

## **HEALTH AND WELLBEING BOARD**

Minutes of the meeting held at 1.30 pm on 23 September 2021

### **Present:**

Councillor David Jefferys (Chairman)  
Councillor Robert Evans (Vice-Chairman)  
Councillors Gareth Allatt, Yvonne Bear, Mary Cooke, Judi Ellis,  
Kira Gabbert, Diane Smith and Gary Stevens

Dr Nada Lemic, Director: Public Health  
Sean Rafferty, Adult Services

Dr Angela Bhan, Borough Based Director: South East London  
Clinical Commissioning Group  
Harvey Guntrip, Lay Member: South East London Clinical  
Commissioning Group

Christopher Evans, Community Links Bromley  
Marzena Zoladz, Healthwatch Bromley

### **Also Present:**

Councillor Mike Botting, Executive Assistant for Adult Care and  
Health and Jonathan Lofthouse, Site Chief Executive - PRUH and  
South Sites: King's College Hospital NHS Foundation Trust

## **1 APOLOGIES FOR ABSENCE**

Apologies for absence were received from Kim Carey and Sean Rafferty attended as substitute. Apologies were also received from Teresa Bell, Rachel Dunley, Jim Gamble and Dr Andrew Parson.

Apologies for absence were also received from Jacqui Scott (Chief Executive – Bromley Healthcare) and Jonathan Lofthouse (Site Chief Executive – PRUH and South Sites: King's College Hospital NHS Foundation Trust) gave prior notification that he would need to leave the meeting early.

## **2 DECLARATIONS OF INTEREST**

Councillor Robert Evans declared that he was a Trustee of Mytime Active.

## **3 MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 29TH APRIL 2021**

**RESOLVED that the minutes of the meeting held on 29<sup>th</sup> April 2021 be agreed.**

#### **4 QUESTIONS**

No questions had been received.

#### **5 MYTIME ACTIVE PRESENTATION**

The Chairman welcomed Marg Mayne, Chief Executive – Mytime Active (“Chief Executive”), Debra Weekes, Partnerships Manager – Mytime Active (“Partnerships Manager”) and Kelly Stead, Head of Sales and Customer Experience – Mytime Active (“Head of Sales and Customer Experience”) to the meeting to provide an update on the work being undertaken to improve wellbeing in the local community.

The Chief Executive informed Board Members that Mytime Active was a Social Enterprise, and a registered charity, with a mission to improve the wellbeing of the local community. Mytime Active were committed to doing so by being financially self-sustainable and operating without recourse to public funds. The services provided and upkeep of the facilities were funded by customers paying (monthly membership or “pay and play” session by session), and the re-investment of profits into the community programmes and facilities.

The programmes delivered were run mostly from the Borough’s leisure facilities, which Mytime Active operated. This provided a good geographical spread, easily accessible to Bromley’s community:

- Walnuts Leisure Centre, Darrick Wood Swimming Pool and Crofton Halls;
- Biggin Hill Memorial Library and Pool;
- High Elms Golf Centre in Downe;
- West Wickham Leisure Centre;
- Spa in Beckenham and Beckenham Public Halls: and
- Pavilion Leisure Centre in central Bromley as well as Bromley Common Golf Centre, and the Great Hall in the Civic Centre.

In addition, Mytime Active also operated Orpington Golf Centre (Cray and Ruxley) under lease from a private landlord.

The Chief Executive highlighted that physical inactivity was having a serious impact on both mental and physical health – it was responsible for 1 in 6 UK deaths; up to 40% of many long-term conditions; and around 30% of later life functional limitations and falls.

The Head of Sales and Customer Experience noted that the ethos of Mytime Active was based on research and best practice of health and wellbeing, from which the following four pathways had been derived, and could help improve

wellbeing at any age:

- #Be Active – *including improved awareness of own fitness levels and knowledge to make healthy activity choices.*
- #Eat Well – *including improved nutritional knowledge and increased confidence on choosing healthy eating.*
- #Be Positive – *including improved self-confidence, self-esteem, mental health resilience and knowledge of healthy choices.*
- #Be Together – *including more opportunities for social interaction and adding to a sense of belonging.*

Mytime Active ran several referrals programme:

- Fresh Start Exercise Referral Programmes (a supervised physical activity programme for those recovering from illness or living with a long-term medical condition);
- ESCAPE-pain (a NICE-approved rehabilitation programme for the management of osteoarthritis of the hip and / or knee);
- Heart Smart Exercise Referral Programmes (specialist sessions for secondary prevention for cardiovascular disease);
- Fresh Start Friendly (FSF) (on-going classes for those completing a health programme: circuits, Managing Arthritic Pain (MAP) classes)
- Primetime (for older adults and deconditioned adults. Includes: gym, dance, group exercise, aquafit and table tennis); and
- Personal Coaching (qualified staff work with the customer on a 1-2-1 to improve training effectiveness and efficiency).

These were established prior to the COVID-19 pandemic – all programmes were run by trained individuals and delivered to around 13,000 participants. Post-pandemic, these programmes had continued with clients paying per session or through a concessionary membership. It was noted that following the impact of the pandemic there was a backlog of referrals being made.

The Head of Sales and Customer Experience advised that during the pandemic, time had been taken to develop the Mytime Active offer and new programmes had been created in response to post-COVID needs. In August 2021, the 'Motivational Interviews' programme had been launched to help identify goals and support behavioural changes. Two programmes that would be launched during October 2021 were 'Restore and Recover' (a physical activity COVID-19 rehabilitation programme, offering 5–30-minute sessions with a specialist Exercise Advisor) and 'Weight Management' (a Healthy Habits 12-week accredited course, based on eat well guidelines, including education in behavioural change and each session would include a physical activity). In response to a question, the Head of Sales and Customer Experience advised that the post-COVID services had been developed with input from various Governing Bodies. Mytime Active were keen to link with other partners, such as hospital and community referrals. The Chairman noted that an important interaction point would also be with care coordinators.

The Partnerships Manager noted that Mytime Active wanted to, and could do, more – they aimed to become a well-established and trusted partner, working across the Borough to increase the number of referrals, reaching a wider

audience, and expanding their provision. It was highlighted that Mytime Active could not do this on their own and they would need to work with a wider range of organisations – creating new partnerships as well as further building on those that they had already established. This would allow clients to see they were getting the full benefit from what was on offer. The Partnerships Manager highlighted that the COVID-19 pandemic had a significant financial impact on Mytime Active. They needed to be financial stability – to achieve this they were working hard, listening to customers, and believed that those who were able to pay for the sessions and/or services on offer should continue to do so. Mytime Active also wanted to continue to make joint applications for funding with trusted partner organisations across the Borough. They had recently worked with Bromley Mencap and had been successful in securing £5k from London Support to engage with this group and support the development of a programme for them.

A Member stressed that there were concerns that a large cohort of the population would be severely financially challenged this winter and asked if consideration had been given as to how these people could be helped to access facilities. The Chief Executive said that this had been kept in mind. The organisation had spent its reserves in order to survive the impact of the pandemic and it was increasingly difficult to provide subsidies. Concessionary rates were available, but funding would be needed as it was highlighted that prevention was better than a cure.

The Community Links Bromley representative expressed his thanks for the efforts of the Mytime Active staff that had been redeployed to support the volunteering project during the pandemic. The reference made in the report to Mytime Active continuing to *“link with adults with a learning disability through the Round the World Challenge, working in partnership with Community Links Bromley and Bromley Mencap”* was highlighted. It was noted that Community Links Bromley had administer the programme and a video had been created, a link to which could be circulated to Board Members following the meeting.

In response to a question, the Chief Executive said that Mytime Active had been obliged to introduce digital bookings – a large number of customers preferred this, and it reduce the amount of people queuing. Part of the funding they received required them to report back to Sports England on who was using their facilities, including addresses and postcodes which were easier to collate through online bookings. However, Mytime Active would continue to ensure that as many people as possible could access their facilities.

The Chairman noted that two of the questions put to the Health and Wellbeing Board by Mytime Active (‘What other services are needed by Bromley residents that Mytime Active can provide?’ and ‘How can we work with the Local Authority and community partners to improve access?’) should be considered by Board Members, and suggestions provided. A Member highlighted that the consumption of alcohol had increased during the COVID-19 pandemic and enquired if this could be incorporated in Mytime Active’s plan to improve people’s health. The Chief Executive agreed that this was a good point and would be “taken on board”. It was noted that Mytime Active

had introduced low-alcohol and non-alcohol beer at its Golf Centres – this aimed to reduce alcohol consumption and the associated risk of drink-driving. The Partnerships Manager advised that she would be meeting with the Local Authority's Public Health team in the near future regarding substance misuse and would take this suggestion forward.

In response to a question regarding the confidence of customers returning to swimming pools, the Chief Executive advised that Mytime Active had been required to follow operational protocols and industry guidance, including social distancing. People had been extremely cautious when pools and leisure centres had reopened, but they had received good feedback from customers regarding the measures put in place. With regards to their 'Learn to Swim' programme, the confidence of children had understandably dropped following the periods of lockdown. To help address this, when they had first reopened smaller classes had been implemented; additional swimming courses had been held during the school holidays; and crash-courses were planned for the upcoming October half term. It was noted that swimming clubs had been welcomed back, however following adaptations to the programme they may be held on different days or at different times.

A Member said that he agreed with the comments made by the representative from Mytime Active – the closure of gyms and sports clubs had not just impacted physical wellbeing, there had also been a real impact on people's mental wellbeing. It was highlighted that there had been several studies evidencing the need to be active, and that obesity was a significant risk factor for both infection, and for poorer outcomes if infected with COVID-19.

Another Member asked how Mytime Active planned to maximise the effect of Emma Raducanu following her recent tennis title win at the US Open. The Chief Executive said that it was recognised across the industry that, despite working very well with other younger and older ages groups, there was a gap in the offer for those aged 11-14 years old. Consideration needed to be given as to how the offer could be developed in the formative years of youngsters, and they were looking at how best to "tap into" that age group.

The Chairman suggested that any further feedback from Board Members could be provided to the Partnerships Manager following the meeting via email. Thanks were extended on behalf of the Board to Marg Mayne, Debra Weekes and Kelly Stead for their presentation.

**RESOLVED that the presentation be noted.**

## **6 PUBLIC HEALTH CAMPAIGNS**

The Director of Public Health noted that Board Members had been provided with a table of the Public Health campaigns that had recently taken place, and those planned for the coming months, for information. These had linked in with the general plans and priorities that the Board supported, and national campaigns were further developed with a local focus. For example, during

October the annual 'Stoptober' campaign would take place – this linked with the national campaign and supported local residents to take the 28-day challenge to stop smoking. Board Members were asked to consider if there were any other areas for which they would like to see campaigns established.

A Member noted that the 'Stop Smoking' initiative which had been located in the Resources Centre at Cotmandene had ceased due to the funding ending a few years ago – whilst open, it had been one of the most successful centres running the programme. The Director of Public Health advised that the Public Health campaigns signposted people to services, including to GP's who could provide support. It was agreed that the Director of Public Health would speak to colleagues to obtain additional information relating to this initiative following the meeting. The Member further highlighted the importance of considering areas that other Committees may lead on. For example, Public Health could work collaboratively with the Housing department to ensure that landlords improved the quality of the housing they provided.

A Member suggested there could be a focus on improving mental health as this had come to the fore during the pandemic. The Director of Public Health advised that this was a priority area, and a substantive item would be brought to the November meeting of the Health and Wellbeing Board to discuss mental health in further detail. The Chairman noted that a number of the areas were interlinked. Another Member agreed and highlighted that alcohol consumption had greatly increased, and that people needed to be made aware of the connection with mental health, blood pressure, Alzheimer's and Dementia. The Director of Public Health informed Board Members that some of the alcohol services delivered focussed on the preventative side, but this was not as much as they would like. This service would be reprocurd the following year, and they would look to undertake more preventative work as the data, particularly relating to young people, was concerning.

In response to a question, the Director of Public Health advised that a large amount of work had been undertaken a couple of years ago in relation to loneliness, and a conference had been held prior to the pandemic. As part of the Joint Strategic Needs Assessment (JSNA) the team had been looking at the impact of the COVID-19 pandemic on mental health, social isolation and loneliness. The Portfolio Holder for Adult Care and Health advised that in the coming weeks, 'mitigating loneliness' workshops would be held from which feedback would be gathered. Councillor Aisha Cuthbert, Executive Assistant to the Leader of the Council, was the lead Member on a project supporting both the Council and voluntary sector's work to tackle loneliness, and she would be presenting a report to the November meeting of the Adult Care and Health Policy Development and Scrutiny Committee. It was suggested that a copy of this report could be provided to Health and Wellbeing Board Members for information.

**RESOLVED that the update be noted.**

## **7 LEARNING DISABILITY - OXLEAS**

The Chairman welcomed Lorraine Regan, Service Director for Bromley and Trustwide ALD – Oxleas NHS Foundation Trust (“Service Director”) to the meeting to provide an update on support for adults with learning disabilities in Bromley.

People with learning disabilities had poorer general health, and the latest Learning Disability Mortality Review (LeDeR) report stated that the average age of death was 27 years younger for women and 23 years younger for men. In response to a question, the Service Director said that this compromised lifespan was linked with levels of capability. A large proportion of this population had comorbid physical health – it could also be difficult to diagnose physical health condition for this cohort, particularly those who were non-verbal. It was agreed that a link to the report would be circulated to Board Members following the meeting.

In addition to the NHS Long Term Plan, the NHS Improvement (NHSI) standards sought to reduce inequalities for people with learning disabilities (rights, inclusion, workforce and specialist services). Around 2% of the population were estimated to have a learning disability. This would equate to approximately 7,061 of the Bromley population – the GP registered population with learning disabilities was 1,338, and 342 were receiving Oxleas Adult Learning Disability services. There was a focus on providing specialist support for people with a learning disability to ensure they could access the same services as everyone else, and this was a key part of the work for clinicians and reasonable adjustments were needed to be made. The challenge of managing some health needs could be complex and compounded by a learning disability. When that challenge went beyond the capacity of mainstream NHS services, specialist support was needed and provided by the Oxleas Community Learning Disability Teams (CLDT).

The Service Director highlighted that there was some good work was taking place to reduce inequalities. This included:

- GPs and pharmacists in all Primary Care Networks (PCNs) had tailored support with Annual Health Checks and prescribing.
- Black Books were offered to everyone receiving CLDT support (these were taken to appointments and contained all the information required to provide a “complete story”).
- Hospital Passports (provided hospital staff with essential information to make adjustments for people in their care).
- ‘Can you understand it?’ group (who ensured that easy read materials were understandable).
- Working in partnership with Bromley Public Health – analysis of data from Annual Health Checks (supporting ongoing learning and service development).

A key focus for Oxleas was reducing hospital admissions. In line with ‘Building the right support’, Bromley CLDT were currently supporting 125 people in the community with learning disabilities, mental illness and/or challenging

behaviour, preventing hospital admissions. The Intensive Community Support Team (ICST) were also working with those who had complex challenging behaviour and risk likely to result in an admission or placement breakdown. Nursing and therapeutic interventions were combined to support people's physical and mental health in the Bromley community and the Bromley Learning Disability Epilepsy Service currently had over 80 people receiving bespoke support to manage the risks associated with their epilepsy.

The Service Director highlighted the importance of ensuring that young people had a smooth transition into adult services. The team had been working with the population for some time, but two transition nurses had recently been appointed in Bromley to provide additional support to those coming into the service.

Throughout the COVID pandemic, the increased risk to the service users that Oxleas worked with had been documented. This population included hard to reach groups, who also found digital technology much harder to access – face to face contact had therefore been maintained when it was safe to do so. Service user risk assessment had been completed, regular welfare calls were made, and support was provided in relation to vaccinations. The Service Director considered that overall, things were looking relatively positive, however it would be some time before the full impact of the pandemic was known.

In response to questions, the Service Director said that waiting times for their learning disabilities service were currently low. The target time was 18 weeks, and patients were generally being seen in 2-6 weeks. Urgent referrals were seen within 2 working days, and hospital admission referrals were receiving same day appointments. However it was noted that there were long waiting times for autism services. This was expected to reduce over the coming years with diagnosis being made in childhood, and they were working with children's services colleagues in relation to early intervention and proactive support.

The Chairman thanked the Service Director for her presentation to the Board and asked that an update provided to a future meeting include a section on 'Building the right support'.

**RESOLVED that the update be noted.**

## **8 UPDATE FROM THE SEL CCG**

### **A LONG COVID SERVICE (VERBAL UPDATE)**

The Borough Based Director – South East London Clinical Commissioning Group ("Borough Based Director") provided an update in relation to the Long Covid service.

The Long Covid assessment clinic had been established at the Princess Royal University Hospital (PRUH) in April 2021. The clinic was continuing to

receive referrals from GPs in the Borough and was extremely busy – a respiratory referral pathway had been developed, for which there was great demand. Post-Covid, a community model had also been developed and a multi-disciplinary team established, including therapists, consultants, GPs and third sector care co-ordination. A soft launch had taken place a month ago, with services asked to identify people for referral and its success would be considered before it was open up more widely. It was noted that there were concerns regarding the capacity of the services – this would be monitored closely as it may require further resources. GPs were assisting those patients who were suitable for self-management and across South East London an app was being developed which would help them access other resources.

The Borough Based Director noted that the Long Covid services would be further developed as required, and that the challenge would be the number of patients requiring them – the Long Covid clinic was held on a weekly basis, but as consultation and assessment took between 50-60 minutes per appointment, this only equated to between 6 and 8 patients. It was considered that overall this was a good programme, but there was still a way to go in terms of developing capacity.

The Chairman agreed that the growth in the number of people affected by Long Covid was extremely worrying, particularly as it was independent from the severity of COVID-19 symptoms experienced. It was noted that, going forward, updates on the Long Covid service would be presented at each meeting of the Health and Wellbeing Board. The Director of Public Health informed Board Members that a webinar on the impact of Long Covid had taken place the previous day. It was suggested that a copy of the presentation, and accompanying literature report, be circulated to Board Members following the meeting.

## **B PLANS FOR THE COMING VACCINATION SEASON**

The Borough Based Director provided an update on the COVID-19 and seasonal influenza vaccination programmes in Bromley.

Board Members had been provided with a map showing the COVID-19 vaccination sites across the Borough, and it was noted that additional pharmacies were now deploying COVID-19 vaccinations.

With regards to cohorts eligible to receive the COVID-19 vaccination, the Borough Based Director advised that from 11<sup>th</sup> November 2021 it would be mandatory for care home staff, including visiting professionals, to have received two doses. There would also continue to be an evergreen offer for all adults to receive two doses of the vaccine.

In the summer, the 16–17-year-olds had been added to the list of eligible cohorts, and one dose of the COVID-19 vaccine had been offered via walk-ins or invitations from GP's. in Bromley, uptake by this cohort currently stood at around 55% – it was emphasised that the programme was ongoing, and that this figure was much higher than some other boroughs (around 35%). Another

programme underway was for 12–15-year-olds with underlying health conditions. This cohort would receive two doses of the vaccine, by invite only, at GP-led or hospital vaccination services. It was noted that this cohort had recently been expanded, and national indemnity was awaited.

Vaccination programmes due to commence included a third primary dose for individuals who were severely immunosuppressed at the time of vaccination; a universal offer of one dose to 12–15-year-olds; and booster doses for the over 50's, frontline staff, and those who were vulnerable or at risk. In response to questions regarding the vaccination of 12–15-year-olds, the Borough Based Director said that the Joint Committee on Vaccination and Immunisation (JCVI) had looked at the science and evidence and considered that the vaccinations would provide three main benefits – children were less likely to miss school; they were less likely to contract Long Covid (which was thought to affect 1 in 10 of the general population); and it supported the reduction of the spread of COVID-19 in the community. It was stressed that children would not be coerced into having the vaccination. If a child was deemed competent to make a decision, and they decided to have the vaccine, they would be given it – and if parental consent was given, but a child said they did not want to receive the vaccine, they would not be given it. It was highlighted that if a child was not deemed able to make a decision, they would not be asked to do so.

The Borough Based Director said that Bromley continued to benefit from a high overall rate of vaccine uptake. Throughout June and July, the OneBromley system participated in a vaccine 'sprint' to achieve maximum uptake amongst all eligible cohorts in advance of lockdown easing. GP practices continued to reach out to patients at greatest risk of severe illness, including pregnant people, and door-knocking, leafleting and pop-up clinics had taken place. Guy's and St Thomas' NHS Foundation Trust (GSTT) were operating an SEL call centre to assist further, contacting age groups where uptake was lower. Care home residents and staff uptake had continued to rise as part of the ongoing offer, with targeted education and information events to address queries and concerns. It was anticipated that figures for staff vaccinations would increase further as they were made compulsory from 11<sup>th</sup> November.

With regards to the workforce delivering the vaccination programme, the Borough Based Director advised that in addition to the core general practice teams continuing to play a critical role at sites (GPs, nurses, Health Care Assistants, pharmacists and clerical staff), volunteers were also provided through Community Links Bromley, Royal Voluntary Service and GoodSAM, and further support via Patient Participation Groups and community groups.

There were disparities across the population in terms of health, COVID-19 infection and vaccinations, with some ethnic groups and occupations more likely to catch, and be impacted by, COVID-19. Some issues, such as being untrusting of establishments, resulted in lower uptake of the vaccine, and work had been undertaken in order to help address this. SEL CCG and partner organisations had worked with this population to provide them with all

the information they needed to decide if they should have the vaccine. Promotion and pop-up clinics had been centred around communities with lower uptake, and dedicated clinics had been reaching out to the most vulnerable residents.

In addition to the COVID-19 vaccination programme, the flu vaccination programme would also be delivered to an expanded cohort this year, including secondary school age children and 50–64-year-olds. There had been some slight delays in the supply of the flu vaccines, however some GPs and pharmacies were starting to deliver the programme. It was noted that the secondary school offer for 11-16 years olds was delivered via a different service. With regards to preparing for winter 2021/22, the Borough Based Director highlighted that the circulation of flu had been very limited in the 2020/21 season and as a result, a lower level of population immunity against flu was expected this winter. It was anticipated that this would be the first winter when seasonal influenza virus (and other respiratory viruses) would co-circulate alongside COVID-19. To mitigate the potential impact it was important that the general population continued to wear face masks and maintain social distancing. The NHS would vaccinate additional cohorts with the flu vaccination and aimed for a high uptake to maximise protection. There was an ambition to vaccinate at least 85% of the over 65s cohort – in previous years, Bromley had been the most successful borough for vaccinating this age group and had been ranked in the top three boroughs for several of the other cohorts.

The Chairman extended thanks of behalf of the Board to the Borough Based Director, and her team, for all of the work undertaken to deliver the vaccination programmes across the Borough.

**RESOLVED that the SEL CCG update be noted.**

## **9 INTEGRATED COMMISSIONING BOARD UPDATE**

### **Report ACH21-042**

The Board considered a report providing a summary of the current work of the Integrated Commissioning Board (ICB).

The LBB Assistant Director for Integrated Commissioning informed Board Members that the ICB provided leadership, strategic oversight and direction for all health and social care integrated commissioning programmes and processes undertaken jointly by Bromley health and care partner agencies. Key responsibilities included:

- Leading and directing arrangements for integrated commissioning of health and social care within the borough of Bromley.
- Supporting the work of the Health and Wellbeing Board in delivery of the key priorities identified in the Health & Wellbeing Strategy.
- Overseeing the management of joint resources that enable effective

- integrated commissioning programmes.
- Producing a Local Plan, which allows the Council and SELCCG (Bromley) to draw down the Better Care Fund (BCF).
- Develop a co-ordinated approach to managing and developing the local provider market across health and care services.
- Ensuring the SEL CCG (Bromley) and the Council are well positioned to meet the emerging requirements from legislation, national/regional policy or best practice guidance.

A key outcome of the Board's work in 2019/20 was the creation of an Integrated Commissioning Service that brought together the health and care commissioning teams for out of hospital and community services from across the Council and the Bromley Borough service from South East London CCG. Led by an Assistant Director for Integrated Commissioning, who worked across the Council and CCG, this new service now played a key role in supporting the work of the Board. The new service was established in April 2020.

The LBB Assistant Director for Integrated Commissioning noted that some projects that had been paused during the pandemic were now live. Board Members noted that there were two new priorities for the ICB, updates on which would be provided in future reports:

- *Children & Young People's Integrated Commissioning Programme*  
(A programme of work covering the review of children's therapy services; a review of community paediatrics, and; the recommissioning of children and young people's services from Bromley Healthcare. A senior integrated commissioner post has been appointed to lead this work across the CCG and Local Authority).
- *Assistive Technology*  
(A business case had been agreed to test out the introduction of some new innovations to support services and residents. A programme of pilots was being developed).

The Portfolio Holder for Adult Care and Health noted that the table provided in the report was very helpful as it demonstrated the stage each programme was at. The 'Assistive Technology' project would be extremely important going forward, and the work undertaken would ensure that older people were supported.

In response to a question regarding the 'Falls Project' referenced in the report, the Director of Public Health advised that around three years ago, work had been undertaken as part of the JSNA to look at the effectiveness of treatments following a fall. A new service had since been adapted to implement effective preventative measures and therapies in response to falls. The Chairman requested that a report on the 'Falls Project' be presented to the February 2022 meeting of the Health and Wellbeing Board. The Portfolio Holder for Adult Care and Health suggested that this could coincide with a full presentation from the Falls Service.

**RESOLVED that the Integrated Commissioning Board update be noted.**

**10 QUESTIONS ON THE HEALTH AND WELLBEING BOARD  
INFORMATION BRIEFING**

The Health and Wellbeing Board Information Briefing comprised one report:

- Better Care Fund and Improved Better Care Fund Performance Update - Q4 2020/21 and Q1 2021/22

**RESOLVED that the Information Briefing be noted.**

**11 WORK PROGRAMME AND MATTERS OUTSTANDING**

**Report CSD21100**

The Board considered its work programme for 2021/22 and matters arising from previous meetings.

A number of items were added to the forward rolling work programme for the Health and Wellbeing Board as outlined below:

- JNSA Priority Area – Impact of COVID-19 (25<sup>th</sup> November 2021)
- Changes to Public Health England (Information Item) (25<sup>th</sup> November 2021)
- Report on the Falls Project (3<sup>rd</sup> February 2022)
- Presentation from the Falls Service (3<sup>rd</sup> February 2022)

In response to a question, the Director of Public Health said that the matter outstanding regarding the Bromley Local CAMHS Transformation Plan and an analysis of “deep dives” would be addressed at the next meeting of the Health and Wellbeing Board, when a report would be presented on both children and adult mental health. The Borough Based Director advised that an audit had been undertaken in relation to children presenting at A+E with mental health emergencies, and feedback on this would also be included.

**RESOLVED that the work programme and matters arising from previous meetings be noted.**

**12 ANY OTHER BUSINESS**

There was no other business.

**13 DATE OF NEXT MEETING**

The next meeting of the Health and Wellbeing Board would be held at 1.30pm on Thursday 25<sup>th</sup> November 2021.

**14 BSCP STRATEGIC THREAT ASSESSMENT**

This item had been withdrawn.

The Meeting ended at 3.25 pm

Chairman