

HEALTH AND WELLBEING BOARD

Minutes of the meeting held at 1.30 pm on 21 September 2023

Present:

Councillor David Jefferys (Chairman)

Councillors Yvonne Bear, Will Connolly, Chris Price, Colin Smith, Diane Smith and Thomas Turrell

Rachel Dunley, Head of Service: Early Intervention and Family Support
Dr Nada Lemic, Director: Public Health

Dr Angela Bhan, Bromley Place Executive Director: NHS South East London
Harvey Guntrip, Lay Member: NHS South East London

Christopher Evans, Community Links Bromley

Also Present:

Charlotte Bradford (*via conference call*)
Angela Helleur (King's College Hospital NHS Foundation Trust)
(*via conference call*)

The Chairman led a period of silent reflection in memory of John Harrison, Richard Lane OBE and Professor Mark Monaghan.

14 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Robert Evans, Kim Carey and Dr Andrew Parson.

Apologies were also received from Jacqui Scott (Bromley Healthcare).

Councillor Colin Smith gave prior notification that he would need to leave for a short period at 2.00pm to attend another meeting.

The Chairman welcomed Angela Helleur, Interim Site Chief Executive, PRUH and South Sites – King's College Hospital NHS Foundation Trust ("Interim Site Chief Executive") to the meeting.

15 DECLARATIONS OF INTEREST

There were no declarations of interest.

16 QUESTIONS

No questions had been received.

17 MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 29TH JUNE 2023

RESOLVED that the minutes of the meeting held on 29th June 2023 be agreed.

18 HEALTH AND WELLBEING STRATEGY

Report AC23-043

The Board considered a report outlining the proposed detail of the draft Health and Wellbeing Strategy 2024 to 2028.

At the Health and Wellbeing Strategy workshop held on 8th December 2022, Members of the Board discussed in small groups the potential priority areas for the next publication of the Health and Wellbeing Strategy to focus on. At the Health and Wellbeing Board meeting on 30th March 2023 the Board agreed on the three overarching priority areas for the new Health and Wellbeing Strategy 2024 to 2028, these areas were as follows:

- 1. Improving Health and Wellbeing of young people (to include obesity, youth violence, adolescent mental health);*
- 2. Improving Health and Wellbeing of Adults (to include obesity, diabetes, dementia, mental health, substance misuse); and,*
- 3. Disease prevention and helping people to stay well (linking with the ICB prevention priority and achieving this through the vital 5 work).*

Members had been provided with a copy of the new Joint Health and Wellbeing Strategy and were asked to agree on its content and structure. The Director of Public Health advised that the document would be put through a design phase to ensure the document was ready for publication later in the year. Details would be sought from partners in terms of how they would respond to the priorities in the new strategy and how they would address them. Potential partners included LBB, One Bromley and the voluntary sector – the Public Health Team would then work with these partners to co-ordinate updates on progress against the strategy, reporting twice a year to the Health and Wellbeing Board.

The Chairman suggested that within the vision/ambition section the concept of working on early prevention should be made explicit, and the outcomes around

dementia should reference the work around brain health.

The Bromley Place Executive Director said that the document reflected the various discussion held and linked well with the Local Care Partnership strategic approach. It was considered that the outcomes could be broken down further – all agencies would have a different role to play, and could be given a couple of targets/ambitions. These comments were echoed by the Interim Site Chief Executive. The Chairman agreed and advised that this would grow out of the next stage of consultation. The Director of Public Health said that the Health and Wellbeing Board had a statutory responsibility to develop a Health and Wellbeing Strategy, but the areas of work would overlap with the work of other partners/groups – to develop a delivery plan for the individual priorities they would need to undertake further engagement and discussion. Once the strategy was approved and published, it could be presented to other groups such as the One Bromley Executive and Children’s Executive Board. In response to a question, the Director of Public Health said that in terms of nutrition, this would be included in the delivery plan for tackling obesity.

Members suggested that having an appendix of the current position of the priorities would be beneficial as it could be referred back to during discussions. The Director of Public Health said that prior to the strategy workshop the current position had been presented and the Joint Strategic Needs Assessment (JSNA) also contained a lot of this information. It was suggested that once a year the position of these priorities could be extracted. Members highlighted that the strategy needed to provide clarity of what ‘good’ looked like, and the targets/ambitions needed to be measurable.

In response to questions, the Director of Public Health said it was envisaged that several priority areas would be led by other groups/committees. It was proposed that the strategy was taken to these groups for them to consider the work currently being undertaken. They would like to identify some measurable outcomes – in terms of how the priorities would be addressed and progressed through a delivery plan. In terms of membership and involvement of the voluntary sector, the Director of Public Health said that the existing groups may be happy to have input from additional members, which could be discussed in further detail following the meeting.

The Chairman thanked officers for the work undertaken to produce the draft Health and Wellbeing Strategy 2024-2028. It was agreed that once the minor changes suggested had been made the document would be recirculated to Board Members. The final version would then be brought to the Health and Wellbeing Board meeting in April 2024.

RESOLVED that:

- i.) the draft Health and Wellbeing Strategy 2024 to 2028 be agreed; and,**
- ii.) the process with partners about the development of action plan to address the priorities outlined in the new Health and Wellbeing Strategy 2024 to 2028 be agreed.**

19 WINTER PLAN 2023-24

Report ACH23-041

The Board consider a report outlining the ONE Bromley Winter Plan 2023-24.

The ONE Bromley system developed a Winter Plan each year which described how seasonal pressures would be mitigated and managed locally. The Winter Plan built on learning from previous years, and responded to any new national policy change and local system changes since the previous plan. The co-ordination and delivery of a joint Winter Plan placed Bromley in a strong position to respond effectively to the changeable position through winter. The joint plan set out how local services would be arranged, expanded, flexed and work together to meet the pressures experienced throughout the period and manage risk as a system. Through this residents would be supported to make the most cost-effective and sustainable use of joint resources, while enabling better outcomes and ensuring they were able to provide services for the most vulnerable.

The Associate Director – Urgent Care, Hospital Discharge and Transfer of Care Bureau, SEL ICB (“Associate Director”) advised that the 2023-24 Joint Winter Plan described how health and care services across Bromley would organise themselves and work together to ensure local residents were able to access the services they needed and stay well throughout winter. The Plan was set out in two sections:

Section 1 – described the work that would take place before winter to reduce risk to vulnerable residents; and,

Section 2 – described, under the 3 pillars of winter planning, the activity that would take place during winter to increase capacity across key health and care services, manage the impact of seasonal pressures and viruses and maintain oversight to manage the system throughout.

Engagement with a wide range of stakeholders had taken place to inform the Plan with specific, special interest working groups set up around key themes to develop the plans in these areas. Workforce engagement had also taken place throughout the development of the Plan including engagement of primary care, community health providers, social care workforce and providers and the voluntary sector.

The Bromley Place Executive Lead highlighted that this was a partnership piece of work to manage winter and some schemes would be expanded to ensure that residents and patients had a good flow through the urgent care pathways. Board Members were advised that, in terms of discharge arrangement, Bromley was performing the best in London. Over the last few months there had been a significant reduction in ambulance delays at the PRUH, which reduced waits for patients, and it was hoped that this would be maintained throughout autumn and winter.

The Associate Director noted some of the key additionality for this winter:

- bigger net increase in primary care and GP appointments;

- increased availability of all hospital discharge services and improving their connectivity;
- increased focus on respiratory conditions (a more robust pathway from diagnostics, proactive management and responsive support);
- paediatrics – additional GP capacity (particular focus on proactive communications, building the confidence of parents to manage children’s illness over the winter);
- children’s Hospital@Home Service to also accept referrals from GPs; and,
- a more proactive approach to information sharing, communication and engagement, targeting particular groups of individuals/communities.

A Member highlighted that as patients were being discharged from hospital quicker, with more complex needs, this had an impact particularly on social care workers and domiciliary care provision. The Associate Director said that the successful performance around hospital discharge was underpinned by the robust local domiciliary care market, which was incredibly responsive. The Bromley Place Executive Lead advised that although they were not seeing huge increases in discharges those patients’ leaving hospital had more complex issues. They often had longer stays in hospital and needed more interventions after they left. It was noted that the virtual wards in the community were working well. These patients were still very vulnerable having been through the virtual ward system and they were looking to ensure they had an extra layer of support after they received interventions at home, as they were at a greater risk of being readmitted to hospital.

A Board Member suggested that the ‘catch it, bin it’ campaign posters could be displayed on buses again as part of communications element. It was also noted that the report stated there was no impact on the local economy, however if the winter plan was successful it was considered that it would have a huge impact on the local economy. Another Member agreed, and suggested that working days not being to sickness could be a measure.

Councillor Colin Smith left the meeting at 2.00pm.

In response to a question regarding additional same day GP appointments being scalable and responsive to seasonal demand, the Associate Director advised that the strong GP Alliance ran the additionality. It was noted that these appointments were held at times when practices were not traditionally open and therefore the existing workforce provided the additionality – GPs could cover locum shifts at the four hubs across the borough. It was agreed that figures on the increase in GP appointment capacity could be circulated following the meeting. In response to a question from the Chairman, the Bromley Place Executive Lead advised that GPs were taking a more proactive approach to patients with chronic diseases – ensuring that these patients were as good as they could be prior to the start of winter. There were clear escalation points and putting time into these patients early would save on additional appointments later on. It was noted that a large proportion of the primary care workforce did not work full time and there was the capacity to expand their clinical sessions.

A Member enquired what support was in place for GPs who stepped up to cover

additional appointments. The Bromley Place Executive Lead said that there were a number of initiatives where staff could get help and support if they were feeling stressed, both at a SEL level and nationally. It was noted that the ICB supported practices, rather than individuals – the winter period had a strain on all health professionals, not just GPs. Staff were asked to be sensible, and it was a duty of GPs to ensure they took care of their own health. The Bromley Place Executive Lead said she would enquire if the primary care team could provide any further information on the support available.

The Chairman enquired as to when the additional 16 beds at the PRUH would be instated. The Interim Site Chief Executive advised that this was likely to be in January 2024. It was highlighted that the work undertaken in relation to the winter plan was a fantastic joint partnership effort. It would likely be a challenging winter with the usual issues plus the extended industrial action. Anything that could be done to support the flow through the hospital and in the community was very welcomed.

The Chairman asked for an update in relation to the vaccination programmes. The Bromley Place Executive Lead advised that the vaccination programme had been brought forward, starting last week. There were 23 pharmacies across the borough delivering flu and COVID-19 jabs, and the Health Hub in The Glades had been reopened. GPs were delivering vaccinations to their housebound patients and the care homes programme had also commenced the previous week. Work would also be undertaken to look at inequalities and pop-up vaccination clinics would be held in different locations. It was noted that GP practices had also started their flu campaigns. In response to a question from a Board Member, the Bromley Place Executive Lead said that a pop-up vaccination clinic had previously been held in Mottingham and there would be the ability to do so again.

In response to a question from the Chairman regarding COVID-19 rates, the Director of Public Health said these had gone up both nationally and locally – they did not have accurate data as there was no longer a requirement to test for COVID-19, but hospital data and admissions indicated an increase. Board Members were advised that there was a new variant, but only a small number of cases had been identified in the UK. This variant had lots of mutations, and was a different strain – it was too early to say if it would be a more severe disease and therefore vaccination was important.

The Chairman thanked the Associate Director and Bromley Place Executive Lead for their update to the Board.

RESOLVED that the ONE Bromley Winter Plan 2023-24 be endorsed.

20 INTEGRATED COMMISSIONING BOARD UPDATE

Report ACH23-047

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

The Integrated Commissioning Board provided leadership, strategic oversight and direction for all health and social care integrated commissioning programmes and processes undertaken jointly by Bromley care and health partner agencies. Its 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 and Wellbeing Strategy;
- Overseeing the management of joint resources that enabled effective integrated commissioning programmes;
- Producing a Local Plan, which allowed the Council and the South East London Integrated Care Board (SELICB) (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; and,
- Ensuring the SELICB (Bromley) and the Council were well positioned to meet the emerging requirements from legislation, national/regional policy or best practice guidance.

The Assistant Director for Integrated Commissioning advised Board Members of some key highlights:

- Mental Health Services – they were 3.5 years into the current strategy – a review would be undertaken to put in place new arrangements from 2025;
- Falls – a workshop would be held on 2nd October 2023 and would allow a review of the interventions/programmes in place;
- Hospital discharge – the final part of the single point of access (SPA) arrangements were now in place, with hospital social workers now being co-located with Bromley Healthcare; and,
- Assurance arrangement for Bromley Healthcare – the subgroup had been stood down as they were satisfied that Bromley Healthcare had made all the improvements required. The CQC were also happy with the progress made, however the judgment would not change until another inspection was undertaken.

In response to a question from the Chairman regarding the end of life programme, the Assistant Director said that during the pandemic huge strides had been made in relation to the work around end of life care. Patients at the end of their life at discharge were returning home, and were not being discharged into residential care. St Christopher's were providing more support and care to people at home and there had been a big shift in how these services were managed. The Bromley Place Executive Lead advised that a significant part of this was the use of the universal care plan, which all agencies could access to ensure there was adequate co-ordination of care. It was agreed that an update on the progress of the end of life programme could be brought to a future meeting of the Health and Wellbeing Board.

The Chairman thanked the Assistant Director for the update to the Board.

RESOLVED that the update be noted.

21 UPDATE ON THE HEALTH PROTECTION FUNCTION

Report ACH23-045

The Board considered a report outlining the proposals for the Health Protection Board (HPB) to be accountable to the Health and Wellbeing Board.

During the COVID-19 pandemic the multi-agency oversight of the local response to the pandemic was co-ordinated by the Health Protection COVID Board, chaired by the Director of Public Health. This board reported to Council's Chief Officers Group. Towards the end of the pandemic, the Health Protection Covid Board was renamed the Health Protection Board in order to oversee the local response to a wider range of communicable diseases. The Board had led on the production of Bromley Outbreak Management Plan.

With the ending of the pandemic, it was no longer appropriate for the HPB to report directly to Chief Officers. In other areas the HPB reported to the Health and Wellbeing Board, and it was proposed that this system of reporting and accountability be put in place in Bromley. An annual report from the HPB was suggested as an appropriate format.

In response to questions, the Director of Public Health advised that the health protection function dealt with communicable and infectious diseases. With regards to the growing issue of damp and mould in housing, the Consultant in Public Health Medicine said that this had not been covered by the HPB to date, and would be an interaction between housing and environmental services. The Director of Public Health advised that the HPB had some statutory responsibilities, and a key function was the management of outbreaks. The HPB was starting to look much wider and environmental health colleagues made up part of its membership. It was suggested that this issue could be put to them for consideration.

RESOLVED that the Health Protection Board report to the Health and Wellbeing Board.

22 UPDATE ON RIGHT CARE, RIGHT PERSON (RCRP)

The Chairman advised that discussions had taken place at the Health Scrutiny Sub-Committee on 5th September regarding the Right Care, Right Person (RCRP) approach – [Health Scrutiny Sub-Committee minutes - RCRP](#) – and a further update would be provided to the November meeting. RCRP was a transfer of functions in terms of mental health from police being called to intervene to it being seen as purely an NHS health delivery aspect.

The Chairs of the London Health and Wellbeing Boards had received the proposals from the Assistant Commissioner of the Metropolitan Police. Discussions had then taken place with the four London ICBs, led by North West ICB – as a result the timetable for implementation had been move back to November 2023 and it was recognised that the first year would be a pilot. In

response to a question, the Chairman said that this approach had backing from central government. The police emphasised that they were not trained for this and had other priorities, but would be involved if there was threat of violence. The issue was then how this could be picked up by the health service as they did not have the resources either.

RESOLVED that the update be noted.

Councillor Colin Smith returned to the meeting at 2.35pm.

23 QUESTIONS ON THE HEALTH AND WELLBEING BOARD INFORMATION BRIEFING

The Health and Wellbeing Board Information Briefing comprised 2 reports:

- Alcohol Needs Assessment
- Healthwatch Bromley Patient Experience Report – Q1 2023-24

In response to a question regarding the Alcohol Needs Assessment, the Director of Public Health advised that individuals who had an alcohol dependency were considered to have a health condition, but not necessarily a mental health condition. However, individuals with an alcohol or drug dependency often had another mental health condition – this used to be dual diagnosis, having two conditions at same time, but was now referred to as ‘co-occurring’.

The Operations Co-ordinator, Healthwatch Bromley (“Operations Co-ordinator”) advised that the template for the Patient Experience Report had changed significantly this year following feedback gathered. The next report (October-December) would be adjusted in terms of the 1-5 ratings to mirror Healthwatch England. In response to questions, the Operations Co-ordinator advised that as the report was for Q1, and the start of the year, comparisons to the previous quarter had not been included – however comparison data would be referenced in the reports going forward for Q2, 3 and 4. A Member noted that it would be helpful if the comparison to Q4 had been included. The Operations Co-ordinator agreed that this was a valid point, which had been raised with Your Voice in Health and Social Care (YVHSC). The Chairman suggested that as there would be a change in different quarters if may be more beneficial to provide comparative data for the same quarter in the previous year. The YVHSC agreed that this feedback would be passed on to YVHSC.

The Chairman enquired if more complaints tended to be received during the winter period. The Bromley Place Executive Lead confirmed this was accurate and noted there was usually a seasonal approach to complaints. This could often be related to the volume of activity and patients feeling more unwell during the winter period. The issue they had was that sometime the numbers the reports were based on were quite small, and how applicable they were was something being discussed with the Operations Co-ordinator. In response the Operation Co-ordinator said that it would be helpful to have discussions regarding the sample size wanted for stronger representation. The Bromley Place Executive Lead said it was not

necessarily the overall numbers, but the inferences drawn if one respondent had a particularly bad experience.

RESOLVED that the Information Briefing be noted.

24 MATTERS OUTSTANDING AND WORK PROGRAMME

Report CSD23106

The Board considered its work programme for 2023/24 and matters arising from previous meetings.

The following items would be added to the forward rolling work programme for the Health and Wellbeing Board:

- Update on the End of Life Programme (date of meeting - TBC)
- Health and Wellbeing Strategy (18th April 2024)

With regards to matters outstanding, the Director of Public Health advised that partners had been trying to source the data relating to falls. There was data available, however it was collected in different ways and efforts would need to be undertaken to extract and analyse it. As mentioned during the Integrated Commissioning Board update, work would be undertaken in relation to falls and they hoped to get some more data on the current position. The Chairman said it was hoped they could get data in relation to the number of falls the London Ambulance Service was called out to; the breakdown of age; how many were managed at home; how many were taken to A&E; how many were then sent home; and how many were admitted to hospital.

It was agreed that an update in relation to the proposed free school would be requested from the Education Directorate.

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

25 ANY OTHER BUSINESS

The Chairman said he had been notified by several Members that the Health and Wellbeing Board meeting on 1st February 2024 clashed with key health policy meetings. It was therefore proposed that the meeting be moved back a week, taking place on Thursday 8th February 2024.

RESOLVED that the issues raised be noted.

26 DATE OF NEXT MEETING

The next meetings of the Health and Wellbeing Board would be held on:

1.30pm, Thursday 16th November 2023
1.30pm, Thursday 8th February 2024
1.30pm, Thursday 18th April 2024

The Meeting ended at 2.52 pm

Chairman

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