HEALTH AND WELLBEING BOARD

Minutes of the informal meeting held at 2.30 pm on 30 April 2020

Present:

Councillor David Jefferys (Chairman)
Councillor Robert Evans (Vice-Chairman)
Councillors Gareth Allatt, Yvonne Bear, Mike Botting, Mary Cooke, Judi Ellis, Keith Onslow and Diane Smith

Kim Carey, Director: Adult Social Care
Rachel Dunley, Head of Service: Early Intervention and Family Support
Dr Nada Lemic, Director: Public Health
Jim Gamble QPM, Independent Chair: Bromley Safeguarding Children Partnership
Lynn Sellwood, Independent Chair: Bromley Safeguarding Adults Board
Dr Angela Bhan, Borough Based Director: South East London Clinical Commissioning Group
Harvey Guntrip, Lay Member: South East London Clinical Commissioning Group
Mina Kakaiya, Healthwatch Bromley

Also Present:

Mark Bowen and Sean Rafferty

1 INTRODUCTION AND WELCOME

The Chairman welcomed Board Members to the informal meeting of the Health and Wellbeing Board, held via Webex. On behalf of the Chief Executive, the Chairman passed on thanks to Members for all the support shown to the Princess Royal University Hospital (PRUH), the wider NHS and volunteers.

A minutes silence was held to remember all of the Borough's residents who had died from Covid-19, and to give thought to all those working in Bromley within the NHS, care homes and social care services.

Apologies had been received from Janet Bailey, Christopher Evans and Dr Andrew Parson.

2 PUBLIC HEALTH UPDATE

The Director of Public Health provided an update regarding the current public

health situation and Covid-19 pandemic in Bromley. Board Members were advised that figures for London were in advance of the national figures, as here the start of the pandemic had been faster and earlier than in the rest of the country. This would result in the peak of new cases and deaths being slightly different. The overall view was that the peak had been reached and the figures were now plateauing. However it was noted that model figures for new cases were used, as not everyone was being tested, and therefore the true figure was not known. Some model figures estimated that in London, between 10%-15% of the population were infected with Covid-19.

Death rates lag at least two to three weeks behind the incident, and it was highlighted that discrepancies could occur due to the way in which the data was recorded and presented. Bromley reported its first death on the 13th March 2020, and there had been 160 cumulative (confirmed and suspected) Covid-19 deaths in Bromley as at 28th April 2020. The data provided a total figure of hospital and care home deaths. Unfortunately at that time care home data was not publicly available, so it was not possible to give a breakdown between hospitals and care homes deaths. In response to a question, the Director of Public Health said that just below 50% of the cumulative deaths were believed to have been in the community, mainly in care homes. It was noted that the data presented had been collected directly from care homes and coroners, and was not Office for National Statistics (ONS) data, and it appeared to show that the number of deaths in Bromley had plateaued over the last few days.

In response to a question from the Chairman, the Director of Public Health confirmed that figures relating to the number of deaths in Bromley could be circulated to Board Members on a regular basis. Work was currently being undertaken to look at the differences between the absolute numbers reported and the proper rates.

As at 27th April 2020 there had been 1,007 cases of Covid-19 in Bromley, the first of which had been reported on the 9th March 2020. These were confirmed cases only so there may have been many more, however as not everyone was being tested the true figure was not known. If Bromley was similar to London, with around 10% of the population being infected, it would equate to approximately 30,000 people – however it was emphasised that the infection rate in Bromley may be lower.

In respect of other public health issues, one key area was health surveillance. This was continuing to be monitored and was used to provide the population level data. Between 70%-80% of the public health team were working on duties related to the Covid-19 pandemic. A big area of focus was the link between the NHS and the community, especially in terms of discharges from hospital, and providing support to care homes regarding infection control. Another area of focus was disinfection control advice and guidance, for which an email box had been set up to receive questions that nurses would respond to.

Consideration was being given as to how best to manage the testing of residents. Previously the testing had focussed on key workers with symptoms of Covid-19, but the next stage would move into the testing of care home residents. A pilot was

proposed to be undertaken in Bromley which would see all care home residents and staff being tested, and Public Health England was also looking at linking testing to contact tracing. It was noted that both of these schemes would take a lot of time and effort, but were vital to help manage the pandemic.

The Chairman passed on his appreciation and thanks to the Director of Public Health and her team for all the hard work and long hours being undertaken.

3 NHS UPDATE

The Chairman extended his congratulations to the Bromley Borough Director – SEL CCG ("Bromley Borough Director") in her role as Gold Commander for the South East London Integrated Care Systems' (SEL ICS) response to the pandemic, and expressed his thanks for all the hard work being undertaken.

The Bromley Borough Director advised Board Members that the coordinated borough based approach to the pandemic was being managed and delivered locally, which fed into the overarching SEL response to ensure consistency. In Bromley, this was managed through the One Bromley local care partnership, which provided oversight and collective delivery of local work streams. To improve the communication and response across the One Bromley provider organisations, a South East London Control Centre was in place to oversee and co-ordinate the SEL ICS response to the Coronavirus pandemic. To support and ensure alignment and coordination across wider partnership forms there was also the Strategic Partnership Group (LBB multi-agency group), Local Resilience Forum and other local work streams.

There were ten work streams in place, although some were more developed than others: Primary Care; Discharge; PPE; Children and young people; Contracts; Shielding; Community; Digital; Demand and capacity; and Mental Health. One positive to come out of the pandemic had been the ability to demonstrate the joint working undertaken in Bromley, which had been used to transform some areas of care. The way in which General Practice worked had completely changed, with more video consultations being undertaken. These had allowed GPs to spend more time (up to half an hour) with patients who had long term conditions. All practices were offering telephone and video consultations, and most were offering online e-consultations. Further changes in General Practice had included all practices being open over the Easter Bank Holiday dates to reduce the pressure on NHS 111, and they would also be open again on the forthcoming May Bank Holidays.

A respiratory centre had been set up in Biggin Hill to see patients that were likely to have Covid-19, and there was the potential for this to be expanded to other parts of Bromley if required. There were control measures in place and staff treating patients in the centre had the required personal protective equipment (PPE). Up until a week ago, there had been a decrease in patients attending the centre, but there had now been an increase in the number of patients with respiratory disease. In Bromley it appeared that the figures were plateauing, however across the country there were still tens of thousands of patients testing

positive with Covid-19, and several hundreds of deaths were being recorded each day.

The Bromley Covid-19 Management Service, run by Bromley Healthcare and the Bromley GP Alliance, was caring for patients with mild symptoms who were high risk, and those who were symptomatic and needed a clinical assessment. Care was provided in three ways: video conferencing appointments; attendance at the respiratory centre for those needing a physical assessment; and providing additional home visiting capacity for those who could not travel to the respiratory centre or be seen by their own practice. The service had seen on average 35 patients per day over the last two weeks, and circa 2,200 patients in total, to date.

The PRUH was currently in a strong position in its response to Covid-19. This was due to the systems in place ensuring that once patients left hospital, they were settled into alternative accommodation extremely quickly, and had the required support packages in place. A single point of access (SPA) had been established to facilitate the discharge of all patients requiring ongoing community support. The SPA received approximately 40 referrals per day. All patients were seen at home by an Occupational Therapist on the day of discharge to ensure that they had been discharged safely, and that sufficient care and support was in place. All partners were involved with this, including the Local Authority and St Christopher's, and there was a specialist clinician on call seven days a week who worked with wider health and social care services. The PRUH had expanded its intensive care facilities and this would change the way in which patient flow was managed.

London-wide work had been undertaken in relation to the Capacity Tracker, which monitored how many patients were in care homes. An operational group met virtually twice a week to help ensure that services were being delivered as required. There had been a number of incidents of staff sickness across health and social care, however this figure was now reducing. Across SEL, there was still sufficient intensive care capacity, as there was currently only around 65% occupancy, which indicated a change was taking place. For London as a whole, relatively few patients from SEL had been transferred to the NHS Nightingale Hospital, however they had been well within their ability to manage the number of patients requiring intensive care services. An area that had not been planned for was the number of patients (around one third) requiring dialysis services as part of their intensive care. This had been a challenge, but the demand had been met across SEL.

As the end of the first phase was reached, consideration would be given to identifying what had worked well, and which areas could revert back in terms of 'normal working'. This would involve discussions with patients, the Local Authority and other partner organisations. Any major changes would be subject to overview and scrutiny procedures.

There were concerns around the reduction in the number of people using the NHS for things such as strokes, heart attacks and cancer, and there was a need for these patients to return to using the services they required appropriately. Since the media had emphasised the message that the NHS was still open to treat patients

for issues other than Covid-19, there had started to be an increase in the number of patients returning to the hospitals.

Thought was being given to what needed to take place over the next four to eight weeks. In addition to encouraging patients to continue to use the NHS when they needed to do so, preparation for a second wave of the virus was also required. Previous flu pandemics had always had a second wave, which usually had a bigger peak than the first wave. It was not known if this would be the case with Covid-19, however there needed to be preparation for another increase in cases, whenever it may occur.

A major concern was the number of people in care homes. If the virus took a 'foothold' in care homes, the consequences could be terrible for residents and staff, but it would also have an impact on the wider community. Good public health advice and guidance on infection control and the use of PPE needed to continue to be followed. Testing had increased, however it was not necessarily well coordinated, and work was well underway in SEL to get the testing to where it needed to be, particularly in care homes.

In response to a question, the Bromley Borough Director said that during the first wave of a virus, it took a 'foothold' within the population and a second wave of a virus was able to infect more people. This had happened previously with flu, however it was impossible to say exactly what would happen with Covid-19. The links to social distancing were correct – the 'R' value indicated the number of other people that one individual with the virus could infected, and reducing the lockdown could see the degree of infectivity increase. What had not happened during previous pandemics was the current degree of lockdown, which changed the way the virus was spread and therefore made it more difficult to predict what would happen. The Chairman noted that a compliance factor had been incorporated into the modelling; however the population of the UK had been more compliant with the restrictions than expected. Covid-19 was an unusual virus due to the length of its duration. Whilst an individual was asymptomatic, a much higher rate of spread was being seen. There was a four to five day window in which infected individuals were passing on the virus without having displayed any symptoms. This was a concern as it was not known if someone would become immune to Covid-19 after having the virus. Covid-19 was causing around five different syndromes, compared to two caused by flu, which was why new ways of treatment were being investigated.

The Borough Based Director noted that pressure on staffing remained, and those returning to work in the NHS were being monitored. It appeared that some people from BAME groups may be vulnerable to the virus, as there had been a disproportionate number of deaths and illnesses in these groups and they needed to consider how to protect staff and maintain safety. They also needed to ensure that they continued to provide quality services whilst working in a 'learning culture'. A lot of work had been undertaken in relation to demand and capacity, and considering the number of intensive care beds, general beds and beds in the community that were required. However these models had continued to change as the pandemic had ebbed and flowed.

As well as having a large older population, Bromley also had a large number of care homes. They were extremely fortunate to have the Bromleag Care Practice, who stayed in regular contact with care homes and helped to manage any issues. A pilot scheme was being established in Bromley, to take a 'snapshot approach' as to how many residents and staff in care homes were Covid-19 positive. Over the next couple of weeks, the Virology Department at the Denmark Hill site would be testing all care home residents and staff, whether they were symptomatic or asymptomatic. This would allow them to support the care homes in segregating the residents, where appropriate, which the LBB Public Health and Adult Social Care teams would be involved with. Partners were working together in a robust way, which would shape services in the future. It was important to continue to focus on the quality of the services, and providing support to staff in all settings.

The Chairman thanked the Bromley Borough Director for her presentation to the Board, and noted the incredible way in which the NHS had adapted and changed the way in which it worked.

4 SOCIAL CARE UPDATE

The Portfolio Holder for Adult Care and Health expressed her thanks to the Director of Adult Social Care and her team for the resilience and fortitude that they had shown over recent weeks. As well as keeping the day to day operations running, they had been instrumental in establishing a team of volunteers who would be providing support to the Borough's most vulnerable residents.

The overall volunteer programme team had 80 staff seconded to it from across the Council. To date, there were 4,274 registered volunteers matched with 922 residents. The number of volunteers currently allocated was 840 as some of them were supporting more than one resident in a given locality. All requests for assistance were now matched within one business day. 100% of the vulnerable clients that had approached LBB, or who had been contacted by LBB based on government lists, were receiving the assistance they needed. Currently, demand for assistance had not outstripped the supply of volunteers.

There had been a recent amendment to the online assistance form and helpline, to ask people if they had received a letter from the government advising them that they were on the Shielding List due to a serious medical condition. Any shielding clients were therefore referred to the Shielding team. These medically vulnerable people would be managed internally through LBB, rather than Community Links Bromley (CLB), using specially trained volunteers from the LBB Shielding hub.

The Assistance Team was being led by a practitioner who had joined the team from Adult Social Care. Documented processes were being refined as more scenarios were presented to the team taking the assistance helpline calls.

It was noted that not all residents that had contacted the volunteer hub had required the services provided for vulnerable people, but a number had been signposted for help with information on housing benefit, food banks and social services.

Safeguarding concerns would be addressed through existing rigorous voluntary sector controls and links with the LBB Social Care team. This was relevant to both clients requiring assistance and the volunteers providing it. Advice on infection control was being provided to volunteers by experts from the Public Health team. All volunteers were being DBS checked, and CLB were developing further safeguarding training online which would be accessible to all volunteers.

The Covid-19 Mutual Aid groups, which were located in various wards across the borough, were also linking in with the Council effort to provide support, which was most welcome.

There was a list of frequently asked questions and answers that would be published shortly, which could be passed on to residents associations.

The Portfolio Holder for Adult Care and Health noted that both herself and Councillor Cuthbert would be supporting the promotion of a longer term commitment to volunteering in Bromley, aligned to the loneliness agenda.

The Director of Adult Social Care informed Board Members that statutory services had continued to operate throughout the period of lockdown. A staffing level of at least 80% had been maintained at all times, with a large number working from home. Most work was being undertaken remotely, with visits being carried out when necessary. Staff had adapted extremely well to their new working situation – using new technology and innovative ways of keeping in contact with each other.

The required assessments and reviews were being completed, as well as monitoring any safeguarding alerts and Deprivation of Liberty safeguarding referrals. This was very reassuring, and provided confidence that people were being kept safe. As Director of Adult Social Care, it was possible to use easements which allowed some of the Care Act requirements to be 'stepped down', however this was not currently felt to be necessary as there was still sufficient capacity. Some services had been required to stop during the pandemic, with all day centres having closed early on in the lockdown and some colleges remaining closed. 1-2-1 support was being provided for any individuals that received support through these services, and regular contact was made with them and their carers.

Transformation within Adult Social Care had been continuing over the last few weeks and would be built into practices going forward, including new ways of working with partner organisations. There had been an additional work stream for coordinating volunteers and seconding staff, as well as the logistical exercise of getting hold of, and delivering, PPE. It was noted that the seven day delivery for urgent PPE had been retained, and 132,000 items of PPE had been delivered since the start of the pandemic, which was a huge success for Bromley.

In response to a question regarding the impact of domestic violence, the Independent Chair of the Bromley Safeguarding Adult Board said that safeguarding referrals were continuing to be received, however not many were specifically for domestic abuse. This was often the case, with the reason for the

referral being hidden within physical abuse or financial abuse, and it would take some time to see how many safeguarding referrals were currently for domestic abuse.

The Independent Chair of the Bromley Safeguarding Children Partnership informed Board Members that this issue had been addressed at the Multi-Agency Partnership meeting on the 15th April 2020. There had been a number of referrals received by MASH, specifically relating to domestic violence. This was being monitored by the LBB Director of Children's Services, as Bromley was not showing increased reporting to the levels seen in other boroughs. Again, partners felt that they may be slightly hidden within the referrals. A report looking at these concerns would be produced the following week, and could be shared with Board Members.

The Chairman thanked the Portfolio Holder for Adult Care and Health and the Director of Adult Social Care for their presentations to the Board.

5 SAFEGUARDING UPDATE

The Independent Chair of the Bromley Safeguarding Adult Board (BSAB) informed Board Members that there had been a slight dip in the number of safeguarding referrals. This was being monitored, and it was anticipated that it would change once people had adapted to their new 'normal' way of working. All member organisations had also been asked to provide assurances that safeguarding was remaining a priority.

A regular bulletin was being circulated in order to share information and links, which on occasion doubled up on the releases from the Local Authority. A new BSAB website would be launched the following week, and once live it was hoped it would focus people's minds on safeguarding.

Concerns voiced by statutory partners related to issue around domestic abuse; care homes; and other residential settings. This was due to the general "eyes and ears" of family and friends, GP's or District Nurses having been lost due to restrictions on visits, and consideration was needed as to how this would be managed. Another concern was mental health and the impact of loneliness and self-isolation, an increase of self-neglect leading to suicide, and the potential for the elderly and vulnerable to be exploited.

In response to a question from the Chairman, the Independent Chair of the BSAB said that they were aware that situations of isolation could lead to loneliness for an individual diagnosed with dementia and / or their carers, however they were not in a position to combat it from a safeguarding point of view. The Director of Adult Social Care advised this was one of the vulnerable groups that they were providing with additional support. As well as undertaking phone reviews, staff and DBS checked volunteers were keeping in contact with the carer and family of individuals diagnosed with dementia. Another vulnerable group were those diagnosed with learning disabilities and autism, some of whom could also struggle with routines being broken.

The Independent Chair of the Bromley Safeguarding Children Partnership (BSCP) highlighted that concerns included the health and wellbeing of the workforce as they were delivering critical services. As reported on the 15th April 2020, around 80% of staff were working, and the level of partnership working was continuing to be as high as could be currently expected.

Other concerns included domestic violence; children who were isolated; children with vulnerabilities; and the impact on mental health. Work was being undertaken with the Director of Children's Services to monitor the number of children attending school, and they had been in contact with CAMHS with regards to how they were keeping a "line of sight" on the most critical cases. There were also concerns for the health and wellbeing of children because of parents' reluctance to attend Accident and Emergency Departments as early as necessary, due to them not wanting to bother frontline staff. This was being addressed by health partners, and information had been circulated.

The greatest risk, outside of those already mentioned, was that during lockdown every sex offender with access to the internet was likely to be online. There had been a 1,300% increase in downloads of apps such as House Party, which were being used by children. The BSCP would soon be launching an app which could be used by families in Bromley to receive information on how to keep children safe online.

The Portfolio Holder for Adult Care and Health noted that supporting people's mental health was something which could be considered for staff, particularly for roles that were dealing with difficult circumstances, such as registrars and frontline staff. The Chairman agreed that this was an extremely important issue, and he was aware that the NHS were dealing with some staff displaying signs of post-traumatic stress. The Borough Based Director informed Board Members that a wellbeing app and wellbeing groups were available for NHS staff, and it was possible that they may be available more widely to key workers. It was suggested that this could be discussed further with the Director of Public Health and Director of Adult Social Care, in terms of what could be offered through One Bromley. In response to a question from the Chairman, the Director of Adult Social Care noted that the LBB HR department were providing online support, and staff across the Council were being encouraged to have regular catch-ups and take some 'downtime'.

The Head of Service for Early Intervention and Family Support provided comments following the meeting:

- *MPS have confirmed that they have not yet seen increased DVA reported and speaking to colleagues across our MPS BCU, this was the same picture in SW & S BCUs.*
- *BCWA (the locally commissioned services) reported that they too had not seen an increase in people seeking support for DVA.*
- *BCWA reported they were managing the requests for refuge, and LB Bromley had supported with PPE.*
- *EIFS and MASH were not yet seeing a noticeable increase but this would be delayed as often not identified until the assessment was completed*

(approx. 42 days).

- *Weekly monitoring was reported via Janet Bailey to the Chief Executive.*
- *Echo concerns voiced by both Independent Chairs of the Bromley Safeguarding Adult Board and Bromley Safeguarding Children Partnership on the lack of our usual 'eyes' in the community for both adults and children.*
- *Working closely with Susie Clark to raise the profile of DVA and both local and national support systems and agencies.*
- *Generally across the board DVA was showing a 120% increase but interestingly in the southern areas we had seen decrease versus an increase in northern areas. In addition, DVA was being discussed at ALDCS (The Association of London Directors of Children's Services was a pan-London body representing all of London's statutory Directors of Children's Services) and locally at the Directors weekly meeting - and I can confirm that work was being undertaken on this area.*

6 FUTURE ISSUES FOR THE BOARD AND FUTURE PUBLIC HEALTH CHALLENGES

The Director of Public Health informed Board Members that the Health and Wellbeing Board had a statutory duty to publish the Pharmaceutical Needs Assessment. The assessment was produced every three years, with the next one due at the end of January / beginning of February 2021. This was a lengthy process, which involved various consultations.

LBB had appointed a provider to assist with this work. Data had started to be compiled, and online surveys would take place with pharmacists and the general public. Guidance was currently awaited from NHS England in light of the current pandemic, and whether the publication of PNAs would be delayed, or the rules on consultation relaxed.

Future issues for the Health and Wellbeing Board included the statutory requirement to produce the Joint Strategic Needs Assessment (JSNA), which was also due to be published next year. It was noted that the inclusion of work on issues surrounding health surveillance could be considered. One of the challenges for the Public Health team was to closely monitor, and look at how to enhance, health surveillance. This could be something that was discussed with the Board, and used to refresh the Health and Wellbeing Strategy.

7 CLOSING REMARKS

The next meeting of the Health and Wellbeing Board was scheduled for Thursday 2nd July 2020, and was expected to be held virtually.

The Chairman noted that a huge amount of work was taking place globally, and at an incredible pace, to find treatments and supportive therapies for Covid-19 during the interim period and developing vaccines. The rate of progress was astonishing, however producing a vaccine(s) is not easy, and decisions would also need to be

made regarding who would receive any vaccine, and how it would be administered, when such a point was reached.

The Chairman extended his thanks once again to all presenters for allowing time in their busy scheduled to provide updates to the Board.

The Meeting ended at 3.56 pm

Chairman