

## **HEALTH AND WELLBEING BOARD**

Minutes of the meeting held at 1.30 pm on 3 February 2022

### **Present:**

Councillor David Jefferys (Chairman)  
Councillor Robert Evans (Vice-Chairman)  
Councillors Gareth Allatt, Yvonne Bear, Kira Gabbert,  
Simon Jeal, Keith Onslow and Diane Smith

Richard Baldwin, Director: Children's Social Care  
Kim Carey, Director: Adult Social Care  
Dr Nada Lemic, Director: Public Health

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

Marzena Zoladz, Healthwatch Bromley

### **Also Present:**

Councillor Mike Botting, Executive Assistant for Adult Care and  
Health and Jonathan Lofthouse (King's College Hospital NHS  
Foundation Trust)

## **28 APOLOGIES FOR ABSENCE**

A minute's silence was held in memory of Councillor Mary Cooke.

Apologies for absence were received from Councillor Kevin Kennedy-Brooks and Councillor Gary Stevens, and Councillor Simon Jeal and Councillor Keith Onslow attended as their respective substitutes.

Apologies were also received from Rachel Dunley, Christopher Evans, Jim Gamble, Dr Andrew Parson and Jacqui Scott (Bromley Healthcare).

## **29 DECLARATIONS OF INTEREST**

There were no declarations of interest.

**30 QUESTIONS**

No questions had been received.

**31 MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 25TH NOVEMBER 2021**

**RESOLVED** that the minutes of the meeting held on 25<sup>th</sup> November 2021 be agreed.

**32 HEALTH AND WELLBEING STRATEGY: JSNA PRIORITY AREAS**

**A PRESENTATION FROM THE FALLS AND FRACTURE PREVENTION SERVICE**

The Chairman welcomed Lindsay Pyne, Head of Adult Therapies – Bromley Healthcare (“Head of Adult Therapies”) to the meeting to provide an update on the Falls and Fracture Prevention Service.

The Head of Adult Therapies informed Board Members that all referrals to Adult Therapy teams were filtered via the Single Point of Access (SPA). If a referral was considered to be urgent, or required a quick response to ensure safety and reduce risk of attendance at an Emergency Department (ED), it was passed to the Rapid Access to Therapy Team (RATT). The RATT assessed patients in their own home within two hours, or two days, and then provided equipment/intervention and referred them on for ongoing falls specific intervention.

Since an update was last provided to the Health and Wellbeing Board, the Falls Therapy Clinic had opened with locations in Orpington and Beckenham although it was noted that there was reduced capacity due to infection control. A Falls Consultant Clinic had also opened, with reduced capacity, one morning per week; a Vestibular Clinic was open one afternoon per month; home visits for initial assessments and exercise/intervention were also available; and Balanced Lifestyle Groups (12-week programme) were held face to face in West Wickham and Orpington. In response to a question, the Head of Adult Therapies said that the locations were not based on areas that had a particularly high number of falls – there were limitations due to the spaces available, and they would continue to look for further options to deliver these programmes.

The Head of Adult Therapies advised that the Falls and Fracture Prevention Service received on average 80 referrals per month. At present, the caseload stood at 342 patients, which it was noted did not include the caseload of the Fracture Liaison Nurse. The waiting time was approximately 12 weeks, which was impacted by both staffing capacity and the capacity available within the clinics. Outcomes for patients were measured by TOMs and Tinetti and positive feedback was received from patients. (TOMs stands for Therapy

Outcome Measures and was in use across many therapy services in Bromley Healthcare. It was completed during the initial assessment and then end of intervention to determine if improvements had been made in four areas in line with International Classification of Functioning, Disability and Health: Impairment, Activity, Participation and Wellbeing. Tinetti was also an outcome measure used predominantly by Physiotherapists to assess a patient's gait and balance and provided a score on completion which could be compared pre and post intervention to determine progress/improvement. In response to questions from the Vice-Chairman, the Head of Adult Therapies advised that it was acknowledged that the 12-week waiting time was too long and an increase in capacity and efficiency would be needed to return to the standard waiting time of 4-6 weeks. It was highlighted that the Rapid Access to Therapy Team (RATT) assessed patients at immediate risk and referred them on if necessary.

With regards to future plans for the service, the Head of Adult Therapies said that a Team Away Day had recently taken place to discuss some positive changes. These included:

- Increasing the capacity of Falls Therapy Clinics to reduce waiting lists;
- Increasing the Balanced Lifestyle Group to include a group in Bromley;
- Streamlining the patient pathway (currently home working and measures put in place to reduce face to face contact need to be streamlined);
- Improving responsiveness to reduce waiting list;
- Increasing student numbers, aiming for 1 Occupational Therapist and 3 Physio students next academic year; and,
- Ongoing review to ensure compliance with NICE Falls Guidance, best practice and research.

The Falls Prevention Working Group were moving from monthly to bimonthly meetings, which involved staff across Bromley Healthcare, to ensure they were thinking about risks when providing care, and the Falls Policy had been rewritten and implemented. An initial Falls Risk Assessment Tool (FRAT), which was included in all adult services' initial assessments, would be audited in March 2022. Other future work for this group would include reviewing the Falls Pathway in line with NICE Falls Guidance for all patients, piloting internal referrals into the Falls Team and implementing research to ensure the right team were seeing the right patient.

Members were advised that the NHS England 'Falls Pick Up Service' was to be implemented in Bromley. It aimed to avoid conveyance to ED, when appropriate, and to reduce pressure on the ambulance services in order to minimise long lies for those who had fallen. Bromley Healthcare were currently scoping potential service models to ensure that service delivery aligned closely with working partners, such as the London Ambulance Service, and to integrate into other urgent services within Bromley Healthcare (Home and Bed based Rehabilitation, Urgent Therapy assessment, Care agency involvement, Falls and Fracture Prevention Service). In response to questions, the Head of Adult Therapies said that patient referrals were received from GPs and other professionals, but they would be open to

receiving referrals from other organisations, however patients could not refer themselves directly. With regards to falls awareness, it was noted that Bromley Healthcare was only commissioned to train its own staff – they would like to engage with the public more widely, however this would require further resources.

The Head of Adult Therapies informed Members that Bromley Healthcare would host the role of SEL Falls Programme Lead (a 6-month secondment, with some potential to be extended). The programme would include work to:

- Understand the current SEL falls services;
- Identify opportunities for improvement, especially in relation to strengthening the crisis component of these services; and,
- Explore the feasibility and, if viable, develop an operational model for an alternative falls response service to be delivered by LAS in partnership with SEL UCR services.

The Rehabilitation research team at the University of Nottingham had conducted a FinCH randomised controlled trial to evaluate the Guide to Action Care Home (GtACH) falls prevention tool (2016-2019). The GtACH multifactorial tool was used to assess the risk of falling on an individual basis to enable the implementation of patient-centred fall preventative changes. The trial had concluded a 43% reduction in falls in care homes and was cost effective (peer reviewed) and had resulted in the 'React to Falls' resources, promoted by NHS England/Improvement and shared with care homes in Bromley. Following the success of this trial, the Head of Adult Therapies advised that the team would be conducting a falls prevention implementation study outside of trial conditions in preparation for nationwide implementation. The programme consisted of a training package for care home staff, information manual, and a screening and assessment tool.

Bromley Healthcare had worked alongside the 'Living With' group to develop a falls prevention app that could be used by patients in Bromley, which was still in the early stages of development. In response to a question from the Chairman, the Head of Adult Therapies said that the first phase of the app had taken a couple of months to develop, with the last update on this work provided in November 2021. A Member enquired if research had been undertaken with the current cohort of patients to see if they would use this app once it was launched. The Head of Adult Therapies advised that this was currently being discussed with patients. Work would also continue on the London-wide Digital Community Health Services Programme. This would include looking at high volume pathways (catheter and falls), mapping the Bromley falls pathway in relation to digital maturity and access to timely patient information, and creating a blueprint to be used across London.

In response to a question from the Chairman, the Head of Adult Therapies said that it was currently too early to estimate the number of falls prevented by the service – there were difficulties in collating data across the system, which made this hard to evidence. A Member enquired as to whether information was gathered on the circumstances surrounding a fall. The Head of Adult

Therapies advised that a number of questions would be asked, and a report could be created to help inform which interventions were put in place.

The Chairman thanked the Head of Adult Therapies, Bromley Healthcare for her presentation to the Board and requested that a further update be provided at the end of the year.

## **B WEIGHT MANAGEMENT**

The Chairman welcomed Gillian Fiumicelli, LBB Head of Vascular Disease Prevention Programme and Jess Seal, Primary and Community Care Transformation Manager, South East London CCG (“Primary and Community Care Transformation Manager”) to the meeting to provide an update on adult weight management services in Bromley.

Members were advised that data from the Active Lives survey 2019/20, which was prior to the pandemic, indicated that around 57% of adults in the borough were classified as being overweight or obese. The complicated picture of obesity and the benefits of a whole systems approach were highlighted.

The LBB Head of Vascular Disease Prevention Programme informed Members that in regard to the Bromley adult weight management workstreams, there were a number of groups which had a focus on obesity:

- One Bromley Obesity Working Group (Local Bromley commissioners, providers, Public Health);
- SEL CCG Obesity Group (a new group of Public Health Obesity Leads);
- SEL Diabetes and Obesity Commissioning Group (Commissioners from across SEL); and,
- the Health and Wellbeing Board had itself identified obesity as a priority.

Tier 1 (universal prevention services) of the Bromley adult weight management programmes were open to everyone – the Better Health NHS Weight Loss Plan app was continually being developed and provided a wide range of useful information. During 2021/22, there had been new 12-week programmes implemented within Tier 2 (behavioural services) – NHS Digital Weight Management Programme and Slimming World. The Local Authority would fund 1,364 places on the programmes – GP practices currently referred patients, however they would be working with the social prescribing team to increase the number of referrals, and self-referrals would be accepted to fill the places before the end of March 2022. It was noted that in Tier 3 (specialist services), they were looking to recommission the healthy weight programme for patients who were more severely obese. Board Members were provided with an overview of both the general adult weight management pathway, and the pathway that focused on diabetes.

With regards to identifying individuals who would benefit from the Weight Management Programmes, there were opportunities for Community Champions and Community Pharmacies to assist, in addition to self-referrals

for the universal programmes (Better Health campaigns). Primary care remained the main mechanism for individuals to be identified via NHS Health Checks; Weight Management Referral Optimisation Protocol; computer searches; National Incentive Scheme; social prescribing team; dietitians and Health Coaches. The Primary and Community Care Transformation Manager advised that developments in primary care included the national enhanced service which encouraged practices to develop a supportive environment for clinicians to engage with patients living with obesity about their weight. This enhanced service worked alongside a broader expansion of weight management services, including the launch of the NHS Digital Weight Management Service for those with hypertension and diabetes, and further investment into Local Authority Tier 2 services. The workforce that could refer into these pathways had been expanded and now included all healthcare professionals, including social prescribers and PCN dietitians.

In response to a question, the LBB Head of Vascular Disease Prevention Programme advised that rather than waiting for patients to attend face to face GP appointments for referrals, systems had been used to identify patients with weights in the target area. These patients had been sent text messages, asking them to reply 'yes' if they were interested in participating in the programme, and then further interaction would take place. It was acknowledged that GPs were extremely busy, and they were mindful of the March 2022 deadline, which was why the programme had now been opened up to self-referrals.

The LBB Head of Vascular Disease Prevention Programme informed Board Members that Slimming World were required to submit data to OHID and to the Local Authority according to minimum dataset. Slimming World was currently only funded until the end of March 2022, and the outcome of further funding for next financial year was awaited. It was noted that the outcomes for the other programmes were managed by the commissioning organisation. The Portfolio Holder for Adult Care and Health highlighted the issue of 'yo-yo dieting' and said it would be beneficial to see data provided on sustainability, and how long these interventions worked for.

The Chairman highlighted that it had been eighteen months since the launch of the Council's 'Don't Wait to Lose Weight' campaign and asked what could be done to reinforce this message and further encourage residents. The LBB Head of Vascular Disease Prevention Programme advised that there were lots of communications planned, and they had recently been notified that a GP registrar would be identified to help boost primary care referrals. With regards to the Slimming World programme, as there had been a limited number of places they had been cautious about opening up the offer too wide, too soon. It was acknowledged that this offer now needed to be opened up further and it was hoped that the methods stated would help to fill the spaces by March 2022. The Primary and Community Care Transformation Manager said that Members could continue to echo the messages from primary care, keeping these issues at the forefront of people's minds and increasing awareness. The Director of Children's Social Care noted that prevention was key and highlighted the need to "get in early" to ensure that young people had

good habits in relation to exercise, diet and healthy eating. In response to a question, the LBB Head of Vascular Disease Prevention Programme advised that these programmes had been promoted at the pop-up vaccination clinic in Mottingham. Another Member highlighted the need to provide pre-diabetic advice and its implications.

A Member noted that the PHE mapping diagram on page 29 of the agenda pack did not make any reference to alcohol consumption, and that dramatic weight loss could occur if someone stopped drinking. The LBB Head of Vascular Disease Prevention Programme advised that the PHE diagram was used to show the complexity of obesity, but that there were a number of other things that needed to be considered. It was recognised that alcohol was a factor in obesity, as it was high in calories and drove unhealthy eating, and this was something that could be taken forward with colleagues. The Chairman agreed that alcohol consumption was a significant problem and considered that this could be included as a priority focus for the Board during the coming year.

The Chairman proposed that, going forward, the Obesity Task and Finish Group be reconvened.

The Chairman thanked the LBB Head of Vascular Disease Prevention Programme and Primary and Community Care Transformation Manager, South East London CCG for their presentation to the Board.

### **C IMPACT OF COVID-19**

The Chairman noted that this JSNA chapter assessed and summarised the impact of the COVID-19 pandemic on the population of Bromley. In order to ensure that the level of detail required was included in the document, this item would be deferred to later in the year when the data for 2021-22 would be available.

**RESOLVED that the updates on the Health and Wellbeing Strategy: JSNA Priority Areas be noted.**

### **33 ADULT MENTAL HEALTH HUB - OXLEAS**

The Chairman welcomed Helen Jones – Associate Director, Community Mental Health (Bromley), Oxleas (“Associate Director”) and Ben Taylor – Chief Executive, Bromley, Lewisham and Greenwich Mind (“Chief Executive – BLG Mind”) to the meeting to provide an update on the Community Mental Health Transformation Programme.

The core offer was for adults in South East London, aged 18+, experiencing mental health problems. This would include people with severe mental illness (SMI) as well as individuals with mild mental health illness who required care and intervention. The aims were to:

- have a diverse and personalised range of interventions for people

- experiencing mental health problems within the community setting;
- enable earlier access to support; to support people to recover and stay well; to prevent mental ill health and crisis intervention; and,
- reduce inequality in access and experience of mental health and physical health care for people with severe, moderate and mild mental illness across South East London.

The underpinning principles were for community services with clear access points that provided flexible care that considered both mind and body (i.e. mental and physical health), with targeted and measurable outcomes to assess and evaluate the benefits for residents in South East London and across the wider health and care economy. These drew on local system knowledge and feedback from service users. Four 'Bromley principles' had also been developed:

- Bridging the gap across primary and secondary care;
- No wrong door into services and frictionless movement between them;
- Holistic approach to assessing and meeting needs; and,
- Integrated, multi-disciplinary team providing clinical and non-clinical support.

The Associate Director advised that the Community Hub provided an opportunity to bring services together, with a holistic triage assessment of needs aiming to support reablement and integration into the local community. It was noted that social prescribing support would facilitate access to mainstream resources and activities and MDT meetings would include representatives from IAPT/secondary care to facilitate frictionless movement between services. If required, the Community Hub would also allow reengagement post-discharge to be a straightforward process.

Board Members were advised that NHS England Transformation funding for Bromley totalled £872k in 2021/22 – this was a significant investment which would mainly be used for additional staffing roles. The first year of the Community Hub would involve an integrated team of approximately 26 people, including existing Oxleas staff as well as some new roles, and BLG Mind staff. In response to a question from the Chairman, the Associate Director advised that around half of the 26 posts were newly established – for Year 1 the majority were now in post or would be appointed shortly. Work was underway to shape the new service model ready for a soft launch at the end of February 2022. Oxleas and BLG Mind teams would be co-located to carry out joint assessments, shared care planning and interventions, and service user/carer engagement groups had been established to ensure active co-production in the new service. From April 2022 the Community Hub would be operational and recruitment for Year 2 would commence.

The intended outcomes of the Community Hub were to:

- reduced waiting times and ensure individuals received the appropriate support in a timely manner so engagement in services was reduced;
- increase self-management skills, engagement in community resources and activities;
- reduced escalation of mental health problems as a result of unaddressed issues such as debt, housing, unemployment and social isolation; and,
- reduced health inequalities, in particular for people from BAME



communities, as a result of tailored support.

In response to questions, the Chief Executive – BLG Mind said that a long-term ambition of the Community Hub would be to accept self-referrals, but initially pathways would be used to manage capacity and demand. It was noted that a similar model to the Bromley Community Hub was being used in Greenwich. No specific targets had been set in terms of waiting times, but a similar scheme in Lewisham and seen these reduce significantly, and from April 2022 the national target would be 14-days from referral to intervention. Board Members were advised that staff were already working to build relationships with other department/areas which had the potential to create mental health crisis. It was planned that a housing specialist would be employed in Year 2 as part of the Hub team to connect people with additional support.

The Chairman thanked the Associate Director – Community Mental Health (Bromley), Oxleas and Chief Executive – Bromley, Lewisham and Greenwich Mind for their presentation to the Board and requested that a further update be provided in a years' time.

**RESOLVED that the update be noted.**

#### **34 COVID-19 VACCINE PROGRAMMES**

Cheryl Rehal, Acting Head of Primary Care, Bromley – SEL CCG (“Acting Head of Primary Care”) provided an update on vaccination uptake in Bromley.

The Acting Head of Primary Care informed Members that the COVID-19 vaccination services had commenced in December 2020, and since then over 500,000 vaccinations had been delivered in the borough. Currently, both bookable and walk-in services were operating from 12 sites across Bromley, offering first, second and third doses, and multiple satellites and pop-up clinics had been held over the last 15 months. Engagement events, information sharing sessions and clinical conversations had been offered to support questions and assist with individual needs. Visits were undertaken to vaccinate over 6,000 housebound patients and care home residents, and co-administration with the flu vaccine had been offered wherever possible during the 2021/22 season. The Schools Vaccination Programme had delivered almost 5,000 vaccinations for 12–15-year-olds in 37 schools across the borough, including special schools. The Acting Head of Primary Care advised that since the last update was provided to the Health and Wellbeing Board, four new pharmacies had become vaccination sites – the benefits and trusted nature of community pharmacies was recognised, and they also provided a sustainable and accessible walk-in offer for residents. A Member highlighted the need for a list of the facilities available at the community pharmacies to be publicised. The Acting Head of Primary Care said that the facilities available varied from site to site and this feedback would be provided to the team. It was noted that in regard to the sites used to deliver the vaccine to people with Learning Disabilities, a lot of thought had been given to the location and range of needs.

Board Members were advised that, in terms of the universal offer, anyone aged over 16 was eligible for a primary course of two doses, and a booster dose. Individuals who were severely immunosuppressed were eligible for a primary course of three doses, and a booster dose. For children and young people, 12–15-year-olds were eligible for two doses, 12 weeks apart, and 5–11-year-olds with underlying health conditions would be offered a first dose, with a second dose offered at 12 weeks. Vaccination was mandatory for care home staff and visiting professionals – this was due to become mandatory for health and care staff with direct patient or service user contact from 1<sup>st</sup> April 2022, however it was noted that the Secretary of State for Health and Social Care had recently announced that this was to be reviewed, and the outcome was awaited. In response to a question, the Acting Head of Primary Care advised that a booster dose of the COVID-19 vaccination was not a requirement of employment for care home staff, however it was expected that uptake would be encouraged. The Director of Public Health said that webinars had also been held for those staff that were hesitant about getting the vaccine, and this would continue to be an open-ended offer.

The Acting Head of Primary Care advised that uptake of the COVID-19 vaccination in the borough was positive – 92.8% of those eligible in the 50 years+ cohort had received their booster dose, and 71.2% of those aged 18-49 years. The Acting Head of Primary Care noted that there was a CCG campaign to target 16–17-year-olds in a vibrant way, through the use of social media, to increase the uptake of the vaccination within this cohort. With regards to the flu vaccine, it was highlighted that uptake in Bromley was above the London average for all eligible cohorts. The Acting Head of Primary Care noted that the circulation of flu had not been as prevalent within the population as anticipated, but they would continue to support the offer of flu clinics.

Activities to address inequalities in the uptake of the COVID-19 vaccine included the establishment of the Inequalities in Vaccination Taskforce, which was commissioned by the Bromley Borough Based Director for SEL CCG and the Chief Executive of the London Borough of Bromley. Its aim was to draw together existing workstreams across the Borough, analyse data and evidence on uptake, and develop and test innovative methods of addressing vaccine hesitancy through a programme of work. The group included leadership and representation from Local Authority, CCG, Public Health communications teams, and other One Bromley partners. The Inequalities Plan included forthcoming work to continue outreach vaccination services, engagement with young adults, people affected by the mandatory vaccination regulations, and to launch the One Bromley Community Champion Scheme. Activities to address inequalities had included:

- A helpline for health and social care staff established;
- weekend clinics held at Al-Emaan Mosque, Keston;
- a working group to improve uptake in people with Learning Disability;
- targeted pop-up clinics in areas of low uptake;
- roving vaccinations for homeless people;
- individual and small group support for staff in health and care settings;
- Information Pod located in The Glades;
- door-knocking initiative;
- leafleting in collaboration with local businesses; and
- clinics held at popular sports facilities.

Board Members were advised that a culturally specific wellbeing package (Better Health Support) had been established for ethnic minority staff, delivered by ethnic minority staff. This was designed to address the needs of Bromley health and care staff who were vaccine hesitant and engage them in ways that addressed individual concerns – it aimed to provide culturally sensitive support in a non-judgemental way to support vaccine uptake and ensure staff wellbeing.

In response to a question from the Vice-Chairman, the Acting Head of Primary Care said that they had worked closely with Ward Councillors to identify areas of low uptake. Over the summer they had carried out a targeted leafletting and door knocking campaigns, as appropriate for residents. During the upcoming school half term a concerted effort would be made in Mottingham – clinics would be held in the local Community Centre with activities run to entertain younger children whilst older children and adults received their vaccinations.

The Chairman extended thanks of behalf of the Board to the Acting Head of Primary Care, and her team, for all of the work undertaken to deliver the vaccination programmes across the borough and for the regular updates provided.

**RESOLVED that the update be noted.**

## **35 BROMLEY SAFEGUARDING ADULT BOARD ANNUAL REPORT**

Teresa Bell – Independent Chair of the Bromley Safeguarding Adult Board (“Independent Chair – BSAB”) presented the Bromley Safeguarding Adults Board (BSAB) Annual Report for 2020/21.

The Independent Chair – BSAB advised Members that she had taken on this role from January 2021. The BSAB fulfilled its statutory obligations in ensuring that representatives from SEL NHS Clinical Commissioning Group (Bromley) and the Metropolitan Police Service attended the Board. The BSAB was facilitated by a broad range of representatives from across the borough, including from the private, voluntary and independent (PVI) sectors, as well as a Lay Member.

The BSAB Annual Report for 2020/21 provided information regarding the work that had been undertaken during the year. Specific reference was made to the impact of the COVID-19 pandemic in relation to the following key priority areas: domestic abuse, financial abuse, self-neglect, modern day slavery, transitional care of children into adulthood, and vulnerable adults in specialist care and residential homes. The BSAB’s partners had provided information on their work in respect of adult safeguarding and the impact of the COVID-19 pandemic. Further information was also provided outlining the safeguarding picture in Bromley, adult safeguarding statistics, board structure and the work of its subgroups. It was noted that there had been concerns at the beginning of the pandemic regarding the low number of referrals. This had been in line with other national Safeguarding Board, and a concerted effort had been made to highlight the various ways that services could be accessed. Local and national information had been shared on the BSAB website, and a care homes operational group had been established to ensure that any risks were identified swiftly, and any required action taken.

The Independent Chair – BSAB informed Board Members that, as part of their wider community engagement agenda, the BSAB has also produced an easy read version of the annual report for the first time, which had been done in consultation with members of its Communications and Service User Engagement Group (CSUEG).

In response to a question, the Independent Chair – BSAB said that she had been very impressed with the level of engagement – partners had met frequently to monitor risks and it was evident how well they worked in partnership across the borough. An area of focus for the future would be to further engage with service users and carers.

The Chairman thanked the Independent Chair – Bromley Safeguarding Adults Board for presenting the BSAB Annual Report to the Board, and for all the work undertaken.

**RESOLVED that the Bromley Safeguarding Adults Board’s 2020/21 Annual Report be noted.**

**36 DISCUSSION - PUBLIC HEALTH LESSONS LEARNT FROM THE PANDEMIC**

The Chairman noted that the JSNA chapter on the impact of the COVID-19 pandemic would be brought to a future meeting of the Health and Wellbeing Board.

**37 DISCUSSION - PUBLIC HEALTH AND WELLBEING PRIORITIES FOR 2022/23**

The Chairman noted that several priorities for 2022/23 had been raised during the meeting, including obesity, alcohol consumption and mental health. Board Members were asked to consider if there were any further priorities for which they would like to receive updates during the next municipal year and notify the clerk by the 18<sup>th</sup> March 2022.

The Chairman informed Board Members that he had recently attended a webinar workshop on rough sleepers. The session had been extremely informative, and thanks were extended to the Assistant Director of Public Health. It was requested that a summary of the workshop be brought to the March meeting of the Health and Wellbeing Board.

**38 WORK PROGRAMME AND MATTERS OUTSTANDING**

**Report CSD22013**

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:

- Discussion – Public Health and Wellbeing Priorities for 2022/23 (31<sup>st</sup> March 2022)
- Summary of the rough sleeper workshop (31<sup>st</sup> March 2022)
- SEL CCG – Latest phase of the pandemic/review of winter (31<sup>st</sup> March 2022)
- Public Health Management of COVID-19 Pandemic Report (including Public Health Lessons Learnt from the Pandemic) (9<sup>th</sup> June 2022)
- JSNA – Impact of COVID-19
- Presentation from the Falls Service (8<sup>th</sup> December 2022)
- Update on the Adult Mental Health Hub - Oxleas

The Director of Public Health informed Board Members that the 5-year Health and Wellbeing Strategy would need to be reviewed by the end of 2023.

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

#### **39 ANY OTHER BUSINESS**

The Chairman informed Board Members that a request had been received to move the start time of the next Health and Wellbeing Board meeting back to 2.00pm. Board Members agreed that they were happy with this proposal.

A Member highlighted issues in relation to the sound system in the Council Chamber and noted that these needed to be resolved to ensure that anyone with a hearing impairment could listen to the discussions taking place.

**RESOLVED that the issues raised be noted.**

#### **40 DATE OF NEXT MEETING**

The next meeting of the Health and Wellbeing Board would be held at 2.00pm on Thursday 31<sup>st</sup> March 2022

The Meeting ended at 3.25 pm

Chairman

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