



BROMLEY CIVIC CENTRE, STOCKWELL CLOSE, BROMLEY BRI 3UH

TELEPHONE: 020 8464 3333

CONTACT: Jo Partridge
Joanne.Partridge@bromley.gov.uk

DIRECT LINE: 020 8461 7694

FAX: 020 8290 0608

DATE: 10 June 2024

ADULT CARE AND HEALTH PDS INFORMATION BRIEFING

Meeting to be held on Tuesday 18 JUNE 2024

This briefing will only be debated if a member of the Committee requests a discussion be held, in which case please inform the Clerk 24 hours in advance indicating the aspects of the information item you wish to discuss.

- 1 BRIEFING ON MEMBER VISITS (Pages 3 - 4)**
- 2 MINUTES FROM THE HEALTH SCRUTINY SUB-COMMITTEE MEETING HELD ON 12TH MARCH 2024 (Pages 5 - 12)**
- 3 BROMLEY WELL CONTRACT MONITORING REPORT (Pages 13 - 30)**
- 4 0-19 YEARS PUBLIC HEALTH NURSING SERVICE PERFORMANCE REPORT (Pages 31 - 98)**

Members and Co-opted Members have been provided with advanced copies of the Part 1 (Public) briefing via email. The Part 1 (Public) briefing is also available on the Council website at the following link: <http://cds.bromley.gov.uk/ieListMeetings.aspx?Cl=559&Year=0>

Copies of the Part 1 (Public) documents referred to above can be obtained from
<http://cds.bromley.gov.uk/>

This page is left intentionally blank

Date: 5th June 2024

Committee : 18th June 2024

Subject: **MEMBER VISITS**

Author: **Mark Smeed**
Head of Customer Engagement & Complaints

- 1.1 The previous briefing dated 13th November 2023 confirmed the phased reintroduction of the Council's scheme enabling ACH PDS Committee Members to undertake occasional visits to residential care providers across the borough, and set out the intended arrangements.
- 1.2 The first visits organised were to two sites owned and operated by Cedarmore Housing Association. On 20th December 2023 details were circulated to Committee Members about trips to Beechmore Court on 23rd January 2024 and to Southmore Court on 1st February 2024.
- 1.3 It was subsequently agreed that invitations would be extended to all Members, not just those on the ACH PDS committee – this would for example facilitate the attendance of the relevant ward Member/s regardless of their Committee membership.

2. NEXT VISIT

- 2.1 It is a grey area as to whether purdah should impact on Members' visits, although LB Bromley has historically chosen to avoid that period. Given purdah, a temporary staff shortage in the writer's team that oversees the visits pending the arrival of a new recruit, and the wish to provide sufficient notice, the next visit has been deferred from June to July.
- 2.2 Discussions are ongoing with Prince George, Duke of Kent Court with a view to a potential visit at 6pm on 18th July 2024.
- 2.3 Thereafter, visits are anticipated to take place approximately every three/four months. Potential venues will be identified with the assistance of colleagues in Adult Social Care but suggestions and requests will of course be considered.

3. ARRANGEMENTS GOING FORWARD

- 3.1 The previous briefing posited the establishment of a bespoke Teams environment. Whilst that was set up in the background, the move to include all Members renders that unnecessary and invites will be sent out from the Members Visits account in the form of a standard Outlook calendar invite which Members will be asked to accept or decline.
- 3.2 As advised previously, the number of available spaces will vary by establishment and timing. In the event a particular visit is oversubscribed, lots may be drawn to confirm the attendees – if there is particular interest in a venue, enquiries will be made to see if a second visit might be arranged.

This page is left intentionally blank

HEALTH SCRUTINY SUB-COMMITTEE

Minutes of the meeting held at 4.00 pm on 12 March 2024

Present:

Councillor Mark Brock (Chairman)

Councillors Will Connolly, Robert Evans, Alisa Igoe,
David Jefferys, Charles Joel and Tony McPartlan

Michelle Harvie

Also Present:

Councillor Felicity Bainbridge, Councillor Dr Sunil Gupta
FRCP FRCPATH, Councillor Alison Stammers, Charlotte
Bradford and Councillor Diane Smith, Portfolio Holder for
Adult Care and Health

44 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

Apologies were received from Stacey Agius and Jo Findlay.

45 DECLARATIONS OF INTEREST

There were no additional declarations of interest.

46 QUESTIONS FROM COUNCILLORS AND MEMBERS OF THE PUBLIC ATTENDING THE MEETING

No questions had been received.

47 MINUTES OF THE HEALTH SCRUTINY SUB-COMMITTEE MEETING HELD ON 30TH JANUARY 2024

RESOLVED that the minutes of the meeting held on 30th January 2024 be agreed.

48 UPDATE FROM KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST

The Chairman welcomed Angela Helleur, Site Chief Executive – PRUH to the meeting to provide an update on the King's College Hospital NHS Foundation Trust.

The Site Chief Executive informed Members that there was good news in respect of the data for Elective Recovery with no patients waiting over 104

weeks. The aim was to now get the figures for 78 weeks down to zero by the end of March, and the Site Chief Executive was confident that this target would be met. Bariatrics and orthopaedics were trickier to address, and work was ongoing. The next goal was to focus on 64 weeks.

There was good recovery in relation to cancer treatment and the data was showing a month-on-month improvement for the 28 day Standard. In relation to the backlog, the Site Chief Executive was confident that the target would be met by the end of March.

In respect of Emergency Care, the Site Chief Executive reported that February had been challenging and performance had been affected by industrial action although there had been improvements in performance in March. A range of initiatives had been implemented in order to drive these improvements.

The Site Chief Executive reported that there were still a number of delays with ambulance handover and there was a need to improve performance between 30 and 60 minutes.

The Sub-Committee was also informed that there was a set of initiatives in place aimed at reducing delays around 12-hour breaches.

In respect of Estates, the Site Chief Executive reported that work on the new Endoscopy Unit was due to complete in March 2025 and the new MRI Scanner was now in place.

In relation to finance, it was anticipated that the end of year deficit would be bigger than planned and steps were being taken to address this.

In response to questions, the Site Chief Executive confirmed that the DM01 pathway related to the ability to see patients in 6-weeks. Results were not affected and both clinicians and patients could access results.

With respect to ambulance handovers, the Site Chief Executive highlighted that when Emergency Departments (EDs) were full this affected the ability of effectively see and treat patients. The Trust had the ability to trigger a response and redirect ambulances to other EDs. The Trust had a good relationship with the London Ambulance Service, and this helped to manage demand. The Committee noted that it was important to establish good flow throughout the department and there was a need to plan for same day emergency care.

In response to a question, the Site Chief Executive confirmed that a range of interventions had been put in place to address the challenges with ambulance handover. The Team was working on flow and the ambulatory pathway. Since 2023, Epic had impacted the ability of clinicians to see patients, industrial action and winter pressures had also had an impact.

In response to a question concerning where the resource for the additional capacity was coming from, the Site chief Executive confirmed that she did not have the figures but would report back to the Committee

In response to a question around reoccurring delays with appointments, the Site Chief Executive confirmed that industrial action had had a significant impact and any patients affected by reoccurring delays were encouraged to contact the hospital for an update.

It was noted that the new model of same day emergency care would make a big difference to waiting times. It was also hoped that increased continuity of care would deliver further improvements. It was further noted that within the Trust it was acknowledged that further work was needed around demand and capacity.

The Sub-Committee noted that the Savings Plan needed to be agreed by the Regulator and the Trust Board and once this had happened it would be presented to the Health Sub-Committee for information.

The Site Chief Executive explained that the issue of NHS funding was very complicated and until the savings plan was in place and the impact of the cost-cutting and efficiency measures that were in place was understood it was not possible to answer whether it was possible to run the hospital within the funding envelope that was available. There was no simple solution, and the hospital was well supported by the national team and the Southeast London ICB with the development of the best possible plan. A Member highlighted the ongoing issue of fairer funding for Bromley, noting that the demography of the Borough had a significant impact on the funding available.

In response to a question concerning the impact of building works on local residents, the Site Chief Executive confirmed that she was not aware of any danger and had been informed that the buildings works were on track to complete in March 2025. The aim was to deliver the building works with as little disruption to local residents as possible.

The Chairman thanked the Site Chief Executive for the update to the Sub-Committee.

RESOLVED that the update be noted.

49 DEVELOPMENTS IN COMMUNITY PHARMACY
Report ACH24-019

The Chairman welcomed Raj Matharu, Chair – Community Pharmacy London to the meeting to provide an overview of key work and developments undertaken by the Community Pharmacy Service.

Mr Matharu explained to the Sub-Committee that the Covid Pandemic essentially changed everything and highlighted the asset that was Community Pharmacy.

In response to questions around Pharmacy First, Mr Matharu confirmed that the walk-in service was working well and that patients found it easy to visit their pharmacist. There was a need to manage the expectations of patients' and be clear that there was a specific access point for antibiotic treatment. Capacity was also an issue, and it was noted that it would have been helpful to have all the IT systems in place. There was also a need to ensure that the whole pharmacy team was used to support the process.

In response to a question around funding, Mr Matharu confirmed that NHS England had provided some funding and the Southeast London ICB had been very supportive. There were ongoing issues with the recruitment of staff and the employment market continued to be challenging.

In response to a question concerning the timeframe for GP to Pharmacy referrals, feedback from patients and the impact on GP time, Mr Matharu confirmed that early feedback had been positive so far and the referral time was within 24 hours.

The Sub-Committee noted that from 2026, all pharmacies would be independent prescribers, and this would represent a huge change. Pharmacists were working with the ICB to look at a medicines optimisation service and it was likely that this piece of work would require some additional funding.

In response to a question around the referral process, Mr Matharu and the Bromley Place Executive Lead explained that there were a number of referral routes into Community Pharmacy. There was a digital referral, with a mini-triage process built in, in addition referrals could be made via the NHS App, the 111 Service, GP Practices and Urgent Care Centres. It was also noted that there was a process to refer patients back to GPs in a timely manner for the treatment of more serious conditions.

The Chairman thanked Mr Matharu for the update to the Sub-Committee.

RESOLVED that the update be noted.

**50 SEL ICS/ICB UPDATE
Report ACH24-020**

The Place Executive Lead provided an overview of key work, improvements and developments undertaken by SEL ICB and partners within the One Bromley collaborative.

The Place Executive Lead informed Members that in the last few years the role of Pharmacists had been expanded and this had placed a strain on the workforce in terms of meeting the additional challenges and demands. It was highlighted that some patients had a better relationship with their pharmacist than the GP – there was often frequent changes in GP practices whereas

Pharmacists were more consistent. It was highlighted that the Community Pharmacy was an important part of access to primary care.

In response to a question, the Place Executive Lead confirmed that the use of the GP initial triage initiative was widespread and was in use across the Country, although it had only been in place a matter of weeks. It was agreed that there would be a report back to the Committee once the initiative had had time to bed in. In response to a question concerning how the roll-out of GP access was being monitored, the Place Executive Lead explained that feedback was largely picked up through the Patient Experience Report but the ICB were also provided with information.

The Place Executive Lead confirmed that cases of whooping cough were being monitored and whilst there was not a high number of cases in Bromley, there had been some incidents across London. It was highlighted that there were vaccinations for both measles and whooping cough so there shouldn't be any cases. However, the take up of immunisations in Bromley was higher than in other parts of London.

The Director of Public Health confirmed that there had been a national rise in the number of cases of whooping cough and this was something that was being monitored.

The Chairman thanked the Place Executive Lead for the update to the Sub-Committee.

RESOLVED that the update be noted.

51 HEALTHWATCH BROMLEY - PATIENT EXPERIENCE REPORT

The Sub-Committee received the Quarter 3 Patient Experience Report for Healthwatch Bromley, covering the period from October – December 2023.

In response to a question, the Operations Co-ordinator, Healthwatch Bromley ("Operations Co-ordinator") advised that the report was provided to a range of partners, and it was hoped that this would help facilitate conversations around the introduction of a call-back service for other health services.

The Operations Co-ordinator confirmed that the responses to the questionnaire were tick box and responses could range from individual to individual and case by case.

The Chairman thanked the Operations Co-ordinator for her update to the Sub-Committee.

RESOLVED that the update be noted.

**52 SOUTH EAST LONDON JOINT HEALTH OVERVIEW &
SCRUTINY COMMITTEE (VERBAL UPDATE)**

The Chairman informed Members that the last meeting of the South East London Joint Health Overview and Scrutiny Committee had been held on 1st February 2024.

The Joint Health Overview and Scrutiny Committee had received the results of the consultation exercise around the reconfiguration of children's cancer principal treatment centre and had agreed its formal response supporting the Evelina London Children's Hospital which was the preferred option for Bromley.

RESOLVED that the update be noted.

**53 WORK PROGRAMME AND MATTERS OUTSTANDING
Report CSD24038**

Members considered the forward rolling work programme for the Health Scrutiny Sub-Committee.

It was noted that an update from the Health Protection Board (including pandemic preparedness) would be considered by the Health and Wellbeing Board at a future meeting.

RESOLVED that the update be noted.

54 ANY OTHER BUSINESS

There was no other business.

55 FUTURE MEETING DATES

A Member raised concerns around public access to the online Briefing meetings and it was noted that live streaming would be made available were possible. Members of the Sub-Committee noted that it was very rare for members of the public to attend meetings. Furthermore, there would be no voting right at the Briefings. The sessions would consist of presentations and questions to the presenters and presentations would follow the same format at formal Health Sub-Committee meetings.

Another Member highlighted the need to ensure that the same item was not scrutinised by multiple committees.

The Sub-Committee noted the following dates for meetings in the 2024-2025 municipal year:

5.00pm, Tuesday 16th July 2024

5.00pm, Tuesday 22nd October 2024 (Briefing)

5.00pm, Tuesday 10th December 2024

Health Scrutiny Sub-Committee
12 March 2024

5.00pm, Tuesday 8th April 2025 (Briefing)

The Meeting ended at 5.47 pm

Chairman

This page is left intentionally blank

Report No.
ACH24-028

London Borough of Bromley

PART ONE – PUBLIC

Decision Maker: ADULT CARE AND HEALTH POLICY SCRUTINY COMMITTEE

Date: June 2024

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

Title: PRIMARY AND SECONDARY INTERVENTION SERVICES (BROMLEY WELL) - ANNUAL MONITORING REPORT TO MEMBERS

Contact Officer: Ola Akinlade, Integrated Strategic Commissioner Tel: 0208 313 4744.
E-mail: ola.akinlade@bromley.gov.uk

Chief Officer: Kim Carey, Director Adult Services, Education, Care & Health Services

Ward: All

1. REASON FOR REPORT

- 1.1 The purpose of this report is to provide an annual monitoring update on the Primary and Secondary Intervention Services (PSIS) also known as the Bromley Well service.
 - 1.2 The report covers the period October 2022 to September 2023 and provides an update on Year one performance for this service, contracted on a 5 plus 2-year basis.
-

2. RECOMMENDATION(S)

- 2.1 That ACH PDS note the good progress made against the anticipated service activity and outcomes for this service.

Impact on Vulnerable Adults and Children

1. Summary of Impact: There are no negative service impacts on vulnerable adults and children. The service contract supports both the local authority statutory duty and the local Corporate Plan priorities and statutory duty as detailed under sections 3.1 and 8.1.
-

Transformation Policy

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

Financial

1. Cost of proposal: Not Applicable:
 2. Ongoing costs: Not Applicable:
 3. Budget head/performance centre: Included in Report ACH22-007 March 2022 Part 2
 4. Total current budget for this head: Included in Report ACH22-007 March 2022 Part 2
 5. Source of funding: BCF, LBB and SELICB
-

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: Non-Statutory - Government Guidance
 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
-

Impact on the Local Economy

1. Summary of Local Economy Implications: Not Applicable
-

Impact on Health and Wellbeing

- 1 Summary of Health and Well Being Implications: The service provided has a positive impact on the health and wellbeing of Bromley Residents by ensuring services are in place to support residents to remain at home, as well as supporting those discharged from hospital. It also supports the health and care system capacity to meet demand from residents who need support to maintain their health and wellbeing.
-

Customer Impact

1. Estimated number of users or customers (current and projected): 10,000 per annum
-

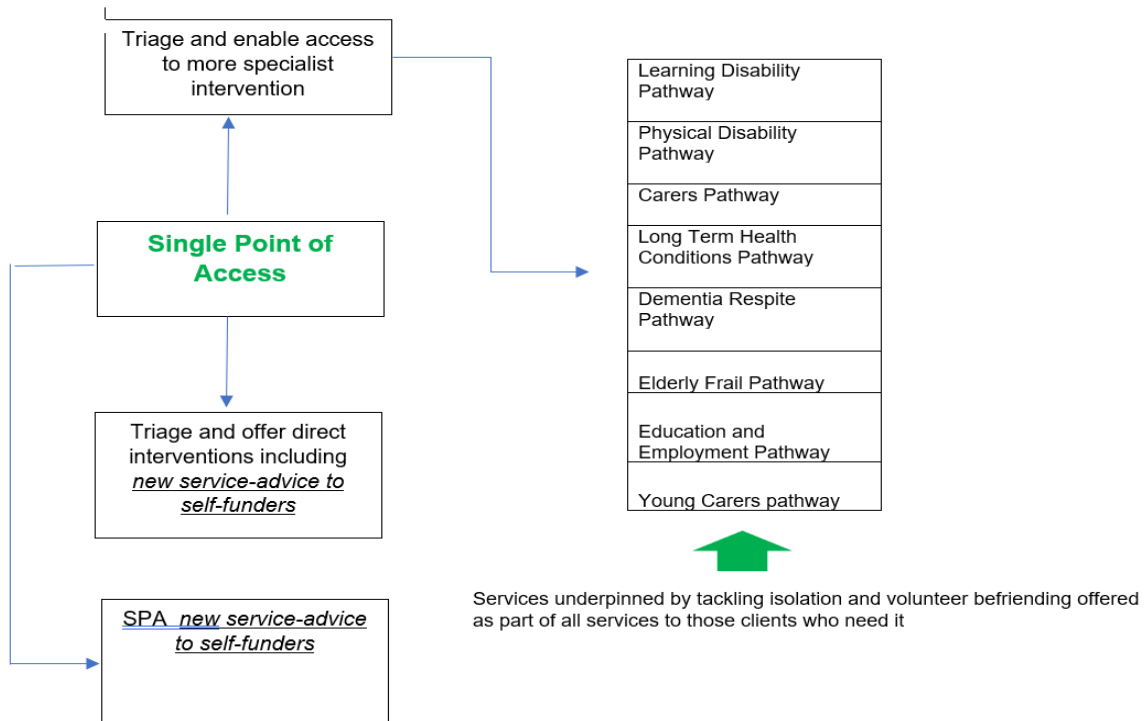
Ward Councillor Views

1. Have Ward Councillors been asked for comments? Not Applicable
2. Summary of Ward Councillors comments: Not Applicable

3. COMMENTARY

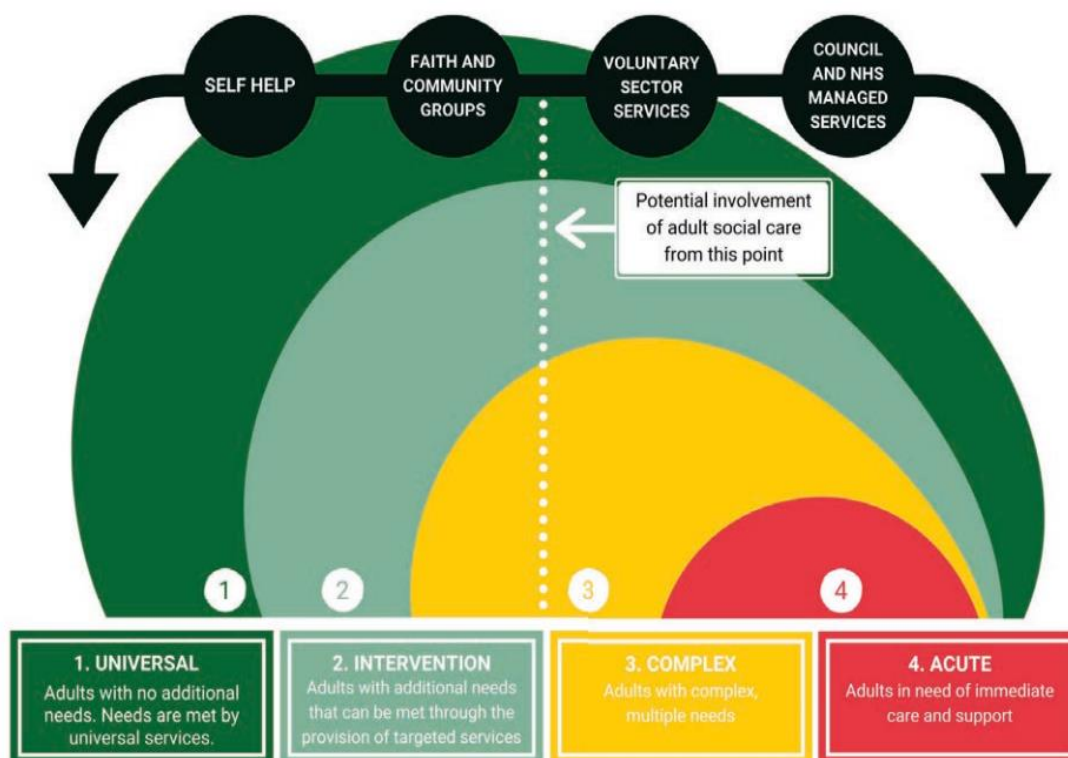
- 3.1 The Care Act 2014 places a duty on Local Authorities to prevent, reduce and /or delay the need for statutory services by putting in place prevention and early intervention services. The Primary and Secondary Intervention Services (known as the Bromley Well service) plays a key role in the Council's arrangements to meet this duty and to serve residents.
- 3.2 The purpose of the service is to ensure that residents are helped to live healthy, active, independent lives, supported to self-care, and avoid the need for long term health and social care services earlier than is necessary through the delivery of nine pathways, with the single point of access triaging residents and referring them, as appropriate for more specialist intervention within services.
- 3.3 The contract is jointly commissioned by London Borough of Bromley (LBB) and the Southeast London Integrated Care Board (Bromley), with LBB acting as lead commissioner. Bromley Well forms a key part of local prevention and early help services to vulnerable adults and contributes to the Council's and SELICB's hospital discharge duties.
- 3.4 The contract holder for the service is Bromley Third Sector Enterprise who manage the service. Four well established local Bromley based providers deliver the service. These are Citizens Advice Bromley, Bromley Mencap, Age UK and Southeast London MIND. Together they deliver services across the nine pathways and to an average of 10,000 residents annually.
- 3.5 The service comprises of nine pathways as detailed below in table 1.

Table 1: Bromley Well Pathway



- 3.6 This programme of services form part of the operational delivery of Bromley's continuum of care model, designed to support the assessment of additional needs in adults and older people and to ensure residents receive the right care, in the right place and at the right time. See Diagram 1 below:

Diagram 1: Bromley Continuum of Care Model



3.7 Bromley Well’s delivery of the prevention and early intervention service consists of information advice and guidance that supports the first two aspects (Universal and Intervention) and direct intervention (including information, advice, and guidance as well as direct specialist service provision) for those presenting with complex and acute needs.

3.8 Bromley Well Contract Performance for reporting period (Oct 22 to Sept 23)

3.9 For year 1 (Oct 22 to Sept 23) the service has met the requirements of the contract, including performance against outcomes. The service has also identified and mitigated against risks to non-performance including implementing the delivery of key actions intended to address any issues and working in collaboration with commissioners and partners to manage the delivery of the service.

3.10 Service contract performance has been good with the provider working in collaboration with LBB and Southeast London Integrated Care Board (Bromley) to deliver service priorities. These are detailed in the bullet points below, in section 3.11 and the appendices of this report.

- **Key performance indicator Activity Metrics:** Performance: **Green** (Delivering well against key activity metrics). Service activity demonstrates an ongoing need for the service and actions are in place to address any reduction or increase in service activity which has been a feature of some pathways. The actions implemented are having a positive impact on service activity.
- **Outcome Metrics:** Performance: **Green** (Delivering well against key outcome metrics). Service outcomes demonstrate the effectiveness of interventions provided. Outcome metrics include high levels of resident satisfaction with services and significant levels of income

maximisation (Attendance Allowance -AA¹ and Personal Independence Payments-PIP²) for Bromley residents.

- **Compliance, CQC and Quality:** Performance: **Green** (Delivering well against compliance, CQC requirements) The service is compliant with internal and external regulation and has an updated Business Continuity Plan. CQC rated service last rating: Good.
- **Contract Meetings:** Performance: **Green** (Delivering well against contract). Contract meetings are held on a quarterly basis to support the delivery of operational priorities and identify and address any service risks. An overview of progress made against key overarching service outcomes is detailed below.

3.11 Overview of performance against outcomes (Oct 22 to September 2023)

3.12 There are seven key overarching service outcome measures which are designed to capture the impact of the service on the residents of Bromley. Service progress against these outcomes is detailed in the table below.

Outcome	Progress against outcome	Risk / Mitigation
Service users have easy access to timely and high-quality information, advice, guidance (IAG)	Good progress being made against this outcome. Service exceeding target for numbers seen on an annual basis	Risk: Increased demand for IAG for reporting period. Mitigation: Service has developed digital response to emails and updated information including cost of living and warm centre guidance. Service offering linking into wider transformation work on digitalisation.
Service users can maximise their entitlement to welfare benefits and other sources of revenue	Service has continued to support wellbeing and independence of residents through this intervention. Over £1million (value) of income maximised within the reporting period, primarily against PIP and AA claims	Risk: Form filling service oversubscribed which has impact of increasing waiting times for services (up to 4 weeks) Mitigation: recruitment drive to support the increase in demand and further discussion with commissioners.
Resident supported in accessing paid and unpaid employment and educational opportunities.	Good progress made in residents accessing employment and volunteering. Funding secured to support retention of residents who have secured work. Service exceeding targets for securing work for residents	Risk: Accessing employment opportunities has become more challenging Mitigation: development of ongoing volunteer opportunities to support pathways into work
Resident discharged from hospital supported to stay in their own homes and maintain their independence	Good progress made against this outcome with the service supporting the discharge of residents from hospital to their homes.	Risks: Increase in demand for services Mitigation: contract variation implemented to manage increased demand

¹ [Attendance Allowance: Eligibility - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/attendance-allowance-eligibility)

² [Personal Independence Payment \(PIP\): What PIP is for - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/personal-independence-payment-what-pip-is-for)

Outcome	Progress against outcome	Risk / Mitigation
	Service exceeding targets for numbers being discharged from hospital	
Ensuring that residents who feel isolated and lonely and or those at risk of isolation are identified and supported in making positive connections in their community	Good progress made with befriending offer and measuring of loneliness and isolation of residents across services	Risks: Some increase in complex mental health presentations Befriending may be short term and residents may be looking for longer term arrangements. Mitigation: support being developed including developing peer support groups
Enhance the capacity and capability of local volunteers and voluntary, social and community organisations	Good progress made with over 40,000 volunteer hours for reporting period, valued at £400k for period ³	Risk: Volunteer recruitment remains a challenge. Mitigation: volunteer recruitment drive on an ongoing basis.
Supporting Carers	The service secured the Carers Trust Excellence for Carers Award, In collaboration with young carers the service redesigned the Young Carers App. This supports a safe, secure, online space dedicated to young carers in Bromley where young carers can engage and support with their peers, track their wellbeing, get helpful information and book events and activities. 437 Young Carers have now completed a Log My Feelings assessment on the app. For Mutual Carers user engagement led to a successful £50,000 funding bid by Bromley Mencap,	Risk: Carers at risk from loneliness Mitigation/; service working in collaboration with carers, commissioning and Adult Social Care to address needs

3.13 In addition, the service has had a significant impact on addressing loneliness and isolation through its befriending service with over 300 residents benefiting from befriending services. Over 800 residents have been supported through the service's Take Home and Settle Service, designed to support the discharge of patients from hospital. Further information on service activity is detailed in the appendices of this report and in the 22-23 Bromley Well service impact report -BTSE presents Impact report for Bromley Well 2022 - 2023 - Bromley Well.

3.14 Developments post September 2023 to date

- Overall, the service continues to see increases in the numbers of clients accessing the service and increasing complexity in issues being presented. This has been addressed through reconfiguration of some service pathways.
- The Dementia Respite at Home service has seen a reduction in new starts to the service. An action plan has been put in place with a task and finish group (attended by Social

³ Based on National Minimum wage
Gateway Report Member Decision
October 2023

Workers, Bromley Well and LBB commissioners) chaired by the Assistant Director of Adult Social Care to identify residents who may benefit from these services and leaflets have also been developed.

- The form filling service which supports residents with PIP and AA has seen a significant increase in the number of enquiries. The service continues to be under pressure but is coping with demand. Service capacity is being monitored via quarterly contract meetings.
- The Single Point of Access (SPA) continues to be oversubscribed. Some revisions to how residents can contact the SPA has helped the service to cope with increases in demand.
- The service continues to work with the Chief Executive operating as an active partner on the One Bromley Local Care Partnership Board and contributing to a wide range of Bromley partnership initiatives.
- The service is developing its co-production strategy to support the validation of outcomes and reflect client experience of the services.

3.15 Service Profile / Data Analysis / Specification

3.16 As detailed in section 3.1 above, this programme of services supports the delivery of prevention and early intervention services for residents living in Bromley.

3.17 The latest (2021) estimate of the resident population of Bromley is 330,379, having risen by 27,705 since 2001. The resident population is expected to increase to 336,733 by 2026 and 341,530 by 2031 and the proportion of older people in Bromley (aged 65 and over) is expected to increase gradually from 17.8% of the population in 2021 to 18.7% by 2025 and 20.2% by 2031⁴.

3.18 The population of Bromley perform similar if not better than the London and England average in all health performance indicators for both males and females. Females perform better in all performance categories than males, except for disability-free life expectancy at 65.

3.19 In terms of deprivation, this is measured based on Index of Multiple Deprivation (IMD) which has seven domains comprising of education, housing, employment, health, and economics as high-level indicators. The average 2019 IMD score for Bromley is 14.2, compared to the London score of 21.8. In Bromley, 5 wards have IMD scores above the London average.⁵

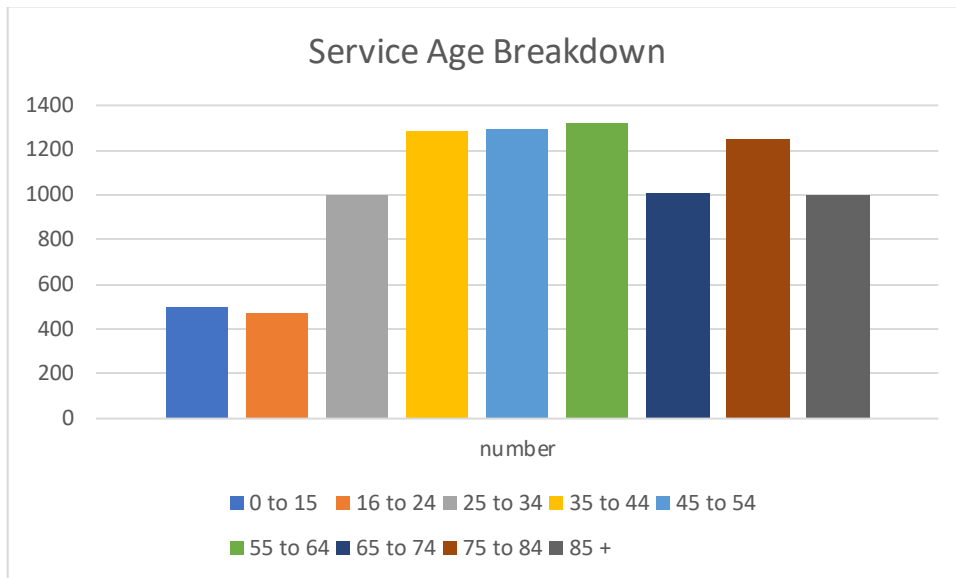
3.20 The Bromley Well service, supports an average of 10,000 residents per annum, with about 50% of that number being supported through brief interventions via the Single Point of Access pathway while the rest of those engaged are supported through more specialist Bromley Well service pathways. Section 3.21 below provides more detail of support provided to residents during the reporting period (Oct 22 to Sept 23)

3.21 Breakdown of service and groups accessing services (October 22 to September 23)

- Total number of referrals: 16778
- Total number of clients: 11735
- Residents using services by age range:

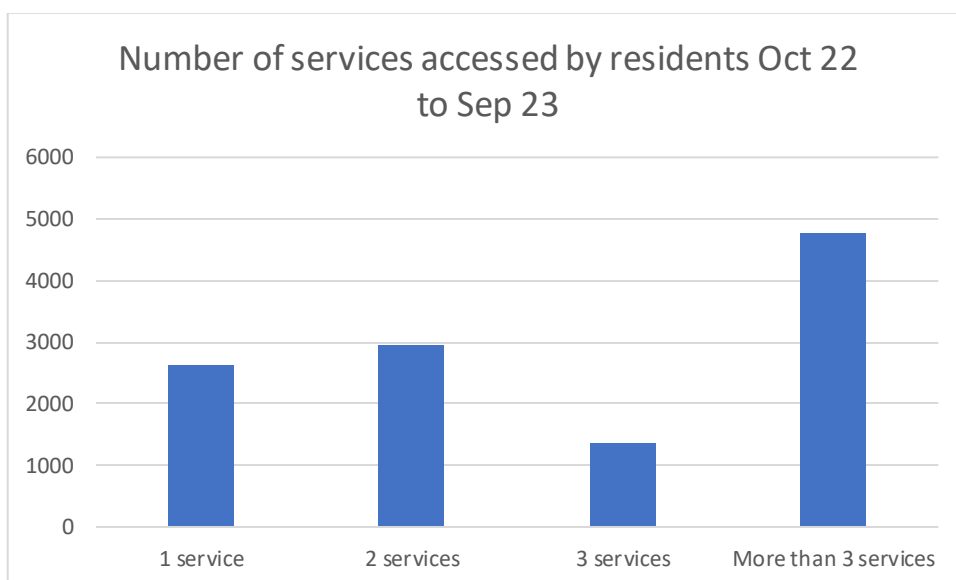
⁴ [Demography JSNA Chapter Update 2021 \(bromley.gov.uk\)](https://www.bromley.gov.uk/~/media/2021/09/28/2021-22-Chapter-4-Demography-Updated-2021-22.pdf)

⁵ [Demography JSNA Chapter Update 2021 \(bromley.gov.uk\)](https://www.bromley.gov.uk/~/media/2021/09/28/2021-22-Chapter-4-Demography-Updated-2021-22.pdf) (Cray Valley West, Mottingham & Chislehurst North, Cray Valley East, Crystal Palace and Penge & Cator).



3.22 Clients aged 55 plus accounted for over 40% of all referrals to the Bromley Well service.

3.23 Number of services accessed by residents.



3.24 Almost 50% of residents accessed more than 3 services during the reporting period underlying the complexity of issues being presented to the service.

4. MARKET CONSIDERATIONS / IMPACT ON LOCAL ECONOMY

4.1 The programme of work continues to deliver key operational interventions that support resident access to services and has a key role in managing the stepping up of residents to more specialised services and the stepping down of residents into community groups post discharge from services. The programme of work also supports the stability of the Third Sector in terms of delivering prevention and early intervention programmes.

5. SOCIAL VALUE, CARBON REDUCTION AND LOCAL / NATIONAL PRIORITIES

5.1 The service supports social value through improving employment and education opportunities for resident including ensuring access to job and volunteering opportunities emerging from the delivery of this service. The service also supports involvement of residents in local and community groups, including development of peer support and step-down provision to enable the sustaining of support post discharge from services.

6. STAKEHOLDER ENGAGEMENT

6.1 Residents are engaged on a regular basis with feedback provided on a quarterly basis as part of service contract meeting. BTSE also capture resident satisfaction provider Quality Assurance team and this quality assurance framework is aligned to the Bromley QAF. This requires the team to contact service users to understand their experience of using the service and make service adjustment as required. Further work around co-production is being developed and services are also measuring the impact of services on resident loneliness and isolation.

6.2 Bromley Well engage with residents across all pathways and integrate their suggestions into service design. In the case of young carers, for instance, Bromley Well co-designed, with young carers, a young carers app that provides a safe online space for young carers to access advice and support on caring. Further detail on resident feedback is detailed in the appendices.

7. IMPACT ASSESSMENTS (INCLUDING VULNERABLE ADULTS AND CHILDREN) AND CUSTOMER IMPACT

7.1 Service impact assessments are completed on an annual basis. These demonstrate the positive impact services have on residents and supporting people with maintaining their wellbeing and independence.⁶

8. TRANSFORMATION/POLICY IMPLICATIONS

8.1 This service supports the delivery of the Transformation corporate strategy by delivering services that enable adults and older people to enjoy fulfilled lives and maintain their independence.

9. IMPACT ON HEALTH AND WELLBING

9.1 This service continues to deliver services that have a positive impact on the wellbeing of resident in Bromley as detailed in section 3.1 and 3.3 above.

Non-Applicable Headings:	IT and GDPR, Strategic Property, Procurement consideration, financial consideration, Personnel consideration, Legal consideration, Ward Councillor views.
Background Documents: (Access via Contact Officer)	[Title of document and date]

⁶ [BTSE presents Impact report for Bromley Well 2022 - 2023 - Bromley Well](#)
Gateway Report Member Decision
October 2023

9. APPENDICES

Appendix 1 Performance against Key Activity Indicators

Pathway	Annual Target	Actual Performance	Mitigation if required
SPA	5000 residents accessing services	Over 6000 residents accessing services	Reconfiguration of contact process to include email contact option
Elderly Frail	1000 supported via Elderly Frail service	Over 4100 residents supported via elderly frail pathway including those supported through Take Home and Settle/ Hospital aftercare services	Contract variation to address issues in capacity
Long Term Health Conditions]	240 residents accessing services	450 residents accessing services	service reconfiguration to support increased demand
Carers	250 carers accessing service	1400 carers accessing service	service reconfiguration to support increased demand
Education and Employment	20 residents commencing employment	20 residents commencing employment	
Learning Disability	300 residents accessing service	550 accessing service	
Physical Disability	300 residents accessing service	600 residents accessing service	
Dementia Respite	250 respite hours accessed on a weekly basis between period	230 hours accessed on a weekly basis between period	Action plan in place to increase the number of people accessing the service and hours being used to reflect service expectations

Appendix 2 Resident Satisfaction

LD Outcomes - Table 7

	Q1	Q2	Q3	Q4	Target	2022/23
% of clients reporting an improvement in independence through feedback surveys	90%	92%	94%			92%
% of clients who report an improvement in wellbeing through feedback surveys	93%	94%	92%			93%
% of clients who report an improvement in wellbeing through feedback surveys	92%	94%	92%			93%

PD Outcomes - Table 7

	Q1	Q2	Q3	Q4	Target	2022/23
% of clients reporting an improvement in independence through feedback surveys	92%	94%	93%			93%
% of clients who report an improvement in wellbeing through feedback surveys	92%	94%	92%			93%

CASE STUDY

A 22-year-old male client requested support with a mandatory reconsideration for their Personal Independence Payment (PIP). They were referred to the Benefits Advice Team, who were able to guide and support the client with their mandatory reconsideration, along with specialist benefits advice.

My thanks to you and your colleagues for being there and listening. Having someone on side, and as a sounding board for my frustrations, really did help with the stresses of the situation.

Thanks to our benefits advisor, the client was awarded the standard daily living rate for 5 years and 11 months, totalling £18,500.

18

Elderly Frail Case Study

CASE STUDY

The client was referred to us by their hospital care navigator, who also stated that the client's partner needed help. Both had complex health issues and were referred to our long-term health conditions team. They needed benefits support, as well as carer's support for the partner – who was caring both for the client and another person.

As a result of the one referral, both the client and partner received holistic, person-centred support as individuals and as a couple. They were listened to and now receive ongoing support, meaning they both know they have someone they can turn to. This demonstrates the strength of Bromley Well's partnership model.

19

Befriending case study

CASE STUDY

The client first attended the Bromley befriending hub in 2018, aged 85. They became a regular attendee but stopped in January 2022, after being admitted to hospital. When they were discharged, the befriending hub facilitator paid them a home visit and referred them to the hospital aftercare service for shopping support. A family member now helps with online shopping for them.

The client, now aged 89, receives weekly volunteer calls or visits, thanks to which their mental and physical health has improved. They have also got a mobility scooter to go out independently. They intend to return to the befriending hub soon and are looking forward to planning their 90th birthday celebrations!

Hospital Aftercare Case study

CASE STUDY

A community occupational therapist referred the client to us for grab rails. Within a few days, the handyperson was able to install the rails requested and, as a trusted assessor, also installed an additional rail to help the client.

I am now able to have a bath with more confidence, and the handrails by the doors are helping me to go in and out more safely. I found the handyperson to be friendly, polite and efficient. They were also aware of my safety needs, so fitted an extra handrail inside my back door. Thank you!

CASE STUDY

Our Young Carers' Service plays a key role in helping young carers navigate from primary to secondary school. AB is an 11-year-old with caring responsibilities for an older sibling. He had been engaging well with our service but had begun to worry about his move to secondary school. This was causing him anxiety and he was reluctant to attend our summer events.

Our young carers' coordinator met with him to put together a transition plan. Before each event, the coordinator met

22

with AB and his parent, to provide emotional support and reassurance. They encouraged him to meet and mix with other young people.

Thankfully, this helped AB to overcome his fears and he was soon able to enjoy time away from his caring role, confidently engaging with others. He has developed skills and tools to overcome his worries, alongside making friends. He is enjoying his first year at secondary school and continues to attend our events and access emotional support from our young carers' team.

Physical Disabilities Case Study

CASE STUDY

A client with physical health conditions was referred to us by her GP, as she was also caring for her seriously ill son, who was bed bound. She struggled with basic things, including changing bedding or attending hospital appointments with her son.

The support worker helped her arrange a care needs assessment for her son and a carers' assessment for herself. As a result, she has had help caring for her son and obtained a council tax deduction. Her son also has transport for his hospital appointments.

The client is better able to care for herself, no longer feels alone and is much happier. She said:

Everything you suggested has been marvellous. The information you gave was invaluable in every way. Everything happened exactly as you said it would.

Long Term Health conditions Case study

CASE STUDY

The client had been off long-term sick from work with fibromyalgia. She was finding the situation very stressful and wanted help to become more assertive and confident, while finding ways to manage her wellbeing.

Through the long term health conditions service, her support worker provided emotional

phone support and introduced her to a virtual fibromyalgia support group, where she could talk with others similarly affected. She also attended weekly online health and wellbeing workshops to learn how to adapt her lifestyle. She began to regain her confidence with talking to her employer and her GP. She now feels much happier and has secured a new job.

24

Appendix 4-Bromley Well 22-23 impact Report

[BTSE presents Impact report for Bromley Well 2022 - 2023 - Bromley Well](#)

Report No.
ACH24-036

London Borough of Bromley PART ONE – PUBLIC

Decision Maker: Chief Officer in consultation with the Portfolio Holder

Date: 18th June 2024

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

Title: 0-19 Years Public Health Nursing Service Performance report

Contact Officer: Dr Jenny Selway, Consultant in Public Health
: 0208 313 4769 E-mail: jenny. Selway @bromley.gov.uk
Tel: 0208

Chief Officer: Dr Nada Lemic, Director of Public Health

Ward: All

1. REASON FOR REPORT

- 1.1 This is an annual report on the progress made by the 0-19 Public Health Nursing Service against this contract. The London Borough of Bromley has a contract in place with Bromley Healthcare CIC to provide a 0-19 Public Health Nursing Service. Executive approval was obtained on 27th November 2019 (Report No. CSD19180) to award the contract for five years from 1st October 2020 to 30th September 2025 with the option to extend the contract for a period of up to two years until 30th September 2027.
-

2. RECOMMENDATION(S)

- 2.1 Members are asked to note this report and the progress made against contract requirements

Impact on Vulnerable Adults and Children

1. Summary of Impact:
-

Transformation Policy

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

Financial

1. Cost of proposal: Not Applicable:
 2. Ongoing costs: Not Applicable:
 3. Budget head/performance centre:
 4. Total current budget for this head: £4,056,000
 5. Source of funding: Public Health grant
-

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: None:
 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
-

Impact on the Local Economy

1. Summary of Local Economy Implications: Not Applicable
-

Impact on Health and Wellbeing

1. Summary of Health and Well Being Implications: The 0-19 Public Health Nursing service is an important universal service supporting families with children, identifying needs and providing early help where appropriate.
-

Customer Impact

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

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 Council has a contract in place with Bromley Healthcare CIC (BHC) to provide a 0 – 19 Public Health Service incorporating a number of different elements to improve the health and wellbeing of children & young people aged 0-19 and their families. The Annual Report for 2022/23 produced by BHC on this service is attached as an appendix.

Services include:

3.2 HEALTH VISITING

Health Visiting is a mandated universal service from pregnancy to age 4 years. The Health Visiting team meet with pregnant women after 28 weeks of pregnancy, assess the mother and baby 10 days after the birth, at 6 weeks after the birth, when the child is aged 1 and again when the child is aged 2-2½ years. These reviews are important in building a relationship between the Health Visiting team and the mother and in making an expert assessment of medical and social risk for that family.

This expert assessment of risk is used to identify whether support in addition to routine support is required in order to avoid poor outcomes. Additional support could be in the form of referral to health services, children's social care or other support services, or it could be provided directly by the Health Visiting team. Where safeguarding issues are identified the HV will initiate appropriate processes and, importantly, maintain contact and support to the family throughout the processes, thus providing step-down support as well as escalation. This long term support to vulnerable families is an important part of keeping children safe in Bromley.

The Health Visiting service, by avoiding delays in identification of need, are able to reduce risk and cost by addressing many needs before they escalate.

There are around 4,000 births a year in Bromley. The vast majority of these families will not require additional support and receive only the five reviews and infant immunisations (which are the responsibility of primary care).

3.3 FAMILY NURSE PARTNERSHIP

Family Nurses provide intensive support to the most vulnerable mothers using evidence-based interventions. This is a licensed programme and supports the mothers from pregnancy until their child is 2 years old, when the care of the family passes to Health Visiting services. This service is based on good evidence that intensive support to vulnerable families can have a significant impact on outcomes. By improving the attachment between the baby and the mother and supporting young mothers in their parenting role, many of the long term outcomes related to poor attachment can be reduced or avoided. These adverse outcomes include behaviour and mental health problems in the child and poor education outcomes. Vulnerable and first time young mothers often struggle significantly in their role as a parent. Almost sixty per cent of mothers involved in serious case reviews were under 21 when they had their first child. Bromley's current FNP caseload illustrates that vulnerable first time mothers have increasingly complex needs.

Where involvement of Children's Social Care is necessary it is possible for cases to be escalated and de-escalated in a safe and timely manner due to the level of intervention FNP provides. For example, in the last quarter three infants were stepped down from Children In Need (CIN) and Child Protection Plan (CP) and nine infants/unborn were put on CIN. CIN plans

are multiagency plans put in place for a child who needs extra support for his/her safety, health and/or development. CP plans are put in place when a child may be at risk of significant harm.

In line with Bromley's commitment, set out in Transforming Bromley Roadmap, to help Bromley children and young people at the earliest point of need, FNP functions both as an early intervention and as a prevention programme. Within the current caseload, eleven of the mothers were previously Children Looked After, 97% of FNP babies and toddlers are up to date with their immunisations and 100% of them have completed Ages and Stages Questionnaire (ASQ) developmental reviews.

Bromley currently has three Family Nurses (FNs) who provide support to up to 75 vulnerable mothers, including young mothers who are care leavers or known to Children's Social Care.

3.4 HEALTH SUPPORT TO SCHOOLS

The Health Support to Schools (HSS) service covers two specialist nursing functions: safeguarding vulnerable groups, and strategic health support to schools to minimise the risks of children with health conditions in schools.

a) Safeguarding Nursing support

As well as providing nursing expertise to general safeguarding processes in Bromley, this service is commissioned to provide nursing support to some of the most vulnerable groups in Bromley as identified by the Needs Assessment, including Electively Home Educated children, young people in contact with the Youth Offending Team, young people in the Gypsy Traveller community, and young carers. In addition, this service is commissioned to support identification and assessment and provide appropriate support to young people who have suffered Child Sexual Abuse or Exploitation (CSA/CSE).

b) Supporting pupils with medical needs in schools

The service is commissioned to provide nursing support to maintained schools and academies in Bromley in order to reduce the risks to schools of looking after pupils with medical conditions. This model of working involves each school clearly leading this work, with appropriate strategic nursing support to minimise risks to the school and the young people. Individual Health Care Plans for children with medical conditions are a key mechanism to manage this risk in schools

3.5 NATIONAL CHILD MEASUREMENT PROGRAMME

The National Child Measurement Programme (NCMP) is a mandated programme which measures height and weight in reception year and year 6 in all children in Bromley in maintained schools and academies. The measurements are fed into a national NCMP programme.

After piloting new ways of delivering this programme in 2016, it was combined with the Vision Screening programme in reception year (which is part of the Healthy Child Programme), in order to minimise the number of visits to primary schools. This model is preferred by schools and brings efficiencies in the administration of both programmes.

3.6 SAFEGUARDING

It is a statutory duty of the local authority to safeguard children. The Health Visitor, FNP Nurse or School Nurse brings the health perspective to form part of a full oversight of a child's needs, especially if a child has disabilities. The SEND framework does not distinguish between maintained schools and academies.

3.7 The performance of Bromley Healthcare has improved over the term of the contract and the service is working well. The provider has built good relationships with their health partners, parents and families, Council Officers, schools, Children & Family Centres and other key stakeholders. The provider has consistently met the targets for this service, the only exception to this was during the pandemic and the Provider adjusted their service to ensure that KPIs were being met as much as possible given the circumstances. The Provider has given exception reports to explain where service disruptions have occurred and were accepted by LBB Commissioners.

3.8 Service Profile / Data Analysis / Specification

3.9 The following table provides information on the KPIs achieved for the mandated services for the past two financial years and comparison to rates in England. It is proposed to continue with the current specification:

HCP Key Performance Indicator	Description of KPI	Target	Q1-Q3 2023-24 YTD	Q1-Q4 2022-23	England (22-23) %
Ante-Natal	Total number of contacts	n/a	862	1524	n/a
New Birth Visit	Percentage of babies receiving a face to face new birth visit in the home within 14 days of birth	95%	93.2%	95.1%	79.9%
6-8 weeks check	Percentage of children due a 6 – 8 week review of the end of the quarter, who received a 6 – 8 week review	90%	94.8%	96.0%	79.6%
1 year review	Percentage of children who received 1 year Health Review by 15 months old	90%	89.1%	96.4%	82.6%
2-2.5 year review	Number and percentage of children receiving 2 – 2.5 year contact	80%	83.1%	92.3%	73.6%
Breastfeeding prevalence at 6-8 weeks check	Prevalence (Exclusive Breastfeeding + Mixed Feeding)	n/a	66.5%	63.7%	49.2%

3.10 Health Support to Schools (HSS)

The delivery of the School Nurse element of the contract is to 102 schools within the borough, 75 primary and 22 secondaries including 5 Pupil Referral Units. The named School Nurse attends termly School Profile Meeting to the individual schools, identifying any health needs, training and support with Individual Health Care Plans.

By the end of the Winter term of 2022, Bromley School Nursing had completed Profile Meetings for 81.3% of all primary schools, and 81.8% of all secondary schools. The remaining schools were offered Profile Meetings in the Spring term of 2023. There were a further 47 termly meetings completed in schools across the Spring term of 2023. There was a total of 21 training sessions delivered by School Nursing to school staff, capturing around 437 teaching staff.

The service work hard to engage schools and form good working relationships. The School Nursing team are working with the Communication and Engagement team to raise the profile of School Nurses across the borough and to fully engage all schools.

In terms of safeguarding, a school nurse from the HSS attended 93.4% of Initial Case Conferences (211 out of 226). Where a school nurse is unable to attend a report is provided.

Across 2022-23 in the National Child Measurement Programme (NCMP), 4,578 children in Reception (92.7% coverage), and 4,864 children in year 6 (93.5% coverage) were measured.

A total of 6,175 reception year children had their vision screen in 2022-23 (92.9% coverage). Any child who is unable to be vision screened due to having an additional need, is referred onto either the Orthoptist team or Community Optician with parental consent, depending on the child's need.

4. STAKEHOLDER ENGAGEMENT

- 4.1 Bromley Healthcare CIC have invested both resources and time in improving the service and establishing important partnerships and networks. BHC co-locates with the Early Intervention and Family Support service in two of the Children and Family Centres and provide services from all Children and Family Centres.

5. IMPACT ON HEALTH AND WELLBEING

- 5.1 This Contract has a good impact of the health and wellbeing of children and young people and their families / legal guardians. The following summary is very positive. The only areas where the service is performing less well than the England average (MMR immunisation, A&E attendances), the performance in Bromley is better than London as a whole. Overall, comparing local indicators with England averages, the health and wellbeing of children in Bromley is better than England. In this area:

- The infant mortality rate is similar to England with an average of 12 infants dying before age 1 each year. Recently there have been 6 child deaths (1 to 17 year olds) each year on average.
- The teenage pregnancy rate is better than England, with 55 girls becoming pregnant in a year.
- 4.3% of women smoke while pregnant which is better than England.
- 82.8% of newborns received breast milk as their first feed. Breastfeeding at 6 to 8 weeks after birth is 63.7.% which is better than the rate for England (49.2%)

- The MMR immunisation level does not meet recommended coverage (95%) but is higher than most London boroughs. By age 2, 87.6% of children have had one dose.
- Dental health is better than England. 12.0% of 5 year olds have experience of dental decay.
- Compared with the England averages, this area has a similar percentage of children in Reception (21.8%) and a lower percentage in Year 6 (33.9%) who have excess weight.
- The rate of child inpatient admissions for mental health conditions at 34.5 per 100,000 is better than England. The rate of self-harm (10 to 24 years) at 205.5 per 100,000 is better than England.
- 82.8% of children aged 2 to 2½ years were at or above the expected level of development in all five areas of development (communication, gross motor, fine motor, problem-solving and personal-social skills) in the financial year ending 2022. This is higher than the England average.
- 2.5% of babies were born with a low birth weight (less than 2,500g). This is similar to England. The recent trend shows no significant change.
- Nationally, the rate of hospital admissions of children and young people for conditions wholly related to alcohol, between 2016 and 2020, is decreasing and this is also the case in Bromley. The admission rate in the latest pooled period is also better than the England average.

In the financial year ending 2022, there were 15,460 A&E attendances by children aged four years and under. This gives a rate which is worse than England but this rate is very high for all of London. Compared to the rest of London the rate is low in Bromley

Non-Applicable Headings:	SOCIAL VALUE, CARBON REDUCTION AND LOCAL / NATIONAL PRIORITIES, IMPACT ASSESSMENTS (INCLUDING VULNERABLE ADULTS AND CHILDREN) AND CUSTOMER IMPACT, TRANSFORMATION/POLICY IMPLICATIONS, IT AND GDPR CONSIDERATIONS, STRATEGIC PROPERTY CONSIDERATIONS, PROCUREMENT CONSIDERATIONS, FINANCIAL CONSIDERATIONS, PERSONNEL CONSIDERATIONS, LEGAL CONSIDERATIONS.
Background Documents: (Access via Contact Officer)	Report No. CSD19180 'Contract Award for 0-19 Years Public Health Nursing Service'

Bromley 0 to 19 Public Health Service

2022-2023 Annual Report



Bromley 0 to 19 Children's Public Health Service
is provided by Bromley Healthcare CIC



Contents

Executive summary	3
Service delivery summary	7
Performance data from the dashboard	10
School Nursing Profiles	14
Breastfeeding.....	21
Universal Plus: Targeted support	21
Special Educational Needs and / or Disabilities (SEND) – Universal Plus: Targeted support.....	28
Safeguarding - Specialist Pathway: Universal Partnership Plus	32
Partnership working.....	39
Communications and engagement	48
Newsletters	49
Patient Satisfaction	50
Compliments, concerns and complaints.....	53
Serious incidents	55
Record keeping audit	55
Quality Assurance Visit	56
Perinatal and Infant Mental Health Audit	57
Staff Professional Development	58

Executive summary

The Bromley 0 to 19 Public Health Nursing service offers advice and support around health, development and holistic wellbeing to local families and partner services who work with children and young people within Bromley. Advice and support is tailored according to individual need and aims to be strength-focused and therapeutic. Safeguarding children, young people and vulnerable adults is an important focus of the work that staff undertake.

Bromley 0 to 19 delivers the following services:

- Health Visiting
- School Nursing (Health support to schools)
- Family Nurse Partnership (FNP)
- National Child Measurement Programme (NCMP)

The Bromley 0 to 19 service has an important role in the health contribution to safeguarding children and young people aged 0 to 19 within the borough of Bromley. As of 2022, the total population of the Bromley borough was 330,000, of which approximately 22% were children and young people under the age of 19 years.

Health Visiting

Health Visiting is a mandated universal health service which is offered to all families, from pregnancy to the start of statutory school age. The Health Visiting service is comprised of a skill-mix team, including practitioners holding specialist roles, namely an Infant Feeding Specialist, a Perinatal and Infant Mental Health (PIMH) Specialist Health Visitor, a Special Educational Needs and / or Disabilities (SEND) Specialist Practitioner, and a Practice Development Health Visitor.

The service delivers 5 mandated contacts in line with the Healthy Child Programme. The purpose of these contacts is to assess and support the health, wellbeing and development of children, to assess and support parental emotional wellbeing and to complete a comprehensive assessment of the family's health needs, which aims to identify any potential vulnerabilities where additional support can be offered.

Targeted support can be given to families either by the Health Visiting service itself, or partner agencies depending on the need. Where there are safeguarding concerns identified, staff follow appropriate processes and procedures to escalate these concerns, whilst continuing to offer support to families.

School Nursing (Health Support to Schools)

The School Nursing service encompasses: the safeguarding of identified vulnerable groups of children and young people, and offers strategic health support to schools to maximise the support given to children and young people with health conditions.

The service is commissioned to provide support to some of the most vulnerable groups in the borough as identified through a Health Needs Assessment, including young carers, electively home-educated children, children and young people who are known to the Youth Offending service, and children and young people living within the Gypsy, Roma and Traveller community. The service supports children and young people who attend a Bromley school and are subject to Child Protection (CP) or Child In Need (CIN) plans, depending on health need.

The service also supports local maintained schools and academies within the borough, in order to reduce the risks to schools who are looking after students with medical conditions. Individual health care plans for children with medical conditions are an important way in which nursing support can be offered to schools.

Family Nurse Partnership

The Family Nurse Partnership (FNP) delivers intensive support to the most vulnerable of young mothers, using evidence-based interventions. The programme acts as both an early intervention and prevention service. The FNP model is a licensed programme which aims to support mothers from early pregnancy until their child reaches their 2nd birthday, at which point, transfer of family care would be provided to the Health Visiting team. There is a wealth of research evidence which shows that the provision of intensive support to vulnerable families can have a significant positive impact on both short and long-term health outcomes for children. By improving the emotional attachment between parents and their children, and supporting young parents to develop their parenting skills, many adverse health outcomes can be reduced, including poor child mental health and behavioural issues.

National Child Measurement Programme

The National Child Measurement Programme (NCMP) is a mandated programme which offers measurements of height and weight to all children, in both Reception year, and year 6 of school. The NCMP is delivered within Bromley to all maintained schools and academies. Data from the NCMP is returned to NHS England, where it is analysed, and then a report summarising local and national data is published. The aim of the programme locally is to identify children who are overweight and at risk of experiencing obesity, so that their parents / carers can be offered sensitive and non-judgemental advice and support around weight management, healthy eating and exercise / activity. The aim nationally is to identify trends overtime, and to inform tackling obesity policy development. Bromley also offers vision screening to all children in Reception who attend maintained schools or academies, with the aim of identifying children who are experiencing reduced vision in one or both eyes. By detecting vision problems early, children can be referred for assessment and treatment promptly, minimising long-term impact on the child's health, wellbeing and education. The NCMP programme in Bromley is an opt-out service. Bromley currently employ 4 NCMP screeners to deliver the programme.

Current highlights

- **Staffing** – The Bromley 0 to 19 service has seen a positive year in terms of recruitment, the overall vacancy for the service is presently around 3 WTE, active recruitment is ongoing within the Health Visiting service. The FNP and Health Support to Schools service is fully established.
- **SCPHN training** – Bromley are currently supporting 2 student Health Visitors who are completing their SCPHN post-graduate training at Kings University. The hope is that once qualified, both students will be employed by Bromley Healthcare, thus further strengthening the tri-borough workforce and retaining talent. The hope is that a further 4 SCPHN students will be recruited in September 2023 (subject to funding).
- **Staff development and training** – Staff have been able to access various internal and external training and development opportunities, funded by PAN London HEE. Health Visitors and School Nurses have also had the opportunity to undertake the iHV Leading Excellence in Practice development programme, and there will be future opportunities for this training in 2024.
- **BFI accreditation** – In 2023, Bromley achieved stage 3 Baby Friendly accreditation, and the plan for 2024 is to go for Gold standard.
- **Regular staff training forums** take place across the borough for all teams.
- **Partnership working**
- **Specialist roles within Health Visiting** adds value to the service and enables the development of robust staff training and development, high quality care for families, and development of pathways.
- **Performance in relation to commissioned Key Performance Indicators (KPIs)** remains consistently positive.

Current challenges

- **Movement within the Senior Leadership team**
- **SOPs** – Tri-borough SOPs are currently in development, the timeframe for these being ratified has been extended due to capacity issues around having these completed within initial timeframes.
- **EMIS templates / record-keeping** – Monthly record keeping audits are being undertaken across the service, which has identified a need for new EMIS templates, progress for updating and improving the templates is underway. Once improved, these templates will enable staff to document higher quality records which capture a robust assessment of strengths and needs for the family.

Bromley Healthcare strives to be the best community provider for the provision and delivery of caring, safe and effective services to the communities we serve. We commenced delivering the Bromley 0 to 19 Children's Public Health service in October 2020.

Our staff are passionate about supporting the children, young people and their families in Bromley and actively encourage feedback from our service users to help improve care. This is done using the national Friends and Family Test as well as the web-based Care Opinion. The Bromley 0 to 19 Children's Public Health service received from April 2022 to March 2023, 240 people who used our services responded to the Friends and Family Patient Satisfaction Test and 82.5% of them stated that their appointment was 'Very Good' or 'Good'.

We continued to deliver a high-quality service with the majority of Key Performance Indicators either being delivered above or close to target. However, there was a short period of time (3 weeks) due to high sickness levels within the service that an increased window of time (21 days) to complete the Universal New Birth Visits was implemented.

For the Health Visiting element of the service, the team has continued to ensure that all families are offered a face-to-face universal contact to deliver the mandated checks, commencing in the antenatal period for targeted antenatals and from New Birth Visit for all universal families. These contacts ensure that a Family Health Needs Assessment is completed for all families either in the antenatal period or at the New Birth Visit at 10 to 14 days, which helps to identify those families that require additional support. This year, the service has consistently been above target (90%) for the year for the New Birth visit completed by 14 days (average 95.1%), the 6 to 8 week checks conducted by a Health Visitor (average 96%) and the 3.5 to 4 year contact (100%). For the 1 year and 2 to 2.5 year review, the performance for the year has been an average of 86.9% and 92.3% respectively.

The delivery of the School Nurse element of the contract to 102 schools within the borough, 75 primary and 22 secondary including 5 Pupil Referral Units. The named School Nurse attends termly School Profile Meeting to the individual schools, identifying any health needs, training and support with Individual Health Care Plans.

The service work hard to engage schools and form good working relationships. The School Nursing team are working with the Communication and Engagement team to raise the profile of School Nurses across the borough and to fully engage all schools.

During part of the year there were some staff vacancies, this was the locality lead role and a band 6 School Nurse position. These are now fully recruited to.

For the National Childhood Measurement Programme (NCMP) delivered by Community Nursery Nurses in the 5 to 19 element of the service, performance has progressed well. Across the year 2022-23, 4,578 children in reception participated in the NCMP, which was an overall 92.7% attainment. A further 4,864 children in year 6 participated in the NCMP, which was 93.5% of all children within this year group across the borough. There were a total of 10 children who were identified as very overweight following their screening, and of these children, 6 were referred to a paediatric Dietetic service following consent from their parents.

A total of 6,175 reception year children had their vision screen in 2022-23, this was out of an eligible cohort of 6650 (92.9% coverage). Therefore, 475 children were not screened; these children may have been absent on the day of screening or catch up, their parents may have opted their child out of screening, or the screeners may have been unable to complete screening due to the child having additional needs. Any child who is unable to be vision screened due to having an additional need, is referred onto either the orthoptist team or community optician with parental consent, depending on the child's need.

Bromley Healthcare has an internal focus on building a culture for growth and supports staff to succeed and feel valued. Where possible, internal promotion is advocated, successes are celebrated and the feedback from our staff is positive.

Service delivery summary

Referrals to the Bromley 0 to 19 Children's Public Health service are received via the Single Point of Access, which is then processed by the Care Coordination Centre (CCC). The CCC books directly into the clinician's diaries for New Birth Visits and 6 to 8 week checks. The client is notified of their appointment by letter, email or phone. The CCC acts as a single point of contact for the service, taking calls from health professionals and clients alike, answering questions if able or identifying the most appropriate person to respond. The CCC work closely with the Duty Health Visitor, Duty Manager and Locality Administrators to support service delivery.

The Bromley 0 to 19 Children's Public Health service is delivered by qualified Nurses / Midwives with an additional qualification in Community Public Health Nursing and skill-mix who work with children, young people and their families to deliver a service based on best practice of what works for individuals, families, groups and communities. This is delivered to enhance health and reduce health inequalities through a proactive universal service for 0 to 4 years and 5 to 19 years. In addition to this, they work to support vulnerable families targeted according to need.

Overarching the three boroughs is the Tri-borough Head of Public Health Nursing.

During March 2023, an interim Tri-borough Head of Public Health Nursing came into post following this role becoming vacant. Later in 2023, this was recruited to substantively.

The Bromley 0 to 19 service is led by a Service Lead. The Health Visiting service is supported by 3 Locality Leads. The teams are based at Blenheim Children's Centre, Community Vision Children's Centre and the Phoenix Children's Resource Centre.

In order to ensure a presence in this area, the team deliver services from the 6 children centres, and the following sites:

- Mottingham Clinic
- Biggin Hill Clinic
- Phoenix Children's Resource Centre
- Orpington Village Hall
- Beckenham Beacon

- St Paul's Cray Clinic

The School Nursing service is supported by the School Nursing Locality Lead and this service is based at Hollybank.

The 0 to 4 element of the service

The 0 to 4 element of the service is one of “Progressive Universalism” delivering levels of care based on assessed need in a variety of settings, underpinned by evidence using the skill-mixed team. Assessed levels of need change for individual families across the early years period. The Health Visitors constantly review the level of service being offered at any time to address the identified needs / concerns. The universal core offer is delivered through a minimum of 5 universal face to face contacts which helps enable practitioners to determine which level of service delivery is indicated for each family.

The four levels of service provision as identified in the Health Child Programme framework are:

- Community
- Universal
- Targeted
- Specialist

The 5 universal face to face contacts are:

- Antenatal Visit
- New Birth Visit
- 6 to 8 Week Contact for mother and baby
- 1 Year Review
- 2 to 2.5 Year Review

The family assessment is completed and reviewed at all mandated checks along with assessing emotional health and wellbeing and giving health promotion advice, including:

- Smoking cessation
- Alcohol intake advice
- Nutrition / exercise
- Healthy Start / Vitamin D
- Development advice
- Safe environment / accident prevention
- Play activities
- Signposting to the Children and Family Centres

In addition to this, the service continued to deliver drop-in child health clinics which also helped to identify families requiring additional support.

Two specialist roles have been developed and recruited to in the past year, the Special Educational Needs and / or Disabilities (SEND) Specialist Practitioner and the Perinatal and Infant Mental Health (PIMH) Specialist Health Visitor.

The SEND Specialist Practitioner role key functions are: to support with the training and upskilling of the Health Visitors and Community Nursery Nurses; to network with other agencies to share knowledge, resource and develop shared pathways; to seek lived experiences from families and children and young people with SEND to inform service development. The SEND Specialist Practitioner also has a key role in maintaining and improving service quality through development of policies and guidance, training and auditing. The SEND Specialist Practitioner works closely with key partners, including Early Years Settings, providing training around the Integrated 2 Year Reviews, working with the local authority Early Years team and other specialist services such as Speech and Language Therapy to develop shared pathways. The SEND Specialist Practitioner has had a key role in upskilling staff through delivering SEND specific forums and delivering training to the 0 to 5 service.

The PIMH Specialist Health Visitor works to lead and develop PIMH pathways, skills, and knowledge within the Health Visiting service in Bromley. They build and consolidate the skills and knowledge of the Health Visiting service, providing training, consultation and support in relation to PIMH, with an emphasis on early intervention, prevention of mental health difficulties and the promotion of positive relationships between parents and their infants. The PIMH Specialist Health Visitor works in partnership with the Oxleas' Perinatal Mental Health team, supporting NHS Talking Therapies, MIND and other key stakeholders to develop multi-disciplinary pathways, policies and procedures to address the mental health needs of women in the perinatal period and their families. The PIMH Specialist Health Visitor also works as part of a team to ensure the evaluation and audit of services.

Along with these two borough specific roles, the Tri-borough Infant Feeding and Healthy Weight Lead was implemented, who leads the BFI accreditation process across the three boroughs, supporting Bromley to progress to Gold accreditation. This role provides line management to the borough-specific Infant Feeding Specialists and leads on an integrated feeding approach across the three boroughs, linking with primary care and maternity services.

The 5 to 19 element of the service

All state schools including the Pupil Referral Units have an allocated School Nurse. The majority of the schools engage well with their allocated School Nurse, however there are still a few schools that do not respond or are slow to respond when meetings are requested, particularly when arranging the Profile Meetings. Work has commenced to improve this with the Communications and Engagement team.

When the schools have their Profile Meeting completed, an action plan is agreed which will include the role of their School Nurse. This could be identifying more referrals to support children's health, health promotion sessions for children or training for staff.

The service also liaises with other professionals and schools to ensure children with medical needs have an up-to-date Individual Health Care plan.

The vast majority of the work includes safeguarding the vulnerable children in the borough. The service attended numerous safeguarding meetings and have two allocated nurses each day to attend these. School Nurses frequently write conference reports - this is a high volume and each month around 40 to 80 reports are completed. If the service is aware of these ahead of time, then they are allocated appropriately and completed in a timely manner. The challenge with this is that invitations to the conference can be received at short notice or they are cancelled without notice.

The majority of the referrals come through the Children's Safeguarding team and the service aims to complete a Health Needs Assessment on all children who have been subject to a Child Protection plan (with consent). These children may require further support from the School Nurse or referrals to ongoing serviced to support their health. Work is being done capturing the support provided to schools via email and telephone from the service too. This is work the School Nurses enjoy and is going well.

Every day, a Nurse covers the duty email to address any queries and review all A&E's that have been sent to us. This may require phone calls to the family and possibly require further work from the allocated School Nurse to support the health of the child.

The service also has Safeguarding School Nurses who support children who are electively home educated, are known as a young carer or are known to the Youth Justice service. These nurses provide more comprehensive support to the children in these categories to support both the established and emerging needs. This also includes any Gypsy, Roma and Traveller children and young people that have an identified need. Working collaboratively with Bromley Children's Project who complete outreach work. These roles are recognised both internally and externally as a valuable service to the vulnerable groups.

The service is delivered in an integrated way ensuring smooth transition from the Health Visiting element of the service to School Nursing. In addition, they work in partnership with other services to deliver joint working where possible and to ensure good links, by having a Named Nurse for each School and GP practice.

It also posts key messages on Facebook, Twitter and Instagram.

Performance data from the dashboard

Bromley Healthcare uses data from the back end of EMIS to populate fields within the management information tools which provide a visual presentation of the service performance against KPIs and standards and the service has a live dashboard. Information on the QlikSense data analytics platform can be analysed at team and even individual level.

Live Dashboard for the 0 to 4 element of the service

Please note data changes on a daily basis as it is live (please note this is a display image)

Bromley Health Visiting - Mandated Checks Dashboard v2.0		
New Birth Visit Checks		
260 NBV Cohort	NBV within 14 days 251 NBV over 14 days 7 NBV not completed 2	Missing Infant Feeding Checks at NBV 3 Visits achieved (90%) 96.5%
6-8 Week Checks		
240 6-8wk Cohort	6-8 wk completed by 8 wks 209 6-8 wk completed over 8 wks 24 6-8 wk not completed 7 6-8 wk declined	Missing Infant Feeding Checks at 6-8 wks 11 Visits achieved (90%) 96.9%
Health Review 1		
243 HR1 Cohort	HR1 completed 234 HR1 not completed 10 HR1 declined 3	Reviews achieved (90%) 95.1%
Health Review 2		
215 HR2 Cohort	HR2 completed 210 HR2 not completed 8 HR2 declined	Reviews achieved (90%) 96.3%

Health Visiting KPIs

Q1: Across the year of 2022-23, a total of 1,524 Antenatal Contacts were completed. A total of 1,049 primigravida pregnant clients were recorded as having an Antenatal Contact with a Health Visitor between 28/40 gestation to due birth. There were a total of 341 Antenatal Home Visits completed to vulnerable clients, who were referred to the service under “Maternity Cause for Concern” (22.4% of all Antenatal Contacts for the period).

A new targeted antenatal RAG rating tool and allocation process has been implemented in early 2023, this tool has been developed by the Tri-borough Perinatal and Infant Mental Health (PIMH) Specialist Health Visitors and has been shared with stakeholders locally. The tool has supported the referral and allocation process to ensure that any clients eligible for a targeted Antenatal Contact are identified, referred into the service and allocated to a Named Health Visitor.

Q2: In 2022-23, the Bromley Health Visiting service delivered 3179 New Birth Contacts by 14 days, an YTD average of 95.1%. A further 128 New Birth Visits were completed by 30 days (3.5%). The most common reasons for New Birth Visits not being completed by 14 days were infants being in SCBU, and parents declining support from the Health Visiting service.

Q3: Throughout 2022-23, the Bromley Health Visiting service delivered face-to-face 6 to 8 Week Checks in both local clinics and in client's homes.

The 6 to 8 Week Check performance has been above target for the whole of this period – a YTD average of 96%, which is a total of 3,247 infants seen. Mothers receiving maternal mood assessment at 6 to 8 weeks of birth was maintained and remained above target in every quarter: Q1 95.8%, Q2 96.7%, Q3 95.5% and Q4 98%.

Q4: For HR1 reviews by 12 months, the YTD attainment was slightly below target at 86.9%. However the YTD attainment for HR1 by 15 months was 96.4% which is above the target of 90%. All of the HR1 reviews are now offered as face-to-face appointments, which has had a slight impact on engagement from parents.

The primary reasons for not consistently achieving the KPI were late bookings by the CCC due to their own staffing capacity, and children not being brought to their appointments / short-notice cancellations by families. By 15 months, most of the children who had not been seen by 12 months were reviewed.

The service continually reviews any performance below target to see what the issues are. The service has worked consistently to improve the booking process, with regular meetings now taking place between the service and the CCC to highlight any issues with booking appointments. The service has also implemented a monthly KPI reporting process to highlight any issues as they arise, so that these can be managed proactively.

For families that do not engage with this check, 2 invitations will be sent and the service will attempt to ring the family on the phone. If there is still no contact, a risk assessment will be completed following the Was Not Brought Policy and the GP will be notified that the service has been unable to see the family to complete the HR1 review.

Q5: The service has performed well for delivery of the 2 to 2.5 year reviews for 2022-23: Q1 93.9%, Q2 89.8%, Q3 95.8% and Q4 89.7%. Of the children who had received their HR2 check by 2.5 years, the service continued to achieve above target usage of the ASQ-3 with every quarter delivering above target: Q1 90.4%, Q2 92.7%, Q3 89% and Q4 93.6%.

The above actions regarding the HR1 reviews also apply to the HR2 reviews.

Q8: Total breastfeeding prevalence at New Birth visit was high in each quarter; Q1 79.7%, Q2 80.6%, Q3 76.6% and Q4 80.8%. Total breastfeeding prevalence at 6 to 8 Week Check was also strong – Q1 60%, Q2 65.1%, Q3 64.2% and Q4 65.3%. These rates are above the Public Health England "Breastfeeding Prevalence at 6 to 8 weeks after birth 2020/21" for England as a whole which was 47.6%.

KPI3: New Birth GP registration by 6 to 8 Week Visit: This KPI continued to achieve above target with 100% of babies being registered with a GP by the time of the Health Visitor 6 to 8 Week Visit during the year.

KPI6: Children centre registration at NBV: The service has continued to improve performance against this KPI, the service delivered at above the target of 75% in every quarter of 2022-23: Q1 79.5%, Q2 82.7%, Q3 86.8% and Q4 87.5%.

School Nursing KPIs

The School Nursing team have worked hard to establish relationships with schools and to achieve their targets, training internally to ensure that they made the most out of the Profile Meetings, and have been able to evidence the benefit of these meetings. There will be onward plans for 2024 to increase engagement with schools to raise the profile of School Nursing across the borough, with the support of the Communications and Engagement team.

Q10.1+2: By the end of the Winter term of 2022, Bromley School Nursing had completed Profile Meetings for 81.3% of all primary schools, and 81.8% of all secondary schools. The remaining schools were offered Profile Meetings in the Spring term of 2023. There were a further 47 termly meetings completed in schools across the Spring term of 2023. There were a total of 21 training sessions delivered by School Nursing to school staff, capturing around 437 teaching staff.

Q17.1 + 17.3: Across 2022-23, 4,578 children in Reception participated in the National Child Measurement Programme (NCMP), which was an overall 92.7% attainment. A further 4,864 children in year 6 participated in the NCMP, which was 93.5% of all children within this year group across the borough. There were a total of 10 children who were identified as very overweight after their screening, and of these children, 6 were referred to a Paediatric Dietetic service following consent from their parents.

Q17.8: A total of 6,175 reception year children had their vision screen in 2022-23, this was out of an eligible cohort of 6,650 (92.9% coverage). Therefore, 475 children were not screened; these children may have been absent on the day of screening or catch up, their parents may have opted their child out of screening, or the screeners may have been unable to complete screening due to the child having additional needs. Any child who is unable to be vision screened due to having an additional need, is referred onto either the Orthoptist team or Community Optician with parental consent, depending on the child's need.

In late 2023, the information letters were amended to inform parents prior to screening that, if their child fails their vision test, the family will receive one courtesy telephone call to inform, with a letter to follow, and the child would be referred to an Orthoptist. The reason the letters were changed is because previously they stated that parental consent would be sought prior to any onward referrals; however this caused problems if a screener was unable to speak with parents after the screening. Therefore, the letters now reflect informed consent by parents, unless they opt their child out of screening, which should have an impact moving forward into 2024.

Joint KPIs

Q14.1: Service User Experience. The User experience response rate data collection, achieved below the 10% target for both age groups. The 0 to 4 age group which was based on Friends and Family Test feedback, achieved a YTD response rate of 1.3%. The 5 to 19 age group received no feedback in the year, engagement events are in planning stages with the Communication and Engagement team for 2024.

KPI11: Annual audit of attendance at safeguarding meetings: This was provided each quarter during the year. A total of 211 out of 226 Initial Case Conferences were attended by the School Nursing service, an overall attendance rate of 93.4%.

KPI4: To attend a minimum of 8 safeguarding meetings in each GP practice per year. The service attended 129 Safeguarding meetings across the borough. All GPs in Bromley have an allocated Health Visitor aligned to their practice, and normally liaison is successful and pertinent to supporting the health and wellbeing of children and their families.

KPI10: The Commissioners were provided with data within 30 days of the quarter end in each quarter, meeting this KPI.

School Nursing Profiles

There are 102 state schools in Bromley, 75 primary schools, 22 secondary schools and 5 Pupil Referral Units (PRUs). Each school has an allocated School Nurse assigned to provide the schools with health support and advice.

93 (91%) of the schools had their School Profile Meetings within the Winter term (between September – December) and provided the allocated School Nurse with the Profile Meeting information for their school.

The London Borough of Bromley is a South East London borough made up of 22 individual wards. Each of these wards has been grouped into 3 area: Bromley; Orpington; Beckenham and Penge. The profile results have been analysed, and a set of actions created.

It has been noted that the school catchment areas are now less stringent, meaning that students sometimes come from areas not particularly close to the chosen school. This has been particularly noted as impacting primary schools where catchment areas normally apply more, meaning that a child may live in an area of poverty, but go to school in an affluent area. As a result, the health needs of the students may differ from the rest of the populous surrounding the school.

Bromley area schools

Secondary

- Bishop Justus
- Bullers Wood
- Charles Darwin
- Darrick Wood Secondary
- Ravensbourne
- Ravens Wood

Primary

- Bickley

- Biggin Hill
- Castlecombe
- Darrick Wood Infants
- Darrick Wood Juniors
- Downe
- Edgebury
- Elmstread Wood
- Farnborough
- Hawes Down Primary
- Hayes Primary
- Keston
- La Fontaine
- Ravensworth
- Oak Lodge
- Oaklands
- Pickhurst Infants
- Pickhurst Juniors
- Raglan
- Ravensworth
- Redhill
- Scotts Park
- St Georges
- St Vincents
- Trinity
- Wickham Common

Three Bromley area schools did not have a profile meeting completed by their allocated School Nurse.

Bromley area had only 320 children within their schools with an Individual Health Care plan. (Significantly lower than Orpington and Beckenham areas).

Due to the limited number of responses and lack of data completed from each school, it is difficult to draw analysis regarding the schools in Bromley.

The main needs highlighted by the Bromley area schools profiled were:

- Overall less children with Individual Health Care plans, vulnerable children and less onward referrals to support children's' emotional health.
- These schools had the least number of children and young people within the BAME community.
- Bromley was highlighted at having more children who identify as being part of the Gypsy, Roma and Traveller community.
- There was a significantly higher number of children who had a prescribed epi-pen 720.

Vulnerable children

The number of children and young people who were recorded to be subject to a Child Protection (CP) plan was 47 (although this number will vary across the year as children and young people will often be stepped down from CP plans).

The number of children and young people who were under CAMHS during the year was 5 (this figure is low and could be inaccurate due to information not being shared with the School Nurse team).

The number of children and young people identified as being young carers was 121.

There were no children or young people reported by Bromley area schools to being at risk of exploitation or criminality.

Obesity

Bromley area children in Reception and Year 6 were offered height and weight measurement as part of the National Child Measurement Programme (NCMP) for the year 2022-23.

Group	Number known
Number of children screened	2,153
Underweight	38
Healthy	1,698
Overweight	234
Very overweight	182

Beckenham area schools

Secondary

- Eden Park
- Harris Beckenham
- Harris Bromley Academy
- Hayes Secondary
- Langley Boys
- Langley Girls
- The Glebe

Primary

- Alexandra Infants
- Alexandra Juniors
- Balgowan
- Burnt Ash

- Churchfields
- Clare House
- Harris Primary Beckenham
- Harris Primary Beckenham Green
- Harris Primary Crystal Palace
- Harris Primary Kent House
- Harris Primary Shortlands
- Highfield Infants
- Highfield Junior
- James Dixon
- Langley Primary
- Marian Vian
- Parish
- St Anthony's RC
- St John's
- St Joseph's RC
- St Marks
- St Mary's RC
- Stewart Fleming
- Unicorn
- Valley
- Worsley Bridge

Five Beckenham area schools did not have a Profile Meeting completed by their allocated School Nurse.

Beckenham area had 609 children with Individual Health Care plans.

The main needs highlighted by the Beckenham area schools profiled were:

- The lowest number of children and young people eligible for Pupil Premium funding within the borough.
- 334 children and young people had a diagnosis of Autistic Spectrum Disorder (ASD).
- Beckenham area had only 5 children and young people who identify as being part of the Gypsy, Roma and Traveller community.
- Beckenham had 240 children and young people with a diagnosis of eczema.
- Beckenham had 51 children and young people with an identified hearing impairment.

Vulnerable children

The number of children and young people who were recorded to be subject to a Child Protection (CP) plan was 55 (although this number will vary across the year as children and young people will often be stepped down from CP plans).

The number of children and young people who were under CAMHS during the year was 34.

The number of children and young people identified as being young carers was 106.

Obesity

Reception and Year 6 children in the Beckenham area were offered height and weight measurement as part of the NCMP in 2022-23. These children had the highest number across the 3 areas of screening as either overweight or very overweight.

Group	Number known
Amount of children screened	2,510
Underweight	36
Healthy	2,007
Overweight	272
Very overweight	195

Orpington area schools

Secondary

- Chislehurst School for Girls
- Bromley College
- Bromley College SEND
- Coopers Technology College
- Harris Orpington
- Kemnal Technology College
- Newstead
- St Olave's

Primary

- Blenheim
- Bromley Beacon Academy Orpington
- BTA Blenheim
- BTA Midfield
- Chelsfield
- Chislehurst (St Nicholas)
- Crofton Infants and Juniors
- Grays Farm
- Green St Green
- Harris Primary Orpington
- Highway
- Holy Innocents
- Leesons
- Manor Oak
- Mead Road
- Midfield
- Perry Hall

- Poverest
- Pratts Bottom
- Southborough
- St James
- St Mary Cray
- St Pauls Cray
- St Peter & St Paul
- St Philomena's
- Tubbenden
- Warren Road

All Orpington area schools took up the offer of a Profile Meeting within the Winter term of 2022-23. However, 2 participating schools did not return the fully completed profile document, therefore, we were unable to capture all information within their report.

Orpington area had 883 children with Individual Health Care plans.

The main needs highlighted by the Orpington area schools profiled were:

- 1,011 children and young people were recorded as having a diagnosis of asthma, and 248 children and young people were identified as having a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD).
- These schools had the highest number of children and young people within the BAME community.
- The highest number of children and young people eligible for Pupil Premium funding within the borough.

Vulnerable children

The number of children and young people who were recorded to be subject to a Child Protection (CP) plan was 100 (although this number will vary across the year as children and young people will often be stepped down from CP plans).

60 children and young people were under CAMHS during the year.

The number of children and young people identified as being young carers was 110.

Obesity

Orpington area children in Reception and Year 6 were offered height and weight measurement as part of the NCMP for the year 2022-23.

Group	Number known
Amount of children screened	2,392
Underweight	31
Healthy	1,932
Overweight	252
Very overweight	186

Plans for 2023-24

The numbers of children and young people identified as being either underweight, overweight or very overweight following their National Child Measurement Programme (NCMP) screening, were similar across all three areas across the borough.

The School Nursing service continues to offer referrals to the Children's Dietetic service in Bromley for all children who are identified as being underweight or very overweight. Parent / carer consent is always sought prior to such referrals being made. The service signposts parents and carers to further information online, if they decline dietetic referrals for their children, so that families can access useful information and advice about how to support healthy eating, nutrition and activity levels for their children.

There is limited information gathered for 2022-23 about children and young people who were at risk of exploitation or criminality. Onward plans for 2023-24 are to work to identify vulnerable children and young people who may be at risk of criminality and exploitation and target support for them and their families across a multi-agency network.

Engagement with the School Nursing service seems stronger with the Orpington area schools compared to the schools within Bromley and Beckenham. Therefore, more information is able to be gathered to form profiles for the schools, which is reflected within this report. The School Nursing service continues to explore ways to improve engagement with the schools across the borough, and there are onward plans to work closer with London Borough of Bromley's Education Safeguarding Officer (ESO) to raise awareness of the School Nursing service.

The Communication and Engagement team will aim to complete engagement sessions with school leads to discuss the service provision for September 2024 and encourage engagement in Profile Meetings. The School Nurses will support allocated schools with completion of their profiles, with a clear focus on face-to-face contacts with schools and using the Profile Meeting to plan the School Nursing support in the coming terms. Feedback will be discussed with schools once completed, which will help to identify those schools with unmet needs and which require additional support.

The service has low numbers of children and young people who identifies as being part of the Gypsy, Roma and Traveller (GRT) community, However, Bromley borough has a large settled GRT community, who live in both houses and on designated sites in the borough, which are owned and managed by the Local Authority. There is a large GRT community residing in the Crays. It can be a challenge to understand how many GRT children and young people are living within the borough, as they sometimes do not attend school, or self-identify themselves as being a part of the GRT community. GRT families are more likely to have poorer health outcomes, due to reduced access to universal health services; they are at a greater risk of social discrimination; and they have a greater risk of poorer educational attainment due to not consistently accessing education. There are plans for engagement work within the School Nursing service for 2023-24 to complete outreach work with the GRT community, alongside the Local Authority, to build relationships with these families to improve their access to universal health services and education.

Breastfeeding

Between January to March 2023, the Infant Feeding team carried out a Baby Friendly Initiative (BFI) annual audit which is a requirement of maintaining the re-assessment. In order to do so, 20 Bromley 0 to 19 staff members and 20 mothers who had consented to audit were interviewed. The scores were 80-100% in all BFI standards for both Bromley 0 to 19 staff members and mothers. Scoring 100% in mothers always receiving kind and compassionate care and 100% of the mothers audited were very happy with the care they received from the Health Visiting service.

By completing this audit and showing sustainability within the service, plans are being put in place to work on the journey towards Gold accreditation.

Data table below for Breastfeeding prevalence (including mixed-feeding) for the Bromley 2022-23:

Quarter	New Birth Visits	BF 6 to 8 Week Checks
1	79.7%	60%
2	80.6%	65.1%
3	76.6%	64.2%
4	80.8%	65.3%

The total breastfeeding prevalence for the year at New Birth Visit is 79.4% and at 7 to 8 Week Checks is 63.6%.

Universal Plus: Targeted support

Case study: 0 to 4

Health Visitor case study

All names and identifiable details have been changed within this case study for the child and his family to ensure confidentiality is maintained.

The child in this case study will be referred to as Elijah.

This case study outlines the support offered to Elijah, who is subject to a child protection plan, and his wider family (Harrison, Jemma and Thomas).

This case study hopefully helps to highlight the Health Visiting role and the vital work involved to safeguard the children in the service's care. It demonstrates the need for a full family Health Needs Assessment, regular health and safety checks and collaborative working with wider agencies in order to support positive outcomes for all children and families within the service's care.

How was the young person / family identified?

Elijah and his Mother Jemma were seen at home for a universal New Birth Visit according to the mandated contacts outlined in the Healthy Child Programme. It was noted at this contact, following a full family Health Needs Assessment, that Elijah had an older brother Harrison with additional needs. Alongside this, Jemma had a history of depression and the family were living in a 1-bed sit, making housing extremely overcrowded. Thomas (Elijah's father) was seen at the contact and although not living with the family, good interaction and attachment was seen. The family were placed on a targeted Health Visiting Pathway due to historical maternal mental health and Harrison's special educational needs.

The family were seen at their 6 to 8 Week home visit and essential referrals to wider agencies were made for Harrison to be under the care of a Community Paediatrician and Speech and Language Therapy. It was confirmed by myself with nursery that Harrison had an Education Health Care Plan in place for when he commenced school and Jemma reported a good relationship with Harrison's education setting. Jemma was introduced to the idea of a parenting course at the local children's centre to support her knowledge in additional needs and how to support Harrison's behaviour at home. Jemma required further time to think about this as an option.

Jemma reported no concerns with her mental health at either mandated contact following discussion and the use of supporting mental health tools (Whooley and GAD-2 questions). Jemma was signposted to supporting wider agencies if required: Bromley Talking Therapies, Mindful Mums, GP and Health Visitor. Jemma reported no concerns around domestic abuse at her second contact and reported to feel safe at home and well supported by Thomas (her current partner and father of Elijah). A letter to the local housing authority was made to support a housing move and prior to a follow up wellbeing contact to Jemma a Multi-Agency Safeguarding Hub (MASH) referral was received from Harrison's education setting following identified concerns.

The referral stated concerns around Thomas' interaction with Harrison on pick up from school following bruises and markings noted on his body. These bruises could not be explained by Thomas or Jemma. It was reported that Jemma appeared withdrawn and Harrison fearful of Thomas at the educational setting.

The family were therefore moved to a Specialist Health Visiting service following a strategy meeting, Initial Child Protection Conference (ICPC) and the decision to proceed to a Child Protection (CP) plan.

What was the support required or identified need?

Following attendance at the ICPC, further health needs were identified.

Thomas was known to the police for previous domestic abuse and has had previous social care involvement for his previous children. Thomas was not willing to engage with social care for Elijah.

Thomas and Jemma identified that in order to discipline Harrison at home physical chastisement was occasionally used by Thomas.

Jemma had been experiencing suicidal ideations and thoughts of harming her children and had not shared this with wider agencies.

Due to concerns in her own mental health, Jemma had isolated herself and therefore Harrison's attendance at his education setting had significantly reduced and therefore was not receiving his Speech and Language Therapy.

Jemma believed she had been neglecting Elijah and his developmental needs due to her deteriorating mental health.

What were the interventions required?

Due to the concerns identified above, the family continue on a CP plan. Monthly core group meetings are held between Jemma and wider professionals to ensure adequate support is available and tailored to the family's needs. The family have had a Review Child Protection Conference and professionals agreed that further support is required for the family at present and therefore a step down to a Child In Need plan has not yet been considered.

However, the family have received many professional interventions which are aiding positive outcomes for the children and the wider family.

Jemma was referred to the Perinatal and Infant Mental Health team and is receiving weekly visits to review medication and emotional wellbeing. Jemma is no longer experiencing suicidal ideations or thoughts of harming her children and reports to be feeling more able to meet the basic health needs of her children.

As the allocated Health Visitor, I have been visiting the family every 4 to 6 weeks. During these contacts I have been able to build a professional rapport with the family and once more assess the families health needs. Discussion around a warm bond and attachment and how to achieve this with Elijah has enabled Jemma to respond well to Elijah's needs and recognise his developmental needs also. Toys and child friendly equipment have been obtained from the local children's centre to aid Elijah's developmental milestones and regular reviews and positive praise has been given to Jemma to encourage her guidance in positive interaction and play with Elijah.

During my home visits, I have taken regular baseline measurements to ensure adequate growth for Elijah, and have provided advice and guidance on bottle feeding, dairy allergy, and referral to dieticians, weaning, general childhood illnesses, teething, dental health, home safety and accident prevention.

Elijah is now enjoying foods, is crawling, pulling to stand, smiling and babbling in response to mother's interactions. He is a lovely sociable boy who loves to play with his mother, father and brother.

Similarly, multi-agency working with the Social Worker and school has ensured that Harrison commenced a specialist primary school to ensure adequate support for his additional needs. Enquiries with the school has also enabled free transport to school to allow regular attendance to his education setting.

Alongside this, support has been offered to Jemma and Thomas. It has taken time to build a rapport and positive, trusting, professional relationship with Thomas. Thomas will now attend some of the Health Visitor contacts and a positive, warm interaction is seen between him and Elijah. Recent discussion from myself with parents has led to both Thomas and Jemma agreeing to attend parenting courses to aid parental conflict, and strategies to support Harrison's additional needs at home. Some of my Health Visiting contacts with the family have also been at the local Children's Centre allowing Jemma to get involved with local mother and baby groups to increase her socialisation and limit isolation.

Multi-agency working has been crucial in supporting this family to ensure that adequate support is in place for the family to meet Elijah, Harrison and the family's health needs. As Elijah has developed and grown, essential equipment has had to be obtained by the Health Visitor through a local charity, Bromley Brighter Beginnings. The referral made provided the family with all essential equipment such as nappies, clothes, shoes, toys, books, cot, stair gates and bottle steriliser. All of these items have ensured that the basic health and safety needs are met for these children.

Lastly, alongside the Social Worker, a housing letter has been completed by myself and wider agencies to support a housing move. The local authority are currently looking at options for the family. Overcrowding of the house continues to have an impact on Jemma's mental health and management of Harrison's special educational and health needs, particularly sensory overload, in such a small property where the family are sharing one room. Similarly, as Elijah begins to walk there is minimal space to play and encourage his gross motor development.

What was the outcome for the child and their family?

Since 22/2/23 this family have received over 30 Health Visitor contacts which includes home visits, multi-agency meetings, telephone calls and contacts at the Children's Centre.

Despite the family still having a selection of unmet health needs, there has been significant changes and improvements through Jemma's engagement with the CP plan and the Health Visiting service.

Jemma is experiencing improved emotional health with no intrusive thoughts and is able to build a warm attachment and bond with her children, meeting their health and developmental needs.

Elijah is meeting his developmental needs and is enjoying a warm attachment and bond with his mother. Despite housing still being an unmet health need all equipment, clothes and essential items have been obtained to ensure Elijah's health needs are being met. Elijah is now starting to socialise with other children and their parents at local groups and is a very happy and sociable child.

Harrison is regularly attending a specialist school where he receives 1 to 1 support and provision for his additional needs. He remains under appropriate health services to support a future diagnosis and to encourage his speech and language development.

Thomas is engaging with the Health Visitor and beginning to trust professionals more in their role to safeguard and ensure positive outcomes for the children in their care. Thomas has agreed to attend parenting courses at the local Children's Centre to support his knowledge of special needs and to explore the communication tools and behaviour management techniques available to support Harrison's development.

As the allocated Health Visitor for this family, I will continue to work alongside Jemma, Thomas, Elijah and Harrison and the multi-professional network to ensure positive outcomes for the whole family.

Case Study 5 to 19

Safeguarding School Nurse Case Study

All names and identifiable details have been changed within this case study for the child and his family to ensure confidentiality is maintained.

The child/young person in this case study will be referred to as Kris.

This case study highlights the work carried out with Kris, an Electively Home Educated child who is the subject of a Child Protection (CP) plan. It demonstrates the essential role that multi-agency working has to ensure safe, evidence based, collaborative care which is skilfully delivered to the vulnerable children and young people on the Safeguarding School Nurse caseload.

How was the young person / family identified?

Kris was the subject of an ICPC. At this point, Kris was not referred into the service as Kris was attending an out-of-borough school and was therefore, not on the Bromley 0 to 19 service caseload. Latterly, Kris became electively home educated, which meant that Kris became part of the Bromley 0 to 19 caseload. Kris was referred to the Safeguarding School Nurses by the allocated Social Worker, and at that time, a request for Health Assessment and some work around Sexual Health was requested.

Kris and their family have been known to Bromley Children's Social Care for a number of years, and allegations pertaining to historical sexual abuse of Kris have been previously investigated by Social Care and Police. The concerns highlighted at the most recent ICPC were concerns for parent's poor mental health, parental misuse of alcohol and arguments within the family home.

Kris is an intelligent, highly articulate, musically and artistically gifted child.

What was the support required or identified need?

Following attendance at Review Child Protection Conference, the complexities of Kris's needs became more apparent.

- Kris had been the victim of historical child sex abuse (family member)
- Kris has had an EHCP in place since 2017 with SEMH as presenting condition
- Kris's educational placement had broken down, and Kris was being electively home educated
- Kris was socially isolated due to being electively home educated
- Kris had poor mental health, including self-harming behaviours and was being supported by CAMHS
- Parental mental health concerns
- Parental substance misuse concerns
- Concerns around lack of boundaries in the family home
- Kris's thoughts and feelings about their ethnic identity
- Kris's thoughts and feelings about their gender identity
- Family bereavement
- Concerns around parental acceptance of Kris's gender incongruence
- Frequent arguments in the family home which were attended by Police
- Housing and financial pressures

What were the interventions required?

Kris required a full Health Assessment. Kris found aspects of the Health Assessment incredibly challenging as it addresses puberty and body changes. Extreme care and skilful communication was needed to work effectively with Kris. My work with Kris was agreed and discussed with Kris's Care Coordinator at CAMHS before and after any interventions. This allowed for thoughtful, reflective and precise practice. The extent of Kris's identity incongruence needed to be reflectively explored by myself with Kris's Care Coordinator at CAMHS in order for me to fully appreciate and understand Kris's needs, as it spanned ethnic and gender boundaries. Language was used very carefully and precisely with Kris.

The allocated Social Worker had requested that I deliver 'Sexual Health' information to Kris. I was concerned about the adultification of Kris (age 12 when they were referred to the service) and the complexities of the trauma that Kris had experienced, and how layering of explicit information may have a negative impact on Kris. I was also conscious of Kris's needs for exploration and information. Meetings were held between myself and Kris's Care Coordinator at CAMHS, and plan for interventions made.

Kris was given age appropriate information around sexual health and contraception. Some of Kris's specific questions were answered in simple, factual terms. Some of Kris's requests for information and advice were not able to be answered, as there are no current professional or NICE guidelines which would support an answer. This was explained to Kris. The service highlighted a lack of supporting professional advice or relevant NICE guidelines. Kris has a large vocabulary, and Kris can present as confrontational and questioning. However Kris did not present as mature, and I was struck by Kris's immaturity in some areas.

Following discussions with CAMHS, it appears that Kris displays emotional dysregulation every few weeks, which may or may not be linked to menstruation. In the future, it may be appropriate for Kris to discuss puberty and body changes in detail with myself, if so, this will be planned with support from CAMHS.

What was the outcome?

Kris engaged really well with me and completed a Health Assessment in full, over a couple of home visits. This highlighted no unmet physical health needs for Kris. Kris felt able to discuss intimate topics and ask precise questions. If appropriate, I will complete further direct work with Kris.

Kris initially declined a referral to the National Waiting List for the Gender Incongruence service for children and young people. Following discussions with CAMHS Care Coordinator, Kris has now agreed, and I will complete this collaboratively with professionals in the network that are supporting Kris.

The service has not yet been established and there is currently no service available to meet Kris's need.

Parents have been signposted to Gender Identity Development service for general information and advice. This service is not open to new referrals.

Kris is accessing assets within their community.

Kris is attending online education, their curriculum is to be extended.

Limited progress has been made with the CP plan.

There are concerns about new allegations of additional historical child sexual abuse, Bromley Children's Social Care are aware.

Kris continues to attend weekly Psychotherapy and monthly Care Coordination sessions with CAMHS. This is to be reviewed and an alternative may be considered. A concern has been highlighted by CAMHS regarding parental engagement and the Family Therapy that has been offered to them.

CAMHS Care Coordinator has recently requested professionals meeting as their concern for Kris is currently escalating.

Safeguarding School Nurse will continue to work as part of the multiagency group supporting the family.

Contacts

32 contacts, these include emails, telephone calls, multiagency meetings, multiagency meetings with family, and home visits.

Special Educational Needs and / or Disabilities (SEND) – Universal Plus: Targeted support

In the beginning of 2022, the Lead for Tri-borough 0 to 19 Public Health Nursing identified the need for a Special Educational Needs and / or Disabilities (SEND) Champion in Bromley. The SEND Champion would be a Community Nursery Nurse working within the Health Visiting team, and would support staff with signposting, referrals and pieces of work around specific early year's children and young people SEND needs including toileting, sleep and behaviour.

A SEND Champion for Bromley was established in the March of 2022 and they received virtual Autism training from London Southbank University. Following the SEND review, the SEND Champion was able to work with the Public Health Nursing Lead to identify gaps in the service, and plan an approach to bridge these gaps moving forward including the Integrated 2 Year Review (IR2). This also highlighted the need for front-line early identification of children and young people's SEND needs within the health industry.

This role included the upskilling of the SEND Champion via training and self-learning, and the staff at forums around the access and referral criteria's to specialist services, navigating the Local Offer and national offer, and the Section 23.

Due to the gap identified following the SEND Review and within the Health Visiting Service for the Early Identification of SEND Needs, reviewing the extent of services available for children and young people with SEND in the community was paramount for service integration and a 'Plan, Do, Review' approach for Health Visiting moving forward. This brought about the launch of the SEND Specialist Practitioner role in January 2023, enabling the SEND Specialist Practitioner to scope out local needs full time and implement strategies.

The SEND Specialist Practitioner met with members of the Local Authority whose role was SEND specific. This enabled Health Visiting to gain a wider understanding of the SEND community and their needs, and the SEND Specialist Practitioner was invited to multiagency meetings that discuss, plan, and implement strategies and pathways centred on the needs of children and young people with SEND within Bromley.

The SEND Specialist Practitioner also established links with local services across health and education which has consistently flourished and impacted positively on the early identification of children with emerging needs and / or SEND, highlighting the importance of information sharing and working together.

Within education, positive working relationships were formed between the SEND Specialist Practitioner and the Early Years Quality Improvement team with a plan to launch the IR2 in April 2023. The Early Years Quality Improvement team will continue to work closely with the SEND Specialist Practitioner to ensure the successful integration of the IR2. The Early Years Inclusion Team (EYIT) will be a key partner when the IR2 Toolkit is created to support professionals across health and education.

The SEND Specialist Practitioner is in the process of establishing close working links with the EYIT (previously Early Years SEN Advisory Team) to integrate services and improve outcomes for children with additional needs or disabilities. This will involve joint home visits with the Health Visitors and SEN Advisory Teachers and multi-agency meetings at Early Years settings. Additionally, plans are being put in place for members of the EYIT and the SEND Specialist Practitioner for Health Visiting team to meet every 6 to 8 weeks to share information. This integration will improve the quality of care for families and for teams to support each other as professionals.

In terms of specific pathways, plans are in place to update the Down Syndrome Pathway (led by the EYIT) and ensure that Health Visiting is well-informed through the Bromley Down Syndrome Task and Finish Group. Following the identification of need and staff training, Health Visitors will be able to identify if a Section 23 has been completed by the 6 to 8 Week Check by speaking to parents, viewing the child's Health Record or liaising with other services. If it has not been completed, Health Visitors will be able to complete this to ensure the child has best start in life. Health Visitors are also working on updating the Down Syndrome Information Pack for Parents to signpost to local and national support services, by the end of 2023.

Updates to the Health Visiting SEND Pathway have been completed in 2023 to ensure continuity of care, with plans to implement the Health Visiting Speech & Language and ELIM Pathway in the near future. These pathways will provide targeted support for children with learning, additional needs, and disabilities who have an allocated Health Visitor, until they transition to school. The wellbeing of the parents is an important factor within the SEND Pathway and will be mirrored in the Perinatal Mental Health Pathway.

In order to improve communication and engagement, plans are in place to launch Tri-borough 0 to 19 SEND Newsletters and Emerging Needs Packs for Parents in 2023. These resources will aim to provide valuable information and support to families, with the Local Offer playing a key role in this initiative. Plans for a second SEND engagement session with the Health Visiting team will also be discussed with Bromley Healthcare's Communications and Engagement team in the coming months.

SEND case study:

Health Visitor case study

What is the story?

- Allocated Health Visitor requested my support to a child with Down Syndrome, born in December, and discharged from hospital end of January.
- Mother shared her fears of being isolated due being a non- English speaking family, and worried how her child would receive support if she did not understand the language.
- Due to the child's complex needs, parents expectations to breastfeed were not achieved, which created financial implications due to the expense of formula.

What did the service do?

- Following contact from the allocated Health Visitor, I made contact with EYSENAT in the beginning of February to enquire if child was known to their service. The Health Visitor remained informed throughout.
- EYSENAT aware of child and shared the date of their pre-arranged home visit.
- Allocated Health Visitor unavailable on the date of the home visit, so I offered to attend with EYSENAT instead.
- Discussed attending jointly end of February with an interpreter - I booked this for a face to face contact, and ensured the parents were happy for both services to jointly visit.
- Myself and member of the EYSENAT attended jointly with interpreter as planned, and was able to assess the child and family's needs to be able to establish a support plan between health and education.
- Listened to the concerns of the parents and their wants and needs
- Ensured all specialist referrals were already in place to ensure the child receives all appropriate support moving forward – child was appropriately referred to specialist services following their discharge from hospital. If any specialist referral would have been needed, parental consent would have been requested to refer.
- Allocated Health Visitor attended the home a few days prior to do a thorough Health Needs Assessment.
- Health and Education were able to jointly assess the child and family's needs.
- Completed charitable referrals to ensure the families holistic needs were met – this included Disability Living Allowance which would help with the child's financial welfare needs.
- Booked sensory experiences through the Children and Family Centres so that the child's development is supported – interpreter booked to ensure parents remained informed and was able to ask questions.
- Ensured specialist services were aware an interpreter was needed for future appointments – an alert was created on EMIS that notifies all specialist services an interpreter is required when initially viewing the child's records.
- Shared a local multicultural class that teaches English per mother's request.
- Discussed family finances – supported with applying for Disability Living Allowance and Healthy Start.
- Signposted to all Down Syndrome support groups within Bromley.
- Future weight appointments booked to ensure the child's growth is monitored with an interpreter present.

What difference did the service make?

- Provided reassurance to parents that their child will receive all relevant support and input from specialist services.
- Provided continuous opportunities for the parents to ask questions, remain informed and be heard.
- Alleviated parental anxieties around any communication barriers.

- Ensured the health and wellbeing of the parents were always considered in line with the Perinatal Mental Health Pathway.
- Health and Education were able to jointly put provisions in place to support the holistic development of the child. This included sharing information on a local SEND Specific Nursery – Petts Wood Play Group.
- Health Visiting kept in contact with the family per Health Visiting SEND pathway, ensuring the wellbeing and health needs are always re-assessed, the parents remain informed and have the opportunity to ask questions.
- The Health Visitor supported the parents with weaning guidance, up to date information and where to seek specialist dietetic advice.
- Effectively reduced parental anxieties around financial concerns.
- Parents felt reassured that they could contact the Health Visiting team whenever needed for advice, guidance and support around their children's needs and their own.

What difference did the service make specifically to the Children and Young People with SEND and their families?

- The service were able to refer to Family Fund for a television for the family, as they only had a laptop which was used for multipurpose reasons including work and entertainment, and a sensory Play mat for the child.
- Signposted to the Rainbow Trust so that child's older sibling can receive support and downtime whenever needed.
- By creating an alert on EMIS for an interpreter, this ensured parents were able to fully understand information shared at appointments, be able to ask questions and be understood by professionals, so that their needs and the needs of the child were heard.
- Signposted to Maypole Project so that the immediate and extended family can receive emotional wellbeing support.
- By following up with the family regularly, Health Visiting are able to consistently be aware of the needs of the child and the family, and ensure the child has all support in place so that the child can thrive in a safe and loving environment.

Example of Partnership working?

- By Health and Education working together, both services were able have a positive impact on the family, consider the ongoing needs of the child and the family, discuss these with the parents to ensure they were happy with the plan, and effectively implement strategies to reduce parental anxiety and maintain a stable environment for the child.
- Both services were able to effectively demonstrate the needs of the child was paramount for a joint approach, integrating Health and Education.

Comments of parents / carers, children, and young people

Parents fed back how grateful they were for the Health Visiting Service and the EYSENAT. They would not have known what support was available if resourced and information had not been shared with them.

Next steps

The Allocated Health Visitor is due to follow up after a period of 6 months as all specialist services are currently in place around the child and the family. This has already been pre-booked with the parents, and will be a targeted 9 to 12 month developmental review in the home with an interpreter present.

Health Visiting will continue to assess the needs of the child, older sibling and parental wellbeing up until the child transitions to School Nursing at age 5 years.

Safeguarding - Specialist Pathway: Universal Partnership Plus

The Health Visitors use the Family Health Needs Assessment to assess needs including key family members and any adverse risks such as the Toxic Trio. They are trained to identify signs of abuse from non-verbal babies and children by assessing their presentation at all contacts. This helps the clinician to identify whether the family will be in receipt of the Universal, Targeted or Specialist service.

- Universal service which offers the national 'Healthy Child Programme' to ensure a healthy start for children and families. The 0 to 19 team offers help and advice on a range of topics, such as infant feeding, growth and development, introducing family foods and childhood immunisations. They also provide parenting support and access to other community services
- Targeted services for families needing greater support – where families need specific expert help, the 0 to 19 team will signpost to specialist services or offer additional support such Parental and Infant Mental Health services
- Specialist services for families dealing with more complex issues that need coordinated support from different services and organisations – the service provides ongoing support and access to a range of local services that will work with families to deal with more complex issues over a period of time. These include Social Care and Early Intervention services such as Bromley Children's Project as well as other community services including charities and voluntary organisations.

Referrals to the 5 to 19 element of the service are triaged and those that meet the School Nursing Targeted or specialist criteria become targeted children and will be offered an initial face to face assessment using the All About Me questionnaire. This includes children with long term conditions and complex needs. Referrals that fail to reach the criteria are returned to the referrer with links for appropriate support offered by other agencies.

Where assessment at any point indicates the need for additional targeted support, it is followed up by offering evidence based interventions through a whole family approach.

The School Nurses also work with the Youth Offending Service, home educated children and groups which provides support for vulnerable children and young people.

There are alerting and signposting protocols in place that are detailed within appropriate policies. Staff are trained and experienced in referring to Social Care and other agencies when risk is identified.

In the first instance they seek advice from their line manager / the Named Nurse/ Safeguarding Advisors. Routinely they ask whether clients or their families are known to Social Care, and will contact relevant agencies as appropriate to verify this and advise of the client contact with the service and their involvement.

Best practice is for staff to always seek client permission to contact Social Care for further information, however when deemed necessary, in the event of risk of significant harm, they will approach Social Care independent of client consent. All referrals are done through Bromley MASH.

Safeguarding service overview

Safeguarding remains a priority for Bromley Healthcare and is evidenced by the investment in the service. The Associate Director for Safeguarding joined Bromley Healthcare in May 2022. This leadership role has facilitated the development of the adult safeguarding service and aligning the Children's Safeguarding, Children Looked After (CLA) and Adult Safeguarding teams together. The appointment of the Safeguarding Coordinator in January has provided much needed business support to the whole team. The service has adopted the 'think family' ethos and is actively working to bridge the gaps between child and adult safeguarding.

The Bromley Healthcare Safeguarding service role is to ensure the organisation fulfils its statutory duty to safeguard vulnerable children, young people and adults from experiencing, abuse or neglect.

The Executive Chief Nurse is the Executive Lead for Safeguarding. The quarterly, Adult and Child Safeguarding Strategy and Learning meetings monitor the safeguarding work streams. There are additionally, six monthly reports to the Bromley Healthcare Quality Improvement and Safety Committee and through to the Bromley Healthcare Board.

Supervision

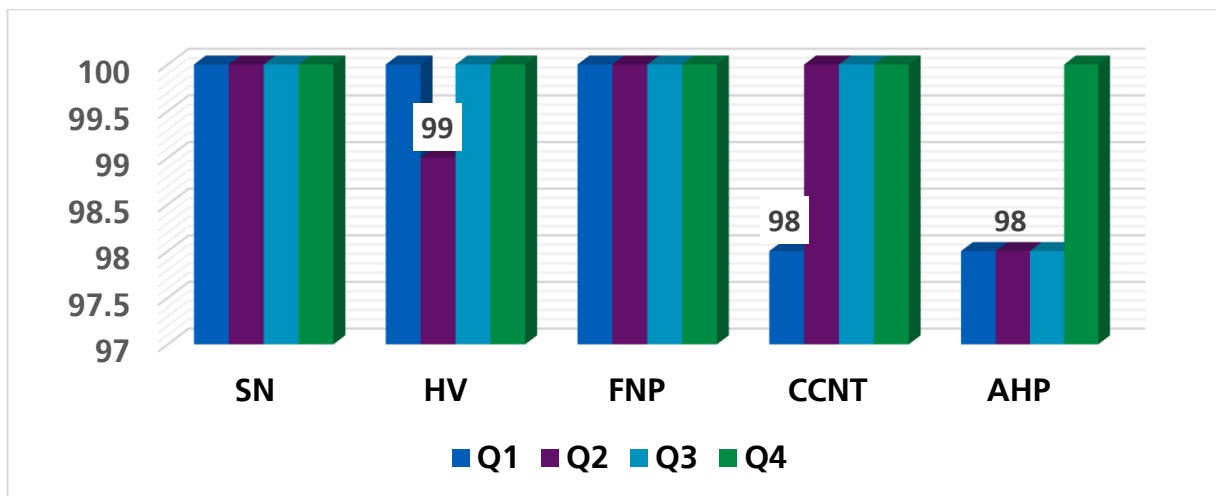
Safeguarding Supervision is mandatory for all health professionals working with children and families. Safeguarding Supervision is underpinned by Bromley Healthcare's Safeguarding Supervision Policy, which is based on national guidance. Safeguarding supervision is an essential part of good safeguarding practice and is fundamental in supporting frontline practitioners deliver high quality care.

Staff have a supervision contract that is reviewed and signed annually. This agreement clarifies the roles, responsibilities and accountabilities of both the supervisor and supervisee. Supervision is offered on a 1 to 1 basis for staff who hold a caseload such as the Health Visitors, School Nurses and Family Nurse Partnership (FNP) Managers. While other professionals such as the Allied Health Professionals (AHP) and Community Children's Nursing Teams (CCNT) are required to have group supervision, all staff are able to access one to one safeguarding supervision on request.

The Safeguarding service use the Bromley Healthcare supervision template, embedded in EMIS (electronic patient records) to record each supervision session (reviewed March 2023). The template clearly identifies the key areas of concern in a structured format incorporating the context of the safeguarding issues (including adverse childhood experiences), strengths, grey areas, what needs to change, the voice of the child and the action the practitioner needs to take to support this family within a realistic time frame. Bromley Healthcare has developed a supervision app that will support data monitoring in the future.

The regulatory compliance target is 90%. Figure 1 shows the safeguarding supervision compliance for Bromley during the reporting period.

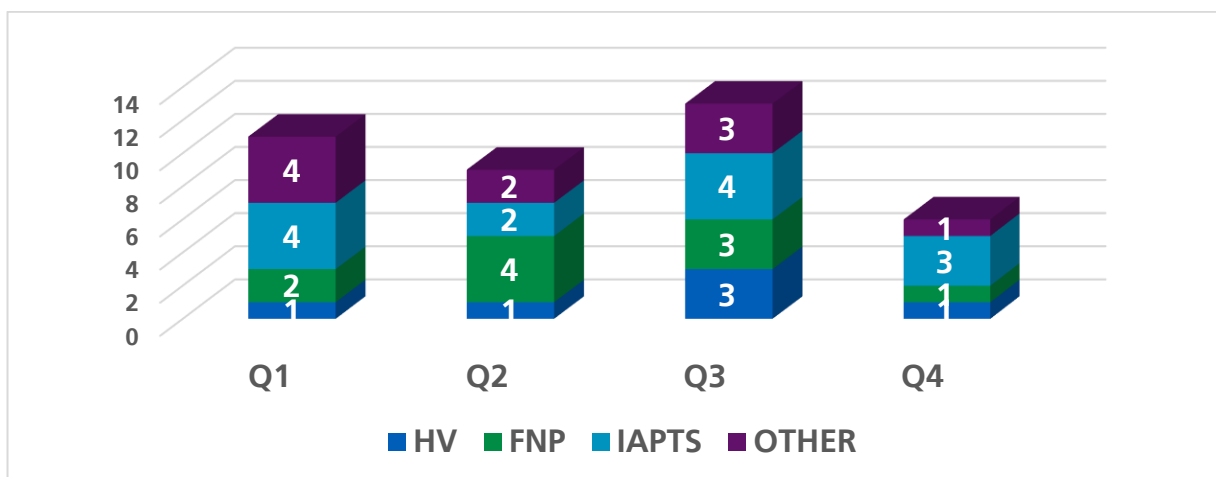
Figure 1: Bromley supervision compliance percentage per quarter 2022-23



Multi-agency Safeguarding Hubs (MASH) activity

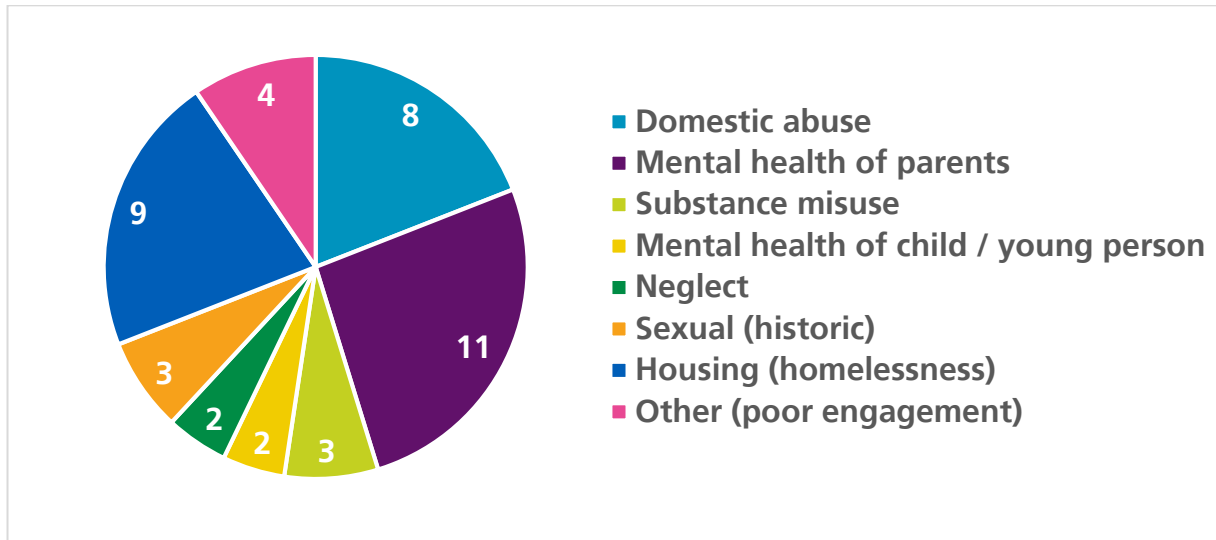
The Bromley Healthcare Children's Safeguarding service works closely with the Bromley MASH. The two health posts in the Bromley MASH are staffed by the Bromley Healthcare Safeguarding Advisors on a rotational basis. In early 2023/24, following a review of the capacity and the capability of the Bromley MASH it will be reformed and be known as The Children and Families Hub.

Figure 2: Bromley MASH referrals 2022-23



The Safeguarding service has scrutiny of all referrals made to MASH (Figure 2) to ensure robustness and feedback to staff is given. The Named Nurse monitors the outcomes for Bromley Healthcare referrals and support any areas where improvement is needed.

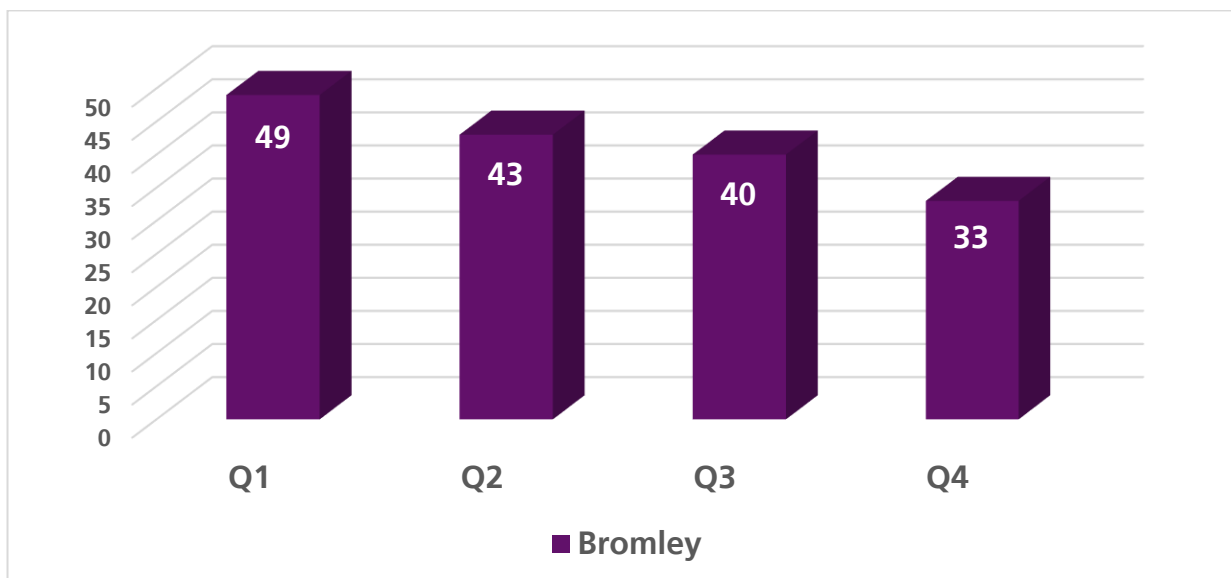
Figure 3: Trends of Bromley Healthcare referrals into the Bromley MASH 2022-23



Multi Agency Risk Assessment Conference (MARAC) activity

The purpose of MARAC is to review high-risk victims of domestic abuse and agree risk management plans through inter-agency information sharing to reduce repeat victimisation. These are regular local meetings usually held fortnightly. The Bromley Healthcare Safeguarding service are participatory members of the Bromley MARAC. Figure 4 shows the number of families with children who are exposed to the impact of domestic abuse known to Bromley Healthcare services.

Figure 4: 2022-23 MARAC referrals per quarter



MARAC requires the Safeguarding service to research and analyse records, share appropriate information to support the safety of the victim / survivors and any children, document on EMIS, add warning flags and share information with Bromley Healthcare services and GP's for follow-up and support. The Bromley MARAC is supported by both an Adult and Child Safeguarding Advisor.

Maternity Cause for Concerns activity

In Bromley the Paediatric Liaison Nurse attends the Maternity Safeguarding Meetings. This is a dedicated role within the Bromley Safeguarding team that improves communication between community and hospital, ensuring that where there is a safeguarding concern, information is shared in a timely manner. The process for Maternity Safeguarding Meetings involves prior health research, information sharing, adding alerts to EMIS, documentation of the outcomes / actions and liaison with the relevant Health Visiting team, to ensure information is shared and families receive the necessary antenatal support required. These meetings offer a prediction of the number and nature of the complexity of families entering Bromley Healthcare services.

Child death

Within the Children's Safeguarding service, there is a dedicated Child Death role. This role offers support to bereaved families as the key worker. The role involves coordinating the Joint Agency Response (JAR) with the Named Doctor for child deaths and liaising with many other professionals across a variety of services (including attending the Child Death Overview panel and the Neonatal panel).

Bromley had 4 unexpected deaths this year (out of a total of 16) that required a JAR meeting, 2 cases had a safeguarding element to them but this was not related to the deaths. Causes of death included prematurity (8), acute or predisposed medical conditions, 1 unconfirmed and 2 cases involved children with special educational needs and disability.

Partnership working

The Bromley Healthcare Safeguarding service has membership of the Bromley Partnership. The service participates in many of the different partnership subgroups. Engagement and participation in the partnership ensures that Bromley Healthcare keeps abreast of the local safeguarding picture.

Training

Safeguarding training is a key responsibility of the Safeguarding service, who work closely with the Learning and Development team to ensure training packages are kept up to date and relevant as per the requirements of the Intercollegiate Documents. Intercollegiate Documents (adult and children's) provide a clear framework, which identifies the competencies required for all healthcare staff.

Training data is monitored through the quarterly Safeguarding Strategy and Learning Meetings (SS&LM). For the first time, in Quarter 4, 2022-23 training data reported on 2 figures for the higher levels of training (CSG L3, ASG L3 and MCA L2) namely both the 'fully compliant' and the 'in progress' figures. The expectation is that this training is completed over a period of time to support learning retention. ICB colleagues have welcomed this reporting method. In addition to the formal training packages the service has supported learning in the following ways; 7 minute briefings, the safeguarding quarterly newsletter, weekly updates in the CEO bulletin, fortnightly MCA workshops and bespoke training delivered directly to teams or forums on request.

Learning from multi-agency reviews

The Bromley Healthcare Safeguarding service have participated in multi-agency reviews in Bromley. These include Child Safeguarding Practice/Learning Reviews, Rapid Reviews, and Domestic Homicide Reviews. It is critical that learning from these reviews shared with Bromley Healthcare colleagues.

The Safeguarding service uses a number of routes to share learning with Bromley Healthcare staff. This includes; updating existing training, 7-minute briefings, the safeguarding quarterly newsletter, new topics / themes in the weekly CEO updates, the strategy and learning committees and the 6 monthly safeguarding update to the Board. Much of the Safeguarding service's current work stems from this learning.

Audits

The following audits have been completed in the reporting period. In addition to the internal audits below, the Safeguarding service has contributed to multi-agency audits within each borough.

1. Supervision Compliance (CSG)
2. Child Protection records and Supervision Template re-audit (CSG).

Safer Recruitment processes and assurances

To ensure that Bromley Healthcare recruit the highest calibre of staff, ensure quality care is delivered and adhere to legislation, we follow a recruitment process in line with NHS employers' guidelines and our internal Recruitment and Selection Policy and Procedure.

The recruitment process is administered via an online recruitment function called TRAC. Jobs are advertised on NHS Jobs website and other appropriate forms of media using up to date job descriptions and person specifications for the role. Applications are administered in line with the Equality Act of 2010.

Bromley Healthcare Recruiting Managers are required to complete internal recruitment and selection training and are provided with appropriate HR guidance and support. This training includes the principles of Safer Recruitment.

Bromley Healthcare requires that certain pre-employment checks are done prior to an offer of employment being confirmed. These include verification of identity, the right to work in the United Kingdom, proof of qualifications and professional registration where appropriate, Disclosing and Barring Service (DBS) clearance at enhanced level for staff working with children and Occupational Health Clearance. In addition to this, there must also be confirmation of employment and receipt of satisfactory references. Where staff have not previously worked in the NHS we require references for the last three years of employment. When recruiting a Doctor we also require a reference from a Responsible Officer with details of appraisal and revalidation dates.

On commencement, all staff are required to sign the Bromley Healthcare Code of Conduct, complete mandatory training and attend corporate induction.

The wellbeing of members of staff is very important to Bromley Healthcare. As a healthcare organisation we know all too well how hard it can be to deal with physical and mental health issues. That's why we offer a range of supportive options for members of staff including Occupational Health support, our very own internal Physiotherapy service, access to reduced gym membership, Counselling service, building resilience workshops and information and support on personal financial matters.

We have organisational policies supporting health and wellbeing of staff:

- Sickness Absence Policy
- Special Leave Policy
- Flexible Working policy and Career Break Policy
- Stress Management Policy
- Harassment and Bullying Policy
- Domestic Abuse (DA) Policy: This has a section for staff and how to get support. It also provides information for the perpetrators of DA

The CEO and Senior Managers have an open door policy for all staff in the organisation and a CEO Blog for reporting of issues or queries that staff want to raise anonymously.

Senior Managers also do visible leadership with all services and staff are invited to be part of their service's strategic review so everyone's voice is heard.

We monitor the impact / 'test it' through a variety of methods such as:

- Monthly monitoring of our sickness absence levels and retention levels
- Occupational Health referrals
- Our appraisal process
- Our supervision processes
- Ad-hoc surveys of staff
- Staff survey
- Staff forum where there are representatives from all services

Partnership working

Perinatal mental health

The service supports parents with perinatal mental health issues.

The Perinatal and Infant Mental Health (PIMH) Specialist Health Visitor attends weekly meetings with the Perinatal Mental Health service and other partners including midwives from Princess Royal University Hospital (PRUH) and Queen Elizabeth Hospital (QEH). This meeting enables the service to be made aware of any mothers that require extra support for their mental health and Health Visitors are able to develop upon good professional relationships with partners.

The PIMH Specialist Health Visitor is available as an expert resource to the Health Visiting teams and is able to carry a small highly specialist caseload – often supporting mothers as they return home from mother and baby units.

SEN Advisory teams

SEN Advisory teams provide support and advice about children and young people aged 0 to 25 years for Early Years settings, schools and families.

Complex Needs team

The Complex Needs team provide specialist teacher advice and support for children and young people 4 to 25 years of age with an Education, Health and Care Plan (EHCP) in mainstream schools and the specialist sector.

Sensory support (0 to 19 years) - Hearing impairment

The Hearing team consists of three teams, peripatetic hearing, primary deaf base at Griffins and the deaf centre at Darrick Wood School, providing continuing support for children and young people with a diagnosed hearing loss (0 to 19 years).

Sensory support (0 to 19 years) - Vision impairment

The Vision team provide specialist teaching and support for children and young people with a vision impairment from birth to 19 years. The Vision team are based at Griffins.

Early Years Inclusion Team (EYIT)

The EYIT team provides an early intervention and advice service for children in Bromley with a wide range of Special Educational Needs and/or Disabilities (SEND) and their families, aged 0 to 4 before they start primary school. The service promotes inclusion. It aims to ensure all young children with SEND reach their potential. This is done through a combination of work with settings to further develop their inclusive practices as well as targeted case level work which is accessed through a referral to the team.

They promote a partnership working approach working with other professionals from education, health, social care and the voluntary sector.

Educational Psychology service

Bromley Educational Psychology (EP) service is a specialist service that supports Bromley children and young people who have SEND. The service promotes early intervention and preventative evidence based psychology. The aim is to positively impact children and young people's lifelong educational outcomes and emotional wellbeing.

Special Educational Needs and / or Disabilities Advisory team

The Special Educational Needs and / or Disabilities Advisory Team (SENDAT), part of Bromley's SEN Outreach teams, are experienced, qualified specialist teachers and support staff who support children aged 4 to 25 years with Special Educational Needs and Disabilities (SEND) in mainstream and special educational provisions. 6-weekly partnership meetings take place between SENDAT, Bromley 0 to 19 and CCNT.

Phoenix Children's Resource Centre

The Phoenix Children's Resource Centre (CRC) offers a range of developmental, educational, therapy and medical services for children who have, or who are likely to have, additional needs or disabilities. Multi-agency services are located at the CRC and work with children and families across the borough, including Community Consultant Paediatricians, Physiotherapists, Speech and Language Therapists, Occupational Therapists, and Clinical Psychologists.

MARAC (Multi-Agency Risk Assessment Conference)

Bromley Healthcare's Safeguarding Children team attends these fortnightly meetings, which have been held virtually since 2020. MARAC is a meeting where professionals share information on high risk cases of domestic violence and abuse within the borough. MARAC aims to share information to help protect victims and their children, and to determine whether the alleged perpetrator poses a high risk to any person or to the general public.

MEGA panel (Missing, Exploited, Gang-Affiliated)

Bromley Healthcare's Safeguarding Children team attends these fortnightly meetings which are held face-to-face at the Bromley Civic Centre. The aim of the MEGA panel is to establish an effective strategic multi-agency response, to maintain oversight for safeguarding children and young people who are at risk of significant harm through exploitation (criminal and CSE), missing from home and care, trafficking and gang affiliation / serious youth violence.

MACE meetings

Bromley Healthcare's Safeguarding Children team attends these fortnightly face-to-face meetings at the Bromley Civic Centre. MACE meetings are held to maintain a strategic overview of all CSE contacts, to provide a comprehensive approach to tackling issues of sexual exploitation of children and young people across the borough.

Maternity safeguarding meetings

The Children's Safeguarding team attends these twice-monthly meetings which are held virtually. These meetings are attended by Acute and Community Midwives, Specialist Midwives and are led by the hospital's Maternity Lead. Information is shared with the Safeguarding Children's Advisor that attends, and this is then recorded on EMIS and shared with the named Health Visitor or a Health Visitor is allocated if the client is not yet known to the service. The named Health Visitor will assess needs at an individual appropriate time in the pregnancy as part of a targeted or specialist service, dependent on need, in accordance with the maternity cause for concern RAG rating tool.

Community Paediatrics service

This service provides medical care for children with developmental difficulties, and special needs such as, autism spectrum disorder, attention deficit hyperactivity disorder (ADHD) or genetic disorders and disabilities.

They also provide support for the assessment of children with special educational needs. They offer medical assessment and ongoing support for children with chronic constipation, soiling, enuresis (bed wetting) and growth problems.

IHV and SAPHNA

The Health Visiting service all have corporate Institute of Health Visiting (iHV) membership, allowing access to iHV resources and training. The Health Visiting service continue to work with the iHV leading in excellence programmes, with a further leadership course due to roll out next year.

The School Nursing Service all have corporate School And Public Health Nursing Association (SAPHNA) membership, as such they have attended SAPHNA training.

Support to schools

The service challenge is that young people are often not aware they can access support from the School Nursing team. The team are working with the schools and the education department at London Borough of Bromley to develop better ways of promoting the service and informing schools and families of the support which can be offered to children and young people by the School Nursing service. The team are also exploring the option of working with the Communications and Engagement team to set up engagement sessions with the local schools in the future.

Midwifery

There are future plans around the development of a joint antenatal education delivery to pregnant clients and their families, which focuses on providing information alongside midwifery, around a range of topics including infant feeding, the role of the Health Visitor, safe sleep and other pertinent topics. The Tri-borough Infant Feeding and Healthy Weight Lead is collaborating with Midwifery around this project and is leading on this. Infant Feeding Drop-in Groups are co-delivered alongside Midwifery, at Blenheim Children and Family Centre, which has been running since early 2023. Collaborate working with midwifery is a key aim for beyond 2023.

Nil recourse families

Health Visitors and School Nurses work with families that have no recourse to public funds.

Health Visitors advocate for children in these families, and can refer families into Bromley Social Care Nil Recourse to Public Funds teams. These teams are able to provide support to vulnerable families and signpost them to other relevant services.

Health Visitors refer families to food banks, housing, GP's and other health services, charity donation agents and the children and family centres for support with their needs. Health Visitors often receive legal requests for information about children they have supported whose parents are subject to immigration assessments.

School Nurses have also worked with charities (see below) and government departments to support families who have no recourse to public funds.

- Bromley Council's No recourse to public funds team
- NRPF Network

The challenge is that families are often reluctant to divulge their legal status for fear of being deported from the UK. These families are very vulnerable and are at risk of societal stigma, and the children and young people within these families are at a higher risk of deprivation and poverty.

GPs

Health Visitors represent the Bromley 0 to 19 Children's Public Health service at 3-monthly meetings where both Health Visitors and GPs can share concerns they have regarding the health of children and young people on their respective caseloads. Every GP practice in the borough has a named Health Visitor assigned to them, and a Bromley Healthcare and the local GPs have shared EMIS access to ensure that information can be shared.

GP Alliance

GP Alliance this is a network of Bromley practices who provide a GP service at primary care hubs 7 days a week. The hubs offer evening and weekend appointments for patients registered with Bromley practices.

Children and Young People's Bladder and Bowel service

The Children and Young People's Bladder and Bowel service is a Specialist Nurse-led service, to support children and young people with bladder and / or bowel conditions. The service provides support to children and young people by offering regular bladder and bowel health assessments and support for toilet training skill development and have access to an equitable service. This service is delivered by Bromley Healthcare.

Children's Hospital at Home team

The Children's Hospital at Home team supports children and young people and their families to be safely discharged from hospital early. They aim to prevent children from having to re-attend hospital by supporting their care needs at home.

The team offers a home service for treatments such as intravenous antibiotics, respiratory assessments and they can give advice to parents / carers on how to manage fevers at home, how to give medicine such as inhalers and how to encourage a good fluid intake.

NHS Bromley Talking Therapies

NHS Bromley Talking Therapies is part of the national 'Improving Access to Psychological Therapies' (IAPT) programme. The service offers evidence based support for adults who are suffering from depression or a range of anxiety disorders. Self-referrals are accepted for people over the age of 18 years who are registered with a Bromley GP.

Children's Community Nursing team

The Children's Community Nursing Team (CCNT) provides care, support, and education for children aged 0 to 18 years (up to 19 years for people with a learning disability). They provide care at home or at the Phoenix Children's Resource Centre, depending on the child's needs.

The team also offers education and training for parents, caregivers, and educators who are involved with the children in the service. They support children with complex needs at two schools in the borough: Riverside and Marjorie McClure. They also provide training to the school staff on specific conditions and treatments and update care plans as needed.

The Kings College Trust

The Kings College Trust provides a wide range of specialist acute and elective inpatient and outpatient services across a number of hospital and community sites throughout Bromley and the South East.

SEND Specialist Practitioner within Bromley 0 to 19

The Special Educational Needs and / or Disabilities (SEND) Specialist Practitioner within Bromley 0 to 19, works to support parents and carers with children and young people and their families with SEND. Working closely with health, education, and voluntary services across the borough, this role aims to provide a holistic approach in communicating and sharing advice, information, and plans to all relevant services / organisations, children and young people and their families.

The SEND Specialist Practitioner has been working to scope out local needs within the borough, and has been working in partnership with services and undertaking various engagement work, such as: Bromley Parent Voice, SEND Parent Engagement Sessions, One-Stop-Shop Coffee Morning, Petts Wood Play Group, Early Years Conference, Beyond Autism charity. She has also begun to develop a Tri-borough 0 to 19 SEND Newsletter, which is circulated both internally in Bromley Healthcare and also externally with partner agencies.

Hollybank

Hollybank, run by Bromley Healthcare, offers a respite service in Bromley for children aged 5 to 18 years with disabilities, complex health care needs, autism and challenging behaviour. Access to this service is via an assessment by the disabled children's team.

Bromley Information, Advice and Support service

Bromley Information, Advice and Support Service (IASS) provide free, impartial, confidential information, advice and support about special educational needs and / or disabilities (SEND) for children and young people up to age 25, and their parents and carers.

Bromley Children's Project

Bromley Children's Project (BCP) is a borough-wide service that supports families living in Bromley to create a safe, secure and happy environment for all children. BCP is linked to all 6 of the borough's Children and Family Centres, and works with private, voluntary and independent early year's providers in the borough. BCP offers a comprehensive range of courses and drop in sessions for parents and their children through the Children and Family Centres.

Portage

Portage is an educational service for pre-school children with severe and complex needs and their families. It is a bespoke service offering pre-school learning groups and home learning sessions depending on the needs of the child. Referrals can come from families as well as other professionals.

Bromley Y

Bromley Y is the Single Point of Access (SPA) for all referrals to mental health and emotional wellbeing services in Bromley for children and young people up to 18 years old. The SPA will assess whether individual children and young people should be referred to specialist Child and Adolescent Mental Health Services (CAMHS) either at initial triage or following an assessment at Bromley Y.

Referrals to Bromley Y can be made directly from any child, young person or family / carer or agency who work with children and young people, including GPs, social care, education, acute and Community Paediatricians and voluntary sector organisations.

Bromley Well

Bromley Well aims to help people improve and maintain their health and wellbeing. Their Young Carer's Support service for children and young people aged 4 to 19 years, helps them to manage caring relationships whilst enjoying childhood. Bromley Well also supports people over the age of 18 years who are living with physical health conditions such as diabetes, chronic pain, HIV and COPD. They provide practical lifestyle support to help people look after their physical and emotional wellbeing.

Perinatal service – Bexley, Bromley and Greenwich

The Bexley, Bromley and Greenwich Perinatal service provides specialist assessment and intervention to women experiencing significant mental health difficulties during pregnancy and up to one year after birth. They offer specialist assessment, treatment, support and advice to ensure a woman stays as well as possible through this period. The Perinatal service does not offer crisis or emergency care.

South East London Mind

Mind provides mental health and dementia services which help people in Bromley to look after and improve their mental health and wellbeing. Bromley Mind offer wellbeing groups to families, like Being Dad and Mindful Mums and they offer support for women during pregnancy who may be experiencing perinatal mental health issues.

Bromley borough foodbank

Provided by Trussell Trust, Bromley foodbanks support families experiencing poverty and financial hardship by providing emergency food and support. Referrals to the foodbank are received by professionals working with the families.

Living Well Bromley

Living Well is a foodbank and support charity based in Penge, South East London. Their mission is to ensure that people have food, guidance and support where needed. The services are free to use and include a foodbank, a clothes bank, hot meals, free café, community choir, counselling and help with benefits, debt and housing issues.

Bromley and Croydon Women's Aid

Bromley and Croydon Women's Aid (BCWA) provide high-quality services to people fleeing domestic abuse. They can support with refuge accommodation, advice and support. They operate a one-stop-shop, which is a free and confidential service for anyone who has experienced or is currently suffering from domestic abuse, who feels that they could benefit from any help or advice. Representatives from BCWA and the other agencies, including housing and immigration lawyers, attend to offer support.

Change, Grow, Live

Change, Grow, Live (CGL) Bromley is the organisation that runs the drug and alcohol service. It works with adults over 18 who are Bromley residents and need help with their drug (including over the counter and prescription medication) and alcohol use or who are worried about a family member or a loved one.

Bromley Changes is the young people's service run by the organisation CGL, which works with children and young people aged 10 to 18 years who live, study or work in Bromley and their families. Bromley Changes is a free and confidential service for young people.

Early Years Education

In 2023, the service has continued to develop positive working relationships with Early Years education partners.

The focus of the Integrated 2 to 2.5 Year Review has been in developing strong communication processes and positive partnership working with Early Years settings (nurseries and child minders) to enable collaborative working across the services. The Integrated Review is a holistic approach to the assessment and evaluation of a child's needs and development. It is an integration of health and education services working in partnership with parents and carers to meet individual child needs. Early Years Practitioners provide their detailed knowledge of how the child is learning and developing in their educational setting. Health Visiting brings their expertise in the health and development of young children, and parents bring their unique knowledge of their child.

Vulnerable families meetings

The frequency of these meetings temporarily decreased due to the meetings being restructured within Bromley Children's Project. The aim of these meetings is to ensure that partnership working takes place to identify support strategies for vulnerable families within the borough.

Charities and organisations working with the service

The following are charities that the staff work with to provide additional support and information to the children and young people of the borough.

Lullaby Trust – SIDS and bereavement support:

The service signposts families to this charity to access to most updated and evidence based guidance on promoting safe sleep for infants and children. The Lullaby Trust provides an annual update to staff on safe sleeping.

Home-Start Bromley

Home-Start are a charity which provides local families with additional support during periods of transition, challenge or crisis. Home-Start aims to support parents in their parenting role, and in doing so promote the best outcomes for their children and the family as a whole. Examples of support offered includes delivery of the Freedom Programme, telephone befriending, Mums' "walk and talk", parent coffee mornings, and 1 to 1 "fathers to fathers" support programme.

SOLACE – Domestic abuse support services:

The service refers families affected by domestic abuse and work in partnership with the service when families are moved into the refuges in Bromley.

Bromley Brighter Beginnings

This is a local charity that provides essential baby, child or household items to local families who are experiencing financial hardship. The charity helps to raise awareness about the level of poverty within the borough, and the impact of poverty on children and their families.

The service can also fund occasional activities and essentials for women and children living in domestic abuse refuges.

Bromley Libraries

There are 16 library sites across the Bromley borough, and they all offer a wide range of books alongside events and activities for children and families to participate in.

Bromley Mencap

Bromley Mencap provides a wide range of services to support children and young people and their families to play a full role in their local communities. Their services provide support for disabled children and young people and young carers through to the transition into adulthood. They provide advice and information, signposting, opportunities for peer support, support with short breaks and leisure activities.

CRUSE bereavement charity

The Health Visiting and School Nursing teams signpost and refer children and their families into CRUSE for bereavement support before or after someone dies.

Communications and engagement

The service will be reviewing the approach to communications and engagement in 2023 so that they will be committed to active and meaningful dialogue with young people, parents, and carers, and building relationships within our communities.

The service plans to appoint an Engagement Manager to undertake outreach and engagement in various forms and build stronger partnerships with stakeholders, including primary care, the voluntary sector and grass roots organisations. This will be crucial in providing an integrated care experience for families, reaching Bromley's diverse population, and working together to address health inequalities.

The service are focusing on delivering high-quality, accessible information across digital and physical platforms to ensure everyone is well-informed and empowered to make health-conscious decisions, making sure that every contact between our staff and families count.

Website

The service has a public-facing website [Bromley 0 to 19 Public Health Service](#) and offers a “virtual service” through the live chat function between 9-5 Monday to Friday.



Tawk.To

The live chat function is facilitated through Tawk.to. Over 2022-23, the service participated in 198 live chats and responded to 173 offline messages.

Newsletters

The School Nursing service provide termly newsletters to all schools. The newsletters include information about the service, how parents and young people can contact School Nurses, signposting to other key services and resources, and key health information focussing on identified priorities such as immunisations and mental health support.

Bromley Healthcare
better together



Issue 13 – Autumn 2022

School Nursing Service Newsletter

Bromley Healthcare provides support to schools within the borough via the 0 to 19 Public Health Service – School Nursing service. This service is run by School Nurses, who are now based at Hollybank, Chislehurst Road, Orpington.



Aim of the School Nursing service

The service supports both primary and secondary schools within the Bromley borough, by supporting the pupils and each school with safeguarding and / or medical needs and concerns. These are the core services that the School Nursing Service is commissioned to provide:

Safeguarding – it is the School Nurses responsibility to attend all the necessary Child Protection Conferences, carry out health assessments on children where there are safeguarding concerns and support with any identified health needs.

Termly school meetings – The purpose of the meetings are to assess the level of need within schools, to keep schools updated on policies and guidance and to support with any medical needs of pupils which are highlighted. The termly meeting continues to be offered to all schools; these can be either face to face, virtual or a telephone consultation.

Termly meetings continue each term. A profile document is required to be completed during the Autumn term meeting; the other two meetings can be used as a continuation of the first meeting or to support the school following the required findings within the discussed action plan.

Individual Care Plans should be reviewed annually by the school, supported by the School Nurses when required.

Supporting vulnerable children and young people – we provide support to those vulnerable children and young people who have been identified to our service, including Young Carers and those attending the Youth Justice Service (YJS).

Safeguarding School Nurses – the Safeguarding School Nurses continue to carry out individual planned programs of health support for vulnerable children and young people. A referral form can be requested by contacting bromh.SNSafeguarding@nhs.net.

Termly profile meeting

In the Spring term 2022, the team met with 65 schools to support them with the health needs of their pupils. If you have not yet completed your profile, please contact your School Nurse to book a session. This can be completed face to face, virtual or via the telephone.

Online chat – You can now chat instantly with a School Nurse via our website.



Please also follow us at the following social media platforms:



@bromley0to19



@bromley0to19



@bromley_0to19

Training

Currently the service is not in a position to offer training to schools however this will be reviewed monthly and resumed following recruitment into vacancies.

Asthma, Allergy/Anaphylaxis and Epilepsy training modules are available via the links below:

sch.educationforhealth.org/wp/asthma-module

asthma.org.uk/for-professionals/professionals

anaphylaxis.org.uk/information-training/allergywise-training/for-schools

epilepsy.org.uk/training/for-schools

Useful resources

The School Nursing Service works closely with many other agencies to support the health and wellbeing of children and young people within Bromley. We have the following information which we would like to share with you:

Leaflets, resources and information

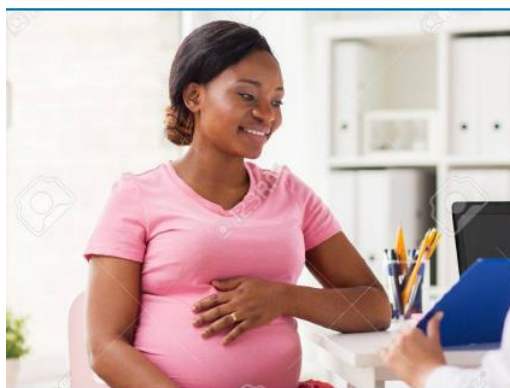
Print and digital materials are used to signpost people to the website and services, and disseminate these to healthcare professionals and partners across the system:

Bromley 0 to 19 Public Health Service

For information, advice and links to useful apps and websites visit bromley0to19.co.uk



Bromley 0 to 19 Public Health Service



Health Visitor antenatal contact

You should hear from us by 34 weeks, but you can call us on **0300 330 5777** to book an appointment. Find out more about our service at bromley0to19.co.uk

Bromley 0 to 19 Children's Public Health Service is delivered by Bromley Healthcare, working with the NHS for the London Borough of Bromley

Bromley Healthcare better together

NHS

Bromley

The service run campaigns and awareness activities focusing on key priorities, including child safety messaging, and share this with partners across Bromley. National campaigns and priorities are promoted, such as Start for Life and SEL vaccinations, as well as signposting to local services, making sure that every contact counts.

Targeted and tailored resources and materials are currently being developed to raise awareness of the services and advice, and encourage uptake of the services. These will be provided to the parents on contact with staff, and supplied to partners, such as GP surgeries and voluntary sector partners.

Social media

Bromley 0 to 19 have Twitter, Facebook and Instagram accounts. Social media is used to run digital campaigns, signpost to services such as the wellbeing and infant feeding clinics, and undertake online engagement, such as tips for supporting breastfeeding during World Breast Feeding week and promoting safety tips.

During 2022-23, an aim has been to build up dynamic, engaging content for parents and carers on Instagram - where a significant number of our target audiences are.

Facebook data April 2022 – March 2023:

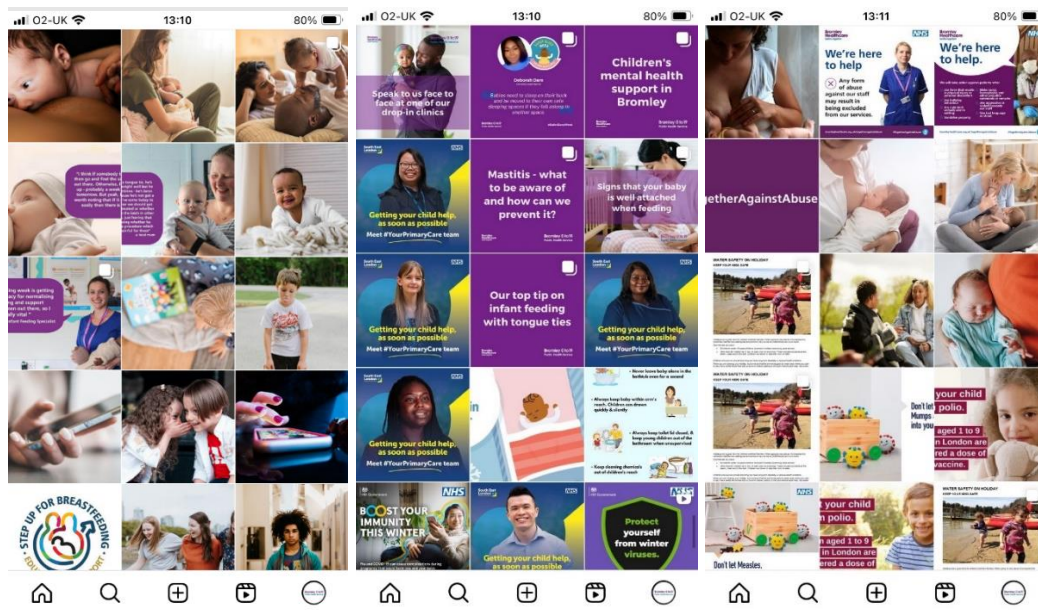
Reach	Page visits	Page likes	Content interactions
295	109	8	2

Instagram data April 2022 – March 2023:

Reach	Page visits	New followers	Content interactions
1,896	141	35	68

Twitter data April 2022 – March 2023

Impressions	Profile visits	New followers	Content interactions
35k	4k	50	289



We are focusing on building our presence through digital communities such as Bromley Mums Network, which has around 11,200 followers, and increasing our follower-base and engagement on Instagram.

Outreach and face-to-face engagement

Colleagues regularly attend health and wellbeing events, forums and undertake outreach activity. For 2023-2024 will be appointing an Engagement Manager whose focus will be to support all engagement for our Children and Young People's services by working with our key partners.

The Engagement Manager will be key in building stronger relationships, through attending key networking events in order to discover the needs of our seldom-heard communities and tackle health inequalities.

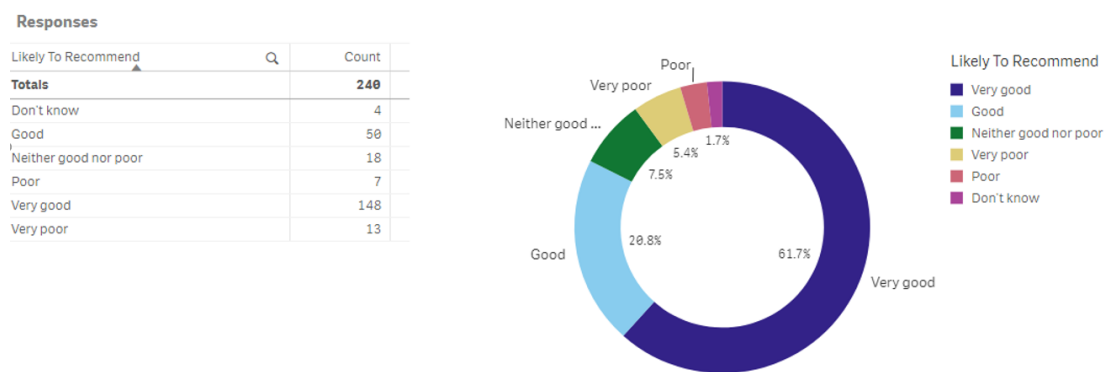
The key aims are:

- Community reach, engagement and awareness: To increase awareness about available healthcare services, promote public health education within the community, and reach our diverse communities, including those who are seldom-heard and underserved.

- Partnership Building: To foster strong relationships with partners and stakeholders, enhancing collaborative efforts in healthcare provision and community wellbeing initiatives.
- Feedback and Improvement: To gather direct feedback from the community and stakeholders, using this valuable input to continually improve the quality and relevance of our services.

Patient satisfaction

From April 2022 to March 2023, 269 people who use the Bromley 0 to 19 service responded to the Friends and Family Patient Satisfaction Test and 92.6% of them stated that their appointment was 'Very Good' or 'Good'.



From the 269 respondents who stated that their appointment was 'Very Good' or 'Good', there were some very positive comments. Here are some examples:

- 'Very caring, thorough and supportive Health Visitor'
- 'Friendly and professional Health Visitor'
- 'Lots of thorough checks on milestones met.'
- 'The Health Visitor was very thorough, caring understanding and explained everything very well, it was tailored to our needs and we were able to improve on the feeding position and milk volume'
- 'Friendly environment, toys for the children to play while waiting and doing the assessment'
- 'The Health Visitor was lovely and friendly and made us feel very comfortable'
- 'Able to discuss my concerns and be heard'
- 'Health Visitors and insight and information. She was patient had a good ear'
- 'Very welcoming! Felt like a warm hug :)'
- 'Very convenient location, the staff was very nice and attentive'
- 'Everything was amazing professional services'

16 respondents stated that their experience of the service was either 'Very Poor' or 'Poor' and 1 stated 'Don't Know.' However, 7 of those who had rated their experience negatively (Very Poor or Poor) provided positive comments in the "What was good about your visit?" section including: "It was on time and local.", "The Health Visitor herself," and "Health Visitor was polite." Therefore, it was likely to be a selection error.

Compliments, concerns and complaints

Compliments

In 2023 there were 5 compliments logged.

Email received 'I wanted to send some positive feedback to the Health Visitor who completed the 12-month check today. She gave me advice for my daughter regarding sleep, and it's the first time she's gone to sleep in the cot for a very long time! Such a relief! So I just wanted to let her know; and to say thank you for all her other knowledgeable advice today. Much appreciated by a medical mummy. Best wishes

Email received thanking the Bromley School Screener Community Nursery Nurse for contacting a parent to follow up on a recent vision screening, sharing information and reassuring the parent.

Thank you email received for a Health Visitor who completed a visit and identified feeding issues and gave relevant advice and referrals.

Verbal feedback was given by the named Doctor and named Midwife for safeguarding at the Princess Royal University Hospital. The Bromley Paediatric Liaison Nurse (PLN) was complemented for how super helpful she was at the ED safeguarding meetings, sharing appropriate health information and the lived experience of the child and her role at the Maternity safeguarding meetings is supporting key information sharing which helps make informed decisions for the families and feedback to Bromley Healthcare staff.

The PLN is a true representative of Bromley Healthcare and works in a multi-agency way to promote the needs of children and families.

Having completed a health needs assessment with a 7 year old girl in School, she asked if she could draw me a picture at the end of the assessment form which she did and underneath it she wrote 'I hope I get to see you again!'

Concerns / comments

There were 5 concerns raised in the year

Telephone call from a parent not happy with the service and stating they don't want their daughter seen by Bromley Healthcare services anymore.

Parents contacted the Care Coordination Centre (CCC) to report that the Health Visitor had not attended their homes for their planned New Birth Visit. Parents very dissatisfied with the service as they had waited in for the visit.

Emailed received from parent stating issues were highlighted regarding child's behaviour at their 2 Year Review in March 2020. Parent reports there was no follow up as advised. Parent contacted the service again and attended a parenting course. Child has now been referred via the ASD pathway by school and is on a 2-3 year waiting list. Parent expressed frustration that this referral should have been made earlier and her child would have been seen earlier.

Telephone call received from a midwife informing the service that a baby had been admitted into hospital for 5 days with a respiratory condition. This was following a visit from a Health Visitor who had reportedly informed the mother that the baby's breathing was normal. Mother now requesting a new Health Visitor.

A father telephoned raising a concern in relation to the attitude of the staff member who saw his partner and their baby at the weighing clinic.

Complaints

There was 1 complaint in the year 2023.

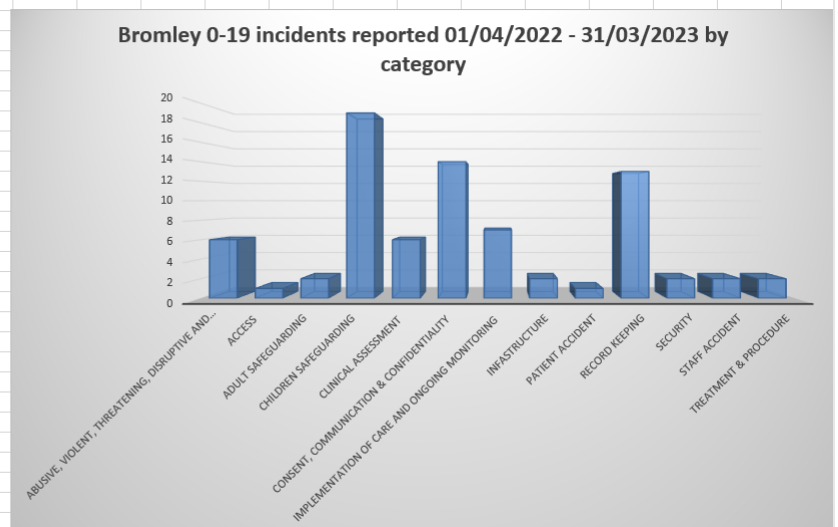
Email received from mother of child regarding the content of a case conference report written by a School Nurse.

Bromley Healthcare takes complaints very seriously and as a result of these, knowledge and training of staff is reviewed on a regular basis.

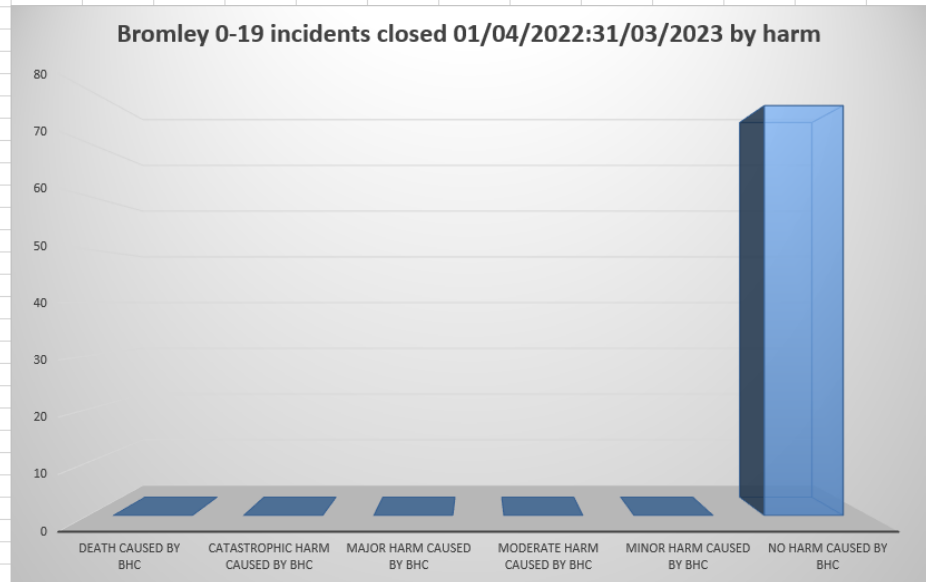
Serious incidents

There were no serious incidents recorded for Bromley in 2023.

X-axis	Data
Abusive, Violent, Threatening, Disruptive and Aggressive Behaviour	6
Access	1
Adult Safeguarding	2
Children Safeguarding	19
Clinical Assessment	6
Consent, communication & Confidentiality	14
Implementation of care and ongoing monitoring	7
Infrastructure	2
Patient Accident	1
Record Keeping	13
Security	2
Staff accident	2
Treatment & Procedure	2



Death Caused by BHC	0
Catastrophic Harm Caused by BHC	0
Major Harm Caused by BHC	0
Moderate Harm Caused by BHC	0
Minor Harm Caused by BHC	0
No Harm Caused by BHC	77



Record keeping audit

All Bromley Healthcare services which hold clinical patient records are required to complete a clinical record keeping audit to ensure quality of care, to maximise patient safety, support professional best practice and assist in compliance with Information Governance standards. The provision of accurate and confidential records is one of the 28 essential standards of quality outlined by the Care Quality Commission (CQC).

In 2023, the service used a service specific audit tool, developed in line with the Bromley Healthcare standardised record keeping audit tool.

The audit was completed by the Service Leads and Locality Leads monthly, in order to maintain regular records oversight, identify emerging themes quickly and to implement training and updates throughout the year based on

Lessons learnt

1. Generally the Bromley 0 to 19 Children's Public Health service is recording pertinent data, is aware of care pathways, documents are clear about where a child stands on a risk scale and service level need. Demographic information is not being updated correctly: staff often collate this information using the Family Health Needs Assessment tool, however they are not transferring this into EMIS demographic page.
2. Further improvements are needed to ensure the Family Health Needs Assessment is completed at all initial contacts and reviewed thereafter.
3. Further improvements are needed in the completion of the family composition and capturing the voice of the child.

Actions taken

1. EMIS templates are being reviewed and re written with input from the teams, particularly around Family Health Needs Assessments and additional space to capture analysis, agenda matching, voice of the child.
2. Learning from the audits is shared at each team meeting and each quarterly forum.
3. There is a focus across the first half of 2023 for training and support to be put in place for the School Nursing team to improve the analysis and planning section of their record keeping. This will be delivered in conjunction with the Safeguarding team.

Quality Assurance Visit

The Quality Assurance Visit using the CQC Keyline of enquiry framework was completed in July 2022.

Quality assurance domains

Safety was assessed by reviewing mandatory training compliance, incidents, lone working, calibration and cleaning of equipment, adherence and awareness of organisational policies, infection control and safeguarding.

- Bromley School Nursing 91%
- Bromley Health Visiting 89%

Responsiveness was assessed by examining the accessibility of the service, awareness of the Accessible Information Standard, response to complaints and personalised care.

- Bromley School Nursing 76%
- Bromley Health Visiting 70%

Effectiveness was assessed by looking at evidence of compliance to professional guidance, robust assessment, health promotion, outcomes and cost effectiveness, integrated working and access to service-specific training.

- Bromley School Nursing 96%
- Bromley Health Visiting 97%

Care was assessed by reviewing client feedback, evidence of client centred care, confidentiality, information sharing, and demonstration of respectful interactions with families.

- Bromley School Nursing 88%
- Bromley Health Visiting 88%

Evidence of the quality of leadership within the service was compiled from direct interviews with the Service Leads, evidence of regular supervision, annual appraisals and monthly team meetings, staff competencies and knowledge of the Duty of Candour.

- Bromley School Nursing 83%
- Bromley Health Visiting 74%

Overall Compliance

- Bromley School Nursing 86%
- Bromley Health Visiting 84%

Learning for the next QA peer visits

There is a necessity for a standardised approach to the method to improve validity of the assessment. In order to do this, an overview of the purpose and the process will be sent out to all staff members prior to the visits. Addresses of the bases will be sent out to the peer assessors and rooms will be booked, where possible to ensure that there is a confidential and quiet space to hold interviews. Service-specific areas should be added to the tool and other areas that are not relevant to the service will be removed.

An action plan for the areas of development is in place.

For those areas that scored lower than 80% will be included in the next quality assurance visit to be completed in 6 months' time.

Perinatal and Infant Mental Health Audit

As part of a review of the Perinatal Mental Health (PMH) Pathway in the Tri-borough (Bexley, Greenwich and Bromley), an audit was completed to understand if Perinatal Mental Health is being correctly identified using the Whooley and GAD 2 screening tools, assessed using the GAD 7 and PHQ 9 diagnostic tools and, if further support is needed any onward signposting / referrals are being completed within the 5 mandated contacts. The audit aimed to:

- To provide assurance that the Health Visiting service is compliant with the NICE Guidance and PMH Standard Operating Procedures (SOPs) for Bexley, Bromley and Greenwich
- To identify any gaps in practice
- To shape the new PMH pathway and SOP for Bromley Healthcare, and identify staff training needs
- To identify positive practices and any learning points or actions to improve current policy and practice.

20 audit questions were developed that were reviewed via the EMIS records of 2 cohorts of randomised children in each Borough to calculate the current assurance levels.

The results demonstrated that the tri-borough clinical staff are not fully compliant with the NICE guidance 2020 and the local SOPs for Bexley, Bromley and Greenwich and there is disparity across the service as to how staff utilise EMIS to record client contacts.

This audit has led to the development of an action plan to focus on changes to the EMIS templates, the delivery of PMH training to staff at an appropriate level for each of the skill-mix, and the development of a new PMH SOP and Pathway.

In order to evaluate the effectiveness of the action plan, a re-audit will be completed in 12 months' time with a larger cohort list of records to be audited.

Staff Professional Development

- The Service Leads and Locality Leads attend internal Staff Forum meetings as well as Leadership meetings.
- The service has quarterly 0 to 4 and 5 to 19 forums in place to share any professional updates, to cascade training, for external speakers to attend and for the Specialist Practitioners and Professional Development Nurses to deliver training
- Practice Teachers attend regular meetings with partner Universities to receive updates that enhance teaching and support the students in practice.
- Tri-borough Practice Assessor / Supervisor Forums were implemented to support Assessors and Supervisors with the transition from the previous Practice Teacher approach.
- The service invites other professionals to service meetings where staff can be updated on support services and develop their knowledge, for example: Lullaby Trust annual update on SIDS.
- The service have had regular updates from the Immunisations team in team meetings.
- Practice Development Nurses have updated and implemented a new preceptorship policy and document to support Newly Qualified SCPHNs – including setting up action learning sets and observed contacts

- Practice Development Nurses have set up and are rolling out internal training for all student Health Visitors to support with transferring theoretical knowledge into practice
- The service has engaged with the Public Health Nursing Leaders Forum and has been able to access funded training across the 0 to 19 service, this has included access to the following:

University modules

- **City University:** Professional Leadership Course
- **Buckinghamshire University:** Supervising and Assessing Specialist Community Practice
- **Buckinghamshire University:** Leading Innovative Healthcare in the Community Setting
- **University of Hertfordshire:** Band 5 Development 0 to 19 Public Health Staff Nurse - Foundation module

Standalone courses through universities

- Managing staff through change
- Nurse Prescribing update for V100 SCPHN Nurse Prescribers
- Action Learning Set Workshop
- Motivational interviewing (application of coaching)
- School Nurse focused update on CORE20PLUS5
- Simulation: School Nurse: Self harming, mental health training
- SAPHNA Leadership Course
- SAPHNA Summer Conference at Manchester Metropolitan University

This page is left intentionally blank