

HEALTH AND WELLBEING BOARD

Minutes of the meeting held at 1.30 pm on 18 April 2024

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
Dr Nada Lemic, Director: Public Health

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

Christopher Evans, Community Links Bromley

Also Present:

Kim Carey (*via conference call*)
Jane Walters (*via conference call*)
Debbie Hutchinson (King's College Hospital NHS Foundation
Trust) (*via conference call*)
and Councillor Mike Botting

53 APOLOGIES FOR ABSENCE

Apologies for absence were received from Charlotte Bradford and Jane Walters attended as substitute. Apologies for absence were also received from Rachel Dunley and Dr Andrew Parson.

Apologies were received from Angela Helleur (King's College Hospital NHS Foundation Trust) and Debbie Hutchinson attended as substitute. Apologies were also received from Jacqui Scott (Bromley Healthcare).

54 DECLARATIONS OF INTEREST

There were no declarations of interest.

55 QUESTIONS

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

56 MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 8TH FEBRUARY 2024

RESOLVED that the minutes of the meeting held on 8th February 2024 be agreed.

57 DRAFT HOUSING ASSISTANCE POLICY - FOR CONSIDERATION AND COMMENT

The Chairman noted that this item had been withdrawn and would be presented to a future meeting.

58 UPDATE ON THE POST-COVID SYNDROME SERVICE (VERBAL UPDATE)

The Chairman welcomed Mark Cheung – One Bromley Programme Director (SEL ICB), Rachel Perry – Head of Integrated Services (SEL ICB) and Lindsay Pyne – Head of Adult Therapies (BHC) to the meeting to provide an update on the Post-COVID syndrome services.

The One Bromley Programme Director informed Board Members that the Bromley Post-COVID services were an integrated system, with acute service delivered by the PRUH and community services provided through Bromley Healthcare with input from primary care and voluntary sector colleagues.

The Head of Adult Therapies advised that the Post-COVID community pathway provided a high quality and effective services for those diagnosed, and those still living with Post-COVID syndrome. The service would continue for the current financial year and the staffing within the community services had been expanded with additional roles added. The service continued to receive referrals, with an increase having been seen over recent months – patients were assessed within a week of referral. The service received approximately 5 referrals per week and the current total caseload stood at around 150 active patients. The 11-week programme, living with Post-COVID syndrome, continued to be delivered – feedback was gathered from participants and the contents of the programme was regularly amended to reflect this. A project had also recently been undertaken looking at patients who had received the basic service and 50% were still living with Post-COVID syndrome having been discharged – these patients had been brought back into the case load and were receiving 1-2-1 interventions. There were two peer support groups located in different area of the borough, which were very successful, and now being supported by ‘patient champions’. Representatives had attended the second Long COVID Conference where a peer support poster had been presented, and they would be participating in a number of upcoming events.

The Head of Integrated Services provided feedback on behalf of Dr Lynette Linkson – Consultant at King’s College Hospital NHS Foundation Trust:

- there were some vacancies within secondary care service, but a new therapist had been appointed from June 2024.

- assessments were being completed in the community, with fortnightly multi-disciplinary team meetings taking place.
- patients can either be seen in the community or secondary care service for follow up treatment, as appropriate.
- in February 2024, the COVID Recovery Puzzle films had been launched across SEL covering themes to deal with particular conditions:
<https://www.youtube.com/playlist?list=PLcaVWbSw-0R1-Cactd7LZy-hM6HjR1RYI>
- a workshop event had recently been held across SEL to consider the future of Post-COVID services, attended by a range of representatives including healthcare professionals and service users. The aim was to look at ways to make services more accessible and a number of themes identified – a follow up session would be taking place on 9th May 2024.

It was noted that a full report on the Post-COVID pathway would be provided to the Health and Wellbeing Board meeting on 27th June 2024 and would include information on patient feedback and future service development plans. The One Bromley Programme Director highlighted that this service was continually evolving as more knowledge was gained and they were linking with SEL networks. One of the challenges was that funding was on a yearly basis, currently until March 2025, and they wanted a much longer term strategy to develop services with all the agencies involved. Members suggested that other areas of challenge be addressed within the report, including whether the service could meet the needs of the community and any research/treatment available. The One Bromley Programme Director said they could provide information on patient journey and the interventions provided. In terms of capacity for community services they were meeting targets/times.

In response to questions from the Chairman, the Head of Adult Therapies confirmed that the service was for patients diagnosed with Long COVID syndrome. It was not for patients who had suffered a stroke, developed lung fibrosis, a cardiomyopathy or other conditions – these would be treated by specialists in the specific conditions and not in the Long Covid Clinics. In terms of new patients entering the services, there was a 50:50 ratio of people with recent infections, and those that were infected at the beginning of the pandemic and did not realise they had Long COVID who were now being referred.

In response to questions from Board Members, the Head of Adult Therapies advised that a diagnosis was required for referral into services, however they had recently started to accept referrals from other staff within the organisations. The possibility of self-referral was also beginning to be discussed. The One Bromley Programme Director highlighted the importance of signposting – there were lots of resources available for people to use and this needed to be made known to patients.

The Chairman thanked the One Bromley Programme Director (SEL ICB), Head of Integrated Services (SEL ICB) and Head of Adult Therapies (BHC) for their update to the Board.

RESOLVED that the update be noted.

59 SUICIDE & SELF-HARM: A REVIEW AND ANALYSIS OF THE DATA AND TRENDS OVER TIME

Report ACH24-023

The Public Health Intelligence Analyst presented the Bromley Suicide Audit, A Trend Analysis 2024 to the Board.

The Bromley Suicide Prevention Steering Group met regularly and were responsible for developing a Suicide Prevention Plan with an accompanying action plan. A link to the current plan had been provided 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, ready for publication in 2025 – in preparation, the Public Health Intelligence Team had conducted a review and audit of the Suicide and Self-Harm data for the borough. Conclusions drawn included:

- suicide rates in Bromley fluctuated annually, averaging around 21 suicides per year, requiring continuous prevention efforts;
- men were disproportionately affected by suicide, while intentional self-harm rates were higher among women and young people;
- common suicide methods in Bromley included hanging, strangulation, or suffocation, emphasising the need for targeted interventions;
- hospital admissions for intentional self-harm were highest among girls aged 0 to 18 years, necessitating early intervention;
- there was an increase in intentional self-harm admissions among individuals from "Black" or "Other" ethnic backgrounds;
- older residents (aged 65 and over) with fewer self-harm admissions were at higher risk of subsequent suicide, requiring tailored support; and,
- deprivation was associated with hospital admissions for intentional self-harm, particularly in specific wards like Penge and Cator and Cray Valley East, highlighting the need for targeted interventions.

In response to questions, the Public Health Intelligence Analyst advised that other demographics could be considered, however there was currently only very limited data available on sexual identity and disability. With regards to statistics on the number of people who died by suicide being known to services, some had access to mental health services however the level of support received would need to be investigated further. The Member noted that this would be useful to monitor – a key area was prevention and if already known to services consideration should be given as to whether the support provided was adequate. A Board Member noted that acute mental health services would record each suicide within their service and therefore may be able to provide some data in relation to this. The Director of Public Health advised that the data received for the audit was anonymised – in the past there had been an agreement with the Coroner's Office to look at each record in depth, however this had been stopped nationally. It was noted that the department had links to other partner organisations and social care colleagues – mental health was one of the risk factors of suicide and they would actively seek to widen the work undertaken to inform the Suicide Prevention Plan.

In response to questions regarding the connection between self-harm and suicide,

the Public Health Intelligence Analyst advised that self-harm data was included to give an indication of the risk of suicide – the number of suicide rates in the borough were low and a breakdown of self-harm was included to provide a better understanding of the age groups at risk. The Director of Public Health said that people who self-harmed had a significantly higher risk of suicide, and was something that needed to be monitored. As the number in the borough were small they needed to be cautious about the conclusions drawn from the data as the variations could be significant. With regards to children and young people, the LBB Consultant in Public Health Medicine had undertaken a lot of work in relation to this as part of the Children's Joint Strategic Needs Assessment and this was being reviewed by the Children's Executive. It was noted that one of the priorities of the new Health and Wellbeing Strategy was children and young people's mental health.

The Director of Nursing – PRUH and South Sites advised that, in relation to self-harm, they saw a number of young adults presenting at the Emergency Department. Following this, they were referred to mental health colleague – sometimes they were already known to services, but this was not always the case. From that point the mental health pathways were implemented, and the individuals were not discharged until the required checks were completed or plans were in place. In terms of older age groups, self-harm presentations and ED were seen less frequently. There would be patients admitted to hospital with a physical illness and a concurrent mental health illness – it was therefore key that they maintained a close relationship with Oxleas to ensure patients were in the right place at the right time for their presentations. In relation to the report provided, the Director of Nursing – PRUH and South Sites highlighted the work undertaken with schools and the importance of providing them with the right support for children and young adults.

The Director of Children's Social Care said he was pleased to see the school-based programme included and suggested that the Youth Services also be included in any further engagement work. In terms of next steps, he was keen for any links between young people's self-harm/suicide and gender identity and sexuality to be explored.

A Member noted the implementation of school-based prevention and suggested that the report also be presented to the Children Education and Families Policy Development and Scrutiny Committee.

A Board Member noted the rise in intentional self-harm admissions among individuals from "Black" or "Other" ethnic backgrounds and questioned if this was a trend being seen locally and nationally, and the drivers behind it. The Director of Public Health advised that further information could be provided by the Consultant in Public Health following the meeting. In response to a further question, the Director of Public Health said that there was an active suicide prevention working group, the membership of which included representatives from voluntary agencies. The next steps would be to refresh the Bromley Suicide Prevention Plan and Action Plan which would be presented at a future meeting.

A visiting Member enquired if any work had been undertaken in relation to

anniversary suicide. The Director of Public Health confirmed that one case had been report and a lot of work had been undertaken by the Consultant in Public Health and colleagues in the other local authority. This was one of the risk factors identified and they had followed up with the families. In response to a further question, it was confirmed that the Consultant in Public Health wanted to widen the plan to also look at the correlation between suicide and social isolation and loneliness as this was another risk factor.

In response to questions, the Public Health Intelligence Analyst advised that a summary report on someone that died by suicide would sometimes provide information regarding any previous attempts – this was the most common risk factor.

The Chairman thanked the Public Health Intelligence Analyst for the presentation to the Board. It was noted that the Bromley Suicide Prevention Plan and Action Plan would be presented at a future meeting.

RESOLVED that:

- i.) the findings and recommendations from the Bromley Suicide Audit report be noted; and,**
- ii.) the refresh of the Bromley Suicide Prevention Plan and Action Plan, taking regard to the findings and recommendations of the Bromley Suicide Audit 2024 and the National Suicide Prevention Strategy 2023, be agreed.**

60 REVIEW OF STOMA ADVICE (VERBAL UPDATE)

The Director of Nursing – PRUH and South Sites (King's College Hospital NHS Foundation Trust) advised that a review of the stoma advise issued to patients by Stoma Care Nurses had been undertaken. Board Members were informed that:

- every patient with a new stoma within their care was provided a RADAR key which allowed them access to a disabled toilet where they could access the sanitary bin;
- for patients with an ileostomy bags, they were advised to empty their bags in the toilet and just flush;
- for patients with a colostomy bag, they were advised to use a disposal bag and throw in a bin;
- it should be noted that the contents in a bag did not have to be disposed of in a clinical waste bin, as long as it was in a bag, then it could be disposed in a general waste bin.

In response to a question from the Chairman, the Bromley Place Executive Director advised that this group of patients were overseen by the hospital and therefore the advice for those in the community remained the same.

A Member noted that Prostate Cancer UK were running a campaign for more sanitary bins to be installed in male toilets. The Chairman considered that good

advice was being provided to stoma patients and was widely available – the provision of sanitary bins within male toilets may need to be referred to Environmental Services.

The Chairman thanked the Director of Nursing and Bromley Place Executive Director for their update to the Board.

RESOLVED that the update be noted.

61 INTEGRATED COMMISSIONING BOARD UPDATE

Report ACH24-022

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

The ICB provided leadership, strategic oversight and direction for all health and social care integrated commissioning programmes and processes undertaken jointly by Bromley care and health partner agencies. Its key responsibilities included:

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

The Assistant Director for Integrated Commissioning drew to the attention of Board Members some of the recent successes of the Integrated Commissioning Board in relation to mental health services. In March 2024 a joint contract had been awarded to provide housing support and rehabilitation services for adults with mental health issues. In the coming weeks they would also be going out to market to recommission the community-based mental health services for adults, including providing employment support projects and housing support services for adults with mental ill-health. With regards to children and young people's services, they were continuing to work to respond to demand post pandemic and had introduced a single point of access across the Bromley Y preventive services and Oxleas NHS Trust. It was noted that work on new strategic needs assessments for adults and children's mental health and children with learning disabilities were underway and would be presented later in the year. This would provide a baseline

of the work being undertaken in the community and impact the next stage of development for integrated services.

In response to questions, the Assistant Director for Integrated Commissioning advised that the care homes market position statement would be completed later in the year. Local authorities had a specific responsibilities, such as ensuring there was a sufficient care homes market available for local people. A significant amount of work had been undertaken to support care homes, including the dedicated GP service for care homes and support in relation to digitalisation. A block contract had also been introduced to provide 20 beds and support was provided in relation to Discharge to Assess.

The Chairman thanked the Assistant Director for Integrated Commissioning for the update to the Board.

RESOLVED that the update be noted.

62 ANNUAL PUBLIC HEALTH REPORT

Report ACH24-025

The Public Health Registrar delivered a presentation on the Annual Public Health Report 2023, a copy of which is attached at Appendix B.

Each year, the Director of Public Health had a statutory duty to produce an Annual Public Health Report looking at the health and wellbeing of the community. This year, the Annual Public Health Report was titled 'The Prevention Journey through NHS Health Checks and Beyond'. The report took an in-depth look at the 23 years of work carried out in Bromley in the prevention, early detection and management of risk factors for cardiovascular disease (CVD) and other non-communicable diseases, culminating in the NHS Health Checks programme.

This year's report highlighted the impressive work of GP surgeries and partners across the Borough, who had delivered more than 56,000 NHS Health Checks over the last 10 years. Of note was the impressive post-pandemic recovery of the NHS Health Checks programme. Last year Bromley more than tripled the proportion of eligible people invited for Checks, reaching pre-pandemic levels of invitation. At the same time the absolute number of health checks more than doubled, from 1,933 checks in 2021/22 to 4,966 checks in 2022/23.

The data in the report aimed to support partners across Bromley to continue delivering a high-quality health programme to residents, learn from best practices, and find new ways to innovate and improve, such as digital health checks and improved 'call and recall'.

In response to questions, the Director of Public Health advised that each year a quarterly report was produced by GP practices on all patients seen – a follow up audit was also undertaken, including treatment received and identifying key risk factors such as hypertension and high blood pressure. It was noted that

patients completing a health check were recalled every 5 years. Each risk factor had a programme attached – for example advice/signposting to weight management programmes was provided in relation to obesity, and management/treatment for hypertension.

In response to questions regarding digital apps, the Director of Public Health said that the piloting of controlled programmes and apps for digital health checks was something that may be seen in the borough in future. Part of the programme would also include evaluating other health apps.

The Chairman thanked the Public Health Registrar for the presentation to the Board. It was suggested that the Annual Public Health Report be presented to Full Council, and it was agreed that the Director of Public Health would investigate this possibility.

RESOLVED that the publication of the Annual Public Health Report be acknowledged and promoted with relevant stakeholders.

63 CHAIRMAN'S ANNUAL REPORT

Board Members had been provided with a copy of the Chairman's annual report of the Health and Wellbeing Board 2023/24 prior to the meeting. The document captured the issues that had been addressed throughout the year and would be presented to the meeting of Full Council in July 2024.

RESOLVED that the report be noted.

64 QUESTIONS ON THE HEALTH AND WELLBEING BOARD INFORMATION BRIEFING

The Health and Wellbeing Board Information Briefing comprised 2 reports:

- Healthwatch Bromley Patient Experience Report – Q3 2023-24
- Update on the Joint Strategic Needs Assessment

In response to a question, the Director of Public Health advised that proposals for the inclusion of additional JSNA chapter content would be presented to the Health and Wellbeing Board meeting in June 2024.

RESOLVED that the Information Briefing be noted.

65 MATTERS OUTSTANDING AND WORK PROGRAMME

Report CSD24048

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

The following items were added to the forward rolling work programme for the Health and Wellbeing Board:

- Bromley Suicide Prevention Plan and Action Plan (6th February 2025)
- Strategic needs assessments for adults and children's mental health and children with learning disabilities (19th September 2024)
- Proposals for additional JSNA chapter content (27th June 2024)

In response to a question, the Director of Public Health advised that the Outbreak Management Plan would be provided as part of the Annual Update from the Health Protection Board. This would be presented to the Board meeting in November 2024.

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

66 ANY OTHER BUSINESS

Board Members were advised that the Chairman would be stepping down to take on another role within the Council. The Chairman extended his thanks to Board Members and officers for their support and participation over a number of years.

RESOLVED that the issues raised be noted.

67 DATE OF NEXT MEETING

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

1.30pm, Thursday 27th June 2024
1.30pm, Thursday 19th September 2024
1.30pm, Thursday 14th November 2024
1.30pm, Thursday 6th February 2025
1.30pm, Thursday 24th April 2025

The Meeting ended at 3.03 pm

Chairman

HEALTH AND WELLBEING BOARD

18th April 2024

WRITTEN QUESTIONS TO THE CHAIRMAN OF THE HEALTH AND WELLBEING BOARD

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

1. The 8/12/22 Health and Wellbeing Board's answer to a Question on flooding stated that on 21/11/21, 60 properties in St Mary Cray were affected.

How many of these properties were residences; in which roads were they located; and how many 'vulnerable' households were identified?

Reply:

On the evening of Wednesday 21st October 2021 unprecedented rainfall occurred in the St Mary Cray area. The rainfall resulted in the following areas being flooded, Hodson Crescent, Sholden Gardens, Rookery Gardens, and Chelsfield Road, St Mary Cray.

We were informed that 52 properties in this area were affected by surface water flooding, some quite severely. The vast majority of these properties were managed by Clarion Housing, with 2 managed by London and Quadrant Housing Group. There were also reports of a small number of privately owned properties in Chelsfield Road also being affected by the flooding.

Clarion Housing and Local Authority teams jointly responded to the incident, with the Local Authority primarily concentrating upon the clean up operation, and Clarion Housing managing rehousing and associated issues experienced by their tenants. London and Quadrant were also in contact with their affected residents.

For a more accurate picture of vulnerability regarding the affected residents we would recommend contacting Clarion Housing and London and Quadrant to request any further information they are able to share.

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The Prevention Journey through NHS Health Checks and Beyond

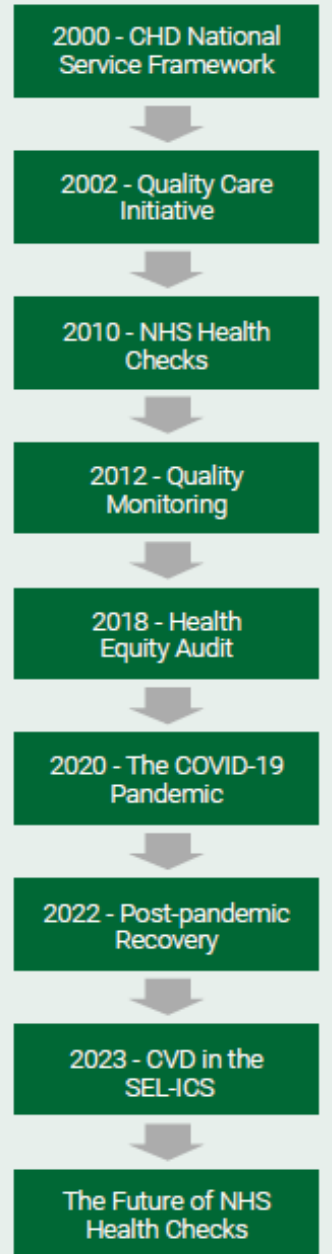
Annual Public
Health Report 2023

Dr Nada Lemic, Director of Public Health
Katherine Dunlop, Public Health Registrar
April 18 2024



Background to the report

- Document history of prevention work over 23 years
- Acknowledge achievements
- Recognise challenges post-Covid
- Encourage continued improvement and innovation



CHD national service framework

- Bromley specific funding to improve patient care from prevention, early detect, diagnosis, treatment and management.
- Employed three vascular prevention nurses to support primary care.
- Quality standards to expect from program through full pathway.

Quality Care Initiative

- Registers and identification and management of six risk factors:



- Evidence showed control of risk factors produced significant estimated reductions in incidence.

Birth of NHS health checks

Local authorities have a statutory responsibility to ensure that eligible people are offered an NHS Health Check every five years (Health and Social Care Act 2012).

GP Practices (including Bromley GP Alliance);

- ✓ hold the register,
- ✓ manage the call and recall,
- ✓ provide, signpost, and refer to behavioural interventions,
- ✓ ensure ongoing management of vascular disease,
- ✓ detect previously undiagnosed conditions.

Quality and equity

- Bromley scored highly against 2012 quality standards, and 2018 equity audit.

AGE: Older people more likely to attend	GENDER: Females 12% more likely to attend
ETHNICITY: Largely equitable invitation and uptake	DEPRIVATION: Largely equitable invitation and uptake

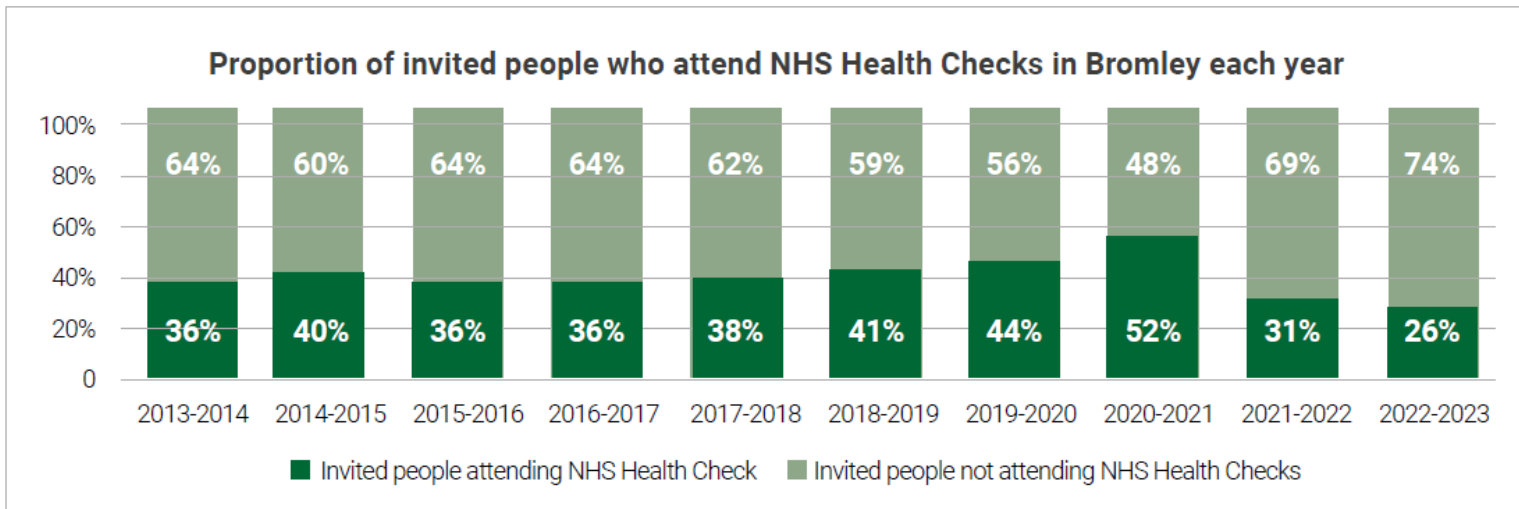
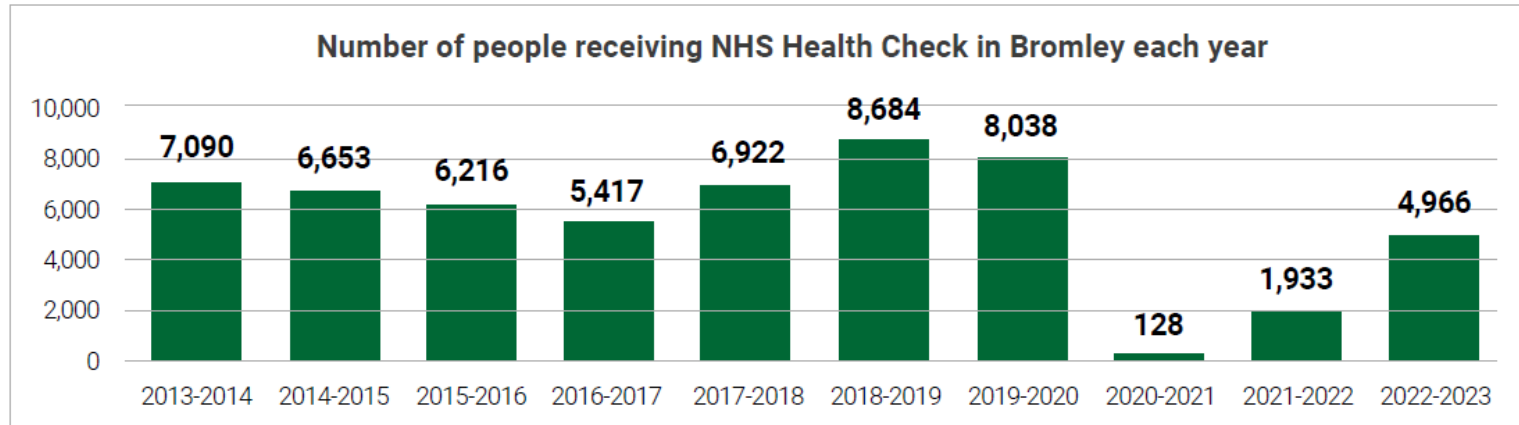
Health equity auditing – the GP effect

- Largely equitable distribution of invitation and uptake across the Borough, with GP practice having the greatest effect

	GP WITH LOWEST PROPORTION	GP WITH HIGHEST PROPORTION
Invitation of eligible residents (target 20%)	5%	41%
Uptake of invited residents (target 50%)	22%	80%

Table 4: Comparison of GP surgery with highest and lowest proportion of residents invited to and attending NHS health Checks in 2018.

Post-pandemic recovery



Thank you for your attention

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