

BROMLEY HEALTH AND WELLBEING STRATEGY

2018 – 2022

DRAFT

FOREWORD

On behalf of the Bromley Health and Wellbeing Board I am delighted to present this second Joint Health and Wellbeing Strategy for the Borough, which sets out our local priorities for improving health and wellbeing over the next five years.

Located in South East London, Bromley is the largest London borough in the city. Although Bromley is a relatively prosperous area, the communities within Bromley differ substantially. Although health and wellbeing in Bromley is generally considered to be good there are still areas that could be improved.

Our vision in this second strategy is for the people of Bromley to live an independent, healthy and happy life for longer. In order to achieve this we must come together as a Health and Wellbeing Board to ensure that we make the best use of our collective resources. We will encourage and expect all organisations to use the Joint Health and Wellbeing Strategy when considering actions to improve health and wellbeing and when making decisions about spending money and planning services over the next five years.

This strategy is important. It is a shared agreement between each partner organisation in the Health and Wellbeing Board with, and for, people of all ages living and working in Bromley. It is about what we can and want to change, helping those who commission or provide health and social care, communities and individuals to focus their efforts over the next five years.

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INTRODUCTION

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

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

What is the Health and Wellbeing Strategy?

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

WHAT'S HAPPENED SINCE THE LAST STRATEGY?

The Bromley Health and Wellbeing Board's (HWB) first ever strategy outlined the priorities for improving health and wellbeing of people living in Bromley.

The priorities were identified by considering the burden, numbers of people affected, and whether the problem is improving or worsening over time. The priorities for 2012-15 were agreed as:

- Diabetes
- Obesity
- Hypertension
- Anxiety and Depression
- Dementia
- Support for Carers
- Children with Mental & Emotional Health Problem
- Children Referred to Social Care
- Children with Complex Needs and Disabilities

In 2013 they were then refined to those areas that were considered highest priority:

- Diabetes
- Obesity
- Dementia
- Children with Mental & Emotional Health Problems.

In February 2018 the Bromley Health and Wellbeing Board supported the proposal for a comprehensive evaluation of the process of production of the JSNA and of the report itself. It also supported a concurrent review of the methodology used to translate the JSNA findings into priorities for the local Health and Wellbeing strategy.

Methodological approach to the development of this strategy

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

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

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

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

- I. Bromley Joint Strategic Needs Assessment 2017(JSNA) [www.bromley.gov.uk/JSNA]
- II. The Public Health England Public Health Outcomes Framework (PHOF) [<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/0>]

The information on disease morbidity and mortality within the Disease Burden chapter of the JSNA 2017 was used to identify diseases for which the prevalence or incidence was increasing in the Bromley population or mortality rates were rising.

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

The Life Course Approach to Health and Wellbeing

Members of the Health and Wellbeing Board represent agencies working with all people at all times of their life, from cradle to grave.

Therefore, we have agreed to adopt a ‘life-course approach’ in our work. As a person travels through different stages in their lives they encounter numerous events and opportunities. These can encourage healthy or unhealthy behaviours which affect a person’s overall wellbeing.

The life course approach seeks to prevent and control diseases by identifying critical stages in life from preconception through pregnancy, infancy, childhood, adolescence, adulthood and old age, where interventions will be most effective. A life course approach investigates the long-term effects of physical and social exposures experienced during these aforementioned critical life stages on health and disease risk. It also examines the pathways (biological, behavioural and psychosocial) influencing the development of chronic diseases and operating across an individual’s life course or across generations.

The life course approach to health offers a strategic model that can be used to best plan public health interventions that relate to the priorities agreed within the Joint Health and Wellbeing Strategy (JHWS). Interventions planned using a life course approach will be timely, effective and provide lasting benefits.

Our vision:

“Live an independent, healthy and happy life for longer”

PRIORITY 1 – CANCER

WHY IS IT IMPORTANT

- In Bromley cancer rates are rising with nearly 1,600 new cancer registrations annually.
- Cancer is Bromley's number one killer (3,817 deaths)
- It has overtaken cardiovascular disease as the major cause of death in the population
- Survival rates are increasing
- However, many cancers are still detected late

WHAT WE PLAN TO DO

We will work in partnership to produce an action plan which will address the following areas:

- Supporting people in their understanding of cancer, and enabling people to make healthy lifestyle choices
- Increasing awareness of early cancer symptoms and screening programmes to improve early diagnosis
- Understand and overcome the barriers which stop people from taking part in screening
- Targeting areas with high levels of deprivation and where smoking and alcohol use are known to be higher

HOW WE WILL MEASURE SUCCESS

The appropriate partners will decide on a set of outcomes for the action plan and will monitor the progress towards these. A progress update will need to go to the Health and Wellbeing Board twice a year.



PRIORITY 2 – OBESITY

WHY IS IT IMPORTANT

- 57.2% of adults in Bromley are classified as overweight or obese
- Obesity is the main risk factor for the development of type 2 diabetes, with obese adults being five times more likely to develop the condition compared to adults of a healthy weight
- Obesity in children is a significant concern in terms of their health and well-being
- In Reception Year and Year 6 in Bromley primary schools, there are 145 children known to be severely obese as well as 860 obese children
- There are marked differences in rates of obesity within Bromley, with children in the north east and north west of the borough and Mottingham having the highest rates of obesity

WHAT WE PLAN TO DO

We will work in partnership to produce an action plan to develop initiatives and interventions to reduce the overweight and obesity in Bromley.

HOW WE WILL MEASURE SUCCESS

The appropriate partners will decide on a set of outcomes for the action plan and will monitor the progress towards these. A progress update will need to go to the Health and Wellbeing Board twice a year.



PRIORITY 3 – DIABETES

WHY IS IT IMPORTANT

- Over 15,000 people in Bromley are currently diagnosed with diabetes
- A further 30,000 people are estimated to be at risk of developing diabetes
- The number of people with diabetes in Bromley continues to rise and presents a growing challenge for individuals and services.

WHAT WE PLAN TO DO

We will work in partnership to produce an action plan to address the issue of significant increase in incidence and prevalence of diabetes in Bromley.

HOW WE WILL MEASURE SUCCESS

The appropriate partners will decide on a set of outcomes for the action plan and will monitor the progress towards these. A progress update will need to go to the Health and Wellbeing Board twice a year.



PRIORITY 4 – DEMENTIA

WHY IS IT IMPORTANT

- Around 4,380 people aged over 65 in Bromley are living with dementia
- This figure is predicted to rise to 6,034 by 2030
- Overall analysis indicates that the older population (65+) contributes significantly to the dementia prevalence in Bromley
- However, Bromley has significantly higher rates of young-onset dementia compared to London and England

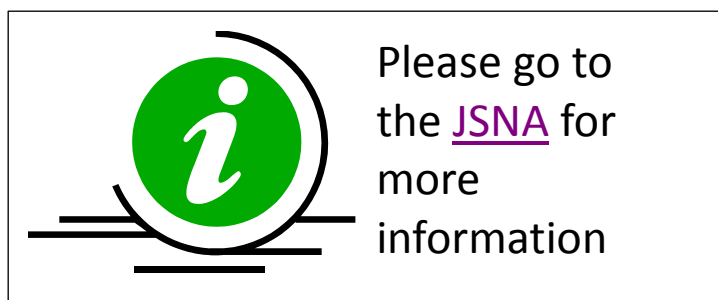
WHAT WE PLAN TO DO

We will work in partnership to produce an action plan which will address the following areas:

- Significantly improving awareness and understanding of dementia so people have the information they need to reduce the risk of developing dementia as well as to live well with dementia
- Ensure people with dementia have equal access to the health and wellbeing support which is available to everyone

HOW WE WILL MEASURE SUCCESS

The appropriate partners will decide on a set of outcomes for the action plan and will monitor the progress towards these. A progress update will need to go to the Health and Wellbeing Board twice a year.



PRIORITY 5 – SUICIDE PREVENTION

WHY IS IT IMPORTANT

- 20 people die in Bromley every year from Suicide
- Suicides are more prevalent in men, up to 3 times the rate in females
- Hanging, Strangulation, Suffocation and poisoning are the common methods of suicide in Bromley
- Bromley ranks 16th out of 33 London Boroughs on suicide rates
- Bromley has the 5th highest rates of self harm in the region

WHAT WE PLAN TO DO

Over the next five years we will:

- Support the Suicide Prevention Strategy Steering Group to develop and deliver a Suicide Prevention Action Plan for Bromley to support delivery of the Bromley Suicide Prevention Strategy

HOW WE WILL MEASURE SUCCESS

The steering group will decide on a set of outcomes as part of the action plan and monitor these within their steering group meetings. A progress update will need to go to the Health and Wellbeing Board twice a year.



PRIORITY 6 – HOMELESSNESS

WHY IS IT IMPORTANT

- Bromley currently has 1555 households in temporary accommodation including 1674 Adults and 2419 dependants
- 79.35% of households in temporary accommodation have dependent children
- The number of households in nightly-paid accommodation (the most expensive form of temporary accommodation) since 31/03/2012 has increased by 228%
- The cost of most types of temporary accommodation is not met in full by the benefits households are eligible to claim and so represents a net cost to authorities who meet this shortfall to comply with their statutory duty
- For Bromley the cost of meeting this shortfall during 2017/18 was £4,088,711 with £3,711,374 of this total being spent on nightly-paid accommodation
- On average around 460 households approach the Housing Options service each month for advice
- During 2016/17 57 people were seen rough sleeping in Bromley - more than double the number of people identified in 2011/12

WHAT WE PLAN TO DO

Over the next five years we will:

- Support the Bromley Homelessness Strategy and the implementation of the action plan resulting from this strategy

HOW WE WILL MEASURE SUCCESS

The appropriate partners will decide on a set of outcomes for the action plan and will monitor the progress towards these. A progress update will need to go to the Health and Wellbeing Board twice a year.



PRIORITY 7 – ADULTS WITH A LEARNING DISABILITY

WHY IS IT IMPORTANT

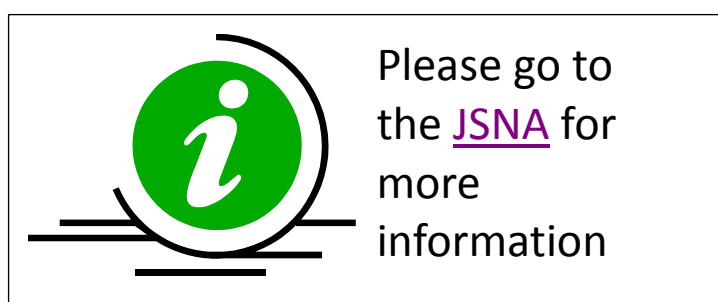
- People with learning disabilities have poorer health than the general population
- A lot of this is avoidable
- Health inequalities often start early in life
- Difficulties in getting effective and appropriate healthcare when it is needed can make them worse
- Poor health can cause poor quality of life
- Nationally 40% of people with a learning disability also have physical and/or sensory impairments
- Nationally up to 45% of people with a learning disability may have a mental health condition

WHAT WE PLAN TO DO

The appropriate partners will identify the areas that should be prioritised and how they will be implemented. An action plan will be developed by appropriate partners.

HOW WE WILL MEASURE SUCCESS

The appropriate partners will decide on a set of outcomes for the action plan and will monitor the progress towards these. A progress update will need to go to the Health and Wellbeing Board twice a year.



PRIORITY 8 – DRUGS & ALCOHOL IN YOUNG PEOPLE

WHY IS IT IMPORTANT

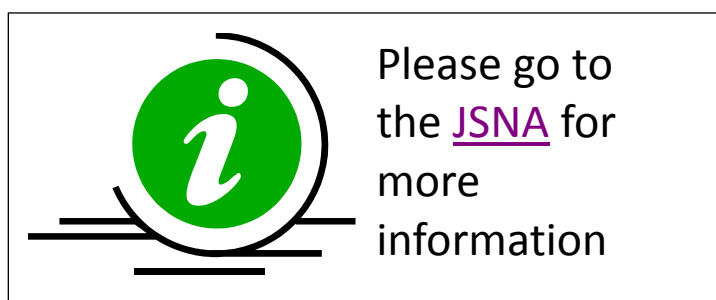
- High levels of alcohol consumption are associated with increased risk taking among young people, including; unsafe sex and drink driving.
- It is also a common feature of domestic and sexual violence.
- Among young people, drug use is linked to increased likelihood of a range of adverse experiences and behaviour including; truancy, exclusion from school, homelessness, time in care and serious or frequent offending.
- Rates in Bromley are higher than England for both regular drinkers and proportion of young people who had been drunk in the previous 2 weeks.
- Drug use is higher in Bromley than London.
- The number of young people presenting to specialist substance misuse services is falling.
- The main substance used by those attending services are cannabis and alcohol.
- Hospital admission rates for substance misuse for 15-24 year olds is worse than London and England.

WHAT WE PLAN TO DO

The appropriate partners will identify the areas that should be prioritised and how they will be implemented. An action plan will be developed by appropriate partners.

HOW WE WILL MEASURE SUCCESS

The appropriate partners will decide on a set of outcomes for the action plan and will monitor the progress towards these. A progress update will need to go to the Health and Wellbeing Board twice a year.



PRIORITY 9 – YOUTH VIOLENCE

WHY IS IT IMPORTANT

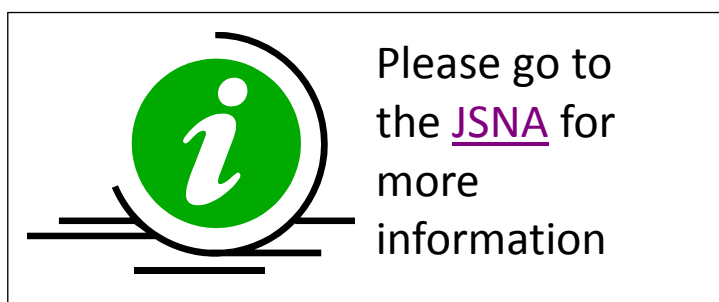
- Metropolitan Police data (MOPAC) for the whole of London shows gang activity makes up a small proportion of serious youth violence (less than 5% in 2015/16), and GLA Peer Outreach indicated much of the violent activity involved peer groups
- The data also shows knives were a factor in around half of youth violence in 2015/16
- Girls now make up almost a quarter of victims of serious youth violence, and there are also indications of an increasing number of young women committing serious violence
- There appears to be a mismatch between the perception of crime and violence and the reality for many young people in Bromley
- In Bromley there were 51 victims of knife crime injury aged 1-24 years in 2017
- 257 victims of serious youth violence in 2017
- 14 gang linked offences in 2017
- 3,686 under 18 victims of crime in 2016-2018
- Public perceptions of crime in Bromley are; 6% think gangs are a problem, 5% think knife crime is a problem, 3% think gun crime is a problem

WHAT WE PLAN TO DO

The appropriate partners will identify the areas that should be prioritised and how they will be implemented. An action plan will be developed by appropriate partners.

HOW WE WILL MEASURE SUCCESS

The appropriate partners will decide on a set of outcomes for the action plan and will monitor the progress towards these. A progress update will need to go to the Health and Wellbeing Board twice a year.



PRIORITY 10 – ADOLESCENT MENTAL HEALTH

WHY IS IT IMPORTANT

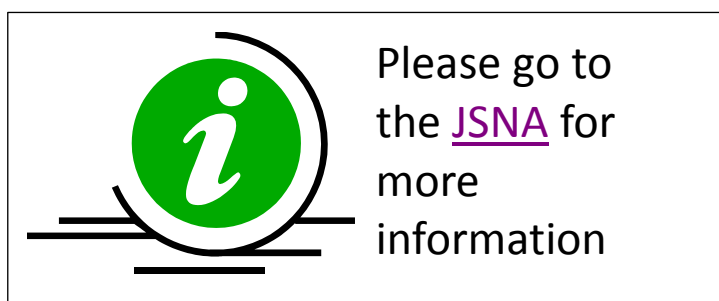
- Demand for early intervention services is increasing each year, the majority because of relationship, school or family issues
- Anxiety and mood problems are mentioned in more than half of the cases
- Of particular concern are the hundreds of children and young people presenting with self-harm, suicidal thoughts, or even a history of suicide attempts (66 young people between April and December 2017)

WHAT WE PLAN TO DO

The appropriate partners will identify the areas that should be prioritised and how they will be implemented. An action plan will be developed by appropriate partners.

HOW WE WILL MEASURE SUCCESS

The appropriate partners will decide on a set of outcomes for the action plan and will monitor the progress towards these. A progress update will need to go to the Health and Wellbeing Board twice a year.



NEXT STEPS TO ACHIEVING OUR VISION

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

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

Alongside this strategy there will be an action plan for each individual priority area with lead organisations (please see the appendices for copies of these action plans) which will clearly set outcomes and targets and how partners will work together to achieve each priority. We will be asking groups to develop more detailed action plans.

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

SUPPORTING STRATEGIES AND ACTION PLANS

The Health and Wellbeing Strategy does not exist in isolation. It brings together the strategies of all its partners to deliver and support its priorities. This is shown in the table below:

	Priority 1 Cancer	Priority 2 Obesity	Priority 3 Diabetes	Priority 4 Dementia	Priority 5 Suicide Prevention	Priority 6 Homelessness	Priority 7 Adults with a learning disability	Priority 8 Drugs and alcohol in young people	Priority 9 Youth violence	Priority 10 Adolescent Mental Health
Building a Better Bromley – 2020	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Children and Young People’s plan 2018-2021		✓						✓	✓	✓
Bromley CCG Integrated Commissioning Plan 2014-2019	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Homelessness Strategy 2018-2022						✓				
Education, Care and Health Business Plan 2018-2022	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ageing Well in Bromley Strategy	✓	✓	✓	✓	✓	✓	✓			

APPENDICES – PROPOSED DELIVERY OF THE STRATEGY

The strategy is a developing document. The next stage in delivery of the strategy is to work with groups and partners to develop individual action plans for each of the priority areas. Once these action plans have been developed the London Borough of Bromley Public Health Team will work with the groups to manage the action plans and ensure regular reporting to the Health and Wellbeing Board.

APPENDICES – ACTION PLANS

ACTION PLAN – FOR ADULTS

Priority Area	Lead Organisation / Group	What we want to achieve?	What the measurable outcomes will be
Cancer	Bromley CCG	Support people in their understanding of cancer, and enabling people to make healthy lifestyle choices	
Cancer	Bromley CCG	Increasing awareness of early cancer symptoms and screening programmes to improve early diagnosis	
Cancer	Bromley CCG	Understand and overcome barriers which stop people from taking part in screening	
Cancer	Bromley CCG	Targeting areas with high levels of deprivation and where smoking and alcohol use are known to be higher	
Obesity	Public Health Team / Active Bromley Group	Develop initiatives and interventions to reduce the overweight and obesity in Bromley	
Diabetes	Diabetes Prevention Group	Develop initiatives to reduce the incidence and prevalence of diabetes in Bromley	

Dementia	Ageing Well Strategy Group	Significantly improve awareness and understanding of dementia so people have the information they need to reduce the risk of developing dementia as well as to live well with dementia	
Dementia	Ageing Well Strategy Group	Ensure people with dementia have equal access to the health and wellbeing support which is available to everyone	
Suicide	Suicide Prevention Steering Group	Support the Suicide Prevention Strategy Steering Group to develop and deliver a Suicide Prevention Action Plan for Bromley to support delivery of the Bromley Suicide Prevention Strategy	
Homelessness	Homelessness Strategy Group	Support the Bromley Homelessness Strategy and the implementation of the action plan resulting from the strategy	
Homelessness	Homelessness Strategy Group	Early identification and prevention of homelessness	
Homelessness	Homelessness Strategy Group	Increase the supply of accommodation	
Homelessness	Homelessness Strategy Group	Achieve positive outcomes by improving health and wellbeing and breaking the cycle of homelessness	

Learning Disability	Public Health Team	Conduct a needs assessment for people with learning disabilities in the Borough	
Learning Disability	Public Health Team	From the findings of the needs assessment develop a learning disabilities strategy for Bromley	

ACTION PLAN – FOR CHILDREN AND YOUNG PEOPLE

Priority Area	Lead Organisation	What we want to achieve?	What the measurable outcomes will be
Obesity	Public Health Team / Active Bromley Group	Develop initiatives and interventions to reduce the overweight and obesity in Bromley	
Homelessness	Homelessness Strategy Group	Achieve positive outcomes for our young people	
Drugs and Alcohol	Children's Executive Board	Initiatives and interventions to deal with high levels of alcohol consumption	
Drugs and Alcohol	Children's Executive Board	Initiatives and interventions to tackle high levels of drug use	
Youth Violence	Children's Executive Board	Initiative and interventions to tackle youth violence in Bromley	
Adolescent Mental Health	Children's Executive Board	Training for those working with children and young people	
Adolescent Mental	Children's Executive Board	Ensure children and young people	

Health		are able to access services within an appropriate time period and receive a high quality of care	
Adolescent Mental Health	Children's Executive Board	Improved pathways and better outcomes to enable children and young people to overcome their vulnerabilities	
Adolescent Mental Health	Children's Executive Board	More young people will have their needs met closer to home	
Adolescent Mental Health	Children's Executive Board	Enable children and young people to recover their wellbeing, maintain social networks and improve resilience	
Adolescent Mental Health	Children's Executive Board	Transition into continued support and treatment into adulthood should not add to distress and have a negative impact on outcomes	

THIS HEALTH AND WELLBEING STRATEGY HAS BEEN CREATED BY THE FOLLOWING PARTNERS:

