reduce transmission of TB, including drug resistant TB

The Bromley Health Protection team work closely with the ICS and the local Respiratory team in the local hospital on developing local care pathways for TB. The team also work with the South London Health Protection Team around support for individual cases.

The ADPH and PHE Quality Standards have been used to audit the current service. This audit shows high levels of immunisations in Bromley when compared to South East London and London rates. Immunisation coverage of vulnerable groups against Covid-19 and influenza is also monitored and the Bromley Health Protection team is working actively with the ICS and other partners to address inequalities in uptake of immunisations.

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Report No.
CSD23106

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: HEALTH AND WELLBEING BOARD

Date: Thursday 21st September 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 SEL ICB Bromley Borough team is working closely with LBB in taking forward the development of the Bromley Health and Wellbeing Centre in its new location of Phase 4 of the Churchill site. NHS England have confirmed that a single combined business will be required for the revised scheme which can be shared with the Health and Wellbeing Board, early in 2024. The scheme is progressing well, with designs completed and signed off, commercial discussions well advanced with the plan to open the centre by the end of 2024.	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 51 30th March 2023 Presentation of the Children's JSNA	Comparison data for similar boroughs to be requested from SHEU and circulated to Board Members following the meeting.	LBB Consultant in Public Health Medicine	Comparison data circulated to Members on 8 th September 2023.	Completed

HEALTH AND WELLBEING BOARD WORK PROGRAMME

21st September 2023	
Health and Wellbeing Strategy	Dr Nada Lemic / Chloe Todd
Winter Plan 2023-24	Jodie Adkin
Integrated Commissioning Board Update	Sean Rafferty
Update on the Health Protection Function	Dr Jenny Selway
Update on Right Care, Right Person (RCRP)	Chairman
<i>Information Briefing: Alcohol Needs Assessment</i>	Jonathan Walker / Mimi Morris-Cotterill / Finola O'Driscoll
<i>Information Briefing: Healthwatch Bromley Patient Experience Report</i>	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
Homeless Health Project	Mimi Morris-Cotterill / Bronwyn Ward
HIV Infections Audit	Mimi Morris-Cotterill / Stephanie Sawyer
Bromley Safeguarding Children Partnership Annual Report	Jim Gamble / Joanna Gambhir / Kerry Davies
Bromley Safeguarding Adult Board Annual Report	Bulent Djouma / Teresa Bell
Disabled Facilities Grant	Debbie Ricketts
<i>Information Briefing: Better Care Fund and Improved Better Care Fund Performance update – Q1 and Q2</i>	Ola Akinlade
<i>Information Briefing: Healthwatch Bromley Patient Experience Report</i>	Charlotte Bradford
Work Programme and Matters Outstanding	Democratic Services
1st February 2024	
Suicide & Self-harm: a review and analysis of the data and trends over time	Chloe Todd / Jonathan Walker / Jocelyne Noubiap
<i>Information Briefing: Healthwatch Bromley Patient Experience Report</i>	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

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