



BROMLEY JOINT STRATEGIC NEEDS ASSESSMENT

COVID-19 JSNA Chapter

For more information visit www.Bromley.gov.uk/JSNA or contact JSNA@Bromley.gov.uk

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Introduction

A Joint Strategic Needs Assessment (JSNA) looks at the current and future health and care needs of local populations to inform and guide the planning and commissioning of health, wellbeing and social care services within a local authority area.

It is intended to be the key mechanism for setting strategic priorities for the borough and informing local commissioning across health and social care services.

The Health and Social Care Act (2012) placed a statutory duty on both upper tier local authorities and Clinical Commissioning Groups to:

- prepare a JSNA together
- commission with regard to the JSNA
- refer to the JSNA in the development of the local Joint Health and Wellbeing Strategy

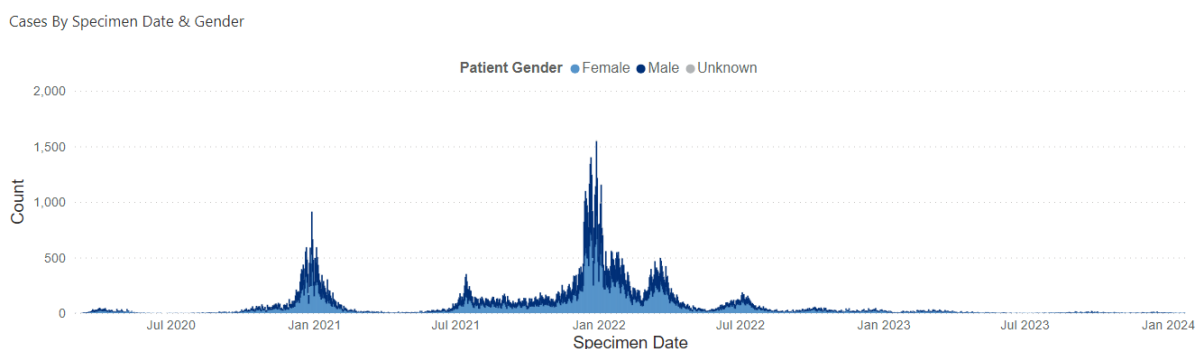
This JSNA chapter is just one specific chapter in a suite of chapters related to various topic areas or population groups. The other JSNA chapters can be found here:

www.Bromley.gov.uk/JSNA

This chapter provides detail on the management of the COVID-19 pandemic in Bromley, outlines the exit strategy and discusses the lessons learned / legacy.

The graph below shows the number of cases of COVID-19 in Bromley by gender over the course of the pandemic.

Figure 1: Positive cases of COVID-19 in Bromley by gender



Source: Local Authority Data Access Platform (LADAP)

Management of the COVID-19 pandemic

The basis for the Public Health management of the COVID-19 pandemic was the Bromley Outbreak Management Plan.

The Public Health team within the London Borough of Bromley completed and published the first plan in June 2020, pulling together all key partners within the borough. The plan has been updated several times since its inception and is overseen by the Health Protection Board. There were a number of workstreams overseeing different aspects of Bromley's pandemic response and each of these workstreams developed and changed as the pandemic progressed.

The Bromley Public Health team led in setting up new services to manage the pandemic such as local contact tracing, community testing, testing in schools and surge testing. The team also set up systems to prevent and manage outbreaks and worked closely with the SEL Clinical Commissioning Group (CCG) on the vaccination programme.

During the pandemic several members of staff within the Public Health team moved from Business as Usual to working on the response to the pandemic almost entirely, leaving those who weren't working on the pandemic response to continue with usual business activities.

Key areas of work carried out over the course of the pandemic included:

- Surveillance
- Outbreak management
- COVID-19 clinical response service
- Local contact tracing service
- Community testing service
- Vaccination
- Prevention /Communication and engagement
- Vaccination

Surveillance

The Public Health Intelligence Team used Public Health England (PHE) data to track the number of positive cases in Bromley and Bromley's positivity rate throughout the pandemic. This also enabled monitoring of cases within vulnerable groups such as those in care homes, the Gypsy Roma Traveller (GRT) population and those in temporary homeless accommodation, which were followed up by members of the Public Health Nursing Team. The Intelligence Team were instrumental in setting up and populating a database for the local Contact Tracing team; this meant that they were able to contact residents whose details had been passed on to them by the National Test and Trace team for contact tracing and offer support to those who were self-isolating.

The Public Health Intelligence Team set up 3 surveillance systems: care settings, education settings and all other settings. To keep these systems up to date, a new email address was set up so that all members of the PH Intelligence Team could

access correspondence and the most relevant and up-to-date information relating to surveillance. This allowed the team to triangulate the local and national intelligence provided to them.

The Intelligence Team triangulated many sources of data and intelligence and information about the pandemic and its spread in Bromley, along with data on testing, vaccinations and deaths. All of this was monitored daily.

The Intelligence Team also produced reports and intelligence where required to support surge testing, the Vaccine Sprint, the Public Health Team, Bromley councillors, contact tracing, other departments in the London Borough of Bromley (LBB) and the CCG. The team also dealt with the many technical difficulties that arose.

Outbreak Management

One of the key Health Protection functions was outbreak management.

For the purposes of management of the COVID-19 pandemic an outbreak¹ was defined as:

- 2 or more cases who have tested positive for COVID-19 or who have similar symptoms and are linked in time and place.

The Public Health Team managed or supported a very large number of outbreaks in different settings within Bromley (Figures 2 & 3). The team arranged incident management meetings and subsequent review meetings with a large number of care homes and schools as detailed in the tables below. All meetings were chaired by either the Director of Public Health or the Lead Consultant in Public Health and supported by the Infection Prevention & Control Lead Specialist Nurse. Depending on the setting, these meetings were attended by colleagues from Adult Social Services (for care home outbreaks) or the Education team (for school outbreaks) to provide further management support and advice. This multi-disciplinary approach was shown to be very effective and was highly valued by care homes and schools. The work undertaken with care homes was later acknowledged with an MJ Award.

Figure 2: Outbreaks 2020-21

Setting	Number of outbreaks 2020-21
Care Setting	120
School Setting	214*
Workplace Setting	36
Other Settings	16
TOTAL	386

Source: LADAP & Local notifications

¹ Standard UKHSA outbreak definition and reference: [Communicable disease outbreak management: operational guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/communicable-disease-outbreak-management-operational-guidance)

Figure 3: Outbreaks 2021-22

Setting	Number of outbreaks 2021-22 (as at 31/03/2022)
Care Setting	254
School Setting	289
Workplace Setting	9
Other Settings	37
TOTAL	589

Source: LADAP & Local notifications

Outbreak = 2 or more cases of COVID-19, for education settings this changed to 5 or more cases from September 2021.

*data from September 2020 to 31st March 2021

COVID-19 Clinical Response Service

The service, delivered by Public Health Nurses, provided infection prevention and control (IPC) advice as well as support and responses to enquiries received both from the general public and a wide range of health and care professionals in different settings and businesses.

The nurses were involved in a range of activities supporting different populations with some targeted work to vulnerable and disadvantaged groups who may be more at risk of transmission of COVID-19, including homeless hostels and Gypsy/Traveller populations. A summary of main activities is shown in the table below, Figure 4 (this includes some but not all the activities undertaken by the IPC Specialist Nurse).

Figure 4: Summary of Public Health Nursing team activities

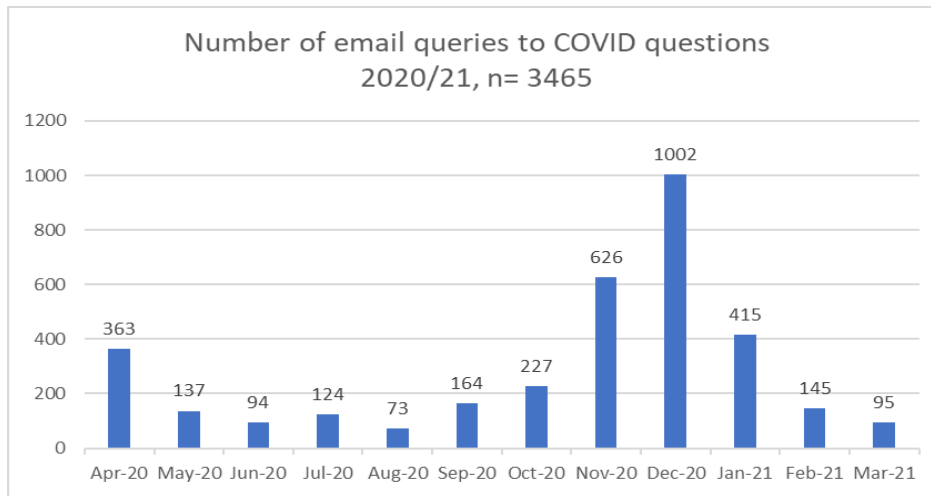
Activity	Availability/Frequency	Documentation
Telephone and Email Enquiries and Support		
Telephone Helpline to COVID-19 group telephone	Available 8am-8pm, 7 days a week at the peak of the pandemic. Currently available 9am – 5pm, Monday to Friday	All telephone calls into COVID-19 Helpline were followed up with a summary email to ensure an audit trail
Proactive contacts	Monthly regular telephone calls to providers who were not in an outbreak situation - provided by the Support Nurses at peak of the pandemic. Now provided by PH nurses according to need	Call logs to be maintained on excel and SharePoint list
Follow up actions from proactive calls	Additional calls and provision of training as required	Logged on Excel and SharePoint
Emails received in the COVID-19 questions inbox	Mailbox monitored 8am-8pm, 7 days a week including bank holidays at the peak of the pandemic. Currently available 9am – 5pm, Monday to Friday	Excel transitioning to SharePoint. Interim SharePoint system commenced 4 th January 2021

Training in Different Settings		
Training: Train the Trainer in IPC, PPE donning and doffing, testing	A targeted schedule of training programmes rotating across providers was implemented since March 2020. Ad hoc refresher training in an outbreak situation	<ul style="list-style-type: none"> • Excel until January 2020 • Shared Excel and SharePoint January 2020
Q & A Webinars	As a response to increased number of queries or new guidance published	Webinars completed for: <ul style="list-style-type: none"> • Pre-school, childcare providers • Schools • Care settings
Health protection principles and practice	Programme of training delivered to newly identified Health Protection Champions in Care Settings - 2021	<ul style="list-style-type: none"> • In collaboration with Adult Social Care • Supported care settings to develop and maintain their own expertise through a Health Champions Network
Outbreak Management and Surveillance		
Review Meetings	Infection Prevention Specialist led with providers who were in an outbreak situation, when required	<ul style="list-style-type: none"> • Minutes • SharePoint • Surveillance system
Incident Management Meetings	From London Coronavirus Response Cell (LCRC) in more serious outbreak situations when required	<ul style="list-style-type: none"> • Minutes • SharePoint • Surveillance system
Surveillance meetings	Led by Health Intelligence, attended by an IPC Specialist (with a Public Health Nurse in attendance) a daily situation report and outbreak management planning	<ul style="list-style-type: none"> • Health intelligence surveillance spreadsheet

The number of queries received by the COVID response team was at least 4,993 from April 2020 – March 2022, however this is an underestimation as some of the Health Protection Team were receiving additional queries into their individual email boxes.

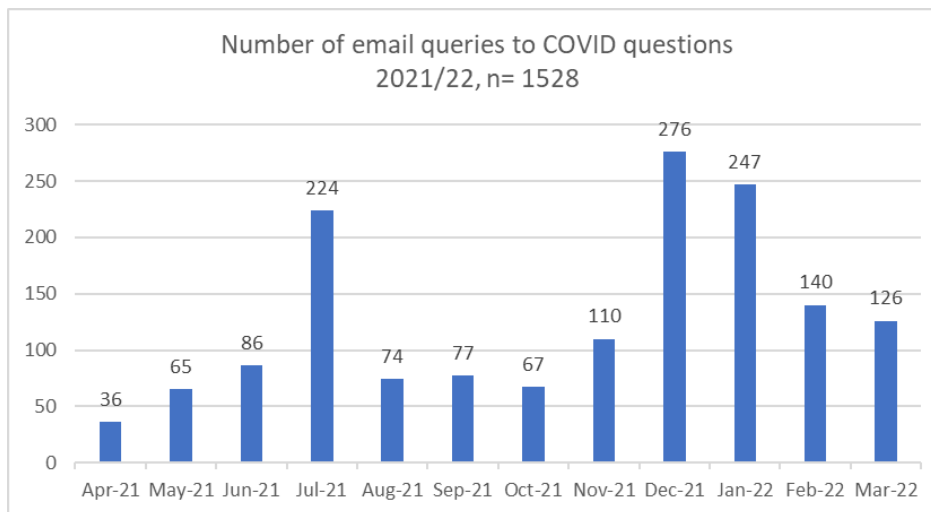
The charts below (Figures 5 – 8) provide an analysis of the clinical team activity recorded on the Public Health Team's SharePoint list database.

Figure 5: Number of queries in the period April 2020 – March 2021 (n = 3465)



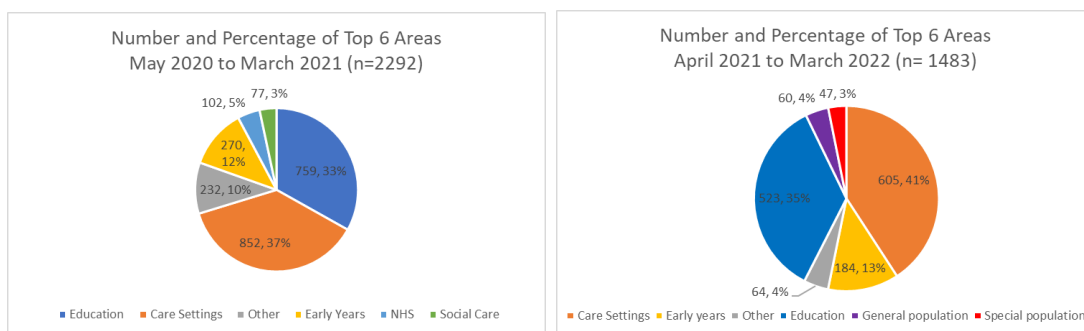
Source: LBB PH SharePoint list database

Figure 6: Number of queries in the period Apr 2021- March 2022 (n = 1528)



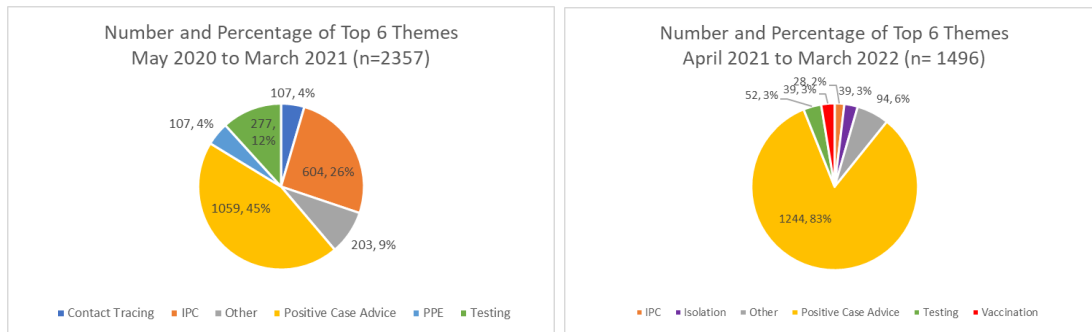
Source: LBB PH SharePoint list database

Figure 7: Top 6 areas requesting advice



Source: LBB PH SharePoint list database

Figure 8: Type of advice requested



Source: LBB PH SharePoint list database

The nature of the queries changed over the course of the pandemic. As providers gained understanding, the type of queries coming to the helpline or via email tended to become more complex in nature and required research and specialist advice.

Local Contact Tracing Programme

- This programme started in October 2020
- The programme ended on 23rd February 2022
- This programme shared staff across the testing and contact tracing programmes on a rota basis
- The programme operated 9.00am to 5.00pm, Monday to Friday, and 10.00am to 2.00pm, Saturday and Sunday

Community and Targeted Testing Service

Community Asymptomatic Testing using Lateral Flow Devices (LFD) was a key component of the COVID-19 Test and Trace programme and was designed to break the chain of transmission of the virus in the community. The programme was initiated in January 2021 and from 1 July 2021 the direction of the programme moved from a mass testing approach to one that targeted hard-to-reach communities such as Roma Gypsy Travellers and disproportionately impacted groups (DIGs) such as those who are BAME and Homeless, and those residing in densely populated and deprived areas. The Targeted Community Testing (TCT) Programme was funded directly by the DHSC based on activity against a set of pre-determined rates.

An eventual change in funding and procedures meant that the delivery of the testing programme became smaller in scale; with the Civic Centre offered one testing bay where walk-in supervised testing could take place. LFD kits were also made available for collection with a further community collection point sited in the Civic Centre Vaccination Centre. The programme's approach to delivery was via services such as the homeless charitable groups, and the local drugs and alcohol service that were already engaged with these hard-to-reach communities. The programme team

also promoted testing and distributed kits within communities where there was low vaccine uptake and participated in events such as the Vaccine Sprint that aimed to improve vaccine uptake. The programme was delivered by 1 whole time equivalent (WTE) Co-ordinator and a team of 6 (non WTE) staff members working on a rota basis. The Team worked closely with the Contact Tracing Team with the aim to operationalise a more integrated approach to test and trace locally.

The TCT programme (from July 2021 to March 2022) carried out 2,337 supervised testing and distributed 169,718 kits, of which 59,790 kits were for the hard-to-reach communities. This programme was closed on 31 March 2022 in accordance with DHSC guidance.

Figure 9: Community Collect Scheme

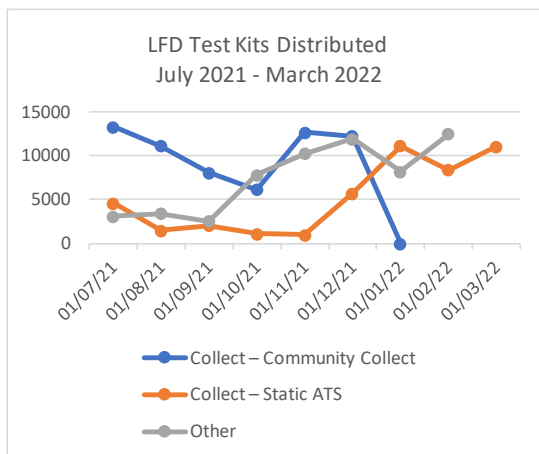
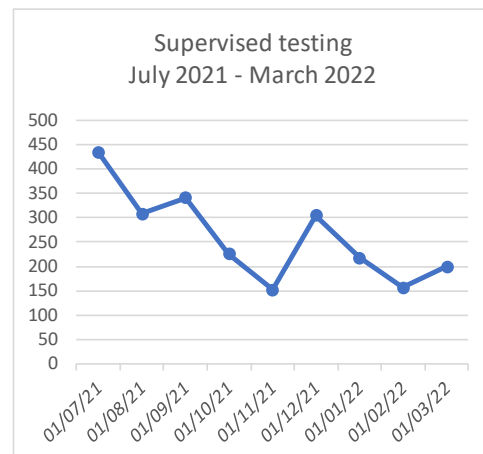


Figure 10: Supervised testing



Source: Testing database

COVID-19 Vaccination

The Public Health Team engaged in the delivery of the vaccination programme in various areas:

Support to the NHS

- Communication and engagement events with residents, schools, care homes, social media campaigns, and webinars
- Vaccine Sprint campaign
- Supporting vaccination of vulnerable and hard-to reach communities; this included working with the homeless and Gypsy and Traveller communities

Vaccine hesitancy and inequalities workstream

- In collaboration with other local authority colleagues and the SEL CCG, Public Health were active members of a working group created to support the vaccination rollout by addressing vaccine hesitancy and vaccine inequality. Initially the group was targeting the BAME population who had low levels of

uptake. However, the group subsequently broadened its remit to encompass other population groups with low uptake (e.g. young people)

- Gathering intelligence on vaccine hesitancy and/or vaccine inequality and arranging conferences and group support to address this
- Identifying areas of low uptake through health data
- Local Authority helping to find and secure access to venues for pop-up vaccination centres, e.g. Penge Library, Mottingham and Cotmandene Resource Centres, and a site for the Vaxi Taxi in Penge
- Local Authority sharing contacts who supported events, e.g. Penge Business Improvement District with Vaxi Taxi
- Securing vaccination teams, such as Vaxi Taxi, Penge PCN, Bromley GP Alliance
- Holding Information pods run by GP Registrars in The Glades Shopping Centre, and at Lidl (Burnt Ash Lane)
- Health colleagues, Public Health and Local Authority Comms briefing Councillors regarding the door knocking project. Valuable local intelligence was gained from Councillors supporting the initiative and a great deal of comms support was provided by both the CCG and LA teams
- Public Health Nurses visited the Star Lane Gypsy and Traveller site to promote vaccination and deliver home testing kits to local residents
- Workshops were set up to educate and reassure vaccine hesitant BAME staff working within care settings. These workshops were run by health professionals from similar BAME backgrounds in recognition of cultural factors. This programme was subsequently extended to include vaccine hesitant staff from non-BAME backgrounds and those from other organisations (e.g., BHC.)
- Workshops took place with students who were 16-18 years of age to address misconceptions around the COVID vaccination and promote uptake within this cohort
- The Vaccine Sprint was also supported by the working group

[Prevention/Communications and Engagement](#)

Public Health worked closely with the Communication Team and other colleagues, both within the London Borough of Bromley and externally, to ensure that the most up-to-date messages regarding infection prevention were made available to Bromley residents in public spaces and on the London Borough of Bromley (LBB) website.

In addition, Public Health targeted specific population groups classed as either more susceptible to catching COVID, or based in situations where COVID would be easily transmitted. These areas required more intensive prevention intervention, some examples of which are shown below:

Homeless Health and Vaccination

Public Health successfully secured funding from the SEL CCG Out of Hospital Model Initiative and supported Bromley GP Alliance in the Winter Homeless Shelter Healthcare Support Project which addressed the health needs of the homeless population in Bromley. Over the winter of 2020, a total of 29 homeless clients and

15 homeless shelter volunteers interacted with the service over a period of 17 weeks throughout the winter months. Of these, 17 clients received a COVID-19 vaccination, 14 of them becoming fully vaccinated. 15 of the volunteers also received a COVID-19 vaccination and 2 received the flu vaccination.

Bromley GP Alliance continued to collaborate with Bromley Homeless, Oxleas, Change Grow Live and Bromley Healthcare to provide the weekly clinic in the winter of 2021. Since 2 December 2021, 20 homeless clients have attended the clinic, meaning there have been 36 attendances in total. 7 COVID-19 vaccinations and 6 flu vaccinations were administered; 6 prescriptions were arranged, and 13 clients registered with a GP Practice. During this time, Bromley Homeless hosted and provided hot meals to a total of 63 homeless and rough sleepers at the weekly evening. The clinic continued to function until 24 March 2022.

Health Protection Champions in Care Settings

Public Health and Social Care teams within Bromley collaborated to secure funding to set up and develop a network of Health Protection Champions in care settings. The care settings were initially contacted by members of the Public Health team, including the Nurses who introduced the concept to care staff and obtained commitment from the setting. There then followed a series of workshops to establish nominated care setting staff as a network. A programme of education was provided to ensure that they had the necessary level of expertise in areas such as health protection and infection prevention and control.

Vaccine Sprint

To accelerate the COVID-19 vaccination programme, and to support the lifting of restrictions on 19 July 2021, Public Health worked with the CCG to lead a door-to-door engagement campaign with local residents in 3 ward areas which had been identified by the NHS as areas with low vaccine uptake (Mottingham, Penge & Cator, Plaistow and Sundridge). The exercise ran from 30th June 2021 to 4th July 2021 and was carried out by a third-party organisation, GPS, who also conducted follow up visits over the weekend. A further engagement exercise took place on 13th, 14th, and 15th July 2021, covering Cray Valley East and West and Bromley Common. Pre-visit communications were distributed to the residents within these ward areas and briefing sessions were given to the team of advisors who conducted the visits; the advisors were also supplied with LBB identification. The aim of the intervention was to promote the Covid vaccination programme and encourage booking of vaccinations where required; in some cases, residents were able to make the booking at the door. The exercise was then extended to promote vaccination awareness at local railway stations including St. Mary Cray, Penge West, Orpington, Bromley South, New Beckenham and Beckenham Junction.

Public Health Weekly Bulletin

To enhance information and the understanding of COVID-19, a weekly Public Health COVID-19 Community Update was disseminated to community leaders to share with their local communities. The information was communicated using 'Plain English'

principles to help inform and support residents to stay safe and well during the pandemic. A wide range of topics were addressed in the updates, including the practice of self-isolating, PCR and LFD testing, community support, the management of COVID-19 and vaccine hesitancy. The updates were initially sent weekly, and then monthly, between the months of February and July 2021.

Health Promoting Messages

COVID-19 prompted many people to reflect and think more seriously about their health and the positive ways in which they can change their behaviour. In support of the Better Health campaign launched by Public Health England, Bromley Public Health decided to use this unique opportunity to help individuals kick start their health by eating better and becoming more active and developed a range of health promoting messages which have now become widely available to patients and members of the public.

Exit strategy from the pandemic

The pandemic has now moved towards being endemic in the population and, in order to provide the support that is needed for this situation, two new members of staff have been recruited to support the Health Protection function within the Public Health Team. This small team will aim to manage most of the Health Protection work that encompasses COVID-19 and will aim to support local response to other outbreaks of infectious disease within the London Borough of Bromley.

Lessons Learnt/Legacy

The pandemic caused significant morbidity and mortality in the population, but it has also led to numerous improvements in the way we all work. The Association of Directors of Public Health (ADPH) led a peer-review process across London with the aim of identifying key lessons learnt and creating a legacy that should be preserved for the future.

The key areas that we have identified in Bromley are:

Partnership working

This has been one of the key areas that has worked very well since the beginning of the pandemic, both within the Council and across different agencies and stakeholders.

Within the LBB, we have seen many examples of improved joint working and that has been particularly evident in relation to outbreak management and support provided to vulnerable groups and settings. The joint working to support care settings has been recognised as excellent work and awarded the MJ Award; and also reached the finalist list for consideration for the One Bromley Celebration Integration Together Award.

Flexibility of workforce

Our workforce has demonstrated great flexibility and the ability to take on different roles within a short period of time.

Clinical staff within the Public Health Team were able to pick up Health Protection roles with minimal notice and carry out these roles effectively following a brief training period.

Across the Council, staff were able to fulfil various roles in COVID-19 management again following a brief training period. Many colleagues used their transferable skills to support with the management of COVID-19, e.g. taking leading roles in Contact Tracing and Community and Surge Testing programmes.

Communication and local networks

Our communication team has been instrumental in supporting the engagement with local communities while developing and delivering numerous Public Health messages to Bromley residents. It became clear very quickly how integral good communication is to Public Health work.

Good sub-regional working

The six South East London Public Health teams (from Bromley, Bexley, Southwark, Lewisham, Lambeth and Greenwich) worked closely together during the pandemic. They held regular weekly Directors of Public Health meetings which were also attended by the SEL CCG Chief Nurse, vaccination and testing leads and the PHE Lead Consultant in Communicable Diseases. This has enabled joint working and sharing of workloads (e.g. production of a weekly SEL Dashboard).

Key lessons/developments for the future

As a part of the peer review process, Public Health teams were asked to identify three key lessons or developments that we felt should be retained as a priority for the future. Below are the three priorities identified by Bromley:

1. Re-energise whole Council approach, including partners, i.e. whole system approach to address any health protection issues
2. Ensure flexibility of the workforce through training, development, recruitment
3. Maintain communications and local networks established for rapid information sharing and community engagement