

## **HEALTH SCRUTINY SUB-COMMITTEE**

Minutes of the meeting held at 4.00 pm on 16 July 2020

### **Present:**

Councillor Mary Cooke (Chairman)  
Councillor Robert Mcilveen (Vice-Chairman)  
Councillors Gareth Allatt, Ian Dunn, Judi Ellis,  
Robert Evans, David Jefferys and Keith Onslow

Mina Kakaiya and Vicki Pryde

### **Also Present:**

Councillor Angela Page, Executive Assistant for Adult  
Care and Health  
and Councillor Diane Smith, Portfolio Holder for Adult  
Care and Health

## **1 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS**

The Chairman welcomed Members to the virtual meeting of the Health Scrutiny Sub-Committee, held via Webex.

The Chairman led Members in paying tribute to all the Borough's residents who had died, either directly or indirectly, from COVID-19; those grieving for them; and all that had cared for them.

Apologies for absence were received from Justine Jones and Lynn Sellwood.

## **2 DECLARATIONS OF INTEREST**

Councillor Jefferys declared that as a clinical volunteer he had been given an honorary NHS contract for the duration of the Coronavirus pandemic. This was currently on hold, but may be restarted.

## **3 QUESTIONS**

No questions had been received.

## **4 MINUTES OF THE MEETING OF THE HEALTH SCRUTINY SUB- COMMITTEE HELD ON 28TH JANUARY 2020**

**RESOLVED that the minutes of the meeting held on 28<sup>th</sup> January 2020 be agreed.**

## **5 UPDATE FROM KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST**

Jonathan Lofthouse, Site Chief Executive – PRUH and South Sites (“Site Chief Executive”) and Debbie Hutchinson, Site Director of Nursing – PRUH and South Sites, provided an update on the King’s College Hospital NHS Foundation Trust.

The Site Chief Executive informed Members that in addition to the PRUH, he was also the lead for Orpington Hospital, Beckenham Beacon and the King’s College Hospital services delivered at Queen Mary’s Hospital – Sidcup.

Reflecting back to late January, early February 2020 the Site Chief Executive noted the harrowing scenes in countries around Europe, of the profound and substantial impact of COVID-19. The approach of King’s College Hospital NHS Foundation Trust in response to the threat of the pandemic was to organise services with a view as to how bad the pandemic could be. There had also been a requirement to be very robust in formalised command actions, which were taken at the highest level of a national incident. It was acknowledged that there had not been a huge amount of permission and communication outside of the organisation.

The Site Chief Executive informed Members that there were around 510 beds at the PRUH, and from the 25<sup>th</sup> February 2020 the majority of these beds had rapidly been turned over from their standard use, to be COVID-19 response bed space. COVID-19 patients that had presented at the Emergency Department, had mainly required inpatient admission into acute and general wards, but there was also a number who required higher level care in high-dependency and intensive therapy wards.

Areas of the organisation, and its partners, had needed to change rapidly as part of its response. To increase capacity, other buildings on the campus had been utilised and the day surgery unit, which was on the PRUH site, had been linked by a protective tunnel to allow bedded patients to be transferred across the car park with dignity. A number of services had also been moved out of the PRUH site, to create additional capacity and protect vulnerable patient groups. This had included moving the ophthalmology outpatient’s department to Queen Mary’s Hospital – Sidcup, to allow this space at the PRUH to be used as part of the COVID-19 response. The capacity of the site had also been enhanced for other provision, and additional temporary mortuary capacity had been housed on the PRUH site over the last few months. This was used by the organisation, as well as partners across Bromley.

The Site Chief Executive advised Members that well over 1,200 patients had presented at the PRUH and South Sites and been admitted with defined (not suspected) COVID-19. Sadly, despite all their best efforts, over 240 patients

had passed away during the pandemic. King's College Hospital NHS Foundation Trust had collectively seen more COVID-19 patients than a number of hospitals across the UK, which was largely due to the local demographics of the PRUH and Denmark Hill sites.

The Site Chief Executive stated that he was incredibly proud of all his staff, who had responded beyond expectations to this national crisis – the quality of care, bravery and compassion shown had been phenomenal. The support shown by Bromley, as a community, had been astonishing and had allowed staff to provide the best care to their patients. It had also allowed the Trust to look after its staff, either working remotely or as care givers, as wholesomely as possible, offering welfare support and psychological support, for events that they had not been used to witnessing.

As the Trust moved into a recovery phase, and a return to 'normal', they intended to mainstream some of the rapid solutions to enhance the receiving and urgent care capacity. These enhancements were currently delivering an improved emergency care 4-hour standard performance. Since late April 2020, the PRUH and South Sites' 4-hour emergency access standard had been significantly higher, and on some days had been one of the best performances across London. The current rate for the month-to-date stood at around 95.5%, which reflected the continuation of robust care opportunities, as well as the changes made to respond to the pandemic.

In response to a question from a Co-opted Member, the Site Chief Executive said that within the organisation, sadly a small number of staff had passed away during the pandemic. It was not possible for the Trust to determine if those individuals were infected with COVID-19 in a hospital or care setting.

A Member asked for more details relating to the Recovery and Reset Programme for the PRUH, particularly in relation to the priority areas of cardiology and oncology diagnostics, and the availability of outpatients' appointments. The Site Chief Executive advised that as the country entered into the first wave of the pandemic, the Trust had been issued with regular and rapid directional instructions from Public Health England (PHE) and the Department of Health and Social Care (DHSC), regarding what services should continue, and which should be paused. Those that were required to be paused included endoscopy, which was also a diagnostic for cancer patients. The issues around accessibility were therefore due to national instructions, which the Trust were required to follow. Throughout the pandemic, the PRUH had continued to provide urgent and critical care for cancer patients, either being treated on site or at the designated centre for South East London. However, a sizeable and complex backlog had developed, particularly in endoscopy, echocardiogram and CT scan services. The majority of services were now in a 'near normalised' state, and an outsourcing contract had also been agreed with a local partner, who had additional capacity for the three services mentioned. A range of other clinical options (video, telephone and face to face) would also continue to be provided, but there was a need to recover the position of the diagnostic pathway.

In response to a question regarding preparations for a second wave of the COVID-19 pandemic, the Site Chief Executive said that the Trust had taken distinct learning out of their response to the first wave. They were extremely proud of their response to the pandemic, and it was considered that they would not have done much differently. Learning had also been taken with in terms of how environments of care could be escalated; how quickly intensive therapy beds could be made available; and how many could safely be staffed. There was now also detailed modelling regarding length of stay in hospital and medical interaction with patients. There would always be a level of risk and escalation, and a second wave would be more complex if it arrived during the winter flu season. This was recognised nationally, and the Trust was already being asked to give additional capacity to stockpile the resources needed for a second wave response.

In response to a question regarding the support given to NHS staff, the Site Chief Executive informed Members that the Trust had been conscious of the need to provide an enhanced offer of on-site welfare and support. There was a safe space to which care givers could go, have time to reflect and receive psychological and therapeutical support. The feedback from staff had been extremely powerful, and the Trust had permanently established 'welfare sites' at Orpington Hospital, the PRUH and Denmark Hill. Work was underway to design a memorial garden, which had been gifted by the owners of the PRUH hospital building and would be a private space for staff which provided a holistic and reflective environment. The Trust's occupational colleagues had also been working with the Oxleas NHS Foundation Trust to look at the long-term welfare offer for staff. It was felt that the Trust had responded rapidly, and that the value of the support offered had been recognised as an organisation.

In response to questions regarding care home testing and PPE, the Site Chief Executive advised Members that the Trust had been given distinct direction from PHE as to how they should augment their response to the pandemic. The information was received rapidly and was very extensive. At the outset of the pandemic, it was noted that UK-wide, patients had not been routinely swabbed on discharge from hospital, and this was equally the case in London. At a stage during the pandemic, the guidance changed from PHE, and all patients were required to be swabbed on discharge. The Site Chief Executive agreed that following the meeting, he would provide Members with the date that this guidance had changed.

With regards to PPE, the Site Chief Executive confirmed that at no point had the Trust run out of the required PPE to care for different categories of patients, during the pandemic – for example, a standard ward required staff to wear surgical facemasks, whereas on a COVID-19 ward a FFP respirator mask was worn. There had been challenges in terms of the purchasing and provision of PPE, and at the peak of the demand reserve levels of stock had been reduced. However, the Site Chief Executive highlighted that the Trust had a significant level of stock reserve, with 4.5 million facemasks available on site for its 13,000 staff.

A Co-opted Member noted that there was still some reluctance to access outpatient appointments and services and asked what was being done to reassure patients that there were precautions in place. The Site Chief Executive agreed that this was a challenge, but as mentioned previously, the majority of services were now available and accessible to patients. However, they were finding that a number of patients were not wishing to shield prior to elective operations, or had difficulty getting the required pre-swab, and less to do with patients having a fear of coming on to the site. The Trust was responding to this by providing an embedded information leaflet with all correspondence to patients, advising of the safety precautions being taken. The number of access points on the hospital sites had been restricted. On arrival, everyone was asked to sanitise their hands, and they were provided with a surgical facemask to wear. The corridors of the hospitals were marked out with two metre distancing, and divided into left and right flow. The number of seats in waiting areas and general footfall had also been reduced substantially, and a range of telephone and video consultation options were available to patients if they were still reluctant to come to the site.

The Portfolio Holder for Adult Care and Health thanked the Site Chief Executive and all his staff for their amazing work, on behalf of the residents of Bromley. The Portfolio Holder for Adult Care and Health noted that there had been a requirement for the Local Authority to increase expenditure during the pandemic to ensure residents were supported, and enquired if the Trust felt they had received the support needed from central government; and for an update on the current financial position of the PRUH. The Site Chief Executive stated that at no point had there been any restrictions on the ability to spend money to provide the necessary response to the pandemic. The DHSC had eased financial restrictions to ensure that it was possible to provide the care needed to every patient. However, there were now some challenges with all NHS organisations moved on to a block financial position. Currently there were no concerns regarding the financial position of the PRUH and South Sites, however there was a shortfall of expenditure due to complex accounting. There was no financial hardship being experienced as a result of their response to the pandemic, and no evident financial challenge as they moved into the recovery phase.

The Chairman extended her thanks to Jonathan Lofthouse and Debbie Hutchinson for attending the virtual meeting of the Health Scrutiny Sub-Committee and providing full and honest answers in response to the questions from Members. The Chairman asked that the Site Chief Executive relay the thanks of the Sub-Committee to all his staff.

## **6 HELP US, HELP YOU PILOT (CCG)**

Dr Angela Bhan, Borough Based Director – South East London Clinical Commissioning Group (SEL CCG) provided an update on the ‘Help Us, Help You’ pilot.

The Borough Based Director – SEL CCG informed Members that 'Help Us, Help You' was the term given to a way of using the NHS 111 service. It was noted that the service had previously been called 'Think 111', and its name was expected to change again. 'Help Us, Help You' was a new campaign by NHS England and NHS Improvement, geared around providing same day and emergency care.

As mentioned by the Site Chief Executive – PRUH and South Sites, the PRUH had recently been functioning incredibly well around the 4-hour target and there was an intention to not return to having crowded waiting rooms as this would help to manage patient flow. They were also conscious that a second wave of COVID-19 may occur at the same time as the worst winter pressures, and possibly an outbreak of flu. During this time, they would need to try and protect patients and staff and lower the potential risk of infection.

Attendances at the A&E department and the Urgent Care Centre (UCC), during the pandemic had been 35% lower than at January 2020. However, a gradual increase in attendances was starting to be seen, and there was a need to ensure that the right services were available in the right place, at the right time. The 'Help Us, Help You' campaign encouraged callers to ring 111 to be assessed by a clinician, and then directed to A&E or the UCC by appointment. It was emphasised that this service did not cover those that required help straight away, and they would need to dial 999. The 'Help Us, Help You' service was for people of low risk, assessing the right place for them to get treatment and, for those requiring it, an appointment would be booked at the site they needed to visit. For residents that were shielding, their information would be sent electronically to the UCC or A&E so they were aware if a patient was particularly vulnerable. There was also the potential to be booked to attend the Same Day Emergency Care Unit, which would offer diagnostic tests, and avoid the need to sit and wait in an A&E department. For patients experiencing a mental health crisis, there was also a pathway to improve access to mental health services. The other element of the 'Help Us, Help You' service was to book more patients in directly to appointments with their GP.

The pilot was not yet being run at the PRUH, but several pilots of the service were being run across South East London – Lewisham Hospital, King's College Hospital, Queen Elizabeth Hospital and a standalone treatment centre in Erith. It was noted that the pilots were on going, and it was likely to be an early rollout of what would be implemented. It was stressed that having direct bookings into a patient's GP surgery would help to improve access into primary care.

The Chairman thanked the Borough Based Director - SEL CCG for her update on the 'Help Us, Help You' service.

## **7 UPDATE FROM OXLEAS NHS FOUNDATION TRUST**

The Sub-Committee received a presentation from Adrian Dorney, Associate Director – Oxleas NHS Foundation Trust (“Associate Director”) and Lorraine Regan, Service Director – Oxleas NHS Foundation Trust (“Service Director”) providing an update on the impact of the Coronavirus pandemic.

The Service Director advised Members that the Oxleas NHS Foundation Trust had very much been in ‘command mode’ during the pandemic, and an instant command centre and clinical senate had been established. The governance structure of the Trust had changed, with the executive teams taking part in daily phone calls, and the sending out of bulletins to staff three times a week. The importance of frequent communication with teams had been recognised early on, as staff were understandably anxious.

A PPE hub had been established extremely quickly. The Trust had not been in the position of supplies running out, but there had been a couple of times when stock levels had been low, and mutual aid had been provided by other London hospitals. The implementation of PPE had followed the national guidance, and a steer was given as to how it should be used in mental health settings. It was noted that the PPE experience of mental health staff was quite different – they were not used to working in an environment where PPE was usual, and they had responded remarkably well. The Service Director informed Members that there had been daily monitoring of the workforce, allowing them to have a clear idea of how many staff were off due to COVID-19, and redeployment opportunities were provided to protect vulnerable staff.

The Associate Director informed Members that in terms of community services, work had been undertaken to risk stratify caseloads. This ensured that those service users needing to be seen face to face, whilst minimising this where possible to protect them. They had also worked to maximise the use of other methods of contact, including telephone and video calls with service users. It was noted that, overall, this had been well received by services users, and the ease of access had reduced the incident of appointment ‘no shows’ during the pandemic.

Essential contacts, either via home visits or within their offices, were carried out adhering to social distancing regulations, and PPE was used in line with the guidance received. As a large number of service users were being seen remotely, fewer were visiting the offices for their appointments, which allowed a safe space to be provided. They had also been able to maintain essential clinics for those service users requiring injections and blood test monitoring. These had been managed by providing service users with timeslots at points when there was the fewest amount of people in the building, allowing them to be seen quickly, and leave.

The Associate Director advised that where possible, partial assessments had been undertaken remotely, doing as much as they were able to so that a backlog of patients did not build up. They were now in a position to just complete the face to face elements of the assessment, and this would

commence as soon as was practically possible. It was noted that at the start of the pandemic, not all the required IT set-up had been available to deliver easy remote working for staff, however the laptops and access points had subsequently become available very quickly. Home working was now established, and the Trust would be well prepared if there were to be a second peak, and the need for remote working.

With regards to inpatient and mental health liaison services, the number of beds for mental health usage had been reduced during the pandemic. This was to minimise the number of people in a close environment, as well as the risk of transmitting COVID-19. There had been system-wide thinking and releasing bed availability meant that it could be used across the local health care system. There was high level involvement in admission decisions, to ensure that the most appropriate admissions were made. Those service users that were felt able to cope at home were not admitted and were instead provided with support from the Home Treatment Team. The bravery and commitment of these staff to continue to deliver this service was highlighted.

The Mental Health Liaison Team had provided support to the A&E department and wards of the PRUH. During the pandemic, iPads had been utilised by the team to carry out remote assessments of patients on the wards, which was a new and effective approach. For those that had not been able to utilise this, PPE had been worn where necessary to undertake face to face contact. Daily senior management video calls had also been undertaken with colleagues at the PRUH regarding the A&E department and levels of demand – these would continue as they had been extremely effective. Throughout the pandemic there had been a reduction in footfall, which was thought to be an impact of the media and government warnings around not attending hospitals unless necessary. There had been a reduction in March and April, which was followed by an increase once the government guidance changed. However, it was noted that there had not been an unmanageable swell.

The Associate Director highlighted that they had utilised the 'attend anywhere' appointment platform for psychology, which allowed service users easier access to their outpatient appointments with consultants and medics. This was an offer provided as a result of the COVID-19 pandemic which would be taken forward following its success. Specialist psychology and mental health nursing had also been provided on site at the PRUH for their staff, which could also be accessed by LB Bromley staff. This had been welcomed by them and was felt to be very effective and showed the joint thinking across the partner organisations.

The Service Director emphasised that throughout the pandemic the referral pathway had continued, but at a slightly lower rate, which had allowed some of the backlog of cases to be cleared. More staff were returning to the team bases in a controlled way, with environmental and individual staff risk assessments being carried out. Most staff were working on a rota basis, with some days working from home and others in the office. It was expected that staff would remain working like this until at least the end of the year.

A Member highlighted the use of online remote psychotherapy and psychology, and asked if service users had found this beneficial, and if there was likely to be continued demand. The Service Director said that the feedback received had been really positive, and some cohorts of the service user population, particularly young men, had engaged much better through this remote service. It was noted that they were aware that this did not work for everyone, and extra safety measures were put in place for those that were not able to engage with this technology. The Associate Director said that there had been a variety of feedback, some of which had shown that older adults may have had more difficulty in engaging in this way. It would however add to, and strengthen, the choice of services on offer to patients, which was a positive outcome.

In response to a question, the Associate Director said that if a service user had issues with digital access, it would be included as part of their care plan. Due to the pandemic, it had not been possible to undertake a large-scale mapping exercise of caseloads, but learning would be taken from this period.

The Chairman led Members in thanking Adrian Dorney and Lorraine Regan for their presentation to the Sub-Committee.

## **8 UPDATE FROM BROMLEY HEALTHCARE**

Jacqui Scott, Chief Executive Officer – Bromley Healthcare (“Chief Executive Officer”) provided an update on the COVID-19 response by Bromley Healthcare.

The Chief Executive Officer noted that she was lucky to have a fantastic team who, overnight, had risen to the challenge of providing care that they never would have expected. Around 30% of the organisation had been repurposed, with non-essential parts of the service being paused. The skills of these staff members had been looked at, to ensure best fit into a COVID-19 team, and some Care Co-ordination Centre staff had even trained as Health Care Assistants and phlebotomists. The finance team had manned the PPE stock room, and HR staff had been answering calls to the hotline. Executive staff had also been involved, undertaking swabbing and antibody testing. The feedback received from this had been extremely positive, and the cross training had allowed a greater understanding of what other team did – some staff members did not want to return to their roles and would instead retrain in the nursing arena.

The Bromley Community COVID Monitoring Service had been set up in two days and had been established in collaboration with the SEL CCG and GPA. This repurposed community matrons, respiratory nurses, consultant paediatricians and local GPs, who accepted referrals for patients with suspected COVID-19 from the 111 service. They responded within two hours to provide support and daily calls were made to the patient. At the peak of the pandemic, this team was undertaking 100 daily calls, and overall had received 3,000 referrals. The team had also recorded all the clinical information on a

daily dashboard, to display what was happening within the service. This provided a safety net, to ensure that patients received their daily calls. Over the last few weeks, the Community Matrons had contacted around 10% of patients that gone through this service to gain feedback – 95% had said they had felt supported, and some lovely comments had been received.

At the beginning of the pandemic, the main concern had been to ensure that all vulnerable patients were able to be seen. There was an increase in hospital discharges, plus a number of new team members, with a range of competencies, following their redeployment into other teams. It was therefore thought to be safer to bring forward the roll out of the Malinko Auto Scheduling Tool. This system allowed the competencies of staff to be matched with the intervention required to be undertaken. It also minimised travel time and ensured that visits happened at the right time. Nurses had been provided with laptops to view GP records during visits, and smartphones to inform patients if they were running late. The aspiration was that by the end of the financial year, patients would be provided with time slots for appointments.

The Single Point of Access (SPA) for discharge had been established with the SEL CCG and Local Authority and was run by repurposed nurses and therapists who looked after patients on a number of different discharge pathways. There was a single phone number for the hospital to call if they wanted to discharge a patient from any of their wards, and they would speak with a clinician regarding the best wrap around care. 800 discharges had been made via this service, and since the end of March 2020 there had been a reduction in the length of stay in hospital beds. It was noted that many within the Bromley Healthcare team did not feel as though they were moving into recovery as they were busier than usual with 75,000 face to face and home visits, and over 30,000 virtual appointments, being carried out. Each team lead had been using the Zoom virtual meeting platform to meet with as many of their team members as possible to reflect on the COVID-19 response. Teams had also been asked to draw up their restart and escalation plans.

The Chief Executive Officer noted that one positive to come out of the pandemic was that Bromley Healthcare had moved their transformation programme forward from twelve to three months. It was emphasised that the 0-19 service was still on track and would be mobilised from 1<sup>st</sup> October 2020.

In response to a question from a Member, the Chief Executive Officer said that Bromley Healthcare did everything it could to retain its student nurses. In March 2020, 14 nurses had joined, inductions had taken place, and they were working within the Bromley Healthcare teams. Twice a year, newly qualified Band 5 nurses undertook a 12-week face to face readiness programme to build competencies. This was an attraction, and through word of mouth there was more and more interest in this scheme.

A Member expressed his thanks and admiration to the Bromley Healthcare staff. It was noted that an extremely impressive report had been provided to the Sub-Committee, which highlighted the excellent work they had undertaken. In response to a question regarding how Bromley Healthcare

staff had worked with Local Authority social workers, the Chief Executive Officer said that the SPA was a good example of this. As patients were discharged from hospital through the SPA, they were given a care package and Bromley Healthcare therapists visited to undertake welfare checks. From this work, 30% of the checks highlighted a need for a change to the equipment provided, which the therapists were able to do.

A Co-opted Member noted that part of the information relating to the Bromley Community COVID Monitoring Service mentioned anxious patients being referred to Bromley Talk Together, and asked how long patients had to wait to access this support; the nature of the support; and how long the support had lasted. The Chief Executive Officer advised that patients calling the monitoring service were often very anxious. Their details had quickly been passed on to the Bromley Talk Together service, for which there was no waiting list for support. A staff line was also providing support. Around 10,000 consultations had been undertaken – 30% had been via Zoom, and 70% via telephone or other means. Recovery rates from the service were very good and had been at around 60% during the pandemic.

The Chairman led Members in thanking Jacqui Scott for her update regarding the work of Bromley Healthcare, and reinforced the Sub-Committee's appreciation for the work undertaken.

## **9 UPDATE FROM HEALTHWATCH BROMLEY**

Mina Kakaiya, Operations Manager – Healthwatch Bromley provided an update to the Sub-Committee regarding their services during the Coronavirus pandemic.

The Operations Manager informed Members that during April, two part time Project Officers had been recruited by Healthwatch Bromley. In line with government guidelines and social distancing measures, the face-to face engagement model for Healthwatch services had been adapted. The core offer of patient engagement during this period had included:

- Fortnightly online Zoom sessions for the community, individuals, and local groups to share their experiences;
- Providing a Whatsapp Information and Signposting service to enhance the phone, email and website offer;
- Regular website news updates (from PHE and NHS England) and a specific COVID-19 information page had been set up;
- Increased social media platforms to share key messages, provide information and signposting and support local health and care partners in reaching wider audiences;
- Promoting the patient experience programme; and
- Promoting the Bromley COVID-19 Volunteer Hub.

Other core service functions had included work being undertaken on the Quarter 4 Monitoring and Patient Experience Report. In total 467 patient experiences had been received, but work had been halted on the 15<sup>th</sup> March

2020 due to COVID-19 pandemic. However, the Autism Care Pathway Report 18+ had been completed, and would be published shortly, as had the Healthwatch Bromley Annual Report 2019-2020.

The Enter and View Programme for Quarter 1 had been put on hold, and discussions with commissioners would take place to consider how this would be taken forward in Quarter 2. The research study on domiciliary care had also be put on hold, however a deep dive regarding adult mental health services was planned. In relation to patient experiences, the Operations Manager noted that reviews had been obtained from online platforms including relevant NHS and care home websites. For Quarter 1, 300 views had been captured, however they had not been able to meet their target of 600.

The Executive Assistant for Adult Care and Health asked for more details regarding the number of residents and charities that had engaged in the Zoom sessions. The Operations Manager advised that of the 82 participants, 21 had been residents; 42 were charity representatives; and 19 were Local Authority representatives. It was agreed that the Operations Manager would provide further breakdown of these details to the Executive Assistant for Adult Care and Health following the meeting, and a revised report would be circulated to Members.

The Executive Assistant for Adult Care and Health also asked for clarification of the number of enquiries that were made about lack of access to housing support and housing benefit and how these were taken forward. The Operations Manager advised that this feedback had come out of a Zoom session, referring to two clients with mental health issues and the barriers to accessing the online form and applications. However, more support regarding this had been provided.

The Portfolio Holder for Adult Care and Health noted that it would be helpful to receive further clarification on some of the statements made in the Healthwatch Bromley report, to put them into context. It was agreed that the Executive Assistant for Adult Care and Health would take this forward with the Operations Manager – Healthwatch Bromley.

## **10 WORK PROGRAMME 2020/21 AND MATTERS OUTSTANDING**

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

A Co-opted Member asked if the Sub-Committee would be receiving an update on the Bromley Joint Mental Health and Wellbeing Strategy 2019/20-25. The Chairman noted that this sat with the Adult Care and Health Policy Development and Scrutiny Committee, but she could see no reason why a report of these discussions could not be provided to the Sub-Committee. It was agreed that this would be added to the work programme for 2020/21.

A Member asked when the work programme items marked as 'to be scheduled' would be brought to the Sub-Committee. The Chairman said that this would be discussed with partners, and proposals would be brought back at a later date.

**RESOLVED that the work programme be noted.**

**11 ANY OTHER BUSINESS**

There was no other business.

**12 FUTURE MEETING DATES**

4.00pm, Wednesday 21<sup>st</sup> October 2020

4.00pm, Thursday 14<sup>th</sup> January 2021

4.00pm, Tuesday 23<sup>rd</sup> March 2021

The Meeting ended at 5.49 pm

Chairman