



BROMLEY CIVIC CENTRE, STOCKWELL CLOSE, BROMLEY BRI 3UH

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DATE: 10 April 2024

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, Stockwell Close, Bromley, BR1 3UH on **THURSDAY 18 APRIL 2024 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 4<sup>th</sup> April 2024**.

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 12<sup>th</sup> April 2024**.

### **4 MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 8TH FEBRUARY 2024 (Pages 1 - 12)**

### **5 DRAFT HOUSING ASSISTANCE POLICY - FOR CONSIDERATION AND COMMENT**

*To follow*

### **6 UPDATE ON THE POST-COVID SYNDROME SERVICE (VERBAL UPDATE)**

### **7 SUICIDE & SELF-HARM: A REVIEW AND ANALYSIS OF THE DATA AND TRENDS OVER TIME (Pages 13 - 76)**

### **8 REVIEW OF STOMA ADVICE (VERBAL UPDATE)**

### **9 INTEGRATED COMMISSIONING BOARD UPDATE (Pages 77 - 82)**

### **10 ANNUAL PUBLIC HEALTH REPORT (Pages 83 - 86)**

### **11 CHAIRMAN'S ANNUAL REPORT (Pages 87 - 88)**

### **12 QUESTIONS ON THE HEALTH AND WELLBEING BOARD INFORMATION BRIEFING**

The briefing comprises:

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

Members of the Health and Wellbeing Board have been provided with advance copies of the briefing via email. The briefing is also available on the Council's website at the following link: <http://cds.bromley.gov.uk/ieListMeetings.aspx?CId=559&Year=0>

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

**13 MATTERS OUTSTANDING AND WORK PROGRAMME (Pages 89 - 96)**

**14 ANY OTHER BUSINESS**

**15 DATE OF NEXT MEETING**

1.30pm, Thursday 27<sup>th</sup> June 2024

1.30pm, Thursday 19<sup>th</sup> September 2024

1.30pm, Thursday 14<sup>th</sup> November 2024

1.30pm, Thursday 6<sup>th</sup> February 2025

1.30pm, Thursday 24<sup>th</sup> April 2025

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## HEALTH AND WELLBEING BOARD

Minutes of the meeting held at 1.30 pm on 8 February 2024

### Present:

Councillor David Jefferys (Chairman)  
Councillor Robert Evans (Vice-Chairman)  
Councillors Yvonne Bear, 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:

Councillor Will Connolly (*via conference call*)  
Kim Carey (*via conference call*)  
Joanna Gambhir (*via conference call*)  
Jane Walters (*via conference call*)  
and Debbie Hutchinson (King's College Hospital NHS Foundation  
Trust) (*via conference call*)

## 39 APOLOGIES FOR ABSENCE

Apologies for absence were received from Charlotte Bradford and Jim Gamble, and Jane Walters and Joanna Gambhir attended as their respective substitutes. Apologies for absence were also received from Teresa Bell.

Apologies for lateness were received from Councillor Yvonne Bear.

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

## 40 DECLARATIONS OF INTEREST

Councillor Robert Evans declared that he was a Trustee of Mytime Active.

**41 QUESTIONS**

No questions had been received.

**42 MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 16TH NOVEMBER 2023**

**RESOLVED** that the minutes of the meeting held on 16<sup>th</sup> November 2023 be agreed.

**43 BROMLEY SAFEGUARDING ADULT BOARD ANNUAL REPORT 2022-23**

**Report ACH23-056**

The Chairman welcomed Bulent Djouma – Bromley Safeguarding Adult Board Manager to the meeting to present the Bromley Safeguarding Adults Board (BSAB) Annual Report for 2022/23. It was noted that a video providing an overview of the Annual Report had been circulated to Board Members prior to the meeting, and can be viewed via the following link: [BSAB Annual Report 2022-23 VIDEO](#)

The BSAB was required, under Schedule 2 (4) of the Care Act 2014 to produce an annual report outlining its achievements and those of its members in relation to the Board's strategic objectives. The Board was required to send a copy of the annual report to the Chief Executive of London Borough of Bromley, the Leader of the Council, the Bromley Metropolitan Police Service Borough Commander, CEO NHS South East London Integrated Care System (Bromley), Chair of the Health and Wellbeing Board and Healthwatch. The BSAB 2022/23 Annual Report provided information regarding the work that had been undertaken during the year. Specific reference was made to the following key priority areas: domestic abuse, financial abuse, self-neglect, modern day slavery, transitional care of children into adulthood, and vulnerable adults in specialist care and residential homes. It was noted that much of the work achieved was through the collective work of the BSAB's subgroups.

The BSAB Manager informed Members that the Annual Report had received positive feedback, particularly in relation to its accessibility – it was now produced in Easy Read and video formats.

The Portfolio Holder for Adult Care and Health thanked the BSAB Manager for ensuring that the Annual Report was produced in a timely manner.

The Chairman thanked the Bromley Safeguarding Adult Board Manager for presenting the BSAB Annual Report to the Board, and asked that congratulations be passed on to the Independent Chair – Bromley Safeguarding Adults Board for all the work undertaken.

**RESOLVED that the Bromley Safeguarding Adults Board's 2022/23 Annual Report be noted.**

#### **44 PRESENTATION FROM MYTIME ACTIVE**

The Board received a presentation from Kelly Stead, Commercial Director – Mytime Active, Debra Weekes, Partnerships Manager – Mytime Active and Diane Friday, Active Lifestyles Programme Manager – Mytime Active regarding the work being undertaken improve wellbeing in the local community.

The Commercial Director informed Board Members that Mytime Active was a Social Enterprise, and a registered charity, with a mission to improve the wellbeing of the local community. Mytime Active ran a variety of leisure facilities, including gyms, swimming pools, golf centres, and operated in four community halls across the borough.

The Active Lifestyles Programme Manager advised that Mytime Active ran several health programmes to support people with a recent diagnosis or living with a long-term health condition. This included the Heart Smart and Fresh Start Exercise Referral Programmes; MSK Hub; and the Fresh Start Friendly programme. These health programmes were delivered by a team of trained exercise specialists, who assessed and monitored progress. Primetime was a weekly programme of more than 90 activities for older adults. This included seated exercises, aqua classes, dance and strength and stability sessions – it was noted that a number of these classes were dementia friendly. In addition to the dedicated Primetime team, there were a number of volunteer 'buddies' that who encouraged older residents to be more active, showing new people around the facilities and taking them to classes.

The Partnerships Manager informed Board Members that MyClub was for young people and adults with special educational needs and disabilities. Activities, including golf, dance, multi-sports and bowling, were delivered across three facilities and provided opportunities to increase physical activity levels and to socialise. It was noted that all the programmes highlighted played a vital role in supporting the loneliness and social isolation agenda.

Board Members were advised that other programmes delivered by Mytime Active included ArtsTrain, a Creative music programme for young people, which provided opportunities to tackle issues and improve wellbeing through song writing and music production. This targeted young people who were otherwise not engaged and music industry leaders supported them to write lyrics, produce music and perform their tracks. Mytime Active also managed Team Bromley entries for the London Youth Games, working with sports clubs and schools to enter many different sports competitions. A number of volunteers selected, developed and trained young people before entering them into competitions – last year 320 young people been involved in 25 competitions across 15 different sports.

In terms of their latest partnerships, the Commercial Director advised that the Wellbeing Hub was a virtual triage, following referral though various pathways or self-referral, into services as a preventative measure. It was key to ensure that

those coming in did so at the right level and would be assessed to see if any additional support was required. In relation to young people, Mytime Active were working with the LBB Children in Care / Care Leavers Team; providing free swimming lessons for young mums in partnership with the Children & Families Voluntary Sector Forum; and providing activities for young people in partnership with Clarion Housing Group and the LBB Youth Support Team.

A Board Member said that the work being undertaken by Mytime Active to expand the scope and access to services was great, and noted that they were being creative in terms of securing additional funding streams. Congratulations were extended to Mytime Active for the awards won and to the Partnerships Manager for her active role on the Pro-active Bromley Board. It was noted that Mytime Active were also playing an important role in relation to the delivery and leadership of the night time economy event around sport and physical activity drawing people in Bromley Town Centre.

In response to questions, the Commercial Director said that take-up varied across the services. The Partnerships Manager advised that 8 activity sessions per week were provided for MyClub, and over 100 people were registered. Across the session the average attendance was between 120-130 per week – some people attended more than one session per week and staff at supported housing units brought residents along to certain activities. It was noted that over 90 Primetime sessions were delivered, and all were well attended – further outreach sessions had been provided as part of a project, and were continuing to grow. The seated session provided at Crofton Halls was attended by 40-45 people. The Active Lifestyles Programme Manager advised that the health programmes received around 1,200 referrals a year. There was a choice of 14 classes per week across four locations, and they were continuing to make links with other referrers and reviewing the pathways. The Director of Nursing – King's College Hospital NHS Foundation Trust noted the links with the cardiology services at the PRUH and South Sites and suggested that further links could be developed to create collaboration within other pathways.

There was also a health membership for those that had reduced ability to attend classes long-term, attended by around 600 people per month. The Commercial Director said that Mytime Active had launched a self-referral health membership towards the end of the previous year – over 3,000 referrals had been made into the programme, via various routes. The Active Lifestyles Programme confirmed that social prescribers made referrals into Primetime, as well as the health programmes.

Board Members enquired about the waiting times for the programmes provided. The Commercial Director advised that there was not a waiting list for the self-referral, and they were continuously building on their classes. The Active Lifestyles Programme Manager noted that, with regards to the health programmes, waiting lists were dependent if someone wanted to attend classes at a particular location or time, but was usually a maximum of two weeks – they also provided sessions on evenings and weekends.

In response to questions, the Active Lifestyles Programme Manager advised that



when people came through the referral pathway they were assessed by the team and the exercises prescribed were relevant to their condition. There was a long-term session which provided a specific class for stroke and neurological conditions, and the exercises were tailor made for the cohort. The Commercial Director said that an online programme was provided. These were on demand and accessed via the Mytime app – it was noted that this was an area that they wanted to grow, and were continuing to develop.

In response to a question from the Chairman, the Partnerships Manager said that they wanted to ensure that residents knew what they did, and that their offer was much wider than leisure facilities. Their community venues offered support to overcome barriers and they encouraged Board Members to spread this message. A Board Member noted that there were a number of community champions who may be able to help publicise the programmes offered. The Partnerships Manager confirmed that they had made links with the LBB Communications Team. The Chief Executive Officer – Bromley Healthcare said that they would like to encourage staff to use the facilities/programmes on offer. The Commercial Director said that Mytime Active had schemes that offered discounted rates and they could provide information/brochures in different formats that could be circulated to employees. They were also keen to run wellbeing events, on- and off-site, for organisations.

The Chairman thanked the Commercial Director, Partnerships Manager and Active Lifestyles Programme Manager for their presentation to the Board and asked that a further update be provided towards the end of the year.

**RESOLVED that the presentation be noted.**

## **45 HOMELESS HEALTH PROJECT**

### **Report ACH24-012**

The Board considered a report providing an overview of the Bromley Homeless Health Project and an update on the progress made so far.

The Project Officer advised Board Members that the Bromley Homeless Health Project was a collaboration between the Local Authority, NHS, and the voluntary and community sector to provide a health and wellbeing Clinic for Bromley's homeless community. It was a joint initiative sponsored by LBB Public Health and funded by the local ICB. An assessment and triage Clinic for homeless clients was opened in March 2023, located within Bromley Homeless Shelter – it was due to operate until March 2026. It was staffed by a full time Nurse Practitioner, supported by a Care Co-ordinator, who employed through the Bromley GP Alliance. The project scope included those being housed in temporary accommodation, sofa surfing or rough sleeping.

The aim was to work with the homeless community to build confidence, through trusted relationships with health professionals, to encourage better understanding of their own health status and to facilitate access to mainstream services. LBB

Public Health had adopted the approach of tackling the wider social determinants of health, in collaboration with other council departments, grounded by experience gained from operating seasonal winter homeless clinics. This approach was underpinned by the Council's Health and Wellbeing Strategy that had a stated ambition to 'tackle identified health inequalities and achieve real and measurable improvements'. It was noted that data collection had commenced in order to evaluate the project, and they were working towards the year two milestones. Further information was available via the following link: [BGPA in partnership with Bromley Homeless | Bromley GP Alliance](#)

In response to questions, the Assistant Director for Public Health said that the project had confirmed that there were two major areas, podiatry/foot care and dentistry, which needed to remain a focus. They were continuing to work with the ICB in relation to this, and discussion around dental care were ongoing. It was noted that during conversations with the homeless clients it was apparent that they were appreciative of having coordinated care all in one place. They were offered advice in terms of supporting their own health – the aim of the project was for people to understand their health status and navigate the health system to get care at the right time. One of the outcome of the project was to establish a charter so homeless people could go to general practices and access care. In response to further questions, the Consultant in Public Health said that 21 surgeries across the borough had signed up to the Safe Surgeries scheme to take people from the homeless community. They were working towards increasing this number and those already involved were sharing their experiences. In terms of dentistry, they were in the early stages of discussions with the community dental service. It was noted that the current contract, which would be refreshed in a couple of years' time, did not include homeless patients. They were looking to set something up in the interim, and active discussions were taking place to try and move this forwards in the next financial year. The Chairman asked that the Board be kept informed regarding the interim measures to provide dental services for homeless clients.

A Member asked how the needs of those placed in temporary accommodation outside of the borough were being addressed. The Project Officer said that this was an aim of the navigation tool that would be a milestone development in year two of the project. It was recognising that a considerable proportion of residents were provided with temporary accommodation outside of the borough, and giving them a tool to be empowered to navigate their health when they move away from the local networks. They were in discussions with regards to connecting those that moved away into the local health networks. It was noted that an advantage of the project was that the voluntary sector had lots of links beyond the borough, and they were in contact with other homeless shelters across the country.

A Board Member noted that the Bromley Homeless Health Project had already been recognised, in partnership with Bromley Homeless Charity, with an award for Homeless Project of the Year from Affordable Homes and extended congratulations. In response to questions, the Bromley Place Executive Director said that different models of projects were being delivered across South East London – there was not a single strategy in place as there were differing levels of need and engagement. The Chairman noted that the meeting of the London Health and Wellbeing Board Chairs could provide an opportunity to showcase the

work being undertaken and learn what other boroughs were doing. The Assistant Director advised that the Nurse Practitioner had been attending networks which allowed the sharing of best practice.

A Member advised that they had recently visited the Bromley Homeless Health Project and asked what they would like help with – the response had been their own permanent building and signage to help people locate them. Staff had also said they would like to receive more visits and Councillors were encouraged to do so in order to listen to clients and meet with staff and volunteers. It was requested that an update on the Bromley Homeless Health Project be provided at a future meeting of the Health and Wellbeing Board.

The Assistant Director also informed the Board that the Bromley Homeless Health Project had been shortlisted as a finalist in the iESE Annual Public Sector Transformation Awards 2024, within the 'Working Together' awards category. The overall winner would be announced at the award ceremony on 6<sup>th</sup> March 2024.

The Chairman thanked the Assistant Director of Public Health, Project Officer and Consultant in Public Health for their update on the Bromley Homeless Health Project.

**RESOLVED that the update be noted.**

## **46 HIV INFECTIONS AUDIT**

### **Report ACH24-011**

The Board considered a report presenting the review on HIV Late and Very Late Diagnoses which related to people who presented and were tested late in the course of their disease.

The Director of Public Health said that this work had been planned for some time following the surveillance programme which highlighted that although Bromley had relatively low incidents of HIV there tended to be late diagnosis and the demographic of patients had changed. They had undertaken in depth audits of individual cases to identify anything that could be improved, or any opportunities missed, to make an earlier diagnosis.

The Head of Public Health Intelligence and Performance provided a summary of the findings from the audit. It was noted that the data had been received from the UKHSA (UK Health Security Agency) – HIV Late and Very Late Diagnoses were defined based on the T cells present in the blood, known as CD count. CD4 count less than 350 cells per mm<sup>3</sup> of blood was defined as Late HIV diagnosis and CD4 Count with less than 200 cells/mm<sup>3</sup> was Very Late HIV diagnosis. The audit had concluded that comparisons between all new HIV diagnoses locally, regionally and nationally had not revealed any statistically significant differences. Nor had the comparison between those diagnosed late or not. This may be because of the small numbers involved although it may also mean such differences do not exist – they were unable to draw conclusions. However, the review data had indicated

that those diagnosed late may not be being tested enough.

The Head of Public Health Intelligence and Performance advised that the testing regime had since changed and people attending Emergency Departments must now opt out of testing for HIV. Unfortunately, 2022 review data was missing to understand better the impact of this on late diagnosis, but there was data from the PRUH showing the number of tests completed and number of new diagnoses found. In response to a question from the Chairman, the Head of Public Health Intelligence and Performance said that the review data had shown that all but one of the patients with a new HIV diagnoses had not used PrEP before. The benefits of PrEP to reduce the risk of acquiring HIV were known and indicated the need for wider promotion. It was considered that it would be beneficial to include data from 2022 in the analysis as well as widening the review to include all providers diagnosing HIV for Bromley residents. With regards to late presentations, the Director of Public Health said that a number of patients presented with different diseases and respiratory conditions.

In response to questions, the Head of Public Health Intelligence and Performance said that postcode data indicated that the distribution of diagnosis was widespread across the borough – new diagnoses were in 14 different wards, however the numbers were too low to indicate any clusters. The Assistant Director of Public Health advised that, as the sample was so small it was difficult to draw meaningful conclusions, they had been speaking with colleagues across SEL to consider undertaking a wider audit of HIV data. However, following the review there were some markers that could be taken forward – such as education and training of general practices and health professionals, to promote testing and PrEP and make them more aware of the presence of any indicator conditions.

The Assistant Director of Public Health said that more work needed to be undertaken in relation to better understanding the data – a deep dive would help identify areas of higher concentration. This would allow targeted approach to be developed, raising awareness of late diagnosis and promoting early testing. The Chairman considered that a general campaign may be needed, and looked at PAN London. The Bromley Place Executive Director agreed that this would benefit from a wider approach and suggested that this included looking at the testing in place. The Director of Public Health noted that the review had provided reassurance in that no particular issues had been identified relating to missed opportunities. However they could look at raising awareness amongst clinicians and ensuring that those patients presenting with unusual respiratory conditions/infections were tested as early as possible, and the promotion of testing and PrEP. The Sexual Health Programme Lead informed Board Members that a Bromley GP had joined Fast-Track Cities, a global initiative to end the HIV by 2030 and they were keen to communicate with other colleagues. Instant testing was being offered in some practices and they would continue to promote awareness and testing.

The Chairman thanked the Director of Public Health, Assistant Director of Public Health, Head of Public Health Intelligence and Performance and Sexual Health Programme Lead for their presentation. It was suggested that a further update be provided in 6 months' time.

**RESOLVED that the report be noted.**

**47 SMOKING CESSATION REPORT**

**Report ACH24-010**

The Board considered a report setting out information on the new opportunities provided by the announcement of ring-fenced Government funding for Smoking Cessation. It also provided an overview of Bromley's response of the progress to date and an outline of future plans.

The Head of Disease Prevention advised Board Members that, following the publication of the Department of Health policy paper 'Stopping the start: our new plan to create a smokefree generation', the government had outlined a range of measures to address this important public health issue (Stopping the start: our new plan to create a smokefree generation). The government paper included the identification of a new ring-fenced budget for Specialist Stop Smoking Services for 5 years from 1<sup>st</sup> April 2024. There was currently a provision of stop smoking support in Bromley however a longer term procurement exercise would be required following the announcement of the funding. In the interim they had commissioned a 1-year pilot Local Stop Smoking Service.

In response to a question, the Head of Disease Prevention said that the rise of vaping in children and young people was concerning, and legislation of disposable vapes would look at the marketing used. Public Health teams were working with schools and providing education resources. However for smokers vaping was a good way of quitting – it was tricky communication line, but vapes should only be used to help stop smoking.

The Chairman thanked the Head of Disease Prevention for the update. It was requested that an update on smoking cessation be provided at a future meeting of the Health and Wellbeing Board.

**RESOLVED that the report be noted.**

**48 HEALTH AND WELLBEING STRATEGY - UPDATE ON IMPLEMENTATION PLAN**

**Report ACH24-009**

The Board considered a report outlining a summary of the proposed process for development of the implementation plan to address priorities in the Health and Wellbeing Strategy 2024-2028. The Director of Public Health noted that a copy of the Strategy had previously been circulated via email, and was also provided in the agenda pack.

Board Members were advised that specific action plans would be developed for each of the three priority areas in close collaboration with the local partners,

including: South East London Integrated Care System (SEL ICS); South East London Integrate Care Board (SEL ICB); One Bromley; Healthwatch Bromley; Community Links Bromley; Bromley Safeguarding Adults Board, and; Bromley Safeguarding Children Partnership. It was noted that these partners already had a number of strategies in place, and overlap in their priorities. In order to avoid duplication across these and identify any gaps, a review and mapping of complementarity across existing strategies would be conducted by the Public Health Registrar, with oversight by the Consultant in Public Health.

The Director of Public Health said that consideration may be given to having an overarching joint implementation plan with One Bromley, and separate action plans for the areas not covered. Board Members were advised that an update would be brought to the September meeting.

The Director of Children's Social Care said he was pleased that children and young people was a priority area and noted the link with presentation from Mytime Active. This priority area would look at mental health and tackling obesity, both if which were impacted by physical activity.

**RESOLVED that the process for developing the implementation plan to address the priorities outlined in the new Health and Wellbeing Strategy 2024-2028 be agreed.**

#### **49 QUESTIONS ON THE HEALTH AND WELLBEING BOARD INFORMATION BRIEFING**

The Health and Wellbeing Board Information Briefing comprised 2 reports:

- Better Care Fund and Improved Better Care Fund Performance Update – Q3
- Healthwatch Bromley Patient Experience Report – Q2 2023-24

In response to question regarding the Better Care Fund and Improved Better Care Fund Performance Update – Q3, the Assistant Director for Integrated Commissioning confirmed that specific co-production work would be undertaken in relation to the Digital Transformation Programme. The Director of Public Health said that information on the co-design of asset mapping within the community could be provided following the meeting.

**RESOLVED that the Information Briefing be noted.**

#### **50 MATTERS OUTSTANDING AND WORK PROGRAMME**

##### **Report CSD24021**

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

The Assistant Director for Integrated Commissioning informed Board Members that guidance published recently by NHS England had asked that all ICBs refresh and update their 5-year forward plans. The deadline for reviews was the end of March 2024, but the process would involve SEL ICB sharing an early draft with Members of the Health and Wellbeing Board for comment during the week commencing 4<sup>th</sup> March 2024. It was noted that, as SEL ICB had only published its 5-year forward plan in June 2023 there was unlikely to be any significant changes.

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

- Presentation from Mytime Active (September/November 2024)
- HIV Infections Audit (September 2024)
- Bromley Homeless Health Project (TBC)
- Smoking Cessation Update (TBC)

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

## **51 ANY OTHER BUSINESS**

The Chairman informed Members that the NHS England Board meeting, held the previous week, had reported that winter period had been better for the NHS than expected with a lot of resilience within the system. It was noted that there had been an increased emphasis on prevention – last year 680,000 genome sequences had been undertaken across England, which was more than the whole of Europe.

The Chairman advised that stoma issues and the handling of waste material, particularly for men, had been raised at a previous Council meeting. It was noted that this fell under the remit of other Committees, however partners had been asked to look at the advice being given by community colleagues and stoma nurses. The Bromley Place Executive Director confirmed that an update would be provided at the April meeting of the Board.

The Chairman led Board Members in congratulating the Director of Children's Social Care on the outstanding rating that Bromley's Children's Services had received following the recent Ofsted inspection.

**RESOLVED that the issues raised be noted.**

## **52 DATE OF NEXT MEETING**

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

1.30pm, Thursday 18<sup>th</sup> April 2024

*Health and Wellbeing Board*  
*8 February 2024*

The Meeting ended at 3.18 pm

Chairman



# Agenda Item 7

Report No.  
ACH24-023

London Borough of Bromley

PART ONE - PUBLIC

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**Decision Maker:** HEALTH AND WELLBEING BOARD

**Date:** 18<sup>th</sup> April 2024

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

**Title:** Bromley Suicide Audit, A Trend Analysis 2024

**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

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1. Reason for decision/report and options

1.1 To present the Bromley Suicide Audit, A Trend Analysis 2024 to the board.

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**2. RECOMMENDATION(S)**

The Health and Wellbeing Board is asked:

2.1 To note the findings and recommendations from the Bromley Suicide Audit report

2.2 To agree to 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

## Impact on Vulnerable Adults and Children

1. Summary of Impact: Not applicable
- 

## Transformation Policy

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

## Financial

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

## Personnel

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

## Legal

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

## Procurement

1. Summary of Procurement Implications: Not applicable
- 

## Property

1. Summary of Property Implications: Not applicable
- 

## Carbon Reduction and Social Value

1. Summary of Carbon Reduction/Sustainability Implications:
- 

## Customer Impact

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

#### Ward Councillor Views

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

## 2 COMMENTARY

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

2.2 The Bromley Suicide Prevention Plan 2019-2024 and the action plan are due for renewal and update, ready for publication in 2025.

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

2.4 The suicide and self-harm review / audit includes the following:

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

2.5 The suicide and self-harm review / audit report is presented to the board at this meeting and the board are asked to note the findings and recommendations in the report.

2.6 Based on the findings of this audit, several conclusions can be drawn to enhance suicide prevention efforts:

- The number of suicides in Bromley fluctuates annually, with an average of approximately 21 suicides per year, emphasising the ongoing need for effective prevention strategies.
- Male individuals are disproportionately affected by suicide, with rates up to three times higher than females, while intentional self-harm rates are more prevalent among women and young people.
- Hanging, strangulation, or suffocation are the most common methods of suicide in Bromley, consistent with national trends, followed by poisoning, highlighting the importance of targeted intervention strategies.
- The proportion of hospital admissions for intentional self-harm is highest in girls aged 0 to 18 years.
- There has been a rise in intentional self-harm admissions among individuals from “Black” or “Other” ethnic backgrounds.
- Although fewer intentional self-harm admissions occur in older residents (aged 65 and over), research indicates they are at a significantly higher risk of subsequent suicide, necessitating tailored support services for this demographic.
- There is a notable association between deprivation and hospital admissions for intentional self-harm in Bromley, particularly evident in certain wards such as Penge and Cator and Cray Valley East.

2.7 The following opportunities for further development of action to prevent suicides in Bromley have been identified:

- Develop targeted interventions to address the specific needs of vulnerable populations, including older adults and adolescent girls who intentionally self-harm, focusing on early identification and support. This can be done by
  - establishing specialised support groups or counselling services and counselling services tailored to the needs of older adults who self-harm, providing them with a safe space to discuss their challenges and receive appropriate assistance.
- Implement school-based prevention programs focused on building resilience and coping skills among adolescent girls, equipping them with strategies to manage stress and emotional distress effectively.
- Strengthen collaboration between healthcare providers, social services, and community organisations to ensure a comprehensive approach to suicide prevention, with particular emphasis on addressing the underlying factors contributing to self-harm and suicidal behaviours.
- Implement community-based initiatives aimed at reducing stigma surrounding mental health and promoting help-seeking behaviours, particularly in areas with higher levels of deprivation. Encourage all members of the community to attend suicide prevention training sessions such as the Applied Suicide Intervention Skills Training (ASIST) hosted by PAPYRUS, a charitable organisation dedicated to preventing suicide and promoting positive mental health in young people.
- Enhance training programs for healthcare professionals and frontline workers to improve risk assessment and intervention strategies for individuals at risk of suicide or self-harm. This can be done by
- Offering specialised training workshops for primary care physicians and emergency room staff on suicide risk assessment and intervention techniques, incorporating evidence-based approaches such as the Columbia-Suicide Severity Rating Scale (C-SSRS) to improve accuracy and consistency in screening.
- Increase access to mental health services and crisis support resources, particularly in areas identified as having higher rates of intentional self-harm, to provide timely assistance and intervention to those in need.
  - For example, establishing outreach clinics or mobile mental health units in underserved areas of Bromley, would provide convenient access to counselling services and crisis intervention for individuals who may face barriers to accessing traditional healthcare settings.
- Review the Bromley Suicide Prevention Action Plan and action plan to reflect on the findings from this audit in the context of the Suicide prevention strategy published in 2023.
- Maximise the opportunities for sharing knowledge, intelligence and learning around effective suicide prevention strategies across the SEL STP ICS
- Continue to undertake an audit of suicides in Bromley at regular intervals to gather detailed knowledge about the epidemiology and risk factors of those taking their own life in the local population. A review of coroners' records should also be included in future audits.
- Explore wider sources of data on self-harm available at a national and local level to add insight to the hospital admissions data already available.
- Refresh the Bromley Suicide Prevention plan to reflect findings from this report and the new National Suicide Prevention Strategy published in 2023.
- Maximise the opportunities for sharing knowledge, intelligence and learning around effective suicide prevention strategies across the SEL ICS.

- Continue to undertake an audit of suicides in Bromley at regular intervals to gather detailed knowledge about the epidemiology and risk factors of those taking their own life in the local population. A review of coroners records should be undertaken
- Explore wider sources of data on self-harm available at a national and local level to add insight to the hospital admissions data already available.

2.8 The board are also asked to agree to 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

**3 IMPACT ON VULNERABLE ADULTS AND CHILDREN**

Not applicable

**4 TRANSFORMATION/POLICY IMPLICATIONS**

Not applicable

**5 FINANCIAL IMPLICATIONS**

Not applicable

**6 PERSONNEL IMPLICATIONS**

Not applicable

**7 LEGAL IMPLICATIONS**

Not applicable

**8 PROCUREMENT IMPLICATIONS**

Not applicable

**9 PROPERTY IMPLICATIONS**

Not applicable

**10 CARBON REDUCTION/SOCIAL VALUE IMPLICATIONS**

*Not applicable*

**12 CUSTOMER IMPACT**

Not applicable

**13 WARD COUNCILLOR VIEWS**

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



THE LONDON BOROUGH

# 2024 Suicide Audit: A trend analysis

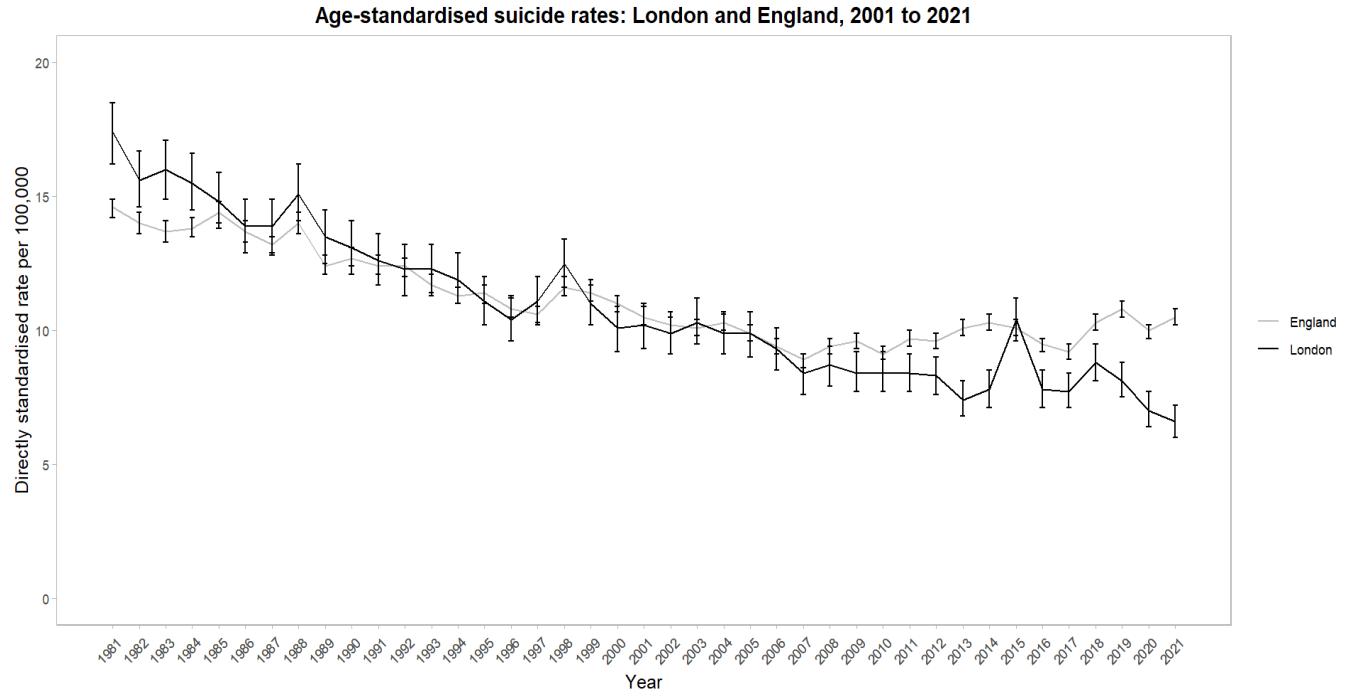
Jocelyne Noubiap, Public Health Intelligence Analyst

# Purpose of Audit

- Conducted to inform the review of Bromley's suicide prevention plan.
- Compares local and national statistics to reduce suicides and address inequalities.



# Suicide rates: London and England

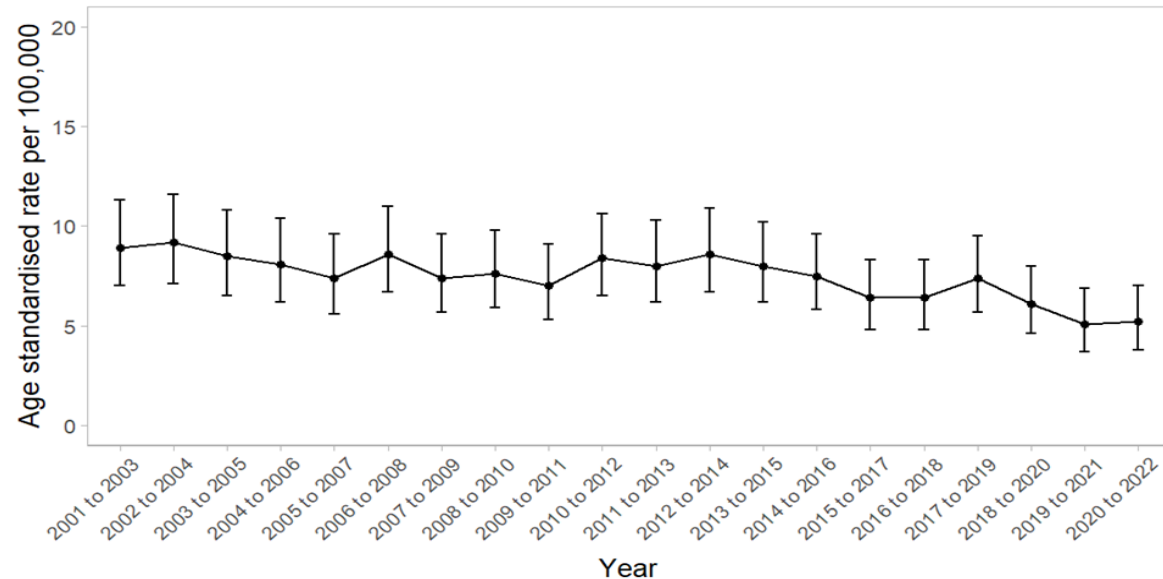


Source: Office for National Statistics, 2022

Age-standardised suicide rates: London and England, 2001 to 2021. Source: ONS, 2022.

# Suicide rates: Bromley

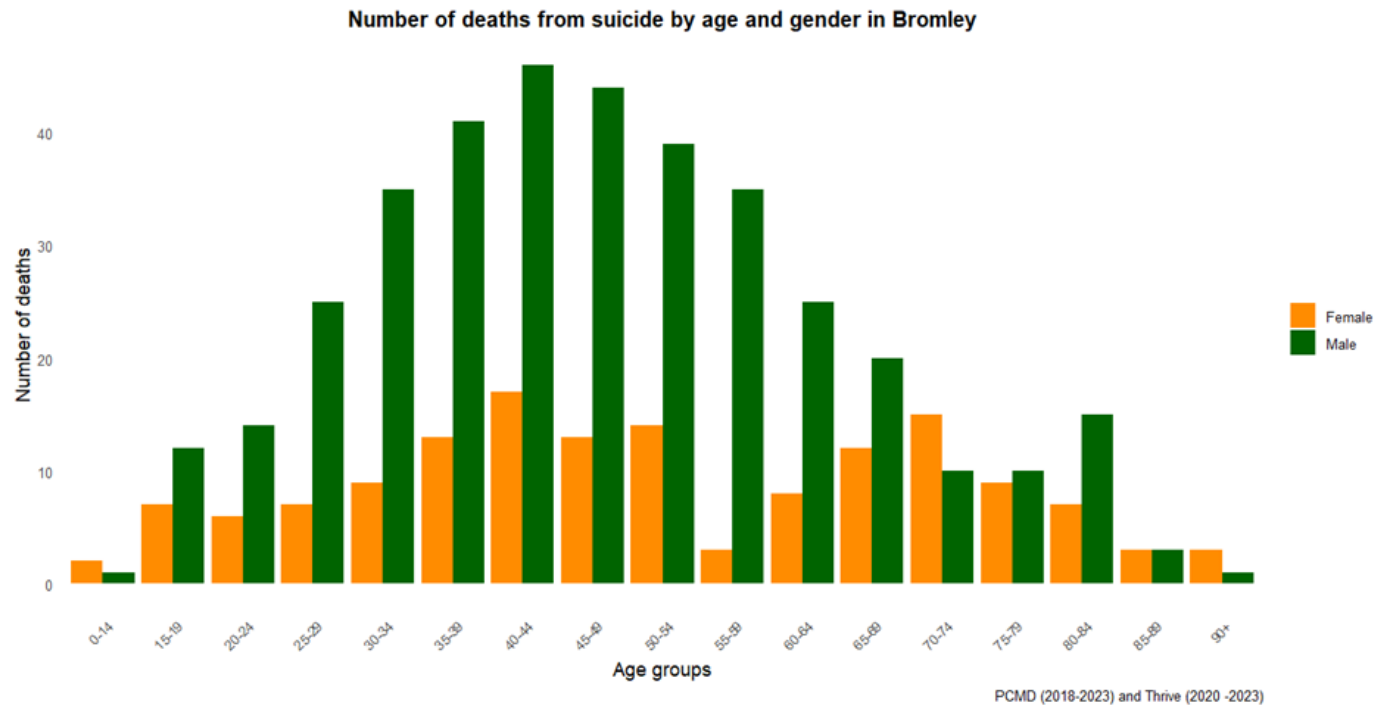
Age-standardised suicide rates in Bromley, 2001 to 2022



Source: Office for National Statistics, 2023

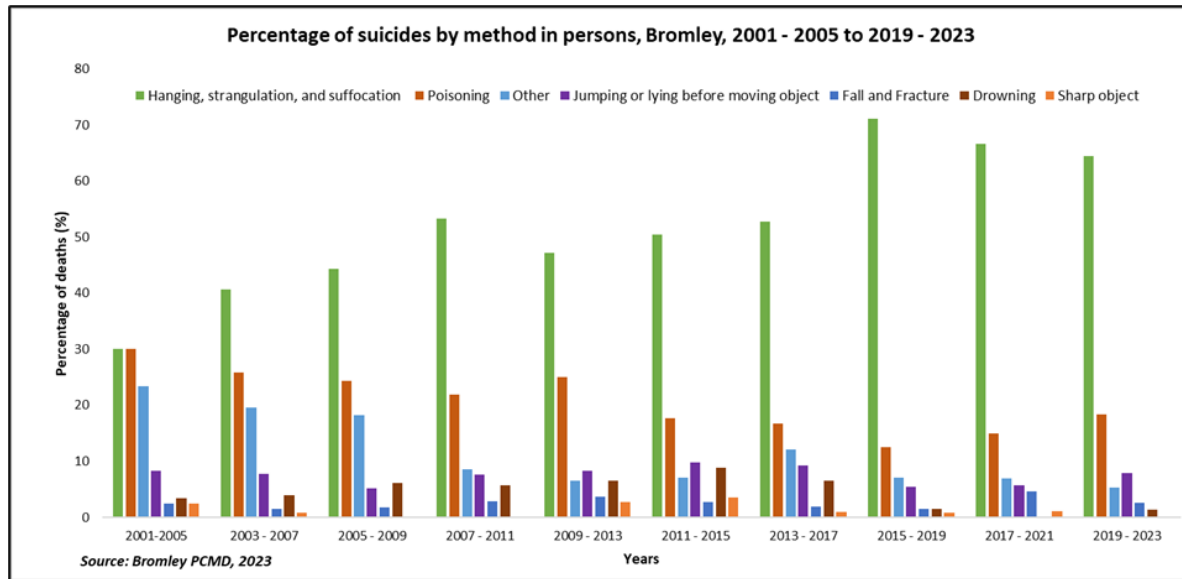
*Age-standardised suicide rates in Bromley, 2001 to 2022. Source: ONS, 2023. Rates are calculated at 3-year intervals.*

# Suicide rates: Bromley



Number of deaths from suicide by age and gender in Bromley, 2018 to 2023. Source: PCMD and Thrive, 2023

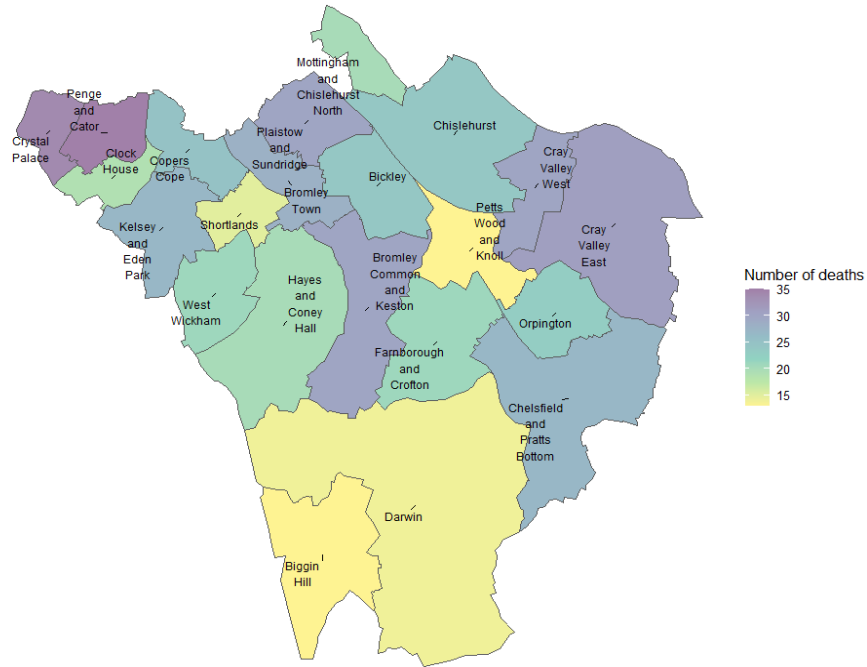
# Method of suicide



- Hanging by suffocation or strangulation is the most common method of suicide, with a slight increase over the years.
- Poisoning also follows a similar pattern as the second most common method and fluctuating decreases in the use of this suicide method.

# Ward of residence

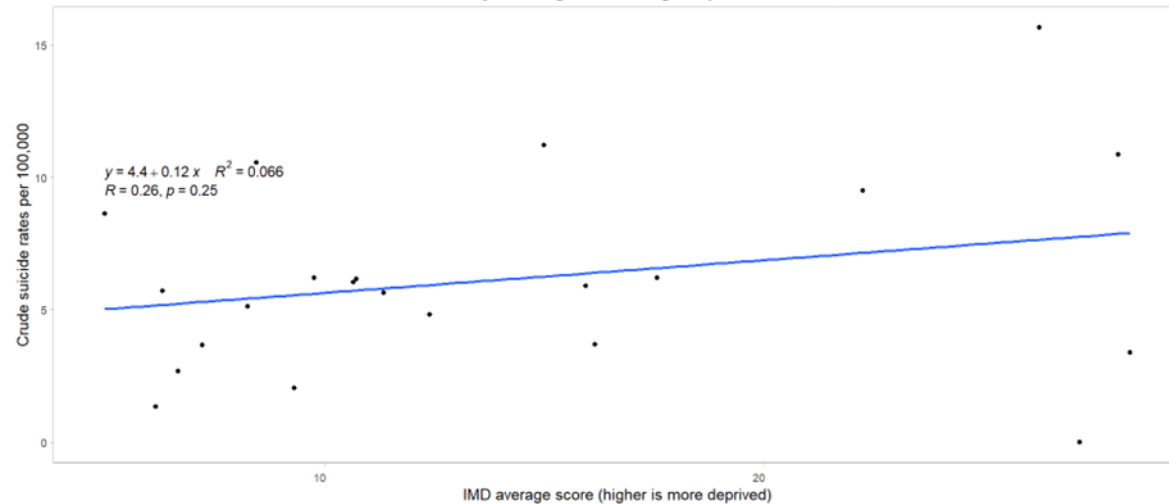
Map showing the number of suicidal deaths by ward of residence in Bromley, 2018 - 2023



Source: PCMD and Thrive, 2018-2023

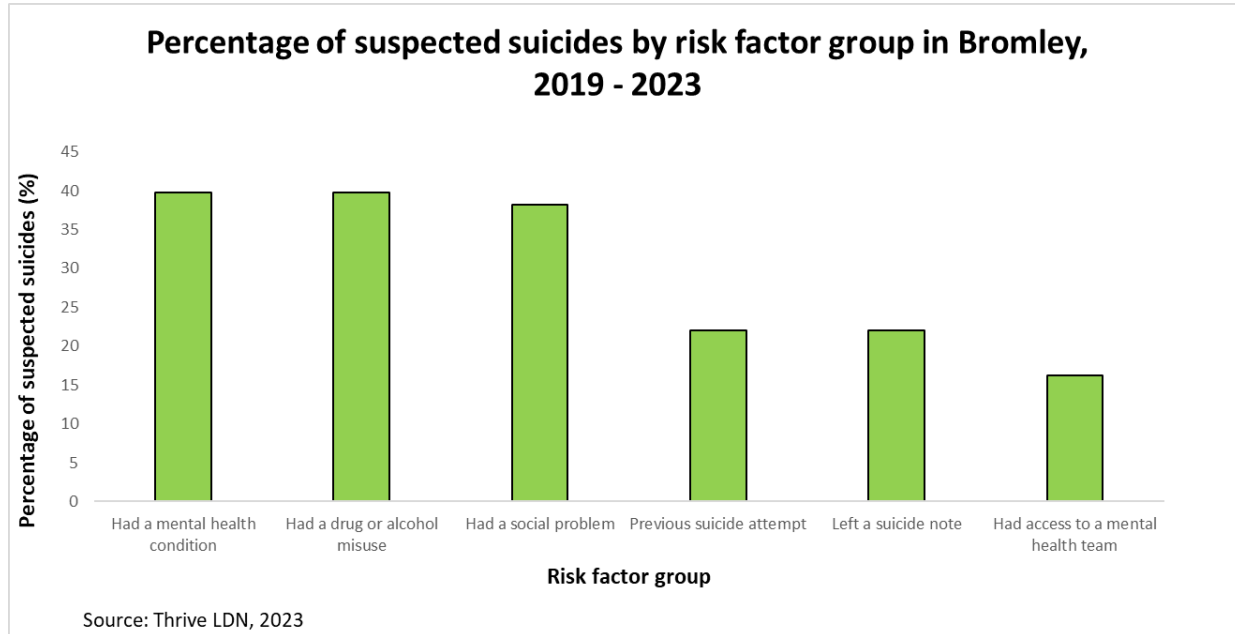
# Deprivation

Crude rate of suicide by ward against average deprivation score, 2018 - 2022.



Source: Primary Care Mortality Database, 2024

# Risk factors

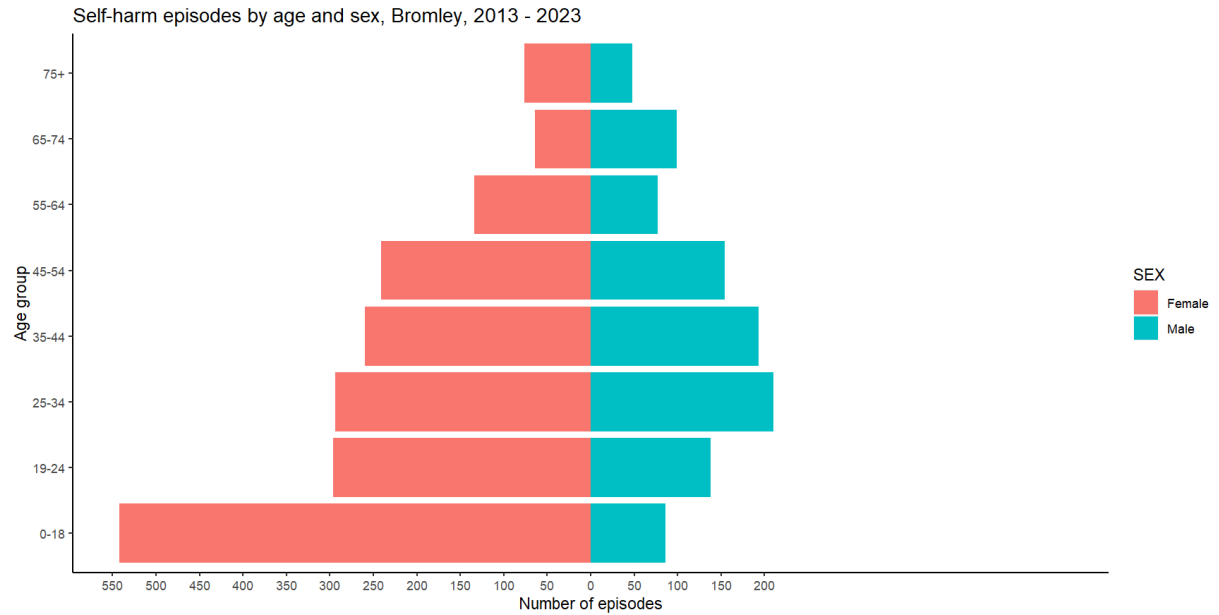


# Intentional Self –Harm Definition

- NICE suicide definition: any act of self-poisoning or self-injury carried out by an individual irrespective of motivation.
- This definition excludes instances stemming from excessive alcohol or drug consumption, starvation due to anorexia nervosa, and accidental self-harm.

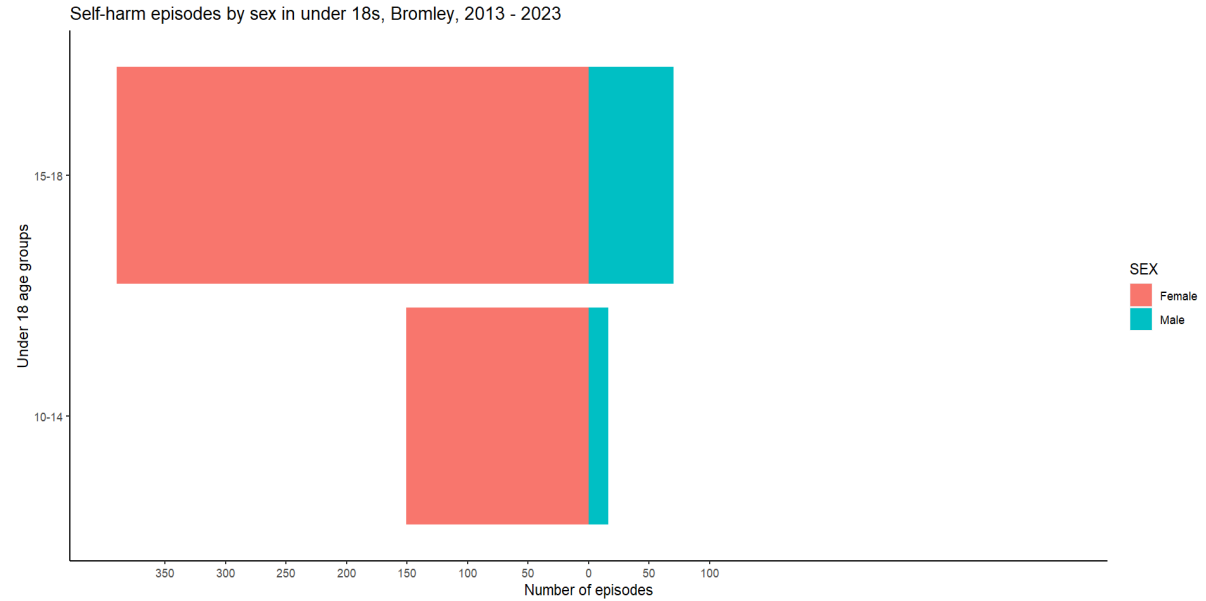


# Demographic differences



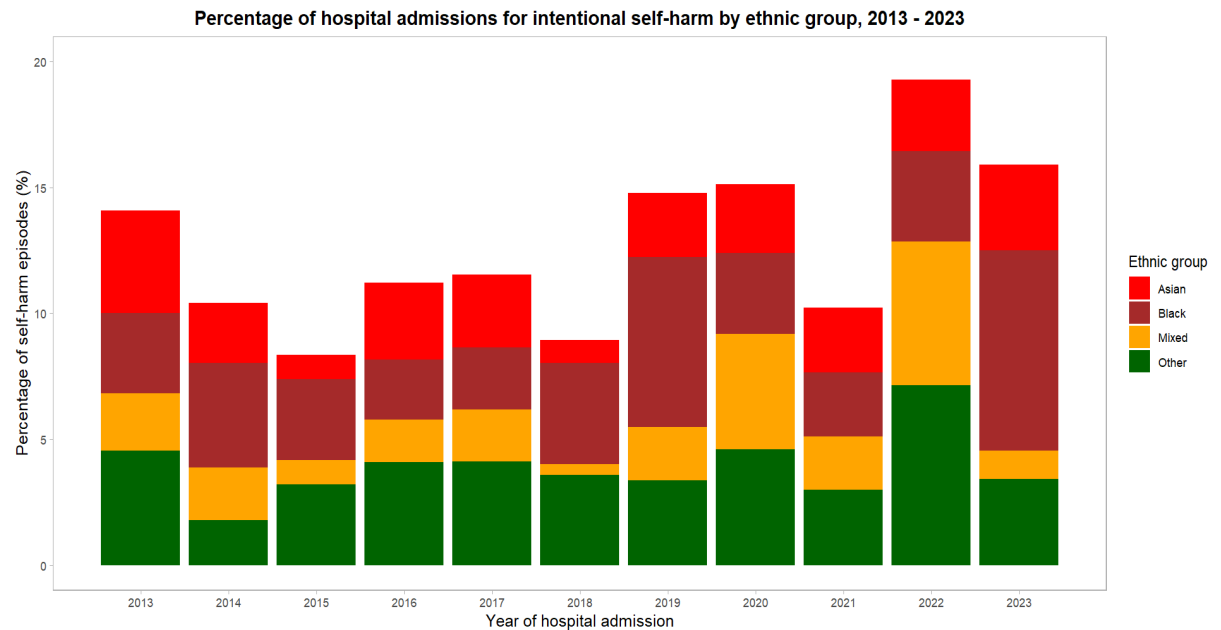
Source: Hospital Episode Statistics, 2024

# Self-harm episodes in under 18s



Source: Hospital Episode Statistics, 2024

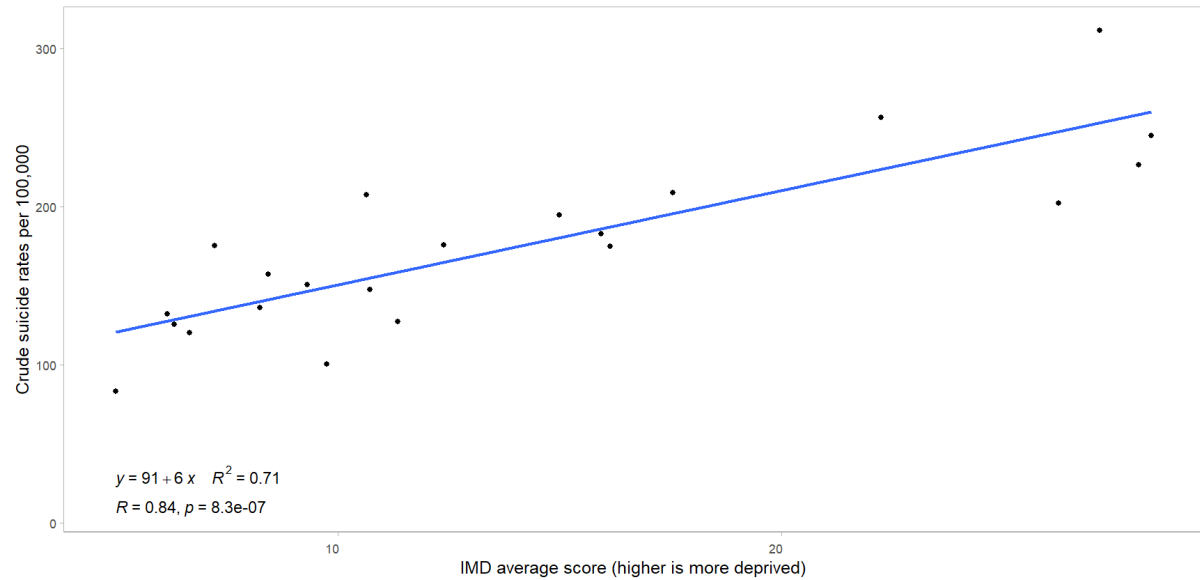
# Ethnicity



Source: Hospital Episode Statistics, 2023

# Deprivation and intentional self-harm

Crude rate of self-harm episodes by ward against average deprivation score, 2018 - 2022.



Source: Hospital Episode Statistics, 2024

# Conclusions

Suicide rates in Bromley fluctuate annually, averaging around 21 suicides per year, requiring continuous prevention efforts.

Men are disproportionately affected by suicide, while intentional self-harm rates are higher among women and young people.

Common suicide methods in Bromley include hanging, strangulation, or suffocation, emphasising the need for targeted interventions.

Hospital admissions for intentional self-harm are highest among girls aged 0 to 18 years, necessitating early intervention.

There is 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 are at higher risk of subsequent suicide, requiring tailored support.

Deprivation is 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.

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# BROMLEY SUICIDE AUDIT: A trend analysis 2024

Prepared by:

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# National: Summary facts

10 things everyone should know about suicide prevention		
1	Suicide Remains a Major Concern	In England, suicide rates have been concerning, with approximately 4,500 deaths by suicide reported annually. While recent data shows a slight decrease, it remains a significant public health issue, necessitating ongoing attention and intervention.
2	Risk Factors	Understanding the risk factors associated with suicide is crucial. These include mental health disorders, substance abuse, history of trauma or abuse, social isolation, access to lethal means, and experiencing significant life events such as loss or relationship breakdown.
3	Suicides in Men and Intentional Self-harm in Women	Men are disproportionately affected by suicide, accounting for around three-quarters of all suicide deaths. Factors contributing to this disparity include traditional masculine norms, reluctance to seek help, and societal stigma surrounding mental health issues. While men have higher rates of completed suicide, women are more likely to engage in non-fatal self-harm behaviours. This demonstrates the importance of early intervention and support for individuals struggling with emotional distress.
4	Collaboration Between Stakeholders	Suicide prevention requires a collaborative effort between various stakeholders, including healthcare professionals, mental health organisations, policymakers, communities, and individuals. Developing comprehensive strategies that address risk factors and promote mental well-being is essential.
5	Strategies to Prevent Suicide	Effective suicide prevention strategies encompass a range of approaches, including improving access to mental health services, implementing crisis intervention programs, promoting mental health awareness, and reducing stigma associated with seeking help.
6	Whole Systems Approach	Adopting a whole systems approach involves integrating suicide prevention efforts across multiple sectors, including healthcare, education, social services, and criminal justice. This approach ensures a coordinated response to addressing risk factors and supporting those at risk.
7	Supporting People Bereaved by Suicide	The impact of suicide extends beyond the individual, affecting families, friends, and communities. Providing compassionate support and resources for those bereaved by suicide is essential for coping with grief and preventing further harm.
8	Responsible Media Reporting	Media reporting plays a significant role in shaping public perceptions of suicide. Responsible reporting guidelines aim to minimise sensationalism, avoid explicit details of methods, and provide information on available support services to prevent potential contagion effects.
9	Social and Economic Cost	Suicide imposes a significant social and economic burden, affecting individuals, families, and society. Investing in suicide prevention not only saves lives but also reduces healthcare costs, lost productivity, and the emotional toll on communities.
10	Local Government Suicide Prevention Strategies	Local governments play a critical role in implementing tailored suicide prevention initiatives that address the specific needs of their communities.  These strategies may include training for frontline workers, promoting mental health literacy, and establishing partnerships with local organizations to enhance support networks.

# Local

The number of suicides varies every year, with an average of about 21 people taking their own lives in Bromley annually.

Suicides continue to be more prevalent in males, up to three times the rate in females, whilst rates of admission for intentional self-harm continue to be more prevalent in women and young people. There is need for work to identify further risk factors in people who intentionally self-harm in Bromley and tailor services for the affected local population.

In Bromley, the most common methods of suicide are consistent with those of the UK with hanging, strangulation or suffocation being the most common methods, followed by poisoning. The proportion of suicides by drowning has recently reduced and the overall proportion using this method remains low. The proportion of hospital admissions for intentional self-harm is highest in girls aged 0 to 18 years. However, it is worth noting that although there are fewer admissions of intentional self-harm in older residents, 65 years and over, research shows that older people who self-harm are three times more likely to die by suicide than the younger people who self-harm. Therefore, older adults and adolescent girls who intentionally self-harm should be a target group for services and support.

There is a strong relationship between deprivation and hospital admissions for intentional self-harm in Bromley but there is weak evidence for a relationship between suicide rates and deprivation. However, the difference seen in self-harm rates in the most and least deprived wards shows a high statistical significance. Further analysis at ward level shows that hospital admission rates are higher in the Penge and Cator and Cray Valley East wards, when compared to the rest of the borough.

# Introduction

When someone dies due to suicide, the effect on their family, peers, colleagues, healthcare staff, first responders, neighbours, broader community and beyond is devastating. The Department of Health estimates that a single person dying from suicide has an impact on approximately 135 people.<sup>1</sup> Globally, an estimate of 703,000 people take their own lives every year<sup>2</sup>, with 5,583 people dying from suicide in England in 2021.<sup>3</sup> A combination of distressing life events and a variety of risk factors often lead to suicidal behaviour. Factors such as gender, social and economic disparities contribute to the risk of suicide. As recommended by national directives<sup>4</sup>, this audit is conducted to provide guidance for Bromley's suicide prevention plan, based on comparisons between local and national statistics, which can then be used as a tool to reduce the local number of suicides, whilst addressing current inequalities.

According to the Office of National Statistics (ONS), suicide is defined as "death from deliberate self-harm among individuals aged 10 years and above" or "death by injury with an undetermined intent in individuals aged 15 years and above".<sup>5</sup> The first definition includes deaths which were explicitly labelled as suicide by the coroner or narrative conclusions on deaths which clearly indicate the deceased person's intention to end their own life. The second definition includes deaths with open or undetermined narrative conclusions from the coroner. The ONS' official statistics are based on the year in which a death was registered rather than the actual date of death.

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<sup>1</sup> [Layout 1 \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

<sup>2</sup> [Suicide \(who.int\)](https://www.who.int)

<sup>3</sup> [Suicides in England and Wales - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

<sup>4</sup> HM Government. (2021). Preventing suicide in England: Fifth progress report of the cross-government outcomes strategy to save lives.

<sup>5</sup> Office for National Statistics. (2021, September). Suicides in the United Kingdom: 2020 registrations.

# National context

Suicide is a major, largely preventable, national public health issue with far reaching emotional, social, and economic implications for survivor family, friends & communities. It has been recognised as a priority area for national public health policy development and addressed through a series of national strategic documents.

Substantial progress has been achieved since the release of England's previous Suicide Prevention Strategy in 2012.<sup>6</sup> With nationwide implementation of local suicide prevention strategies and accessible bereavement services, bolstered by a £57 million allocation as part of the NHS Long Term Plan, notable progress has been made. Notably, suicide rates reached one of the lowest levels recorded in 2017.

Moreover, collaborative efforts to enhance patient safety have resulted in a significant 35% decrease in suicides within mental health inpatient facilities across England from 2010 to 2020. Despite these achievements, the current suicide rate, while not markedly higher than that of 2012, has plateaued, suggesting a pressing need for intensified efforts to prevent further loss of life.

The 2023 cross-government strategy for Preventing Suicide in England identified three principal objectives to:

- diminish the suicide rate within the upcoming five years, aiming for early signs of decline within two and a half years or less.
- improve support for individuals who have engaged in self-harm.
- improve support for people who have lost a loved one to suicide.<sup>7</sup>

These would be achieved by acting in eight priority areas:

1. improving the quality and availability of data and evidence to ensure that interventions remain effective, promptly adaptable and evidence based.
2. delivering tailored and focused support to priority groups, including those with heightened vulnerability, such as
  - children and adolescents, middle-aged men, individuals with a history of self-harm, individuals engaging with mental health services, individuals involved with the justice system, autistic individuals, pregnant women, and new mothers.
3. targeting common risk factors associated with suicide through early intervention and individualised support at a population level, including:
  - physical illness, financial hardship and economic challenges, problematic gambling behaviour, substance abuse, including alcohol and drug misuse, social isolation and feelings of loneliness and experiences of domestic violence.

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<sup>6</sup> [\[Withdrawn\] Suicide prevention strategy for England - GOV.UK \(www.gov.uk\)](#)

<sup>7</sup> [Suicide prevention in England: 5-year cross-sector strategy - GOV.UK \(www.gov.uk\)](#)

4. promoting online safety and responsible media content to mitigate harm, enhance support resources, and provide constructive messaging regarding suicide and self-harm.
5. ensuring efficient crisis support services across various sectors to assist individuals who reach crisis point.
6. implementing measures to restrict access to means and methods of suicide as appropriate.
7. offering effective bereavement support to those affected by suicide.
8. fostering a collective responsibility towards suicide prevention, encouraging widespread engagement to maximise impact and efforts to support.

The 2024 report outlines the progress made against the original strategic objectives set in 2012 and 2023 and identifying key areas where further efforts are needed to accelerate the delivery of its aims at a local level, these are:

- Better and more consistent local planning and action by ensuring that every local area has a multi-agency suicide prevention plan, with agreed priorities and actions.
- Better targeting of suicide prevention and “help seeking” in high-risk groups such as middle-aged men, those in places of custody/detention or in contact with the criminal justice system and with mental health services.
- Improving data at national and local level and how this data is used to help act and target efforts more accurately.
- Improving responses to bereavement by suicide and support services.
- Reducing rates of self-harm as a key indicator of suicide risk.

The Office of Health Improvement and Disparities have published a series of Suicide Prevention Practice Resources to support local areas respond to the national strategy:

- Local suicide prevention planning (OHID 2022) v
- Support after a suicide: A guide to providing local services (OHID 2022) vi
- Preventing suicides in public places (OHID 2021) vii
- Identifying and responding to suicide clusters and contagion (OHID 2021)viii

# Purpose

The All-Party Parliamentary Group on Suicide and Self-harm Prevention recommends 3 elements essential to the successful local implementation of the national strategy:

- 1) Establishing a multi-agency suicide prevention group involving all key statutory agencies and voluntary organisations.
- 2) Completing a suicide audit.
- 3) Developing a suicide prevention strategy and/or action plan that is based on the national strategy and is informed by local data.

This audit report provides one element of the recommended tripartite local response. Suicide statistics provide an indicator of the mental health of a population, and it is important to monitor national and local trends in deaths resulting from intentional (and probable) self-harm.

The report aims to compare local and national rates, understand local trends, and make recommendations to reduce the number of local suicides in line with national strategies. It will form part of the local Mental Health Needs Assessment and Joint Strategic Needs Assessment and inform the Bromley Mental Health Strategy and the Bromley Suicide Prevention Plan.

# Changes in suicide in England, 1981-2021

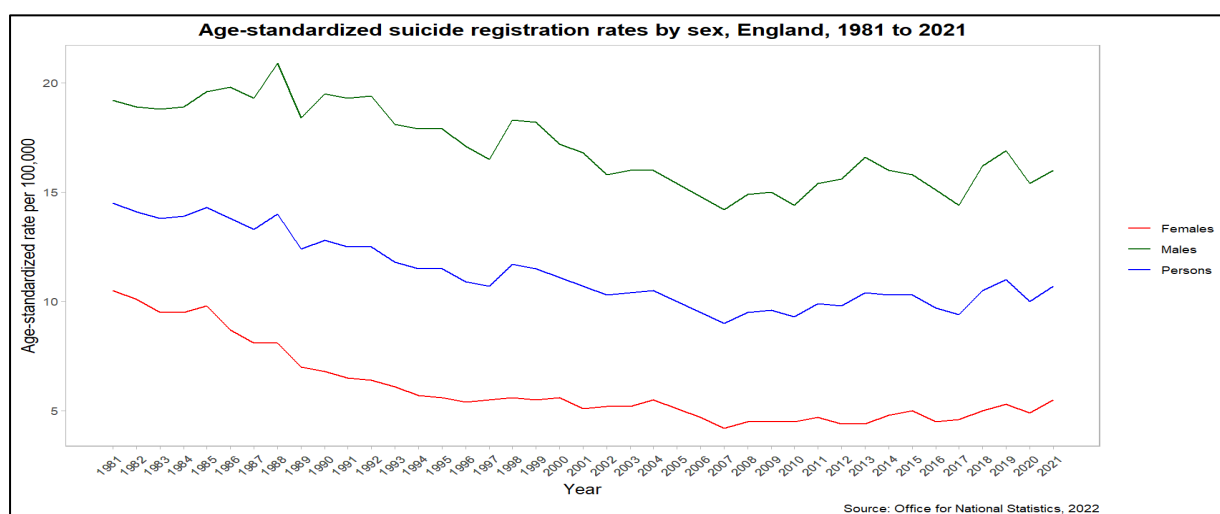
Overall, there has been a reduction in deaths from suicide in England from 1981 to the mid-2000s. After reaching a trough in 2007, suicide rates become relatively stable, followed by a slight increase, with periodic changes in the mid-2010s.

In 2021, the age-standardised suicide registration rate for persons in England was 10.7 deaths per 100,000 people. Although this is higher than the 10.0 deaths per 100,000 people seen in 2020, this is consistent with the rates observed in the pre-pandemic years of 2018 and 2019.

Gender differences in suicide rates are prominent throughout the observed period. Whilst both male and female suicide rates follow similar overall trends, with decreases in the early years and stability in the mid-2000s to mid-2010s, males consistently experience higher rates of suicide. In 1981, the male suicide rate was notably higher at 19.2 deaths per 100,000 people, while suicide rates for females stood at 10.5 deaths per 100,000 people. In 2021, the male suicide rate was 16.0 deaths per 100,000 people, while females recorded a rate of 5.5 deaths per 100,000 people in England. This is consistent with rates between 2018 and 2020. Women experience up to three times lower mortality rates than men (1,454 female deaths compared with 4,129 male deaths). In addition, the rates in women have declined at a faster and more consistent rate in comparison to the men as shown in Figure 1. The rate in women, from 1981 to 2021, has been nearly halved whilst the rate in men has reduced by 26% for the same period.

**Figure 1: Age-standardised suicide rates by sex, England, 1981 to 2021**

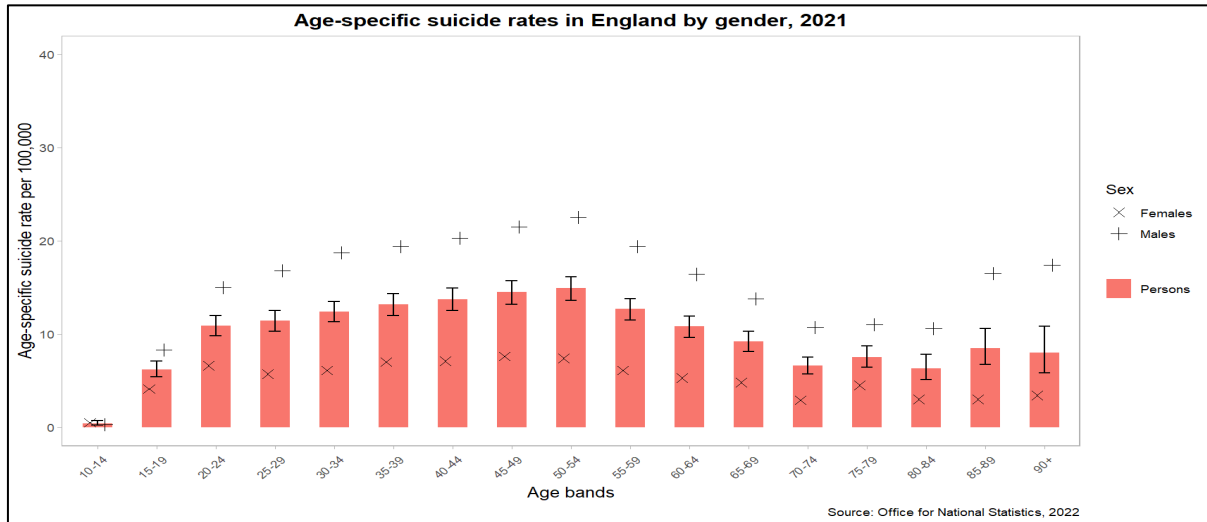
*Suicide definition: Deaths given an underlying cause of intentional self-harm or injury/poisoning of undetermined intent (in England people aged 15+). Deaths registered each year.*



Source: Office for National Statistics, 2022

Suicides rates in males increase with age up to 54 years and then reduces from 55 to 74 years of age before rising again. For women, the rates increase with age up to 54 years then reduces before rising again at 75 years (Figure 2).

**Figure 2: Age-specific suicide rate by age and gender, England, 2021**



Source: Office for National Statistics, 2022



# Simulated age-standardised rates

To assess the impact of narrative verdicts on suicides rates, simulated age-standardised suicide rates are discussed below. Monitoring simulated age-standardised suicide rates, especially when considering hard-to-code narrative conclusions, is crucial for understanding the impact of narrative coding on overall rates. According to the Office of National Statistics, hard to code narrative conclusions refers to the deaths from accidental hanging or poisoning, where the alternative underlying cause of death could not be assigned based on the information provided in the coroner's inquest conclusion. Unfortunately, there is no local data for Bromley at that granularity, so we are looking at the regional and national picture.

The lack of indication of intent makes it difficult for ONS to assign an underlying cause of death. The rules for coding cause of death mean that in the absence of a record of intent by the certifier, a death from injury or poisoning must be coded as accidental.

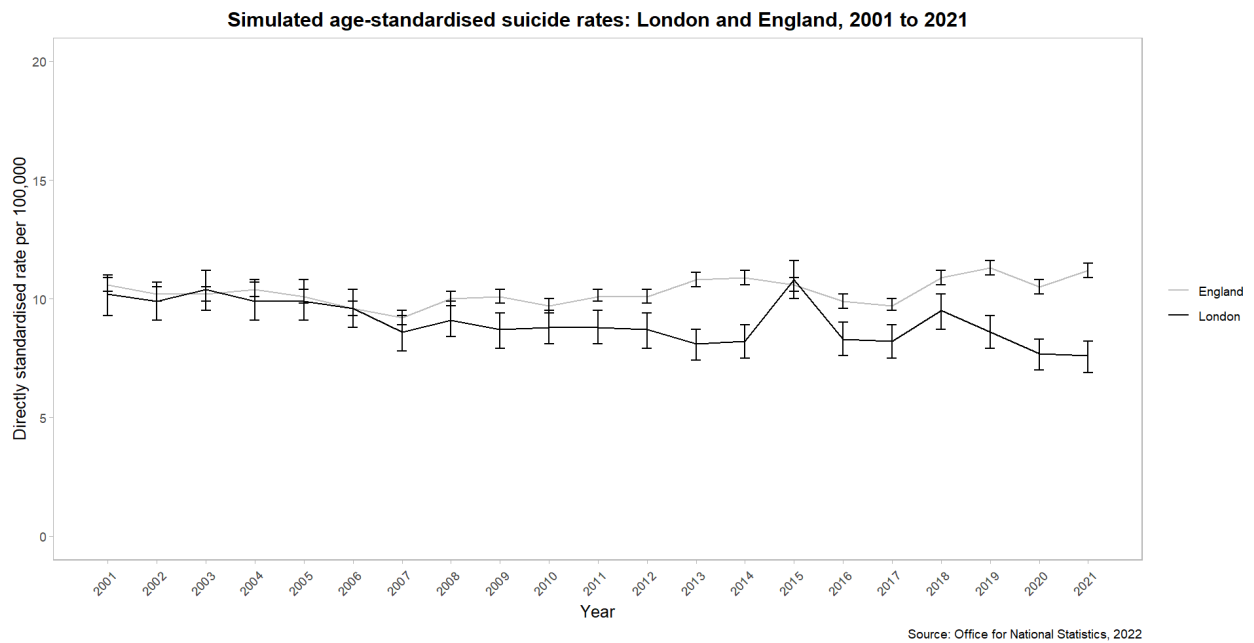
Assuming all deaths where a hard-to-code narrative verdict, due to coding rules, meant the death has been coded as accidental, were intentional self-harm. For instance, accidental hanging (ICD-10 codes W75–W76) or accidental poisoning (ICD-10 codes X40–X49) and count those deaths as intentional self-harm-hanging (ICD-10 codes X70) or intentional poisoning (ICD-10 codes X60-X69).

These “assumed” intentional deaths are then added to the number of suicides to calculate the simulated suicide rates. This allows us to further understand the impact of hard-to-code narrative verdicts on suicides.

Simulated age-standardised suicide rates for both England and London showed a relatively stable trend in 2021 compared to 2020. When comparing simulated age-standardised rates to directly age-standardised rates, simulated rates, which include hard-to-code narrative conclusions, tend to be slightly lower than directly age-standardised rates. This suggests that the inclusion of hard-to-code narratives might have a moderating effect on the overall rates (Figure 3).

London maintains a consistent pattern of lower suicide rates, both in simulated and directly age-standardized rates, indicating the presence of fewer suicides per 100,000 persons compared to the national average for England (Figure 3).

**Figure 1: Simulated age-standardised suicide rates: London and England, 2001 to 2021**

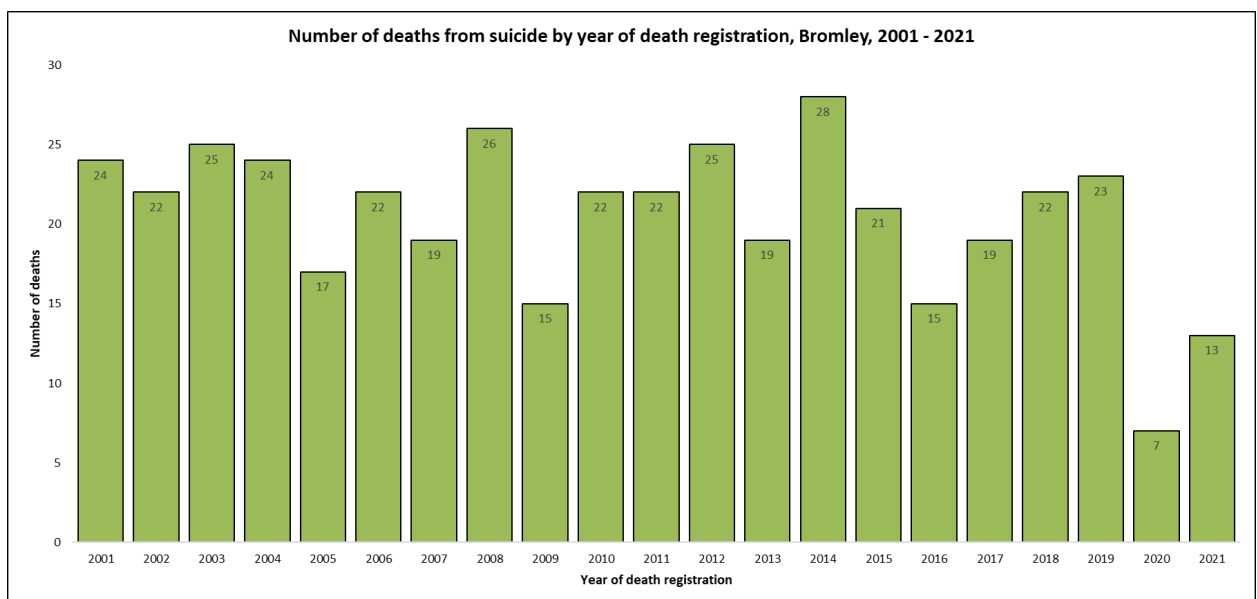


Source: Office for National Statistics, 2022

### Bromley

Bromley experiences a relatively small number of deaths from suicide each year. On average, twenty-one people die of suicide each year. However, every death from suicide is a tragedy which is potentially preventable and one which can have devastating and far-reaching impacts. The Office of Health Improvement and Disparities recommends that every local area, whether its suicide rate is high or low should make suicide prevention a priority.

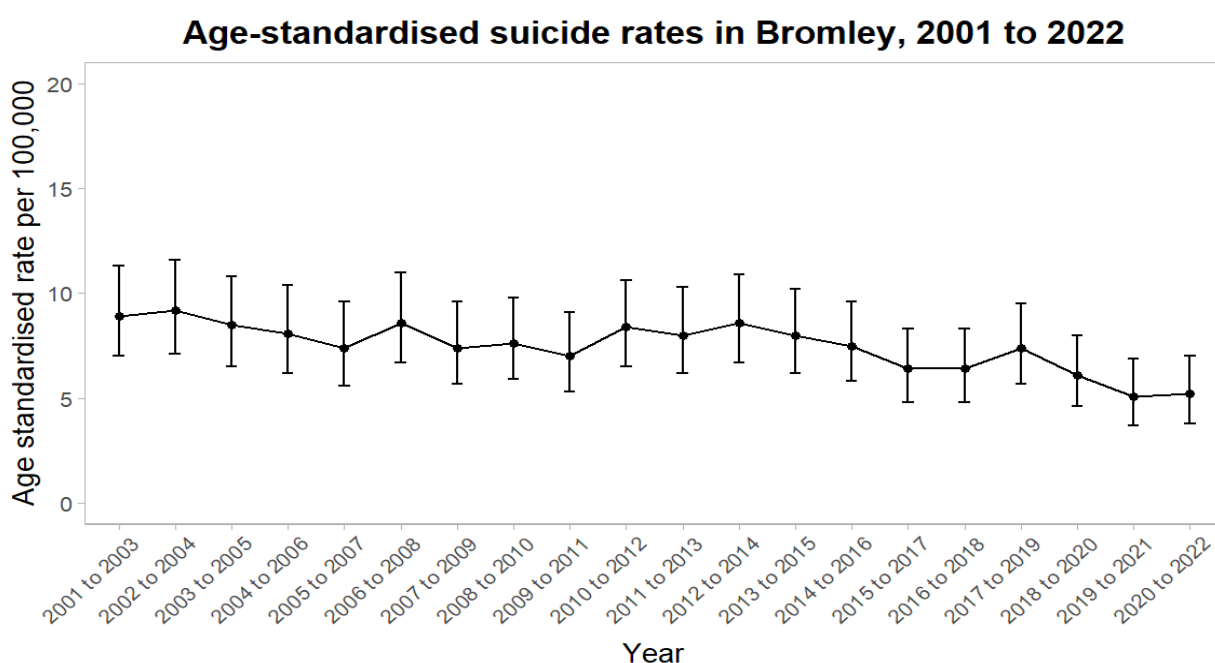
**Figure 4: Number of deaths from suicide by year of death registration, Bromley, 2001 to 2021**



Source: Primary Care Mortality Database

There is some fluctuation in age-standardised suicide rates in Bromley, with a slight decline over the years. In recent years, the suicide rates have gone from 7.4 deaths per 100,000 people in pre-pandemic years (2017 to 2019) to 5.1 deaths per 100,000 people in post-pandemic years (2019 to 2021). The trend in suicide rates slightly increased in the most recent years (2020 to 2022) to 5.2 deaths per 100,000 people. However, it is a very small difference, and it is unclear if this trend is likely to continue in future years. The wide range in confidence limits provide some uncertainty in estimating the true suicide rates due to the overall small number of suicides in Bromley's population. Therefore, it is advised to interpret these findings with caution.

**Figure 5: Age-standardised suicide rates in Bromley, 2001 to 2022. Rates are calculated at 3 year intervals**



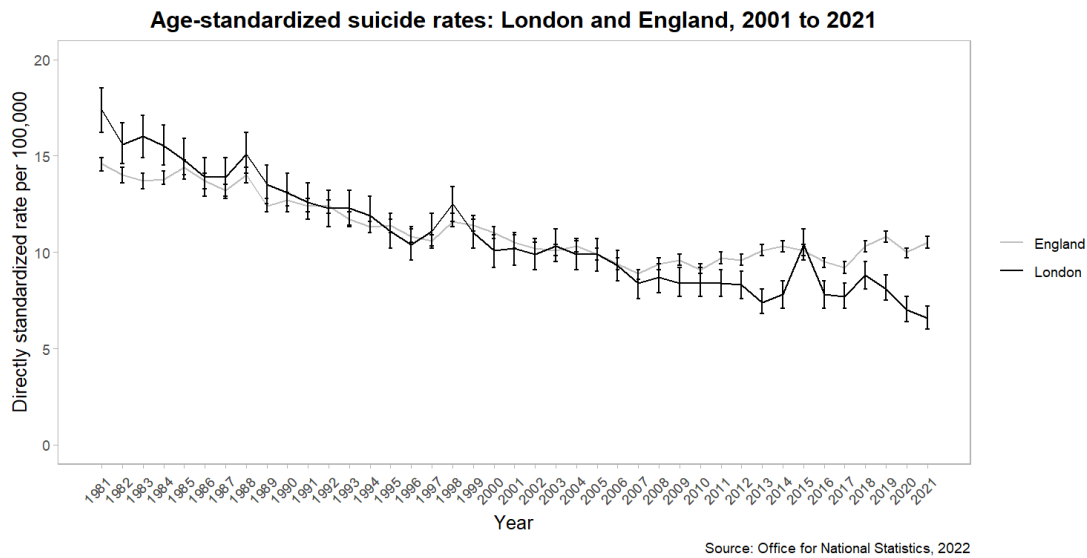
Source: Office for National Statistics, 2023

Source: Office for National Statistics, 2023

The regional rates have also decreased, to 6.6 deaths per 100,000 people in 2021 from 7.0 deaths per 100,000 people in 2020. The upper confidence limit (UCL) for London in 2021 was 7.2 deaths per 100,000 people, indicating a relatively low level of uncertainty. Contrastingly, the age-standardised suicide rate for England in 2021 was 10.5 deaths per 10,000 people, which was considerably higher than the regional rate for the same year. This rate also exhibited a slight decline compared to 10.0 deaths per 100,000 people in 2020. The UCL for England in 2021 was 10.8, suggesting a stable trend.

Both London and England have experienced fluctuations in age-standardised suicide rates over the years. For London, the rates have generally decreased at a much faster rate than England since 2015. In contrast, England has seen relatively stable rates with slight fluctuations, but have remained higher than London.

**Figure 6: Age-standardised suicide rates: London and England, 2001 to 2021**

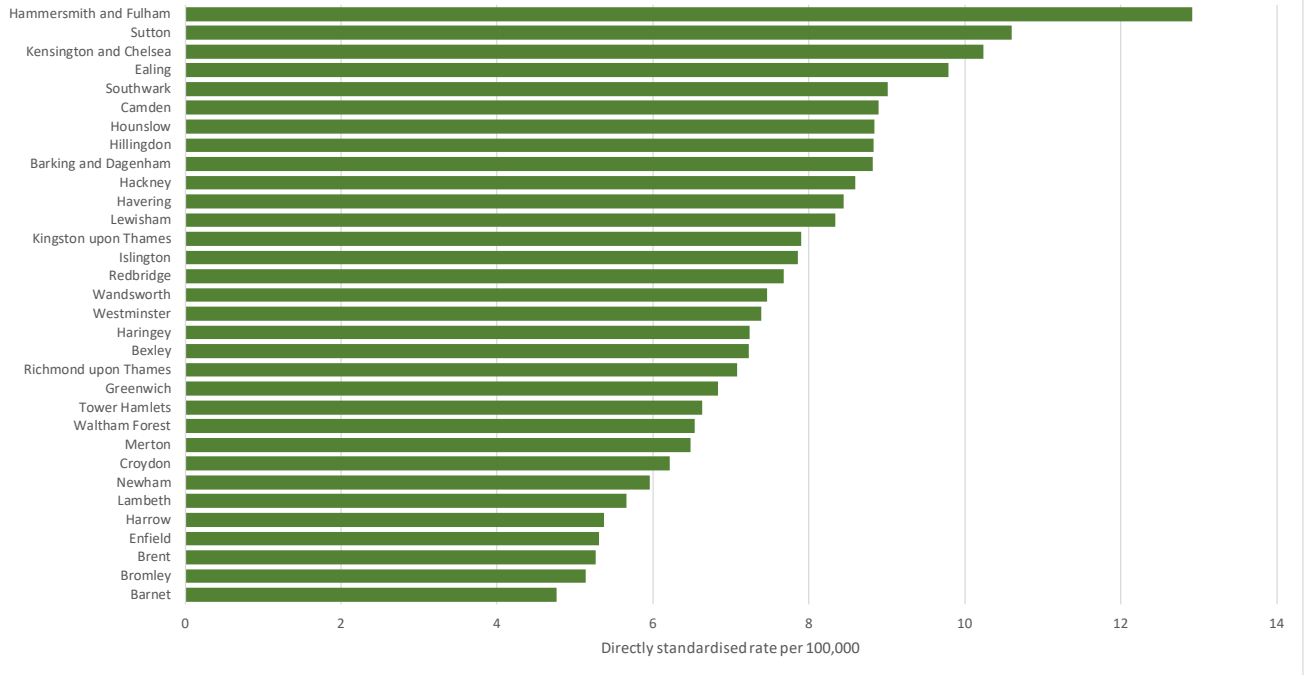


*Source: Office for National Statistics, 2022*

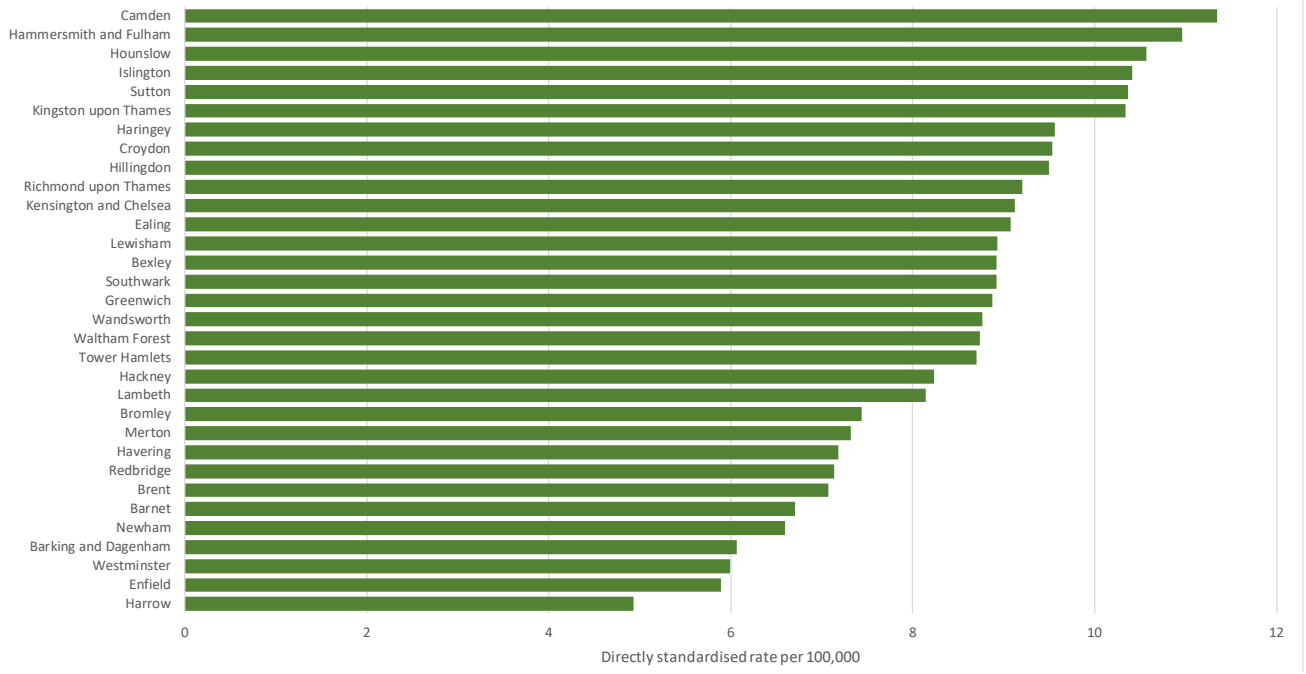
To gain further understanding on suicide rates in Bromley, the estimates can be compared with other London Boroughs. Bromley has a lower age-standardised suicide rate compared to London, making it one of the boroughs with lower rates in 2019-2021. This is consistent with the rates observed in the pre-pandemic years of 2017-19. Bromley ranks 31st out of the 33 London boroughs on suicide rates (where 1 is highest) in 2019-21 but there is a slight difference in Bromley’s ranking in comparison to other boroughs in 2017-19, when Bromley ranks 22nd. The lower rates recorded in the pandemic era may have been influenced by lower suicide registrations or worsened registration delays, due to lockdown restrictions. The borough wide rates mask local community variation: however, the small numbers behind the rates affect the ability to further investigate links to wider determinants locally.

**Figure 7: Age-standardised suicide rates per 100,000 population, 2019 to 2021 and 2017 to 2019, persons 10+ years**

Age-standardised suicide rates per 100,000 population, 2019 to 2021 in persons 10+ years



Age-standardised suicide rates per 100,000 population, 2017 to 2019 in persons 10+ years



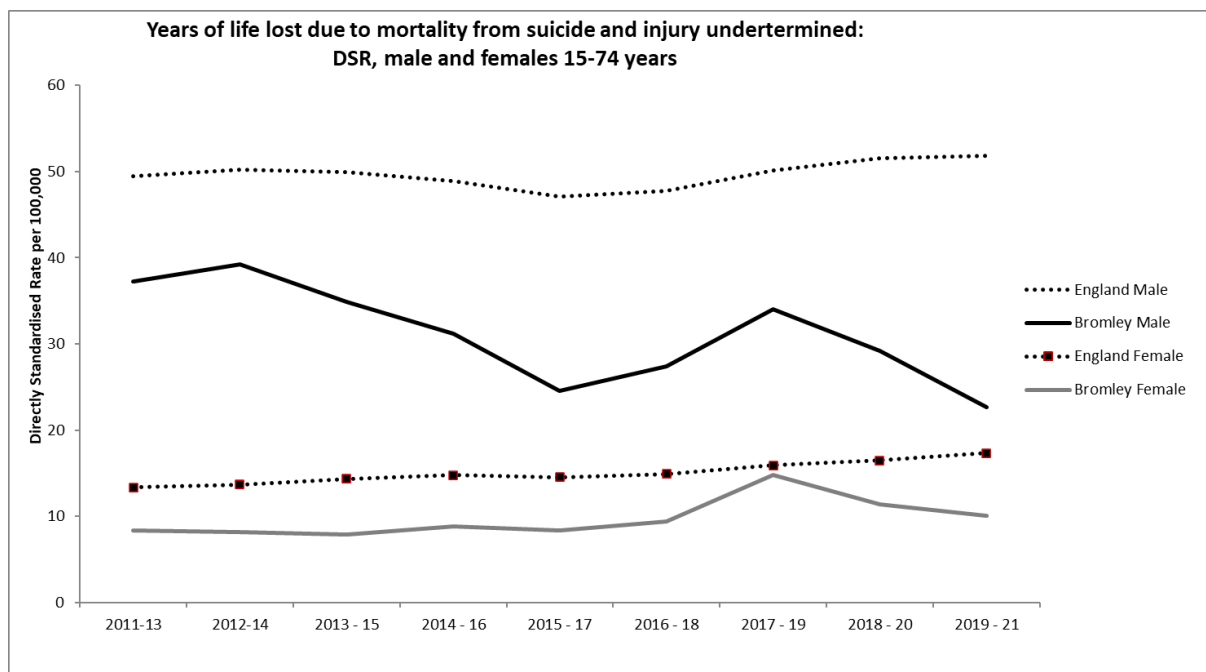
Source: OHID Fingertips

# Burden of suicide

Years of life lost is a population measure of premature mortality, estimating the length of time a person would have lived had they not died prematurely. Years of life lost due to mortality from suicide and injury of undetermined intent is an attempt to better quantify the burden on society.

The years of life lost to suicide is much higher in men than women. In Bromley specifically, the burden of suicide is consistently lower than the national average for England. While the years of life lost to suicide for Bromley shows a decline with some variability over the years, Bromley women show a relatively stable trend. There is a peak in Bromley men (34 deaths per 100,000 people) and women (12 deaths per 100,000 people) in 2017 -19. The mortality burden from suicide for Bromley men has recently decreased to approximately 21 deaths per 100,000 people in 2019-21. It should be noted that this mortality burden from suicide is wider than the premature life lost to the individual, having far reaching and long-term impact for family, friends and wider society.

**Figure 8: Years of life lost due to mortality from suicide and injury undetermined: Directly Standardised Rates, Bromley males and females, 15-74 years.**

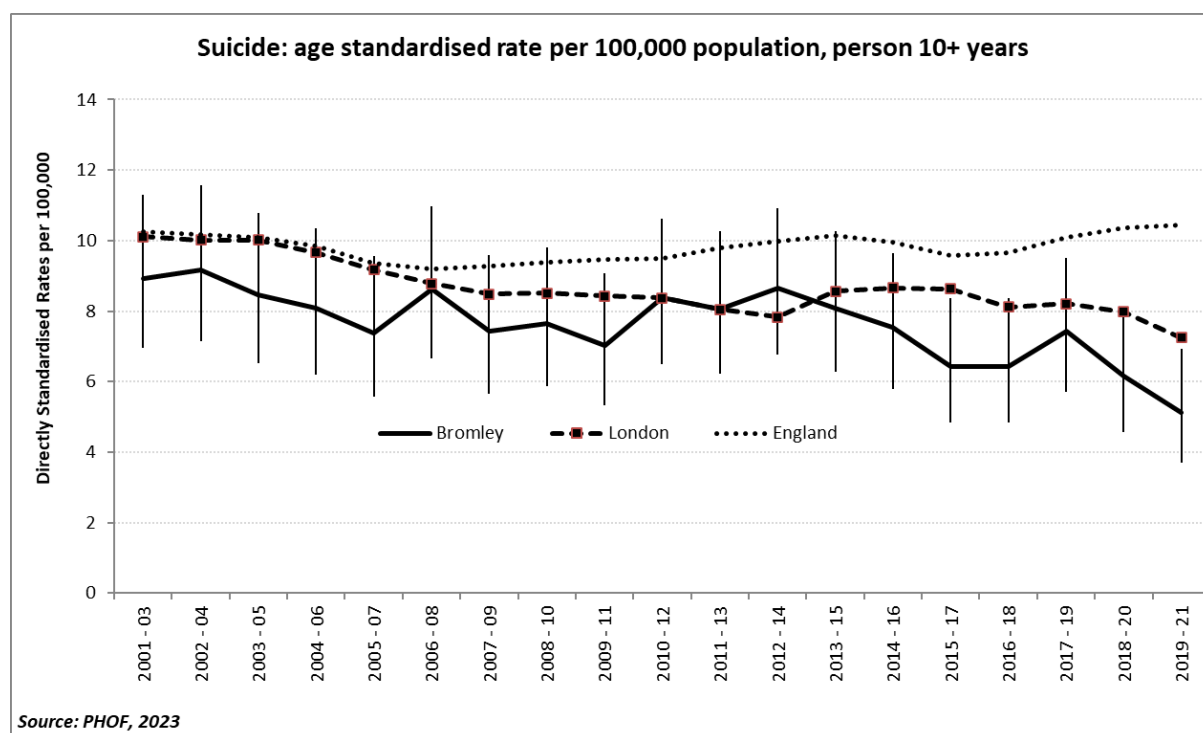


Source: Suicide Prevention Profile, 2023

### Trends in suicide mortality rates

Suicide rates in Bromley are lower than both England and London until 2010-12, where increases in Bromley suicide rates go above the regional average until 2013-15 when rates in Bromley dip below the regional average again. There are limitations to determining if any of these regional or national differences are statistically significant. There seems to be a declining trend in Bromley's suicide rates, notably in recent years (2019 - 2021). The rate in 2019-21 stands notably lower than previous years, showing a possible decreasing trend. However, these observations should be interpreted with caution, due to the potentially reduced number of registrations impacted by the COVID-19 lockdown restrictions. There are also considerably low numbers, which would impact the variability in Bromley rates, as well as the wide confidence intervals. There is some likelihood that the changes seen are not a precise estimate of the true underlying value (Figure 9).

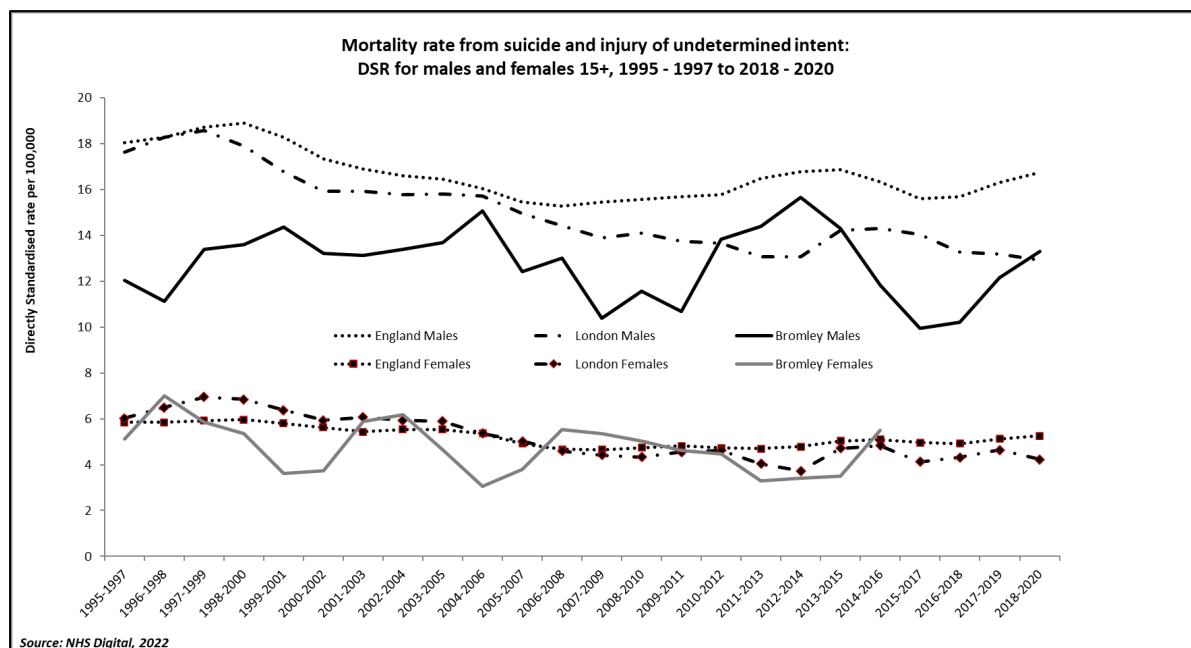
**Figure 9: Intentional self-harm included for persons aged 10 years plus and injury/ poisoning of undetermined intent included for persons aged 15+**



Source: Public Health Outcomes Framework, 2023

Both male and female suicide rates in Bromley have shown variability, with the most recent years indicating slight fluctuations. The male suicide rate in Bromley initially had a slight decrease from around 15.05 deaths per 100,000 people in 2004-2006, which was followed by a modest increase in the latest years reaching approximately 13.3 deaths per 100,000 people in 2018 - 2020. For Bromley females, there's an absence of data for recent years (2015 - 2020), making it challenging to discern current trends accurately, but there are considerable fluctuations ranging from 3.30 to 5.51 deaths per 100,000 people in the observed period.

**Figure 10: Mortality from suicide and injury undetermines (ICD-10 X60 – X84, Y10 – Y34 equivalent to ICD-9 E950 – E959, E980 – E989 excluding E988.8): directly standardised rate, 15+ years**



Source: NHS Digital, 2022

## Local mortality data

### Methodology

To get a more in-depth perspective of suicides at the local level, the Primary Care Mortality (PCMD) and Thrive London databases are used. The PCMD data is filtered to include only Bromley residents, date of death from January 2018 to October 2023 and the underlying cause of death for suicides refers to ICD10 codes X60-X84 (Intentional self-harm) and Y10-Y34 (Event of undetermined intent). The Thrive data includes all records of Bromley residents from 2020 onwards. Thrive data had known data quality issues in the first year of operation and data is significantly more dependable and complete from 01/03/2021 onwards. Thrive data only includes date of death. Deaths from the Thrive database are suspected suicides and are awaiting coroner inquests.

The records from Thrive data where the date of birth and postcode match the records in the PCMD data have been removed. Thrive data has been combined with PCMD data for Figure 11. Thrive data does not include a date of registration. Please note that Thrive data is more complete from March 2021 onwards. This should be considered when interpreting data on year totals.

The small number of observed deaths locally is an additional reason to treat the data with caution. The data in figure 11 has been aggregated to three year rolling averages or 5 year rolling averages to increase events to levels which are more meaningful statistically and allows for easier illustration of underlying trends.

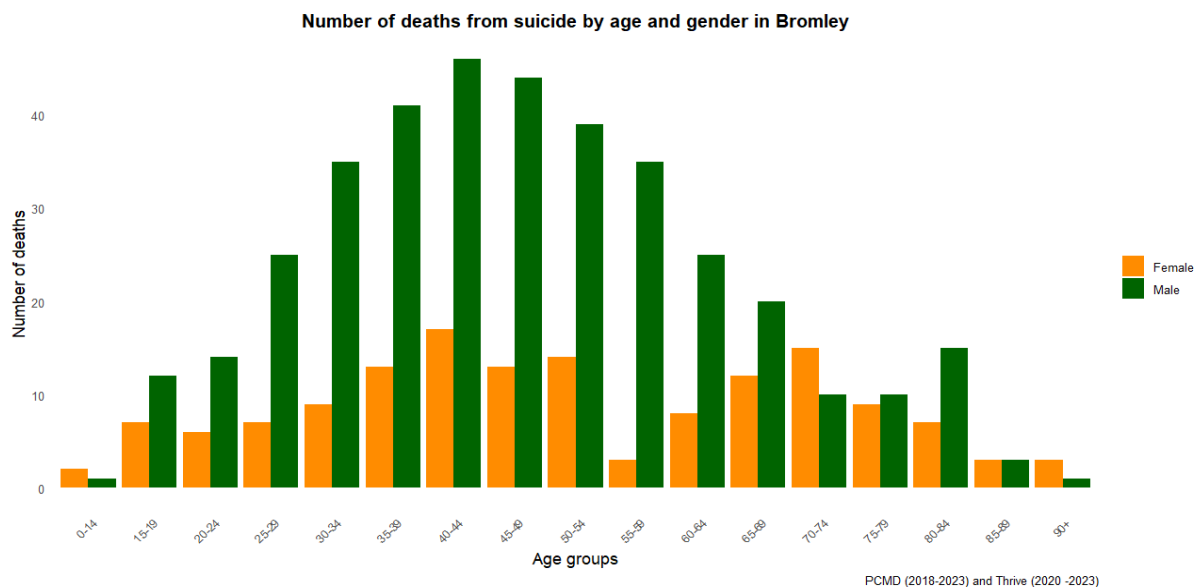


From 2018 to 2023, there were 524 suicides in Bromley. Majority of suicides locally were in people aged 30-59 years. Given that suicide rates in men are about three times higher than women, one can conclude that targeting interventions for males 30-59 years of age would dramatically reduce intentional self-harm that culminates in death in Bromley.

Without access to Coroner’s records data on ethnicity is limited; it is not fully available from death certificates. Place or country of birth as a proxy indicator for ethnicity does not consider the changing demographics where relatively large numbers of people from ethnic groups other than White British were born in the UK.

National evidence has shown that there is an increased risk of suicide among the unemployed<sup>89</sup> and that certain occupation groups have an elevated risk of suicide xiv (such as those in professions with easy access to means)<sup>10</sup>. The recording of occupation details over the years has improved however, without the coroner reports, there is no way of knowing the full social circumstances surrounding each suicide e.g., job losses, family losses etc. Research suggests that association between macroeconomic conditions and suicide vary according to occupation roles<sup>11xv</sup>. A range of other stressors such as austerity measures, loss of home, debt, strains on relationships and reduction in mental health services, alongside job losses, contribute to suicides<sup>12</sup>.

**Figure 11: Number of deaths from suicide by age and gender in Bromley**



Source: PCMD (2018-2023) and Thrive (2020-2023)

<sup>8</sup> [Work and Suicide: An Empirical Investigation | The British Journal of Psychiatry | Cambridge Core](#)

<sup>9</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1732539/>

<sup>10</sup> <https://pubmed.ncbi.nlm.nih.gov/24297788/>

<sup>11</sup> [Socioeconomic disadvantage and suicidal behaviour - Full.pdf \(samaritans.org\)](#)

<sup>12</sup> [Socioeconomic disadvantage and suicidal behaviour - Full.pdf \(samaritans.org\)](#)

## Method used

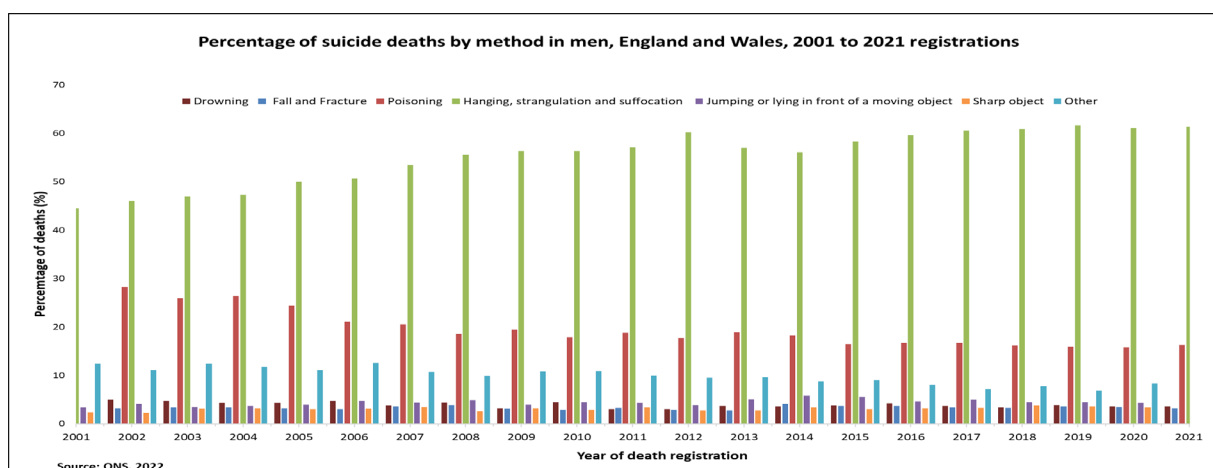
The method of suicide is recorded to identify the most employed causes of suicidal deaths, which can provide insights into potential targeted suicide prevention interventions. Mental health professionals and caregivers can assess an individual's risk of suicide and take the necessary preventative measures. It is important to note that different methods may have varying levels of lethality, and knowledge of the method used can help in determining the level of risk for individuals exhibiting suicidal behaviours.

The determination of the cause of death relies on the International Classification of Diseases, Tenth Revision (ICD-10) codes, detailed in the Appendix. The "Other" category encompasses suicide methods such as the use of firearms, inhalation of smoke, involvement with fire and flames, and events that are unspecified. Please also note that the method of suicide recorded at the local level is for Bromley residents only and does not include deaths that happened to have Bromley as the location at the time of death.

At the national level, hanging, strangulation, and suffocation are consistently the most common methods of suicide in males, ranging from 44.5% to 61.7%, with slight increases over the years. Poisoning is the most common method in females in the early 2000s (2001 – 2007) but became the second most common method for both genders, with a decreasing trend over the years. Similar patterns are observed in Bromley, where hanging by suffocation or strangulation is the most common method of suicide, with a slight increase over the years. Poisoning also follows a similar pattern as the second most common method and fluctuating decreases in the use of this suicide method.

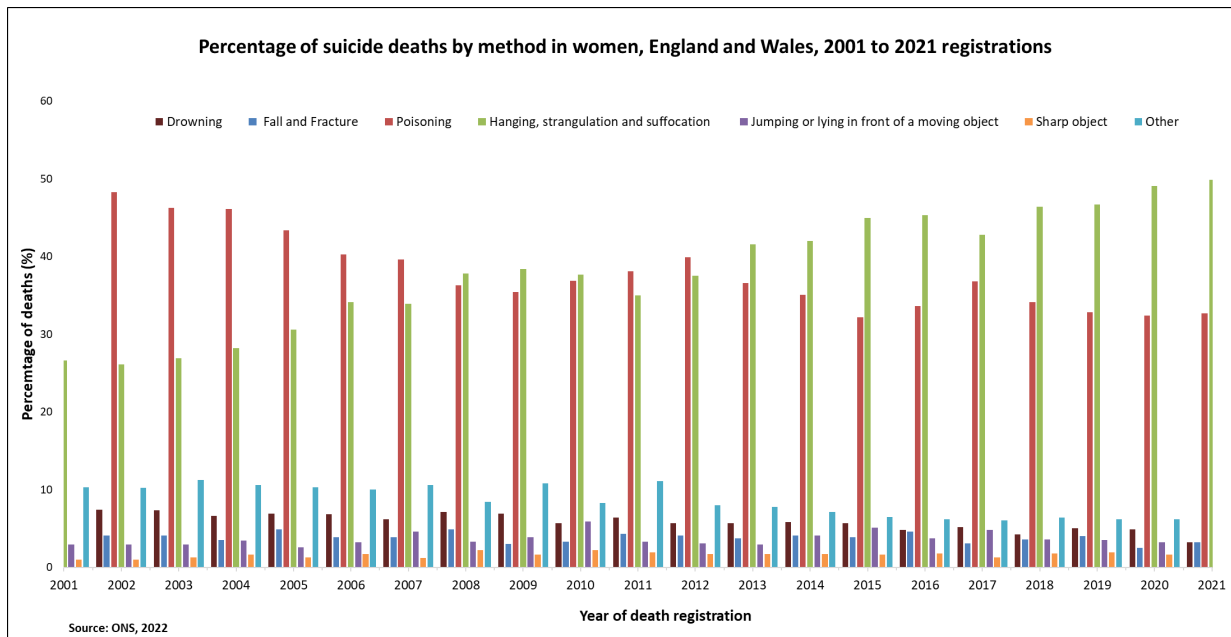
Fall and fracture, as well as jumping or lying in front of a moving object, show some variation but no consistent trend at the national level. Jumping or lying before a moving object is the most common method of suicide death by jumping (Figure 15), but there is no consistent trend, both at the national and local level.

**Figure 12: Percentage of suicide deaths by method in men, England and Wales, 2001 to 2021 registrations**



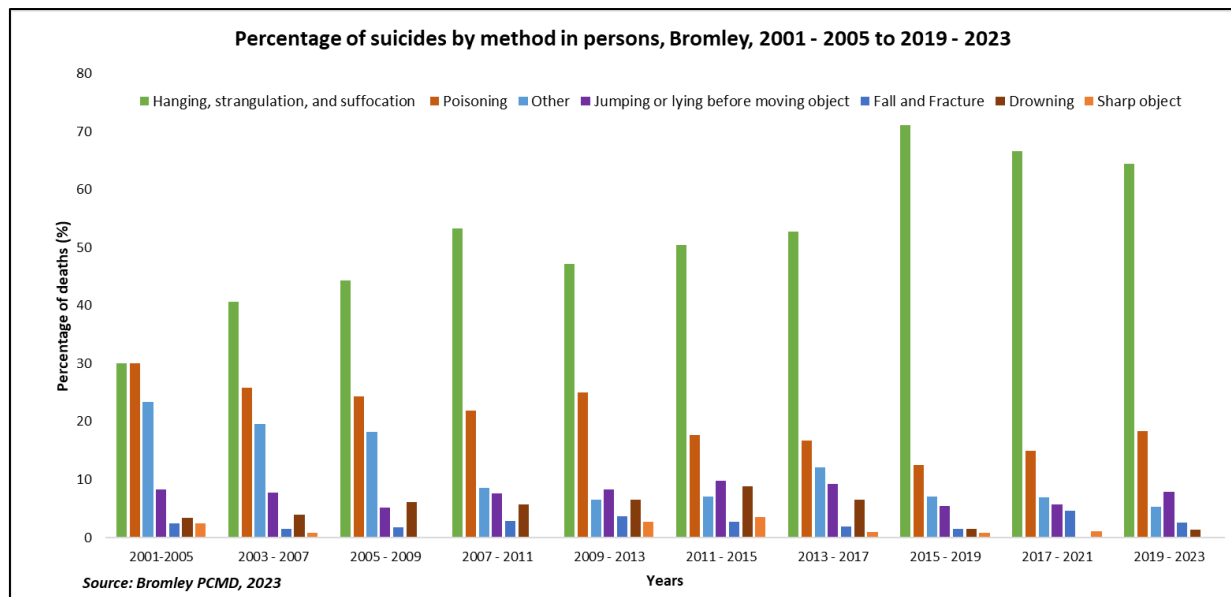
Source: ONS, 2022

**Figure 13: Percentage of suicide deaths by method in women, England and Wales, 2001 to 2021 registrations**



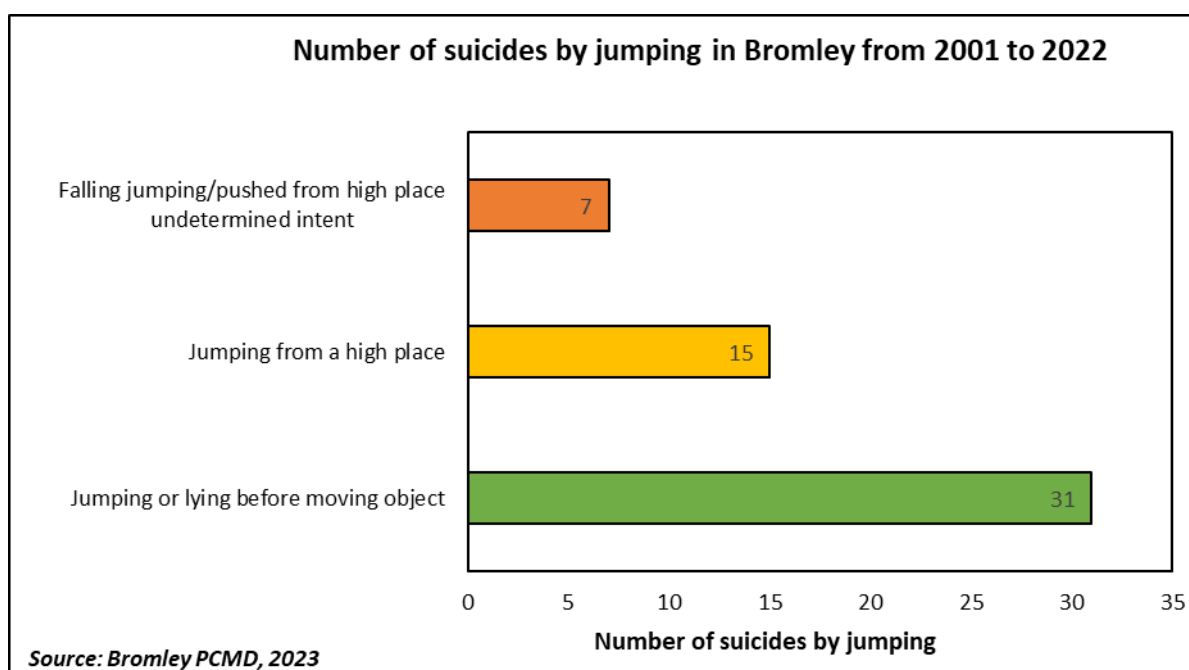
Source: ONS, 2022

**Figure 14: Percentage of suicides by method in persons, Bromley, 2001 – 2005 to 2019 - 2023**



Source: Bromley PCMD, 2023

**Figure 15: Number of suicides by jumping in Bromley from 2001 to 2022**



Source: Bromley PCMD, 2023

### Registration delays

Deaths should be registered within 5 days of the death occurring. Deaths considered unexpected, accidental or suspicious will be referred to a coroner. Due to the nature of recording such sensitive deaths, there can be a significant delay in obtaining figures caused by delayed coroner’s inquests which exacerbate death registration delays. Knowing the length of registration delays can provide an insight into the influence of long registration delays on the yearly fluctuations in suicide numbers. The complexity of certain cases may result in prolonged death registrations, and potentially also lead to lower observed suicide rates.

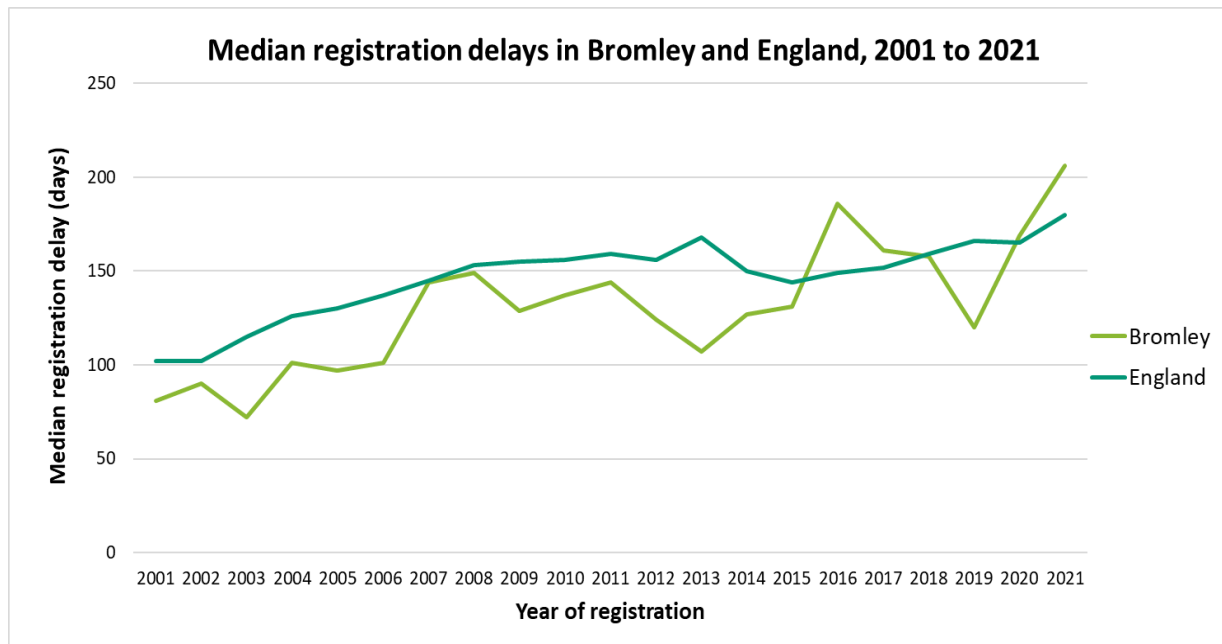
**Figure 16: Registration delays in Bromley and England from 2001 to 2021**

Bromley Registration Delays in Days				Compared to England	England Registration Delays in Days			
Year of registration	Median	Lower Quartile	Upper Quartile		Year of registration	Median	Lower Quartile	Upper Quartile
2001	81	62	130		2001	102	66	159
2002	90	75	112		2002	102	68	157
2003	72	53	113		2003	115	73	173
2004	101	76	119		2004	126	80	194
2005	97	82	114		2005	130	84	198
2006	101	90	143		2006	137	93	207
2007	144	129	219		2007	145	96	219
2008	149	114	199		2008	153	101	234
2009	129	77	198		2009	155	104	241
2010	137	112	194		2010	156	101	241
2011	144	120	178		2011	159	105	248
2012	124	93	162		2012	156	106	239
2013	107	70	168		2013	168	109	263
2014	127	98	247		2014	150	102	246
2015	131	116	164		2015	144	103	216
2016	186	151	308		2016	149	103	208
2017	161	131	231		2017	152	105	209
2018	158	130	176		2018	159	111	228
2019	120	89	173		2019	166	119	238
2020	169	112	212		2020	165	113	254
2021	206	153	333		2021	180	123	300

Source: PCMD, 2022 and ONS 2022

Figure 16 shows that Bromley, when compared to England, generally has shorter registration delays. However, Bromley data is subject to random variability due to small numbers and any outliers are likely to skew the data.

**Figure 17: Median registration delays in Bromley and England, 2001 to 2021**



Source: Office for National Statistics

#### Social context and prior interactions with health and care services.

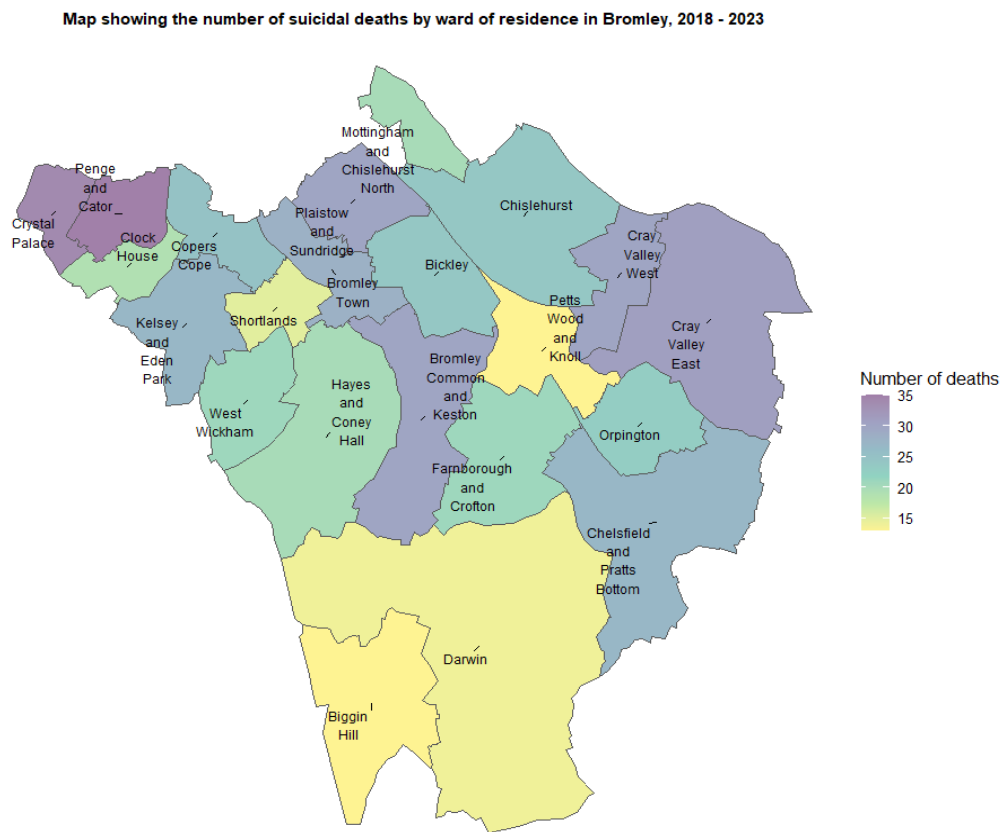
The National Suicide Strategy 2012 highlighted specific demographics at heightened risk of suicide, including young and middle-aged men, individuals under mental health care, those involved with the criminal justice system, and certain occupational groups like medical professionals, veterinary workers, farmers, among others. However, in this audit for Bromley, a comprehensive analysis of the social circumstances and service contacts of individuals who died by suicide has been impeded due to limitations: the unavailability of coroner’s reports and GP clinical notes, and insufficient clinical expertise and workforce to analyse extensive records spanning 1997-2016 for meaningful insights. Previous Bromley suicide audits, covering shorter timeframes, revealed crucial patterns, including documented suicide risk, instances of poor physical health and mental illness diagnoses, prior incidents of self-harm and suicide attempts, interactions with Primary Care within the year before death, and previous engagements with mental health services, including diagnoses of mental illness such as depression within the year before their passing.

#### Ward of residence

The map depicting suicides in Bromley reveals distinct variations in the distribution of the number of deaths from suicide across different electoral wards. Penge and Cator show the highest concentrations of suicides, followed by Crystal Palace. Other pockets within the borough with elevated occurrences compared to others include, Cray Valley East, Bromley Common and Keston and Plaistow and Sunbridge and Cray Valley West. These areas of darker shading suggest localised clusters of suicidal incidents. Such geographical clustering could imply the presence of specific

local factors or conditions, primarily in the north of Bromley which contribute to increased vulnerability within these regions. Further examination of the Bromley wards exhibiting higher densities of suicides would offer valuable insights into the underlying causes.

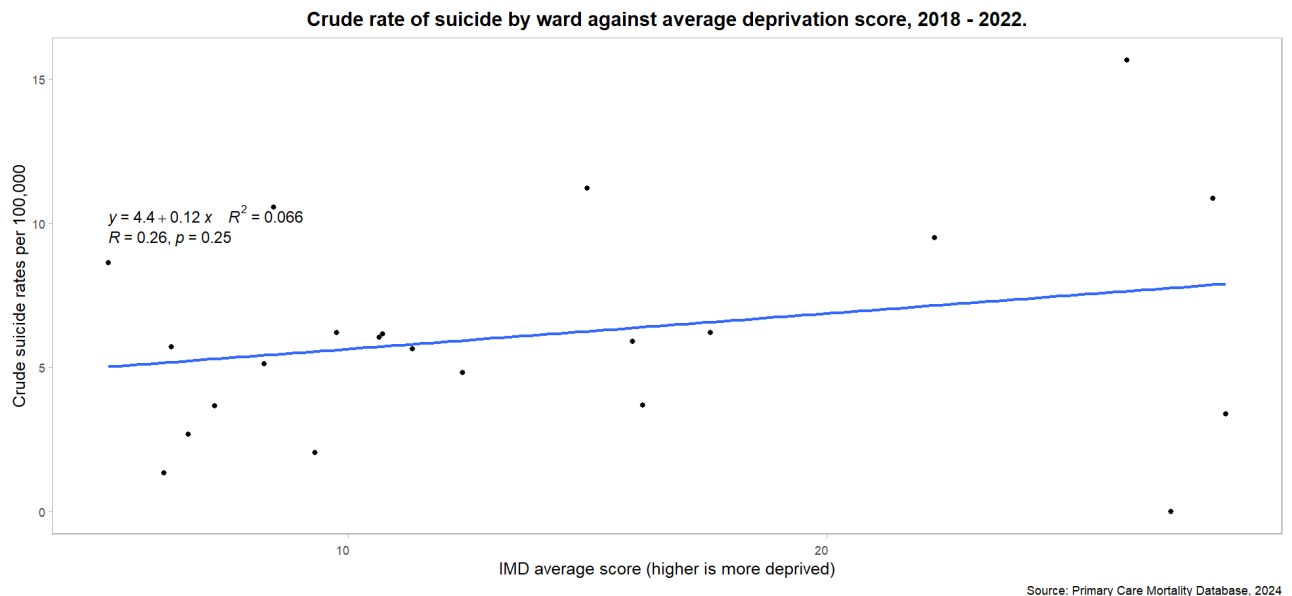
**Figure 18: Map showing the number of suicidal deaths by ward of residence in Bromley, 2018 - 2023**



Source: PCMD and Thrive, 2018-2023

Source: PCMD and Thrive, 2018 – 2023

**Figure 19: Crude rate of suicide by ward against average deprivation score, 2018 - 2022**



Source: Primary Care Mortality Database, 2024

Figure 19 presents suicide rates by deprivation score across different wards in Bromley. Each dot represents a ward and the IMD score is a measure of deprivation, with higher scores indicating higher levels of deprivation.

There is some variability in suicide rates across different wards, with some evidence for a general trend of higher self-harm rates in wards with higher IMD scores, suggesting a potential association between deprivation and self-harm rates. The regression equation,  $y = 4.4 + 0.12x$ , implies that for every unit increase in the deprivation score ( $x$ ), the self-harm rate ( $y$ ) increases by 0.12 units, with an intercept of 4.4. The p-value of 0.25, suggests low statistical significance in the relationship between the deprivation score and suicide rates. Upon further evaluation, an R-squared value of 0.066 and an adjusted R-squared value of 0.26, indicate that approximately 0.6% of the variance in self-harm rates can be explained by the linear regression model. Therefore, these statistics suggest there is weak evidence for a positive association between deprivation and suicide rates in Bromley. This is likely due to small numbers of suicide in Bromley and the possibility that not all suicides are effectively captured in the PCMD database alone.

# Assessing the risk factors from suspected suicides

While the factors leading to an individual taking their own life often involve a variety of intricate circumstances, research on suicides across wider populations indicates a relationship between social determinants of health and a higher risk of suicide<sup>13</sup>. Key factors associated with suicide in men include depression, especially when it is untreated or undiagnosed, alcohol or drug misuse, unemployment, family and relationship problems (including marital breakup and divorce), social isolation and low self-esteem. Therefore, recognising shared risk factors, whilst acknowledging people's individual circumstances can facilitate the creation of specific intervention strategies. The identified risk factors relevant to Bromley residents are outlined below.

The risk factors presented in this analysis were gleaned from qualitative data from summary texts sourced from Thrive London's surveillance data and coded on N VIVO.<sup>14</sup> This qualitative approach delves into the intricacies and contextual nuances surrounding mental health, drawing insights from interviews, observations, and diverse narratives. Through this qualitative exploration, Thrive London's surveillance data captures a broad spectrum of experiential insights, perspectives, and personal accounts, allowing for a deeper understanding of the multifaceted factors contributing to mental health challenges and associated risk factors. Drawing from qualitative methodologies, would facilitate a more nuanced examination of the social, psychological, and environmental dimensions influencing mental health, providing a rich foundation for identifying and understanding the multifaceted risks that individuals face in Bromley.

Understanding the risk factors helps in identifying individuals who may be at higher risk of suicide, which would in turn, enable, timely interventions, support, and preventive measures to reduce the likelihood of suicidal behaviour. Please note that the identified risk factors were extrapolated from summary texts and coded on a thematic basis.

Mental health conditions are often associated with an increased risk of suicide due to the emotional distress and challenges they may pose to an individual's well-being. Individuals noted to have had a mental health condition had a diagnosed mental health disorder or condition, such as depression or anxiety, bipolar disorder, schizophrenia, anxiety disorders, or other psychiatric conditions. Substance abuse can also exacerbate mental health issues, impair judgment, increase impulsivity, and

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<sup>13</sup> Turecki, G., Brent, D. A., Gunnell, D., O'Connor, R. C., Oquendo, M., Pirkis, J., & Stanley, B. H. (2019). Suicide and suicide risk. *Nat Rev Dis Primers* 5, 74 (2019). *Nature Reviews Disease Primers*, 5, 74.

<sup>14</sup> <https://thrivedn.co.uk/about/our-activities/suicide-prevention/>

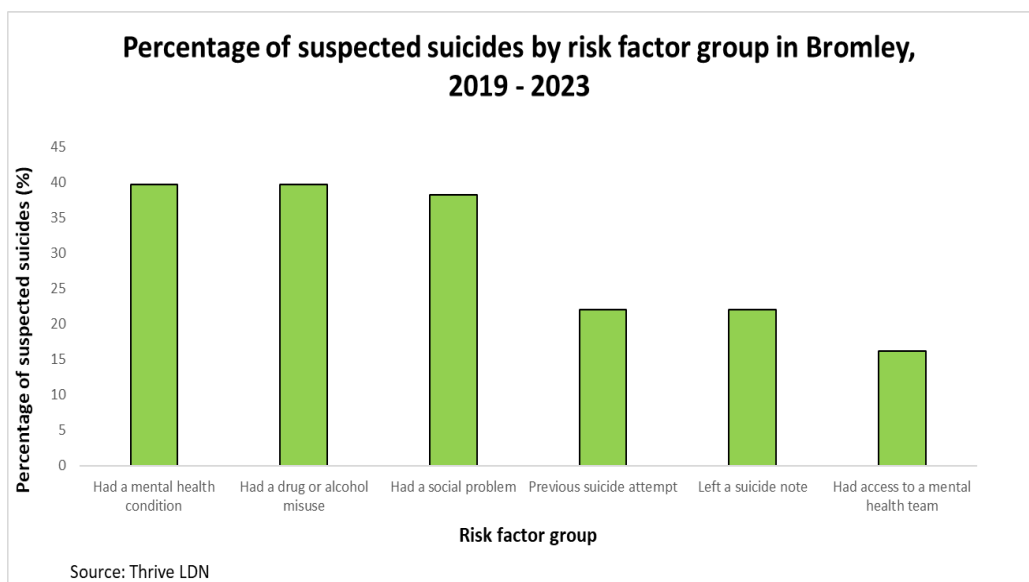


contribute to suicidal thoughts or behaviours. Reference to the drug or alcohol misuse risk factor suggests that the individual had a history of excessive drinking or misusing drugs such as prescription drugs, steroids, cocaine, heroin or other class A drugs.

Lack of access to appropriate mental health care can be a risk factor. While access to care does not necessarily eliminate the risk of suicide, it may serve as a protective factor when proper support and interventions are provided. Having access to a mental health team indicates whether the individual had access to mental health professionals or services. This support can vary from therapy and counselling to psychiatric care and medication.

Another risk factor is the experience of a social problem, which refers to the presence of significant social difficulties or stressors in the individual's life. Social problems could include relationship issues, family conflicts, grief, financial problems, unemployment, bullying, social isolation, previous arrest, being taken into custody or other challenging life circumstances that may contribute to emotional distress and feelings of hopelessness. The presence of a suicide note can also provide insights into the individual's mindset, reasons behind their decision, and may offer information to aid investigations. When someone leaves a written or verbal message expressing their intention to end their life, it's considered a suicide note. Finally, individuals who have made a previous suicide attempt are at a higher risk of attempting suicide again. A history of prior suicide attempts is considered one of the most significant risk factors for completed suicide.

**Figure 20: Percentage of suspected suicides by risk factor group in Bromley, 2019 - 2023**



Source: Thrive LDN

The data on suspected suicides by risk factor group in Bromley offers valuable insights into the contributing factors behind suicide. Nearly 40% of the cases involved individuals with a known mental health condition or a history of drug or alcohol misuse, emphasizing the critical role of mental health support and substance abuse intervention in suicide prevention efforts. This underscores the importance of

accessible and effective mental health services and substance misuse programs within the community to identify and support individuals at risk.

Additionally, social problems were identified in approximately 38% of suspected suicides, highlighting the impact of socioeconomic factors on mental well-being and suicide risk. Addressing social issues such as unemployment, homelessness, or relationship difficulties is crucial in preventing suicides and promoting mental resilience within the community. Furthermore, the data reveals that a significant proportion of individuals who died by suicide had previously attempted suicide or left a suicide note, indicating the importance of recognizing and responding to warning signs and providing appropriate follow-up care and support for those at risk. This underscores the need for comprehensive suicide prevention strategies that encompass mental health support, substance misuse interventions, social support services, and proactive identification and intervention for individuals with a history of suicidal behavior.

# Intentional Self -Harm

There exists no universally accepted definition of self-harm; however, for the context of this report, the definition put forth by NICE 2022 is employed<sup>15</sup>:

*Any act of self-poisoning or self-injury carried out by an individual irrespective of motivation.*

Notably, this definition excludes instances stemming from excessive alcohol or drug consumption, starvation due to anorexia nervosa, and accidental self-harm.

This report strictly adheres to the NICE 2011 definition and associates self-harm with suicide, highlighting that while suicide is a form of self-harm, most self-harm cases lack suicidal intent and result in less severe physical harm. The pivotal difference between self-harm and suicide lies in the intention behind the action. Research indicates that repeated instances of self-harm significantly elevate the risk of eventual suicide, increasing the likelihood by 50-100 times (Royal College of Psychiatrists, 2010). Often, cases of suicide are preceded by an episode of self-harm.

Detecting self-harm behaviour in individuals is challenging due to the secretive nature surrounding these actions. Data on self-harm outside of hospital admissions is scarce, except for that obtained from the Wellbeing service for children and young people commissioned in late 2014. Currently, there's no centralised reporting system for adults who intentionally self-harm outside hospital settings, and the identification and recording of intent may be prone to bias. It's important to note that hospital admissions do not fully represent the scope of intentional self-harm in Bromley; they merely scratch the surface of the problem.

Furthermore, hospital admissions count finished consultant episodes rather than the number of individuals, allowing for the possibility of multiple admissions for the same condition within a year, thus skewing the count.

To obtain further insights into the underlying causes, patterns, and associated risk factors of suicide, analysis of intentional self-harm episodes would help identify individuals at higher risk of suicide, allowing for targeted interventions and preventative measures. Not every individual that intentionally self-harms is successful in ending their own life. Thus, identifying the patterns in communities with the most risk of self-harming would provide deeper insights for timely suicide prevention measures.

Additionally, studying intentional self-harm data aids in assessing the effectiveness of the existing mental health support services provided in Bromley, as well as guiding improvements in interventions, treatments, and support systems tailored towards reducing the incidence of self-harm and preventing potential suicides. Ultimately, this analysis contributes to the overall enhancement of mental health care strategies,

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<sup>15</sup> [Overview | Self-harm: assessment, management and preventing recurrence | Guidance | NICE](#)

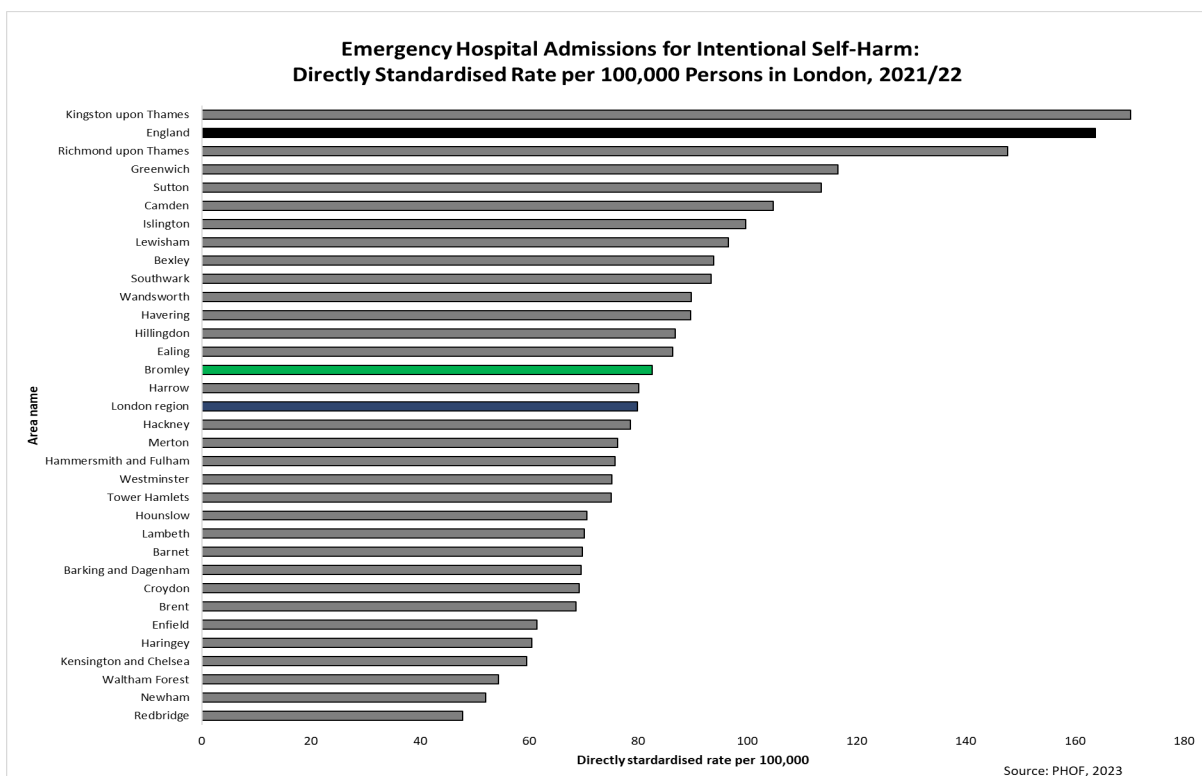
fostering a better understanding of vulnerable populations and facilitating the development of more targeted and effective suicide prevention initiatives.

Nonetheless, there are limitations to using hospital admissions data to reflect on intentional self-harm in Bromley. Hospital admissions do not accurately capture the full scope of intentional self-harm incidents, indicating a significant underestimation of the issue. This discrepancy arises from the fact that hospital admissions are tallied based on the number of finished consultant episodes, rather than unique individuals. Consequently, individuals may be readmitted multiple times within a year for the same condition, each instance being counted as a separate admission, further skewing the data.

To overcome some of these limitations, intentional self-harm incidents is evaluated from different data sources, including the Public Health Outcomes Framework (PHOF) and mainly the Hospital Episode Statistics (HES) database.

HES encompasses patient-level information from NHS hospitals in England, detailing hospital admissions, outpatient appointments, and Accident & Emergency visits. This dataset spans from 1997 to present and offers valuable insights into intentional self-harm incidents. However, there is still potential underreporting of self-harm cases due to reliance on hospital data, variations in coding practices, and the inability to capture non-hospitalised incidents or repeat occurrences outside of hospital settings.

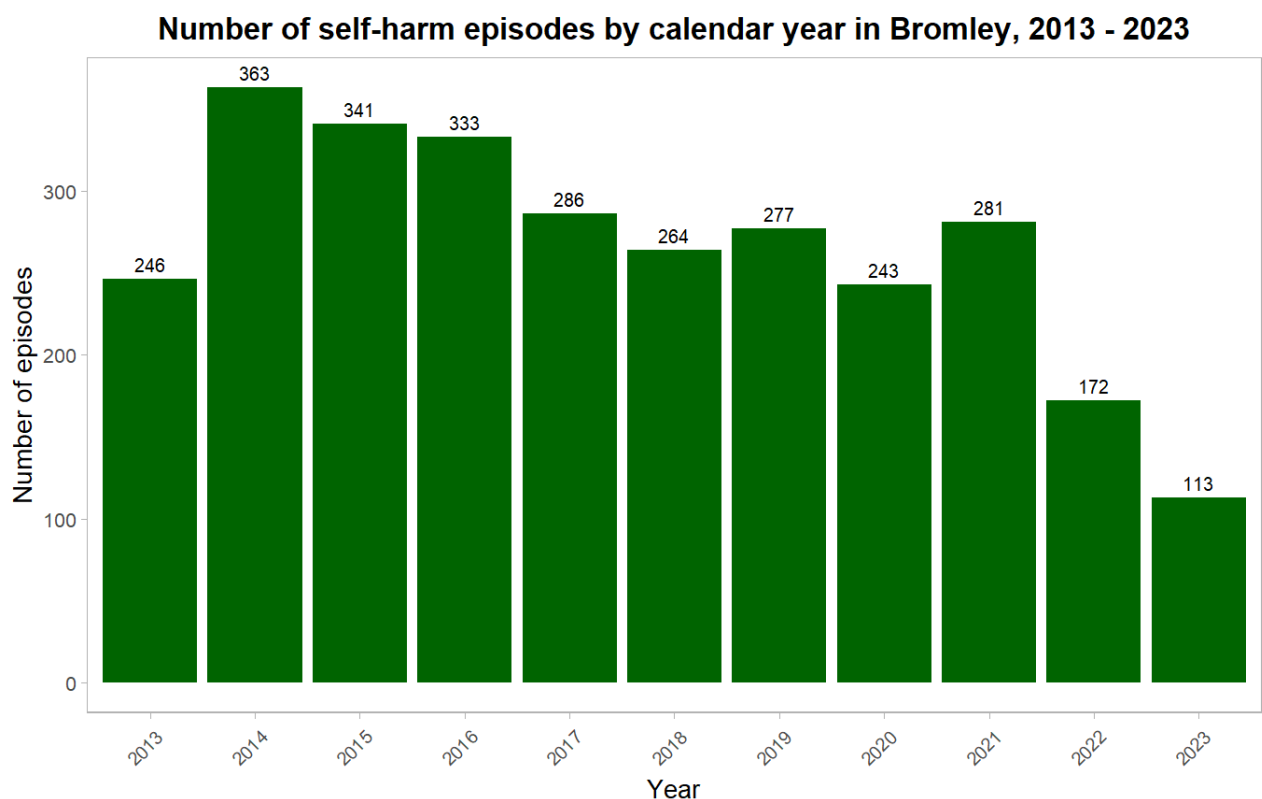
**Figure 21: Emergency hospital admissions for intentional self-harm: directly standardised rate per 100,000 persons in London, 2021/22**



Source: Public Health Outcomes Framework, 2023

The hospital admissions data shows that Bromley had the 14<sup>th</sup> highest rate of intentional self-harm in 2021/22, at 82.5 per 100,000 people. These rates are lower than the England rate of 163.74 per 100,000 population. The 2017 suicide audit highlighted that Bromley had the 5<sup>th</sup> highest intentional self-harm rates at 118.83 per 100,000 population in 2014/15. This suggests an improvement in intentional self-harm rates in Bromley in the recent years. Nonetheless, self-harm rates in Bromley remain higher than the overall rates in the London region at 79.81 incidents per 100,000 population. It is important to note that these figures are subject to reporting and recording bias and the practice of recording intent is variable across NHS Trusts and practitioners.

**Figure 22: Number of self-harm episodes by calendar year in Bromley, 2013 - 2023**



Source: Hospital Episode Statistics, 2024

Source: Hospital Episode Statistics, 2024

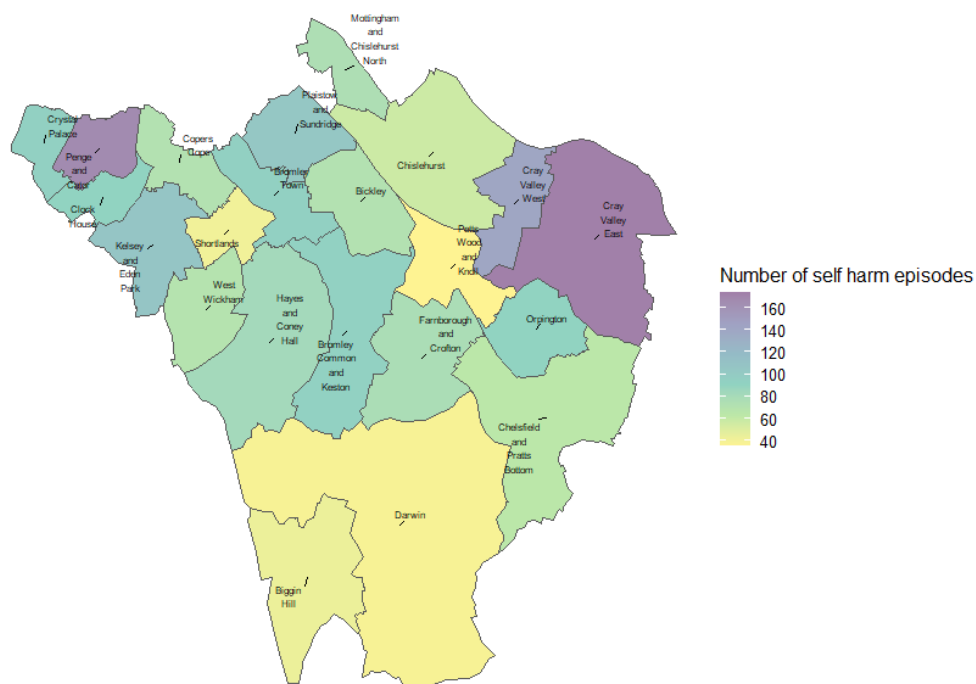
There is a slight variability in the number of self-harm episodes in Bromley over the last 10 years. The highest numbers of self-harm episodes observed are from 2014 to 2016. There is a slight decrease over the years, but these numbers should be interpreted with caution, due to the likelihood of repeated admissions in hospitals. The self-harm incidents in 2023 should also be interpreted with caution, as the data may not be completely up to date at the time of data extraction.

## Demographic differences

The map depicting self-harm in Bromley shows variations in the distribution of the number of self-harm episodes across different electoral wards. Cray Valley East shows the highest concentrations of self-harm, followed by Penge and Cator. Other pockets within the borough with elevated occurrences compared to others include Cray Valley West and Kelsey and Eden Park. These areas of darker shading suggest localised clusters of self-harm. Such geographical clustering could imply the presence of specific local factors or conditions, primarily in the north of Bromley which contribute to increased vulnerability within these regions. Further examination of the Bromley wards exhibiting higher densities of self-harm would offer valuable insights into the underlying causes.

**Figure 23: Map showing the number of self-harm episodes by ward of residence in Bromley, 2016 - 2023**

**Map showing the number of self harm Episodes by ward of residence in Bromley, 2016 - 2023**



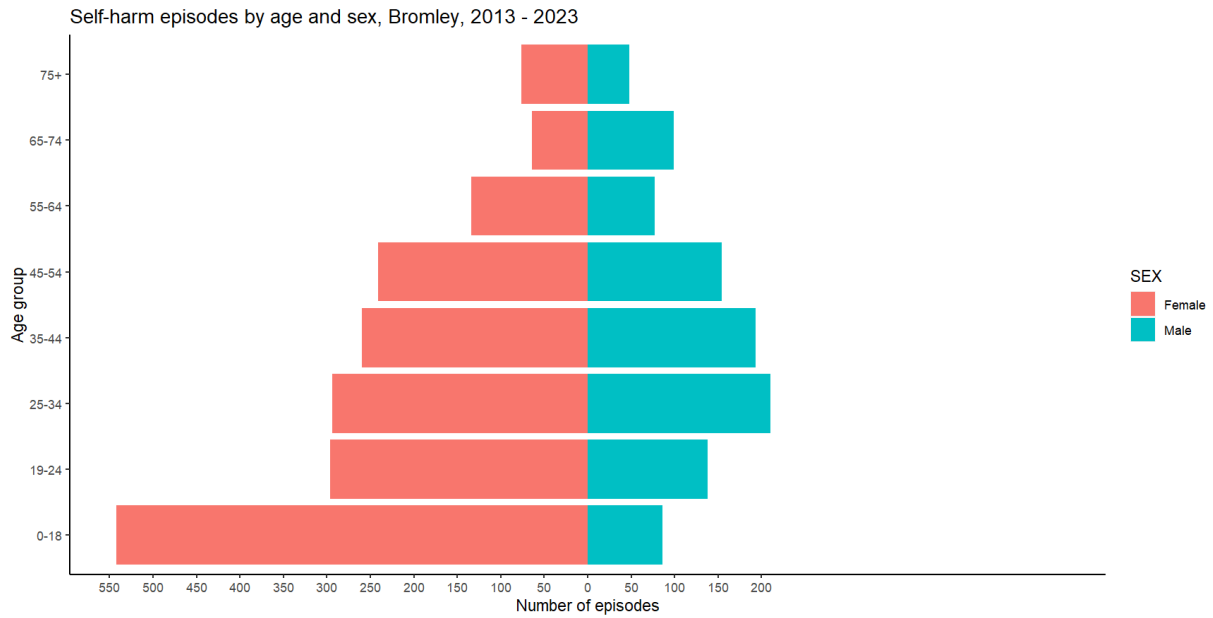
Source: Hospital Episode Statistics, 2023

Source: Hospital Episode Statistics, 2023

Figure 24 shows that from 2013 to 2023, the number of self-harm episodes in Bromley females is higher than those in males across most age groups. There is a notably high number of self-harm incidents amongst the under 18 year old females, where we see 542 episodes, whereas the males in the same age category show 210 episodes. Self-harm incidents are relatively similar in those aged 35-44 and 45 – 54 years. The older age groups (64 -74 and 75+ years) show the lowest number of self-harm episodes in Bromley. Reasons other than changes in intentional self-harm patterns could have contributed to these numbers, for instance changes in coding

methods, treatment methods, community interventions and changes in reporting practices and patient management.

**Figure 24: Self-harm episodes by age and sex, Bromley, 2013 - 2023**

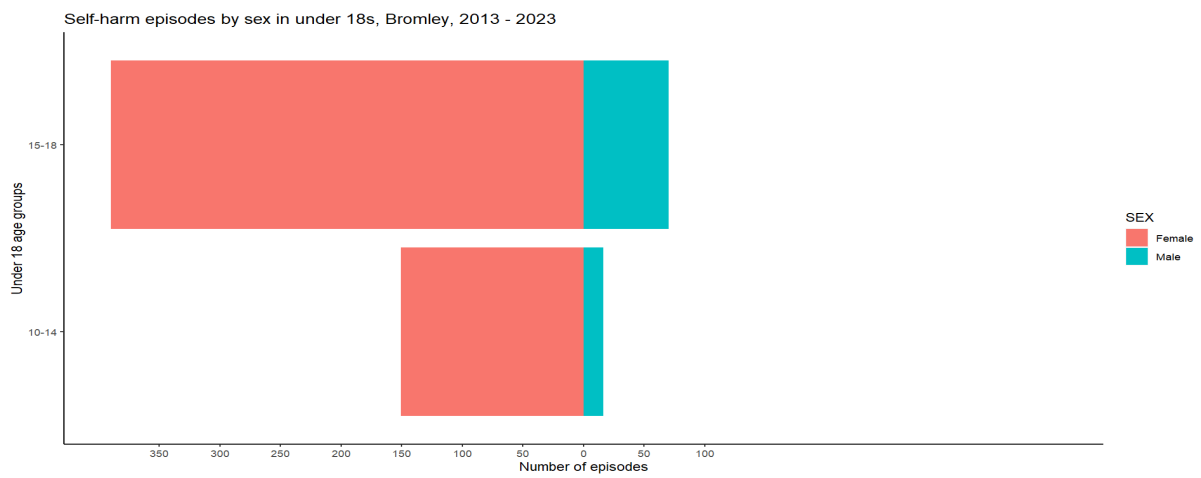


Source: Hospital Episode Statistics, 2024

Source: Hospital Episode Statistics, 2024

Figure 25 provides a closer observation of the under 18-year-olds to highlight if self-harm incidents are more common in children or teenagers. The chart suggests that young girls between the ages of 10-14 and 15-18 years have the highest number of self-harm episodes. Young girls aged between 15 and 18 years show the highest number of self-harm incidents, suggesting that secondary school girls are potentially more likely to self-harm.

**Figure 25: Self-harm episodes by sex in under 18s, Bromley, 2013 - 2023**



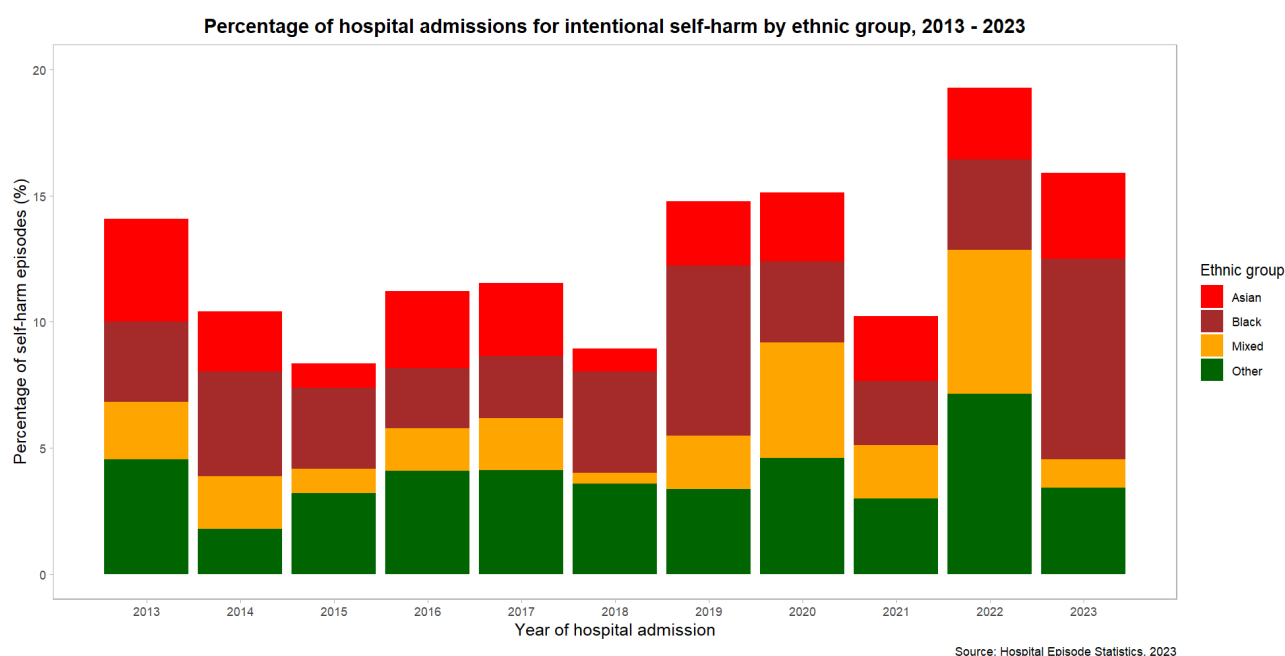
Source: Hospital Episode Statistics, 2024

Source: Hospital Episode Statistics, 2024

## Differences by ethnicity

Figure 26 shows the number of self-harm incidents by ethnic category over the years. The ethnic groups are categorised based on the codes provided in HES. Each ethnic category represents a broader grouping of ethnicities based on shared characteristics. The “Black” category comprises individuals of Caribbean, African, or other Black backgrounds. The “White” category includes individuals of British, Irish, or other White backgrounds. The “Mixed” category encompasses individuals of mixed heritage, such as White and Black Caribbean, White and Black African, White, and Asian, or any other mixed background. The “Asian” category includes individuals of Indian, Pakistani, Bangladeshi, or other Asian backgrounds. Finally, the “Other” category includes individuals from ethnic groups such as Chinese or any other ethnic group not covered by the previous categories. These categories provide a simplified way to analyse and understand the ethnic diversity within a population.

**Figure 26: Percentage of hospital admissions for intentional self-harm by ethnic group, 2013 - 2023**



Source: *Hospital Episode Statistics, 2023*

Discussion on self-harm episodes by ethnicity can be challenging due to the significant representation of individuals from white ethnic backgrounds, which introduces some discrepancy in the analysis. However, this overrepresentation is expected given that Bromley has a predominantly white population. To address this issue, Figure 26 excludes data for individuals from white ethnic backgrounds to better visualise differences within and between other ethnic groups. Interestingly, there has been a rise in intentional self-harm admissions among individuals from “Black” or “Other” ethnic backgrounds, while admissions from “Mixed” ethnic minority groups seem to have declined, despite the high number of admissions in 2022. Admissions for individuals from Asian or Asian British backgrounds are the lowest.



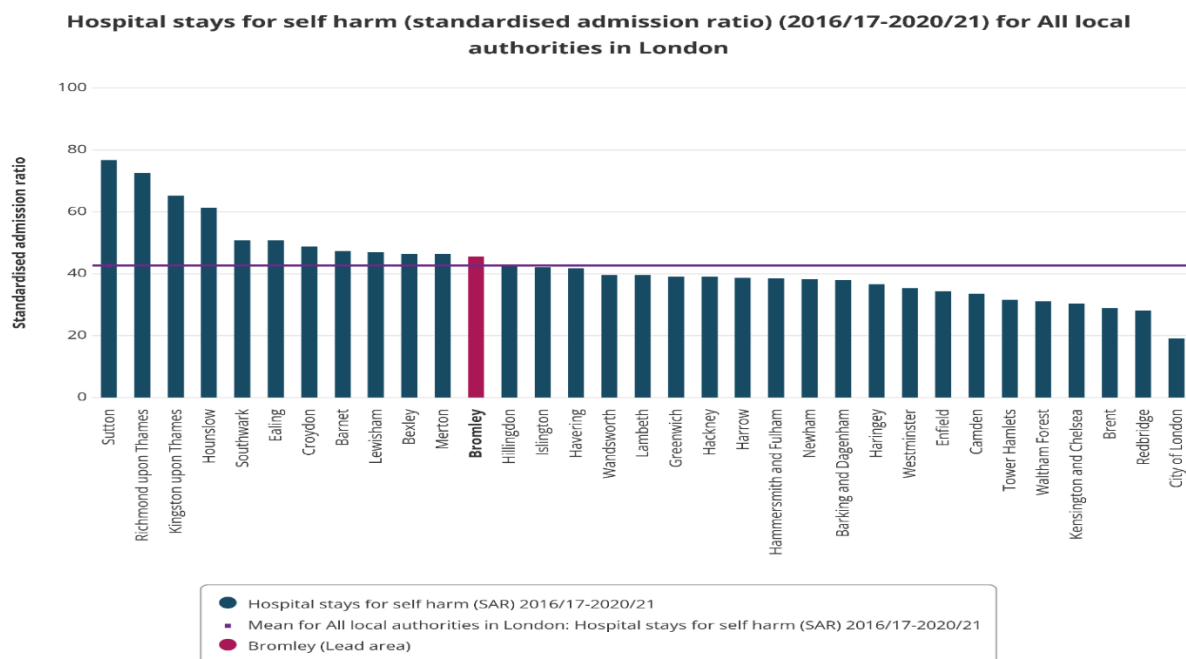
It is important to note that this analysis does not allow for standardised comparison, and further investigation is needed to ascertain the statistical significance of the observed differences. Additionally, HES may not have a high quality of ethnicity data available, due to the overall large proportion of individuals with unknown ethnicity in HES. Thus, these numbers should be interpreted with caution.

### Hospital stays due to self-harm

Whilst hospital admissions provide an overview of the rate of self-harm incidents, they do not capture the full scope of self-harm in Bromley, due to the potential for readmission and several other reasons. Hospital stays for self-harm can provide a more nuanced understanding of the impact and severity of incidents compared to solely looking at hospital admissions. Hospital stays indicate the length of time individuals require medical attention and monitoring following a self-harm incident. Longer hospital stays may suggest more severe cases or complications, as well as higher risk of repeated self-harm or suicide attempts. Analysing the duration of hospitalisation allows for risk stratification and tailored interventions to mitigate future incidents.

Moreover, examining hospital stays enables evaluation of the quality and effectiveness of care provided to individuals following self-harm. Factors such as access to mental health services, continuity of care, and discharge planning can influence the duration of hospitalisation and subsequent outcomes. Healthcare resources required to address self-harm incidents can also be assessed, including staff time, bed occupancy, and treatment modalities. This information can be crucial for resource allocation and planning within healthcare systems.

**Figure 27: Hospital stays for self-harm (standardised admission ratio) (2016/17 – 2020/21) for All local authorities in London**

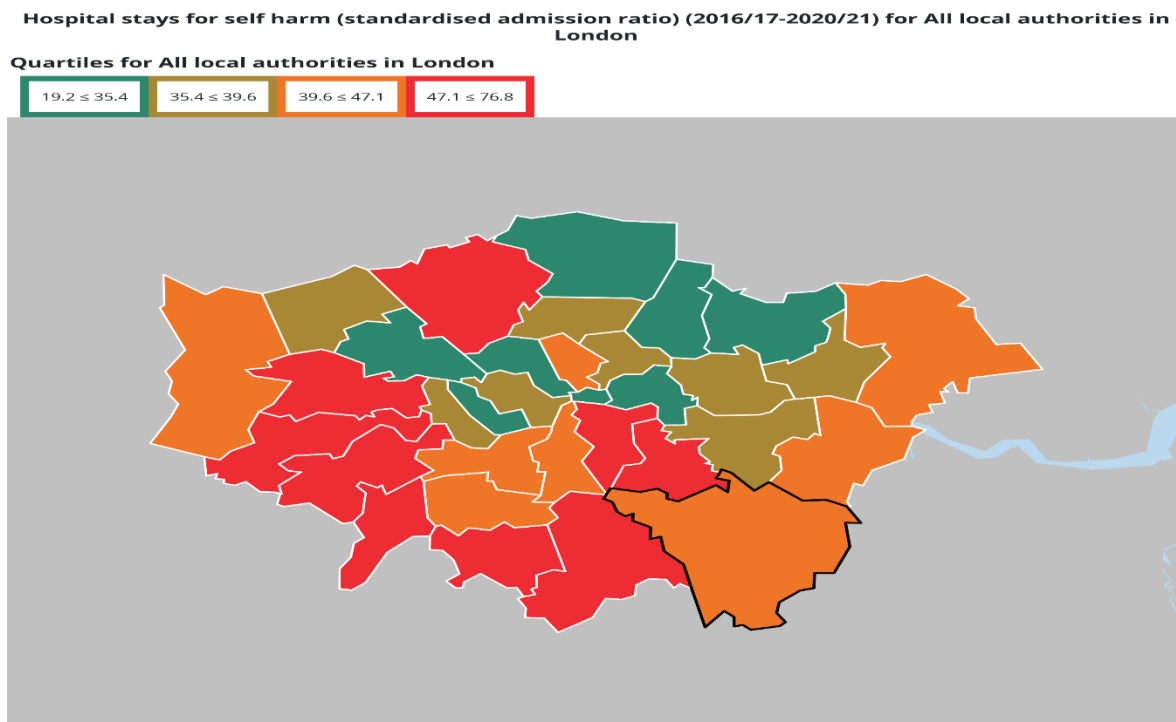


Source: Office for Health Improvement and Disparities (OHID)  
 Powered by LG Inform  
 Source: Office for Health Improvement and Disparities (OHID)

Figure 27 shows the hospital stays for self-harm in London local authorities from 2016/17 to 2020/21. The standardised admission ratio (SAR) indicates the likelihood that a Bromley resident would have an emergency admission to hospital compared to England, our standard reference population. This ratio compares the observed number of hospital admissions in Bromley, to the expected number in England. Bromley has a SAR of 45.6, which is below 100, indicating a lower-than-average emergency admission rate. However, when compared to all local authorities in London, Bromley is slightly above the mean SAR of 42.7. This suggests that Bromley has a higher rate of hospital stays for self-harm compared to the average across London. Nonetheless, Bromley still falls within a similar range as other local authorities. Overall, while Bromley's SAR is slightly elevated compared to the London average, it is within the range observed across various local authorities in the region.

The map indicates a moderate level of hospital stays for self-harm within Bromley compared to other London boroughs (SAR falls between  $39.6 \leq 47.1$ ). When compared to other regions on the map, we observe that some areas, such as Sutton and Kingston upon Thames, have higher SARs, suggesting a relatively higher incidence of hospital stays for self-harm in those regions compared to Bromley. Overall, while Bromley's SAR places it in the moderate range compared to other London boroughs, there are areas with both higher and lower incidence rates of hospital stays for self-harm, highlighting the variability across different regions within London.

**Figure 28: Hospital stays for self-harm (standardised admission ratio) (2016/17 – 2020/21) for All local authorities in London**



Source: Office for Health Improvement and Disparities (OHID)  
Powered by LG Inform

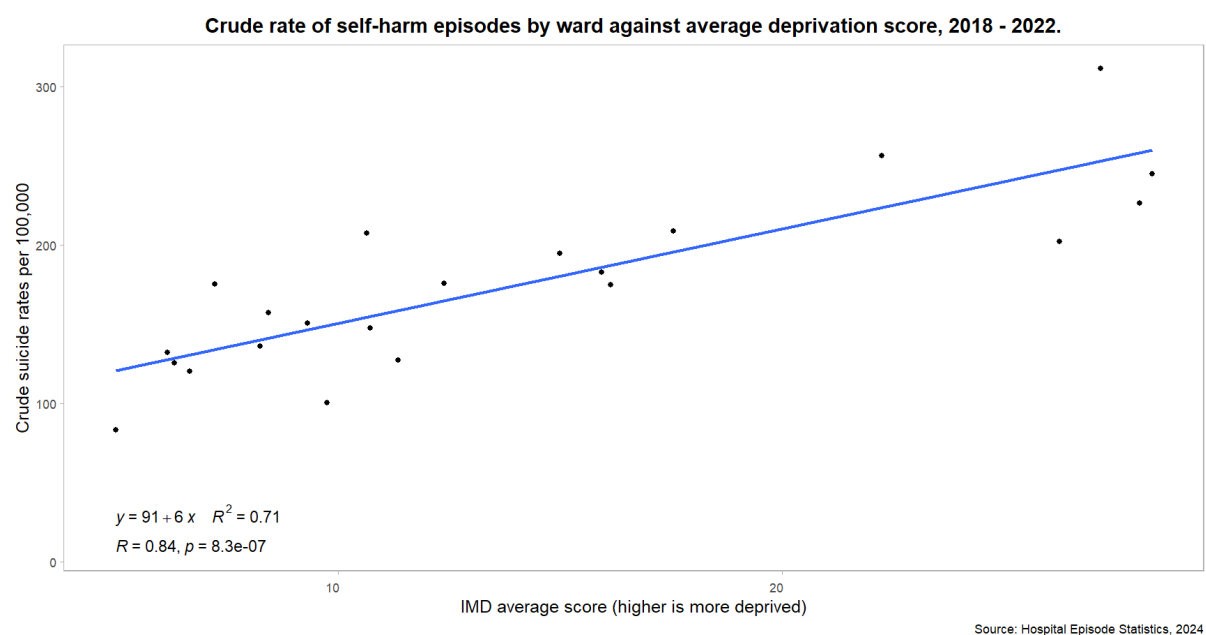
Source: Office for Health Improvement and Disparities (OHID)

## Deprivation and intentional self-harm

Figure 29 presents intentional self-harm rates by deprivation score across different wards in the Bromley area. Each dot represents a ward and the IMD score is a measure of deprivation, with higher scores indicating higher levels of deprivation.

There is strong variability in self-harm rates across different wards, with rates ranging from around 83 to over 311 incidents per 100,000 population. Additionally, there is evidence for a general trend of higher self-harm rates in wards with higher IMD scores, suggesting a potential association between deprivation and self-harm rates. The regression equation,  $y = 91 + 6x$ , implies that for every unit increase in the deprivation score ( $x$ ), the self-harm rate ( $y$ ) increases by 6 units, with an intercept of 91. This is supported with the p-value of  $8.3 \times 10^{-07}$ , suggesting that there is a statistically significant relationship between the deprivation score and self-harm rates. Upon further evaluation, an R-squared value of 0.71 and an adjusted R-squared value of 0.84, indicate that approximately 71% of the variance in self-harm rates can be explained by the linear regression model. The adjusted R-squared value of 0.84 suggests that this model is a good fit for the data. Therefore, these statistics suggest a strong positive association between deprivation and intentional self-harm rates in Bromley, as indicated by the regression model's performance and the significance of the coefficients.

**Figure 29: Crude rate of self-harm episodes by ward against average deprivation score, 2018 - 2022**



Source: Hospital Episode Statistics, 2024

# Conclusions and recommendations

Based on the findings of this audit, several conclusions can be drawn to enhance suicide prevention efforts:

- The number of suicides in Bromley fluctuates annually, with an average of approximately 21 suicides per year, emphasising the ongoing need for effective prevention strategies.
- Male individuals are disproportionately affected by suicide, with rates up to three times higher than females, while intentional self-harm rates are more prevalent among women and young people.
- Hanging, strangulation, or suffocation are the most common methods of suicide in Bromley, consistent with national trends, followed by poisoning, highlighting the importance of targeted intervention strategies.
- The proportion of hospital admissions for intentional self-harm is highest in girls aged 0 to 18 years.
- There has been a rise in intentional self-harm admissions among individuals from “Black” or “Other” ethnic backgrounds.
- Although fewer intentional self-harm admissions occur in older residents (aged 65 and over), research indicates they are at a significantly higher risk of subsequent suicide, necessitating tailored support services for this demographic.
- There is a notable association between deprivation and hospital admissions for intentional self-harm in Bromley, particularly evident in certain wards such as Penge and Cator and Cray Valley East.

The following opportunities for further development of action to prevent suicides in Bromley have been identified:

- Develop targeted interventions to address the specific needs of vulnerable populations, including older adults and adolescent girls who intentionally self-harm, focusing on early identification and support. This can be done by
  - establishing specialised support groups or counselling services and counselling services tailored to the needs of older adults who self-harm, providing them with a safe space to discuss their challenges and receive appropriate assistance.
- Implement school-based prevention programs focused on building resilience and coping skills among adolescent girls, equipping them with strategies to manage stress and emotional distress effectively.
- Strengthen collaboration between healthcare providers, social services, and community organisations to ensure a comprehensive approach to suicide prevention, with particular emphasis on addressing the underlying factors contributing to self-harm and suicidal behaviours.
- Implement community-based initiatives aimed at reducing stigma surrounding mental health and promoting help-seeking behaviours, particularly in areas with higher levels of deprivation. Encourage all members of the community to

attend suicide prevention training sessions such as the Applied Suicide Intervention Skills Training (ASIST) hosted by PAPYRUS, a charitable organisation dedicated to preventing suicide and promoting positive mental health in young people.<sup>16</sup>

- Enhance training programs for healthcare professionals and frontline workers to improve risk assessment and intervention strategies for individuals at risk of suicide or self-harm. This can be done by
- Offering specialised training workshops for primary care physicians and emergency room staff on suicide risk assessment and intervention techniques, incorporating evidence-based approaches such as the Columbia-Suicide Severity Rating Scale (C-SSRS) to improve accuracy and consistency in screening.
- Increase access to mental health services and crisis support resources, particularly in areas identified as having higher rates of intentional self-harm, to provide timely assistance and intervention to those in need.
  - For example, establishing outreach clinics or mobile mental health units in underserved areas of Bromley, would provide convenient access to counselling services and crisis intervention for individuals who may face barriers to accessing traditional healthcare settings.
- Review the Bromley Suicide Prevention Action Plan and action plan to reflect on the findings from this audit in the context of the Suicide prevention strategy published in 2023.
- Maximise the opportunities for sharing knowledge, intelligence and learning around effective suicide prevention strategies across the SEL STP ICS
- Continue to undertake an audit of suicides in Bromley at regular intervals to gather detailed knowledge about the epidemiology and risk factors of those taking their own life in the local population. A review of coroners' records should also be included in future audits.
- Explore wider sources of data on self-harm available at a national and local level to add insight to the hospital admissions data already available.
- Refresh the Bromley Suicide Prevention plan to reflect findings from this report and the new National Suicide Prevention Strategy published in 2023.
- Maximise the opportunities for sharing knowledge, intelligence and learning around effective suicide prevention strategies across the SEL ICS.
- Continue to undertake an audit of suicides in Bromley at regular intervals to gather detailed knowledge about the epidemiology and risk factors of those taking their own life in the local population. A review of coroners records should be undertaken in the next audit.
- Explore wider sources of data on self-harm available at a national and local level to add insight to the hospital admissions data already available.

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<sup>16</sup> [Upcoming Sessions | Papyrus UK | Suicide Prevention Charity \(papyrus-uk.org\)](https://www.papyrus-uk.org)

# Appendix

International Classification of Diseases, Tenth Revision (ICD-10) codes

Method	ICD-10 Code
Drowning	X71, Y21
Fall and fracture	X80, Y30
Poisoning	X60-X69, Y10-Y19
Hanging, suffocation and strangulation	X70, Y20
Jumping or lying in front of a moving object	X81, Y31
Sharp object	X78, Y28
Other	X72-X77, X79, X82-X84, Y22-Y27, Y29, Y32-Y34

Source: ONS, 2022

## Technical notes

### Data sources and definitions

To understand suicides and intentional self-harm for Bromley, PCMD and Hospital Episodes Statistics extract have been used.

The Primary Care Mortality Database (PCMD) provides a list of all deaths recorded as suicides or open verdicts. PCMD collates deaths by place of death, CCG of residence and date of death. The underlying cause of death is recorded for all deaths in the PCMD using the World Health Organisation's (WHO) International Classifications of Diseases version 10 (ICD 10). The relevant codes are listed in a table in the appendix. It is worth noting the changes in coding deaths over the time period. From 1998-2000 deaths in England were coded using the Ninth Revision of the ICD (ICD-9), since 2001, the Tenth Revision of the ICD (ICD-10) has been in use.

Due to various organisation and regulation changes access to datasets (Coroner records and GP clinical records) that complement the PCMD extract is no longer possible. The absence of those datasets eliminates the soft intelligence around suicides which is vital in prevention strategies. The report specifically looks at profiling the population of people registered as having taken their lives.

Age-specific rates determine the frequency with which the event occurs relative to the number of people in a defined age group. The rate is limited to a particular age group compared to age-standardised rates which use the age-specific rates and adjust for population differences.

The Hospital Episodes Statistics (HES) extract pulls together inpatient and day patient hospital admissions for intentional self-harm. The underlying cause of admission is recorded for all admissions in the HES using the World Health Organisation's (WHO) International Classifications of Diseases version 10 (ICD 10). The relevant codes are listed in a table in the appendix.

### **Comparator data**

The comparator data is derived from the:  
Health and Social Care Information Centre Indicator Portal  
Public Health Outcomes Framework  
Data sources and definitions

# References

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8. National Institute for Health and Care Excellence (NICE). (2022). Overview | Self-harm: assessment, management and preventing recurrence. Retrieved January 23, 2024 from <https://www.nice.org.uk/guidance/ng225>



Report No.  
ACH24-022

London Borough of Bromley

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**Decision Maker:** HEALTH AND WELLBEING BOARD

**Date:** 18 April 2024

**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](mailto:sean.rafferty@bromley.gov.uk)

**Chief Officer:** Kim Carey, Director for Adult Social Care

**Ward:** All

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## 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.

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## 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).

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## 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

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## 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

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## 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	An update to the the Bromley 5-year Local Care Partnership Strategy was undertaken in March and reported as part of the SELICS 5-Year Forward Plan update. The current focus for local development is neighbourhood working arrangements
Learning Disabilities Strategy	Multi-agency health and care strategy for adults with a learning disability	The strategy is being refreshed in 2023/24
Care Homes Market Position	A market position statement for	Market Position Statements across all services are in

Statement	care homes is in development.	development for publication later this year
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. A strategic needs assessment for mental health services is under way
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.  Work has begun on the joint commissioning of an integrated hub service by 2025.
Falls Project	Implementing a new therapies response to falls	A Falls workshop held in October 2023 initiated an audit of current falls activity and has been used to share information and good practice across the local care and health system. A Falls Network is to be established.
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	Programme of work to consider all therapies provision and look at how services and professionals can work better together and with clearer pathways.	Work on Children and Young People's OT and Speech and Language therapies is focused on mobilising a new model of provision with joint LBB and ICB funding
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.  The funding of discharge services for 2024/25 has been agreed between LBB and the ICB
End of Life Programme	Establishing a new programme of work to consider end of life care provision	A work plan is focusing on proactive care at the end of people's lives, Urgent Care Plan implementation and support to GPs
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. Work is also taking place to embed the successful NHS/voluntary sector partnership for CYP mental health.
Better Care Fund (BCF) and iBCF	Oversight of Bromley allocation of funds that support joint health and care working	A report on BCF spend and progress is made to this Board each quarter.  An end of year report for 2023/24 is to be submitted to NHSE in June.
Domiciliary Care	Recommissioning domiciliary care services	The new service contracts began in August 2021. The service continues to be developed with the introduction of the Trusted Assessor model in 2024/25
Personalisation	Roll out of personal health and care budgets across services. Work instigated to improve infrastructure to support personalised services.	A joint infrastructure to expand Personal Health Budgets and Direct Payments across LBB and NHS services was launched in January 2022. These arrangements are now 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 being delivered.
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 <a href="#">Integrating care: next steps to building strong and effective integrated care systems across England</a> .	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	A single and jointly commissioned contract was awarded in March 2024 with the new service taking effect from October 2024
Bromley Healthcare Assurance	A sub-group of the Board was leading on assurance of Bromley Healthcare Services following the publication of their CQC	A post inspection action plan is now implemented and the oversight sub-group has been stood down. Key issues will

	inspection report in February 2022	continue to be monitored up until the next CQC inspection.
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## 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.

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

Report No.  
AC24-025

## London Borough of Bromley

### PART ONE - PUBLIC

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**Decision Maker:** HEALTH AND WELLBEING BOARD

**Date:** 18<sup>th</sup> April 2024

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

**Title:** Publication of the Annual Public Health Report 2023

**Contact Officer:** Katherine Dunlop, Specialty Registrar in Public Health  
E-mail : Katherine.Dunlop@bromley.gov.uk

**Chief Officer:** Dr Nada Lemic, Director of Public Health

**Ward:** All

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#### 1. Reason for decision/report and options

- 1.1 To promote the publication of the Director of Public Health Annual Public Health Report 2023 and present next steps for NHS Health Checks
- 

#### 2. RECOMMENDATION(S)

The Health and Wellbeing Board is asked:

- 2.1 To acknowledge publication of the report, and promote with relevant stakeholders.

### 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:
    - (2) For adults and older people to enjoy fulfilled and successful lives in Bromley, ageing well, retaining independence and making choices.
- 

### Financial

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

### Personnel

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

### 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: Not Applicable
- 

### Customer Impact

1. Estimated number of users or customers (current and projected): Not Applicable
- 

### Ward Councillor Views

1. Have Ward Councillors been asked for comments? No
2. Summary of Ward Councillors comments: Not Applicable



### 3 COMMENTARY

- 3.1 Each year, the Director of Public Health has a statutory duty to produce an Annual Public Health Report looking at the health and wellbeing of the community.
- 3.2 This year, the Annual Public Health Report is titled [The Prevention Journey through NHS Health Checks and Beyond](#). The report takes 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.
- 3.3 This year's report highlights the impressive work of GP surgeries and partners across the Borough, who have delivered more than 56,000 NHS Health Checks over the last 10 years. Of note is 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 1933 checks in 2021/22 to 4966 checks in 2022/23.
- 3.4 The data in the report aims 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'.

### 4 IMPACT ON VULNERABLE ADULTS AND CHILDREN

Cardiovascular disease causes 1 in 4 deaths in England and is one of the top causes of illness and health inequalities. Each year, approximately 1.3 million NHS health checks are delivered in England, identifying 315,00 people living with obesity and 33,000 cases of hypertension, preventing over 400 heart attacks and strokes. The focus on NHS Health Checks in this year's APHR reflects the health and wellbeing priorities of the Council in [Making Bromley Even Better](#), and the significant positive impact that disease prevention can have for residents.

### 5 TRANSFORMATION/POLICY IMPLICATIONS

The APHR forms a vital element of accountability and reporting linked to key strategies at Bromley. The NHS Health Checks programme is a key contributor to Ambition 2 in the Making Bromley Even Better strategy. Relevant outcomes from the Health & Wellbeing Strategy are mapped against the Ambition 2 below:

**Making Bromley Even Better Ambition 2:** For adults and older people to enjoy fulfilled and successful lives in Bromley, ageing well, retaining independence and making choices.

#### Health and Wellbeing Strategy Priority 2: Improving Health and Wellbeing of Adults

- 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

#### Health and Wellbeing Strategy Priority 3: Disease Prevention and Helping People to Stay Well

- Long term conditions are prevented and further complications prevented – focus on the vital five (smoking, obesity, hypertension, alcohol and mental health), and physical activity

### 6 FINANCIAL IMPLICATIONS

Not applicable

**7 PERSONNEL IMPLICATIONS**

Not applicable

**8 LEGAL IMPLICATIONS**

8.1 The Director of Public Health has a statutory duty to produce an Annual Public Health Report looking at the health and wellbeing of the community, making it one of the key documents produced by the Public Health Department.

**9 PROCUREMENT IMPLICATIONS**

Not applicable

**10 PROPERTY IMPLICATIONS**

Not applicable

**11 CARBON REDUCTION/SOCIAL VALUE IMPLICATIONS**

The London Borough of Bromley Net Zero policy aims to achieve net zero by 2027, underlining the council’s commitment to the environment. At the same time, the Green NHS ‘Delivering a ‘Net Zero’ National Health Service’ report sets out a clear path for how to decarbonise the NHS, including specific recommendations for primary healthcare. The report supports reducing travel through digital care pathway redesign (for example through Digital NHS Health Checks) and prevention of disease and health inequality. Increasing access to the NHS Health Check through digitisation of the pathway with not only provide protective health effects, but also deliver significant environmental benefits too.

**12 CUSTOMER IMPACT**

Not applicable

**13 WARD COUNCILLOR VIEWS**

Not applicable

<b>Non-Applicable Headings:</b>	<b>6,7,9,10,12,13</b>
Background Documents: (Access via Contact Officer)	Not applicable

## Health and Wellbeing Board Chairman's Annual Report 2023/24

**Chairman:** Cllr. Dr David Jefferys  
**Vice-Chairman:** Cllr. Robert Evans

The Health and Wellbeing Board met five times in 2023/24.

The Board discussed a wide range of issues during the Civic Year as the health challenges of the pandemic have receded. The major task and achievement was the completion and publication of the new 5-year Joint Health and Wellbeing Strategy for Bromley. This Strategy has been fully aligned with the strategy set out by the SE London ICB. It has been a pleasure to work with ICB colleagues in the new manner set out in the updated legislation and guidance notes. This work was undertaken in addition to fulfilling the statutory responsibilities of Board.

The Board has considered a wide range of health and wellbeing issues during the last year. Mental health has occupied a lot of our discussions and especially reviewing preventative programmes across the age spectrum including a Working Group on Brain Health. Adolescent mental health has been a particular focus. Many of the issues the Board has considered are cross cutting themes such as Suicide Prevention and Self-Harm, combating Drug and alcohol addiction and updates on the Councils programme on combatting Loneliness and Social Isolation. A special focus has been on the complex issue of smoking cessation and the issues around vaping.

The Board works closely with other Council Committees such as the Adult Care and Health Policy Development and Scrutiny Committee, the Health Scrutiny Sub-Committee, and the Children, Education and Families Policy Development and Scrutiny Committee.

The Board has a range of Statutory Responsibilities set out in the Health Care Act, including reviewing the quarterly reports on both the Integrated Care Fund (BCF) and the Improved Better Care Fund (the IBCF) receiving regular reports from Healthwatch Bromley, reviewing the Pharmaceutical Needs assessment for Bromley and receiving the report from the Childrens and Adults Safeguarding Boards. In Bromley we have a regular meeting of the Board Chairs which ensures close working and the HWB Chairman sits as a member of the Adults Safeguarding Board. During the year the Board took over the responsibility and oversight for the Bromley Health Protection Board.

The Board was pleased to note the national recognition for the Bromley Loneliness Strategy and the Homelessness Prevention Strategy. Both received prestigious national awards. Health issues cross Borough Boundaries and this was addressed through the regular meetings of the London HWB Chairs which the Chairman attends for Bromley.

Having been Vice Chairman and then Chairman of the Board since 2014, it is pleasing to see how the work and the role of the Board have developed. This will be my last report as Chairman since I will be stepping down to take on another role in

the Council. It has been a pleasure and a privilege to work with such a wonderful group of stakeholders in the Borough, all focussed on improving health and wellbeing for residents.

The areas of work that have been explored include:

#### June 2023

- South East London ICB Joint Forward Plan and One Bromley 5 Year Strategy
  - Signed Off
- Update on the Bromley Health and Wellbeing Centre
- Better Care Fund Plan 2023-2025
- Suicide Prevention Workstream: Update and Plans
- Update on the Brain Health Task and Finish Group
- Combating Drugs and Alcohol Partnership Update
- Healthwatch Bromley Patient Experience Report

#### September 2023

- Health and Wellbeing Strategy Implementation Plan
- Winter Plan 2023-24
- Integrated Commissioning Board Update
- Update on the Health Protection Function
- Update on Right Care, Right Person
- Alcohol Needs Assessment

#### November 2023

- Update on Children and Young People's Mental Health
- HIV Infections Audit
- Bromley Safeguarding Children Partnership Annual Report
- Better Care Fund and Improved Better Care Fund Quarterly Performance Update
- Pharmaceutical Needs Assessment (PNA) procurement

#### February 2024

- Bromley Safeguarding Adult Board Annual Report 2022-23
- Presentation from Mytime Active on their Community Action Programmes
- Homeless Health Project
- HIV Infections Audit
- Smoking Cessation Report
- Health And Wellbeing Strategy - Update on Implementation Plan
- Better Care Fund and Improved Better Care Fund Performance Quarterly Update
- Healthwatch Bromley Patient Experience Report

#### April 2024

- Update on the Post-Covid Syndrome Service
- Suicide & Self-harm: a review and analysis of the data and trends over time
- Review of Stoma advice
- Draft Housing Assistance Policy
- Integrated Commissioning Board Update
- Annual Public Health Report
- Chairman's Annual Report
- Update on the Joint Strategic Needs Assessment

**Councillor Dr. David Jefferys**  
**Chairman, Health and Wellbeing Board**

Report No.  
CSD24048

London Borough of Bromley

PART ONE - PUBLIC

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**Decision Maker:** HEALTH AND WELLBEING BOARD

**Date:** Thursday 18<sup>th</sup> April 2024

**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);

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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.

<b>Non-Applicable Headings:</b>	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
<b>Minute 26</b> <b>24<sup>th</sup> September 2020</b>  <b>Bromley Health and Wellbeing Centre Update</b>	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 end of 2024.	<b>Open</b>
<b>Minute 19</b> <b>21<sup>st</sup> September 2023</b>  <b>Winter Plan 2023-24</b>	The Bromley Place Executive Lead to enquire if the primary care team could provide any further information on the support available to GPs/health professionals.	Bromley Place Executive Lead - ICB		
<b>Minute 11</b> <b>21<sup>st</sup> September 2023</b>  <b>Matters Outstanding and Work Programme</b>	An update on the proposal for a new special free school in Bromley to be requested.	Director of Education	DfE Feasibility nearing completion. Most site surveys undertaken in advance of DfE procuring contractor to develop planning application.	<b>Ongoing</b>
<b>Minute 45</b> <b>8<sup>th</sup> February 2024</b>  <b>Bromley Homeless Health Project</b>	The Board to be kept informed regarding the interim measures to provide dental services for homeless clients.	Consultant in Public Health		
<b>Minute 45</b> <b>8<sup>th</sup> February 2024</b>  <b>Questions on the Health and Wellbeing Board Information Briefing</b>	Information on the co-design of asset mapping within the community to be provided following the meeting. (BCF and iBCF Performance Update – Q3)	Director of Public Health	Information circulated on 8 <sup>th</sup> April 2024.	<b>Completed</b>

## HEALTH AND WELLBEING BOARD WORK PROGRAMME

18 <sup>th</sup> April 2024	
Update on the Post-Covid Syndrome Service (Verbal Update)	Mark Cheung
Suicide & Self-harm: a review and analysis of the data and trends over time	Chloe Todd / Jonathan Walker / Jocelyne Noubiap
Review of Stoma advice (Verbal Update)	Dr Angela Bhan / Angela Helleur / Debbie Hutchinson
Draft Housing Assistance Policy – for consideration and comment	Debbie Ricketts / Philip Dodd
Integrated Commissioning Board Update	Sean Rafferty
Annual Public Health Report	Dr Nada Lemic / Katherine Dunlop
Chairman's Annual Report	Chairman
<i>Information Briefing:</i> Healthwatch Bromley Patient Experience Report	Charlotte Bradford
<i>Information Briefing:</i> Update on the Joint Strategic Needs Assessment	Chloe Todd
Work Programme and Matters Outstanding	Democratic Services

### Proposed items for 2024-25:

27 <sup>th</sup> June 2024	
Update on Children and Young People's Mental Health	James Postgate / Johanna Dench
Update on the Post-Covid Syndrome Service	Mark Cheung / Rachel Perry / Lindsay Pyne / Ellen Shiner / Dr Zia Buckhoree
<i>Information Briefing:</i> Better Care Fund and Improved Better Care Fund Performance update – Q4 2023-24	Ola Akinlade
<i>Information Briefing:</i> Healthwatch Bromley Patient Experience Report	Charlotte Bradford
Work Programme and Matters Outstanding	Democratic Services
19 <sup>th</sup> September 2024	
Health and Wellbeing Strategy Implementation	Dr Nada Lemic / Chloe Todd
End of Life Programme update	Jodie Adkin / Eva Trowers / Kadisha Gould
HIV Infections Audit (verbal update)	Dr Sarah Morgan / Stephanie Sawyer / Jonathan Walker
Work Programme and Matters Outstanding	Democratic Services
14 <sup>th</sup> November 2024	
Presentation from Mytime Active	Kelly Stead
Homeless Health Project	Dr Agnes Marossy / Bronwyn Ward
Bromley Safeguarding Children Partnership Annual Report	Jim Gamble / Joanna Gambhir / Kerry Davies
Annual Update from the Health Protection Board	Dr Nada Lemic
Integrated Commissioning Board Update	Sean Rafferty
<i>Information Briefing:</i> Better Care Fund and Improved Better Care Fund Performance update – Q1 & Q2 2024-25	Ola Akinlade
<i>Information Briefing:</i> Healthwatch Bromley Patient Experience Report	Charlotte Bradford
Work Programme and Matters Outstanding	Democratic Services

<b>6<sup>th</sup> February 2025</b>	
Bromley Safeguarding Adult Board Annual Report	Bulent Djouma / Teresa Bell
<i>Information Briefing:</i> Better Care Fund and Improved Better Care Fund Performance update – Q3 2024-25	Ola Akinlade
<i>Information Briefing:</i> Healthwatch Bromley Patient Experience Report	Charlotte Bradford
Work Programme and Matters Outstanding	Democratic Services
<b>24<sup>th</sup> April 2025</b>	
Presentation from Mytime Active	Kelly Stead
Integrated Commissioning Board Update	Sean Rafferty
HIV Infections Audit	Dr Sarah Morgan / Stephanie Sawyer / Jonathan Walker
<i>Information Briefing:</i> Better Care Fund and Improved Better Care Fund Performance update – Q4 2024-25	Ola Akinlade
<i>Information Briefing:</i> Healthwatch Bromley Patient Experience Report	Charlotte Bradford
Work Programme and Matters Outstanding	Democratic Services

**To be scheduled:**

Smoking Cessation Report	Gillian Fiumicelli
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