

## 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