



From Then to Now:

# 60 Years of Public Health in Bromley

**Annual Public Health Report 2025**





Source: Bromley Historic Collections. Love Lane, Bromley (Junction with Harwood Avenue), c.1965 (J5/246) <sup>1</sup>

Images on front cover:

Left – © Historic England Archive. John Laing Photographic Collection. Two student nurses being instructed in how to take blood pressure readings at the nurses' school at West Cumberland Hospital. 27th August 1964 (JLP01/08/069285) <sup>27</sup>

Right - Photograph taken from the Know Your Numbers Blood Pressure Awareness Event, Bromley Public Health Team, 2025

# Foreword

## by the Director of Public Health, 2025

As we mark sixty years since the establishment of Bromley as a London Borough, this Annual Public Health Report offers a timely reflection on the journey of public health in our community. From the foundational work of Dr L.R.L Edwards and the Health and Welfare Department in 1965 to the multifaceted, data-driven public health system we lead today, Bromley's commitment to improving health outcomes has remained steadfast. This report not only honours the legacy of those who laid the groundwork for public health in Bromley but also highlights the progress we've made in tackling health inequalities, responding to emerging challenges, and strengthening our partnerships across the system. It is a testament to the dedication of our teams, the resilience of our communities, and the importance of collaboration in achieving better health for all. Looking ahead, we remain focused on building a healthier Bromley—one that is inclusive, responsive, and rooted in evidence and community voice. I would like to thank all those who have contributed to this report and to the ongoing work of Public Health in Bromley.

Dr Nada Lemic  
Director of Public Health, London Borough of Bromley



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# Annual Public Health Report 2025

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Source: Bromley Historic Collections. Bromley Town Hall: Computer (J5/318) <sup>5</sup>



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Source: Bromley Historic Collections. Telephone House, Westmoreland Place, Bromley. Fault Control Centre, c.1965-66 (J6/10) <sup>8</sup>



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Car park, The Walnuts, Orpington, c.1967 (P8/181) <sup>6</sup>

# Acknowledgements

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*Photograph of Bromley Civic Centre, 2025*

# Introduction

The year 2025 marks sixty years since the formation of the London Borough of Bromley and its Health and Welfare Department, now the Public Health Department. This Annual Public Health Report offers a unique opportunity to reflect on the evolution of public health in Bromley, from its foundational years in the mid-1960s to the complex, data-driven, and community-focused system we operate today.

In 1965, Bromley's public health services were shaped by post-war legislation, the infancy of the NHS, and the pressing needs of a growing population. Under the leadership of Dr L.R.L. Edwards, the borough's first Medical Officer of Health, Bromley developed a comprehensive public health infrastructure that addressed maternal and child health, infectious disease control, mental health, environmental safety, and welfare services. These efforts laid the groundwork for a public health system rooted in prevention, equity, and community wellbeing.

Today, Bromley's public health functions are defined by the Health and Social Care Act 2012, and delivered through strategic leadership, evidence-based commissioning and collaborative partnerships.

Our work spans health protection, sexual health, child health, substance misuse, and community development with each area responding to the evolving needs of our population and the challenges of modern public health.

This report explores the journey from 1965 to 2025, highlighting key milestones, comparing historical and current health indicators, and showcasing the breadth of services delivered today. It also looks ahead to the future, recognising the importance of community engagement, system-wide collaboration, and innovation in tackling health inequalities and improving outcomes for all Bromley residents.

"The chief function of the Medical Officer of Health is to safeguard the health of the area for which he acts by such means as are at his disposal, and to advise his Authority how knowledge of public health and preventive medicine can be made available and utilised for the benefit of the community ...."

"While he has special duties for the prevention of infectious diseases, all morbid conditions contributing to a high sickness rate or mortality in the area ... should be studied with a view to their prevention or control".

(From the Ministry of Health memorandum on the duties of Medical Officers of Health.)

Report of the Medical Officer of Health for Beckenham. Source: Wellcome Collection. (CC BY-NC 4.0) <sup>10</sup>



Source: Bromley Historic Collections. Beckenham Town Hall, Beckenham (F5/3) <sup>11</sup>

# Background

During the 1960s, London underwent major local government reorganisation to streamline and modernise administration across Greater London. The Local Government Act of 1963 led to the creation of Bromley Council, which absorbed authorities such as Bromley, Beckenham, Penge, Orpington, and parts of Chislehurst and Sidcup Urban Districts from Kent into Greater London<sup>12</sup>.

Dr L.R.L. Edwards was appointed the Medical Officer of Health and the Principal School Medical Officer, providing directorial oversight of health operations for the borough. Historical records indicate that he had previously served as the Medical Officer of Health for Beckenham and contributed to several medical journals and academic papers. Dr Edwards joined Bromley in 1965, at a time when Medical Officers of

Health (MOH) were regarded as technical experts and advisors to both local and national government. Before the role was discontinued under the NHS Reorganisation Act of 1973, responsibilities of the MOH included overseeing public services, surveying diseases, promoting health education, and addressing environmental and occupational health issues.

Several key statutory obligations shaped council health efforts during this period, including the National Health Service Acts of 1946 and 1952, the Mental Health Act of 1959, and the National Assistance Act of 1948. These laws reflected the position Bromley was in when it was formed, with the NHS still in its infancy and health initiatives at early stages of state provision.

## Key Legislative Framework

Legislation	Purpose
National Health Service Acts (1946, 1952)	Established NHS and health service duties
Mental Health Act (1959)	Mental health care and welfare provisions
National Assistance Act (1948)	Welfare support and assistance for vulnerable individuals who were unable to support themselves through their own means



*Copyright: Kentish Times/Newsquest, used with permission. Source: Bromley Historic Collections. Bromley Hospital, Cromwell Avenue, Bromley, January 1968 (J6/99) <sup>14</sup>*

The mid-1960s saw the prioritisation of public health and preventative care. This included restrictions on tobacco advertising and a push for housing and urban renewal, with councils tasked to deliver these targets under the Local Government Act 1963<sup>13</sup>. These responsibilities were particularly relevant to health teams in local government, who were charged with ensuring adequate housing standards and slum clearance.

Environmental concerns were also prominent following events such as the 1952 smog and the introduction of the Clean Air Act of 1956. Authorities were given greater responsibility for monitoring pollution levels and maintaining environmental quality. Additionally, 1965 marked the final period of the baby boom, creating unprecedented demand for child health

services. Bromley's 1965 report<sup>9</sup> noted a decline in infectious diseases due to medical improvements, immunisation, and better hygiene, but highlighted growing concerns about chronic illnesses linked to lifestyle choices, prompting new approaches to illness prevention.

The creation of Bromley as a London Borough in 1965 ushered in new services with wide-ranging responsibilities under the Health and Welfare Department. Headed by Dr Edwards, the department provided essential services including maternal and child health, preventative care, mental health services, environmental health, welfare services, and school health and education. Each duty was shaped by evolving legislation and health priorities, reflecting the extensive reach of Health and Welfare departments during the 1960s.

# Bromley Public Health in 1965

Oversight of Bromley's Health and Welfare Department was exercised not only by the Chief Medical Officer of Health but also by the Council's Health and Welfare Committee. The department employed more than 377 staff members. The structure of the service and its workforce can be summarised as follows:

Role	Staff
Chief Medical Officer of Health	1
Health & Welfare Committee	Chairman, Vice-Chairman, Mayor, 13 Councillors, 3 Co-opted Members
Medical Team	1 Medical Officer of Health, 1 Deputy, 1 Senior Medical Officer, 9 Assistants, 10 Sessional GPs (22 total)
Dental Team	1 Principal Officer, 4 Dentists, 2 Anaesthetists, 1 Orthodontist, 1 Hygienist, 9 Attendants (18 total)
Specialist Staff	Orthopaedic Surgeon, Physiotherapist, Speech Therapist, Orthoptist, 2 Chest Physicians (6 total)
Nursing & Allied Staff	38 Home Nurses, 39 Health Visitors, 28 Midwives, 6 Organisers and Superintendents/Deputies (over 150 total)
Administrative Staff – Department-Wide Administrative & Ops Support	Administrative Staff – Department-Wide Administrative & Ops Support (86 total)
Mental Health Service	1 Senior Mental Welfare Officer, 6 Officers, 1 Supernumerary, 9 Assistants-in-training
Welfare Service	4 Chiropodists, 6 Welfare Officers, 1 Occupational Therapist, 3 Home Teachers, 2 Craft Instructors; 6 Residential Homes
Public Health Inspectors	3 Divisional Inspectors, 15 Inspectors, 4 Trainees (22 total)
Environmental Teams	1 Senior Rodent Officer, 6 Rodent Officers, 2 Disinfectors, 1 Animal Diseases Inspector (12 total)
Mortuaries	2 Mortuaries; 2 Mortuary Keepers (498 bodies handled)

**Amended Advertisement**

**LONDON BOROUGH OF BROMLEY**

*HEALTH AND WELFARE DEPARTMENT.*

**DISINFECTOR/HANDYMAN**

Applications are invited for the above appointment from persons holding a current Driving Licence and able to drive a light commercial vehicle. Salary within grade Misc. III (£630-£730) plus London Weighting (£75 p.a. over 21). Work includes disinfection, drain clearing, etc. Residence in Orpington area an advantage.

Postcard applications for forms to Chief Public Health Inspector, The Walnuts, Orpington, Kent. Closing date: 24th September, 1965.

Advertisement, London Borough of Bromley – Health & Welfare Department, Disinfector/Handyman, Norwood News, 10 Sep 1965, p.18.  
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**LONDON BOROUGH OF BROMLEY**

**Health and Welfare Department**

**HANDICRAFT INSTRUCTORS**

(£705-£960+£75 London Weighting)

Applicants should have experience of a wide range of handicrafts suitable for aged and disabled persons and experience of outwork schemes would be an advantage. Essential user car allowance with mortgage advances or housing accommodation available in certain cases. Five-day week. Superannuable. Post card applications for forms to Establishment Officer, Town Hall, Bromley, quoting reference 4/4. Closing date 6th September, 1965.

Advertisement, London Borough of Bromley – Health & Welfare Department, Handicraft Instructors, Norwood News, 27 Aug 1965, p.13.  
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### **Duties under the NHS Act 1946**

Bromley was required to provide a broad range of services for parents and children including maternal and child health services, midwifery, early discharge support and mothercraft classes. Home-based care was a key element of Bromley's health provision that complemented this, with district nurses making over 107,000 visits in a year, delivering essential nursing to patients recovering from illness or accidents, while financial assistance supported those needing recuperative care.

The Home Help Service provided practical assistance with household tasks for families affected by sickness, childbirth, or age-related frailty, helping them maintain daily life during vulnerable periods. These services reflected a policy emphasis on enabling people to remain in their own homes rather than entering institutional care.

### **Disease Surveillance**

Infectious diseases were closely monitored, including measles, scarlet fever, dysentery, and tuberculosis which were tracked to prevent wider spread. Immunisation programmes were highly effective, with no cases of poliomyelitis, diphtheria or smallpox recorded, highlighting the success of sustained vaccination campaigns at the time. Preventive health was a related focus, with immunisation programmes against smallpox, diphtheria, whooping cough, tetanus, and poliomyelitis, as well as cervical cancer screening through cytology clinics. Additionally, officers undertook inspections of food premises and food-related items, testing and sampling food as required by the Food and Drugs Act 1957. Animal health was regulated under the Diseases of Animals Act 1951, with 422 visits to stock-keepers and enforcement of movement controls alongside measures under the

Anthrax Order 1938. In the context of a developing medical field, these measures reflected a commitment to safeguarding communities and reducing the burden of preventable disease.



Source: Bromley Historic Collections. Beckenham Maternity Hospital (E6/45) <sup>17</sup>

## **Mental Health Service**

Established under the Mental Health Act 1959, the service faced significant challenges during its formative period. Following the borough's creation, the service had to be built from scratch, compounded by a national shortage of professional staff, limited facilities, and the field being a "vast, largely uncharted ground" with many techniques still in an experimental stage.

Work was guided by four principles:

- Prevention
- Early recognition
- Suitable treatment
- After-care

Mental Welfare Officers were introduced and received intensive in-service training, including lectures, local visits and placements in psychiatric hospitals. Close liaison was maintained with hospitals, family doctors, schools, and voluntary organisations to ensure coordinated care. Early identification of learning difficulties and developmental delays in children became a primary focus, supported by services including assessments, parent counselling and the provision of play-group activities.

Training centres such as Scads Hill played a key role in supporting children with special needs whilst plans were developed for adult training centres, sheltered workshops and a short-stay hostel for those requiring more structured support.

## **Welfare Service**

Operating under the National Assistance Acts of 1948 and 1962, this service offered a wide range of social care. For the elderly, the six residential homes in Bromley's possession that were transferred from Kent County Council, supplemented by new facilities and short-term care beds, brought total capacity to 320 places by the end of 1965. Day centres offered midday meals, bathing and social activities while special housing units were developed to support independent living.

Following recommendations outlined in the Piercy Report, an influential 1958 study on disability rehabilitation, appropriate support measures and services were implemented. Services included:

- The provision of temporary accommodation
- Home visits
- Provision of aids such as bath safety equipment
- Occupational therapy in crafts like basketry and rug work

To further promote independent living, the department encouraged social engagement through holiday schemes and club activities. In addition, plans were made to enhance transport provision with the introduction of an adapted vehicle designed to support individuals with disabilities.

## Health Education

Health authorities across England placed strong emphasis on health education, targeting persistent national issues such as venereal diseases and smoking. Infections like syphilis and gonorrhoea remained a concern, but smoking was a major focus particularly with “mounting evidence” linking smoking to lung cancer and smoking being available to those as young as 16. The department organised school talks supported by films, distributed educational materials to libraries, youth clubs, and parent-teacher groups, and collaborated with local cinemas to screen the Ministry of Health’s film “The Smoking Machine (1964)”, underlining the importance of sustained public education in disseminating health information at the time.

To tackle the 2 million hospital admissions nationally, and 3,513 locally, linked to home safety, Bromley’s Home Safety Sub-Committee actively supported national campaigns promoting accident prevention and fire safety. These efforts were particularly significant during the rise of the “do-it-yourself with safety” movement, which encouraged independence but also introduced new risks as individuals undertook more complex household tasks without adequate precautions. The most common causes of accidents were burns, scalds, cuts, and fractures, but there was increasing concern over children accidentally ingesting tablets and drugs, highlighting the need for continued vigilance and education in household safety.



Source: Bromley Historic Collections. National Library Week. Display at Orpington Library, 1966 (P8/294) <sup>18</sup>

## **Environmental Health**

The department was responsible for a wide range of health-related duties but also had an extensive remit that went beyond healthcare. Its work included essential environmental services such as emergency drain clearance, disinfection of bedding and clothing, and targeted pest control measures to address insect infestations and rodent problems. Under the Prevention of Damage by Pests Act 1949, a dedicated rodent control team, comprising a Senior Rodent Officer and six officers, oversaw over 5,000 visits, treating more than 1,000 rat-infested premises and maintaining sewer treatments to prevent diseases such as Weil's Disease.

The Clean Air Act 1956 guided efforts to establish Smoke Control Areas, reducing domestic coal smoke and regulating emissions from industrial chimneys. Under the Offices, Shops and Railway Premises Act, 355 inspections were made to improve standards of cleanliness, ventilation, and safety, with most contraventions being minor. The department's responsibilities also extended to managing two mortuaries, which handled 498 bodies for post-mortem examinations, and overseeing water quality and recreational facilities, including swimming baths, through routine sampling. In addition, it issued licences for riding establishments, pet shops, and animal boarding facilities, illustrating the wide scope of environmental and public health oversight during this era.

## **Public Health Inspectors**

Public Health Inspectors formed a key part of Bromley's Health and Welfare Department, conducting a wide range of inspections on behalf of the Council to support the delivery of its statutory duties. The team of 3 divisional inspectors, 15 inspectors, and 4 trainees was responsible for a wide range of inspections, including general sanitation, housing conditions, infectious disease control, food safety, and checks on factories, shops, and other premises. Inspectors also undertook housing responsibilities under the Housing Act 1964 and the Rent Act 1957. Their work included re-housing individuals, ensuring essential repairs to make homes fit for living, and issuing statutory documents such as certificates of disrepair after regular housing inspections. Their busy role reflected the complexity of the Health and Welfare Departments in the 1960s and was further challenged by administrative difficulties during Bromley's transition to a London Borough as reorganisation took place.

## Summary

From covering the prevention of diseases, immunisation and monitoring outbreaks to environmental sustainability and business inspections, the duties of public health workers and inspectors involved a remit with elements that would not be seen under modern Local Government health services. Changes in legislation, such as the Local Authority Social Services Act 1970, mandated dedicated social care departments<sup>19</sup> and subsequent legislation

motivated the creation of dedicated service areas to tackle the housing and environment-related issues previously covered through the Health and Welfare Department. The department underwent significant changes following the NHS Reorganisation Act of 1973<sup>20</sup>, which transferred many health responsibilities to the NHS. Some of these functions were later returned under the Health and Social Care Act 2012, excluding direct health services such as GPs and hospitals<sup>21</sup>.



Copyright: Kentish Times/Newsquest, used with permission. Source: Bromley Historic Collections. Christmas illuminations, East Street, Bromley, 1966 (J5/102)<sup>22</sup>



# Bromley Public Health in 2025

Public Health functions in the Local Authority have been defined in the Health and Social Care Act 2012. The key statutory functions are:

## Strategic Leadership for Health

- Lead on population approach to health based on understanding population needs and developing relevant evidence-based programmes
- Lead on the development of Health and Wellbeing Strategy for Bromley and support implementation of health and wellbeing priorities

## Provision of Services

- Provide health surveillance, population needs assessments and advice on clinical effectiveness, audit and evaluation
- Advise and support the NHS
- Health protection function: prevention and control of communicable and infectious diseases; screening; immunisation
- Public Health training

## Commissioning of services

Responsible for the commissioning of:

- Adult Public Health Services
- NHS Health Checks
- Children and Young People Public Health Services
- Bromley 0-19: Public Health Service
- Risk and Resilience Programmes for Young People and Adults
- Sexual Health Services
- Substance Use Services
- Smoking Cessation Service

*Images from Shutterstock*

### **Child Public Health**

Public Health commissions Health Visiting and School Nursing services for all children living in or going to school in Bromley, as well as specific programmes to address childhood obesity or oral health. Public Health also oversees health screening and immunisation services for all children living in Bromley. Public Health leads the review of all child deaths in Bromley, ensuring that lessons learnt from reviewing the deaths lead to changes in public services.

### **Health Protection and Sexual Health**

Local Authority Public Health teams play a pivotal role in protecting and improving public health. In health protection and sexual health, this includes leading strategic efforts to prevent communicable diseases, ensuring access to high-quality sexual health services, and ensuring the best outcomes for all residents. These responsibilities are delivered through evidence-based planning, commissioning, and collaboration with regional and national partners.

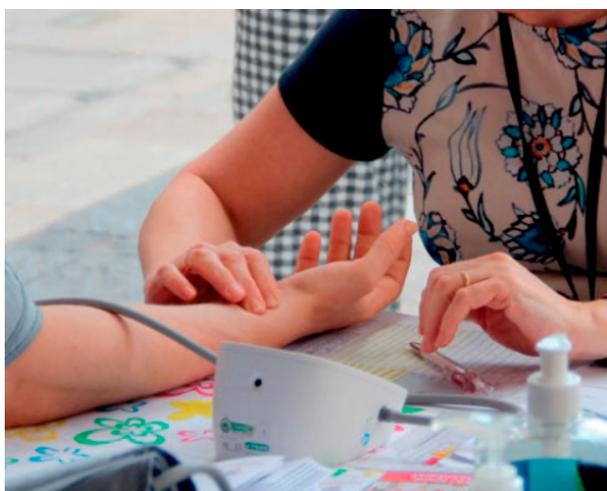


*Photograph from a Freshers Fair event held by the Health Protection Team/Public Health, Bromley Council*

## Vascular Prevention

Some long-term conditions including cardiovascular disease can be prevented if risk factors are identified and managed early, thus keeping our residents healthy for longer. Therefore, local authorities have a statutory responsibility to ensure that eligible residents aged 40-74 years are offered the opportunity to have an NHS Health Check once every five years. In addition to early identification

of behavioural and physiological risk factors and other conditions, the NHS Health Check programme aims to support individuals to reduce their risks through information, behavioural and evidence-based clinical interventions. Bromley Public Health commission and work closely with the local NHS and wider partners and providers, and provide support for the wider disease prevention agenda.



*Photographs from Know Your Numbers Blood Pressure Awareness events (Public Health Team, Bromley Council)*

## Substance Use

Public Health commissions support services for individuals and families who have alcohol and drug issues. The young people's substance use service supports those who are curious or experimenting with substances, with a focus on prevention and harm reduction. There is a Hidden Harm service for children who have been exposed to substance use in the home.

The adult service provides harm reduction, treatment and recovery services, with some supplementary services such as blood-borne virus (BBV) screening and naloxone provision. The service user network has grown in recent years and are preparing to launch their own independent organisation, supporting others in recovery, run by peers who have walked in their shoes.

## Smoking Cessation

Smoking cessation is recognised as a core public health function for local authorities. Public Health ensures the delivery of accessible, evidence-based stop smoking services aimed at improving long-term health outcomes for residents. By prioritising smoking cessation, Public Health contributes significantly to reducing preventable illness, premature death and the wider social and economic costs of tobacco and nicotine use.



Image from Shutterstock

## Strategic Leadership and System-Wide Collaboration

In Bromley, we lead improvements in sexual health and health protection by fostering a collaborative, data-driven approach that enhances outcomes for all. We champion a system-wide strategy aligned with South East London (SEL) and London-wide frameworks, supported by robust governance structures such as the Bromley Health Protection Board.

## Evidence-Based Practice and Use of Data

Our work is grounded in the effective use of health intelligence and data. We apply insights from local needs assessments and embed research into practice. This includes projects to increase vaccine uptake and sexual health service access in the areas and communities who most need them.

## Service Provision and Public Engagement

We provide high-quality health protection advice and functions, including pandemic preparedness and training for health and care stakeholders. We ensure access to quality primary and secondary care-based sexual health services, optimising contracts to meet the needs of Bromley's population. Through targeted outreach and communication, particularly with schools and young people, we tackle misinformation and promote healthier choices.

Looking to the future, Community Development is an area of work that will aim to strengthen existing partnerships and maximise potential collaborations and relationships with wider partners and stakeholders in Bromley. Recognising that the wider health and care system

is complex and tackling under-served populations is key to ensuring positive health outcomes for all residents, Community Development hopes to build on learning from the Covid pandemic and facilitate greater inter-departmental working within the council.



Top row and bottom left: Photographs taken from Know Your Numbers Blood Pressure Awareness Campaign events. Bottom centre: Photograph taken from a SmokeFree Bromley event, 2025. Bottom right: Poster for event and service information booklet for the Public Health Team, Bromley.

# Key statistics from then and now

## Population Structure

The resident population of Bromley increased by 8.1% between 1971 (305,375) and 2021 (329,994). The gender split in Bromley has remained the same; 52% of the population are female and 48% male.

In 1971, Bromley had a relatively youthful population, with children aged 0–4 years comprising 3.8% of males and 3.6% of females. By 2021, these figures had declined to 2.8% and 2.7% respectively, reflecting a sustained drop in birth rates. This downward trend continues across the 5–9 and 10–14 age bands, with reductions of nearly one percentage point per group.

The young adult population (20–24 years) also saw a marked decrease, falling from 3.7% (male) and 3.8% (female) in 1971 to just 2.2% and 2.0% in 2021. Conversely, the 30–44 age range has grown significantly, particularly among females. For example, women aged 35–39 increased from 3.0% in 1971 to 4.1% in 2021, and those aged 40–44 rose from 3.5% to 4.1%.

The most notable change is the growth in the older population. In 1971, only 0.8% of males and 1.5% of females were aged 75–79. By 2021, these figures had more than doubled to 1.8% and 2.2% respectively. The 90+ age group also expanded significantly, from 0.1% (male) and 0.2% (female) to 0.4% and 0.7%.

## Population by gender and age in Bromley, 1971 and 2021

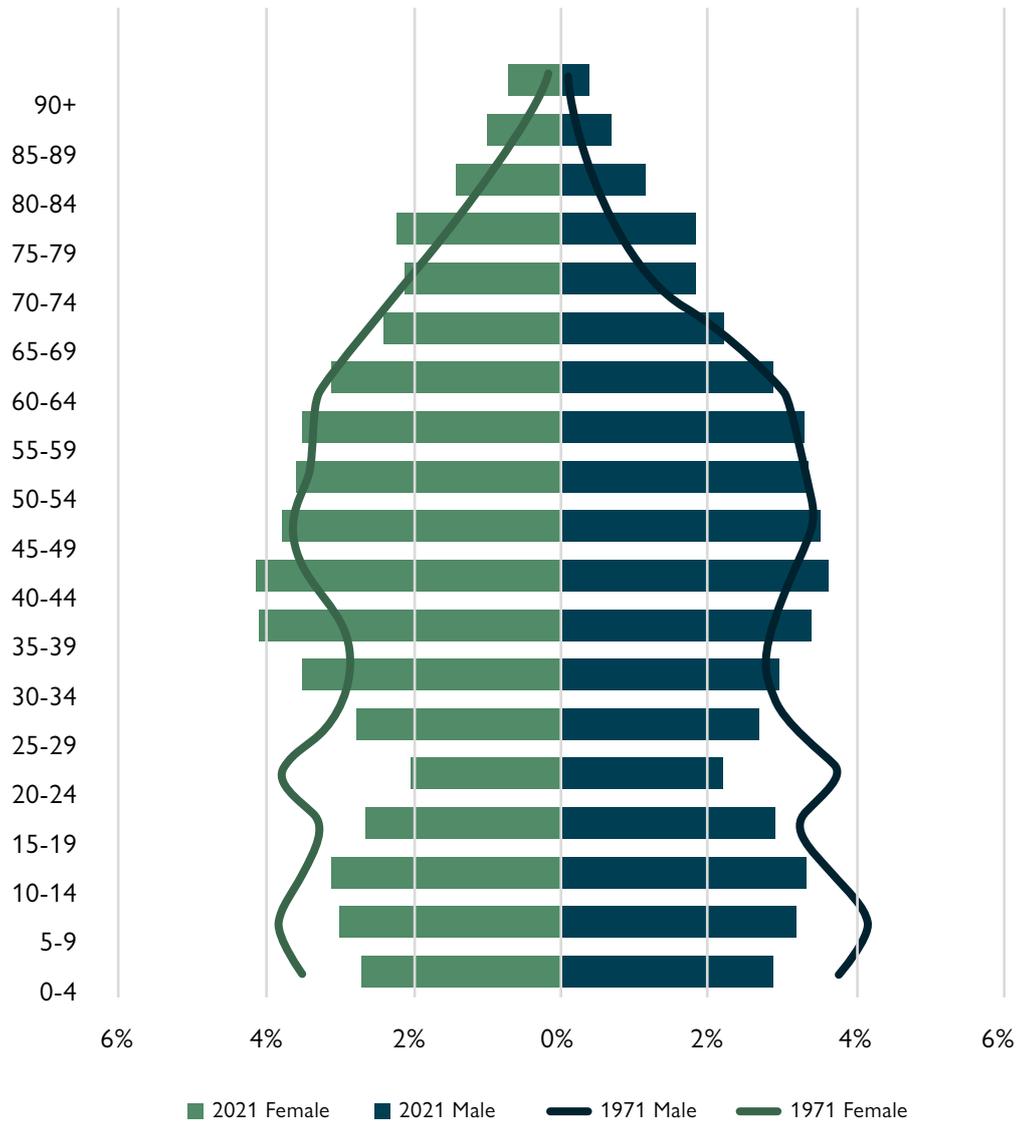


Figure 1 – Population pyramid showing the population of Bromley in 1971 and 2021 by age and gender. Source: Census 1971<sup>23</sup> and Census 2021<sup>24</sup>

The population of Bromley, as estimated by the Registrar General, mid-year, 1965, was 301,450.

### Births

There has been a substantial decline in both the number of live births and the crude birth rate, alongside improvements in still birth outcomes (Table 1).

In 1965, Bromley recorded 4,913 live births, with a crude live birth rate of 16.3 per 1,000 population. Additionally, there were 68 still births, resulting in a still birth rate of

13.7 per 1,000 total births. The combined total of live and still births for that year was 4,981.

By contrast, the figures for 2024 show a marked reduction in birth activity. The number of live births fell to 3,333, with a crude live birth rate of just 9.9 per 1,000 population. The number of still births also declined significantly to 15, yielding a still birth rate of 4.5 per 1,000 total births. The total number of births (live and still) in 2024 was 3,348.

### Birth Rates per 1,000, Bromley, 1965 and 2024

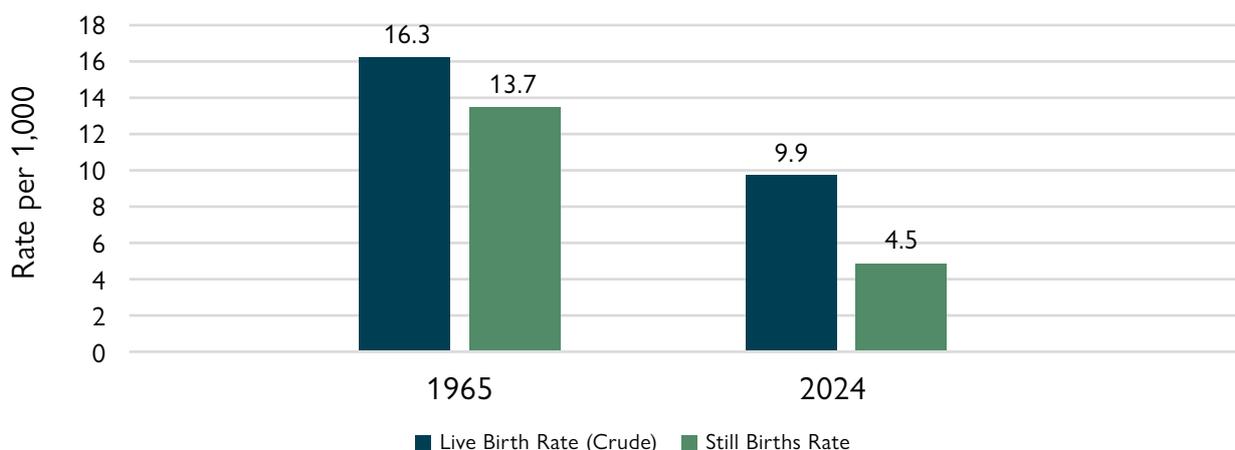


Figure 2 – Live and Still Birth Rates in Bromley in 1965 and 2024. Source: Annual Report of the Medical Officer of Health 1965<sup>9</sup> and ONS<sup>25</sup>

Births	1965	2024
Live Births	4,913	3,333
Live Birth Rate (Crude)	16.3 per 1,000 population	9.9 per 1,000 population
Still Births	68	15
Still Births Rate	13.7 per 1,000 total live and still births	4.5 per 1,000 total live and still births
Total Live and Still Births	4,981	3,348

Table 1 – Live and Still Births in Bromley in 1965 and 2024. Source: Annual Report of the Medical Officer of Health 1965<sup>9</sup> and ONS<sup>25</sup>

## Deaths

In 1965, Bromley recorded 3,111 deaths, with a corrected death rate of 10.0 per 1,000 population. By contrast, during the three-year period from 2021 to 2023, the total number of deaths was 8,100, meaning the corrected death rate fell to 8.14 per 1,000 population (Table 2).

Deaths	1965	2021 - 2023
Deaths	3,111	8,100
Death Rate (Corrected)	10.0 per 1,000 population	8.14 per 1,000 population

Table 2 – Number of deaths in Bromley in 1965 and 2021-2023. Source: Annual Report of the Medical Officer of Health 1965<sup>9</sup> and Fingertips<sup>26</sup>

## Infantile Mortality

There has been substantial progress in reducing deaths among infants under one year of age (Table 3).

In 1965, Bromley recorded 80 infant deaths (deaths under one year of age), resulting in an infant mortality rate of 16.3 per 1,000 live births. The neonatal mortality rate, which refers to deaths within the first 28 days of life stood at 13.4 per 1,000 live births.

By contrast, the period from 2021 to 2023 saw a dramatic reduction in infant deaths, with only 27 recorded deaths. The infant mortality rate fell to 2.6 per 1,000 live births, and the neonatal mortality rate dropped to 1.9 per 1,000 live births.

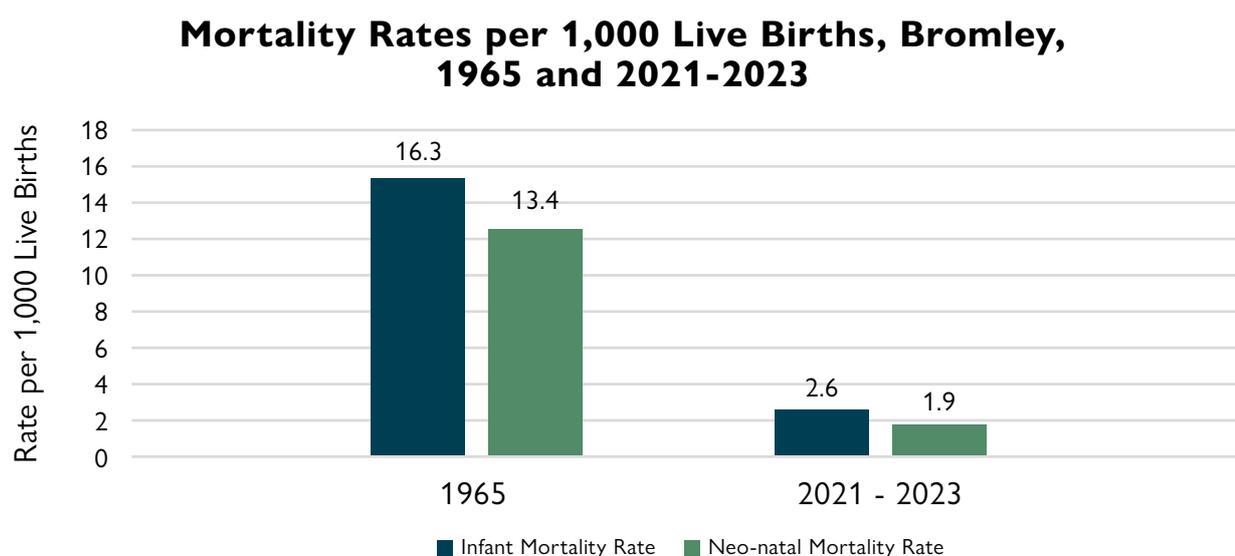


Figure 3 – Infant and neo-natal mortality rates in Bromley in 1965 and 2021-2023 Source: Annual Report of the Medical Officer of Health 1965<sup>9</sup> and Fingertips<sup>26</sup>

Infant Mortality	1965	2021 - 2023
Infant Deaths (deaths under 1 year)	80	27
Infant Mortality Rate	16.3 per 1,000 live births	2.6 per 1,000 live births
Neo-natal Mortality Rate	13.4 per 1,000 live births	1.9 per 1,000 live births

Table 3 – Number of infant deaths and mortality rates in Bromley in 1965 and 2021-2023 Source: Annual Report of the Medical Officer of Health 1965<sup>9</sup> and Fingertips<sup>26</sup>

### Diseases

In 1965, the recorded incidence rates per 1,000 population were relatively low across all major disease categories. Cancer was reported at 2.2 per 1,000, cardiovascular disease at 3.9, coronary heart disease at 3.3, and respiratory diseases at 1.5. These figures likely reflect both the diagnostic limitations of the time and a younger population profile.

By comparison, the average incidence rates from 2019 to 2023 show a marked increase across all categories. Cancer rose to 8.7 per 1,000, cardiovascular disease to 8.2, coronary heart disease to 7.9, and respiratory diseases also to 7.9 per 1,000 population. These increases are influenced by several factors, including improved diagnostic capabilities, an ageing population, lifestyle-related risk factors, and enhanced disease surveillance.

### Mortality Rates per 1,000 Population, Bromley, 1965 and 2024

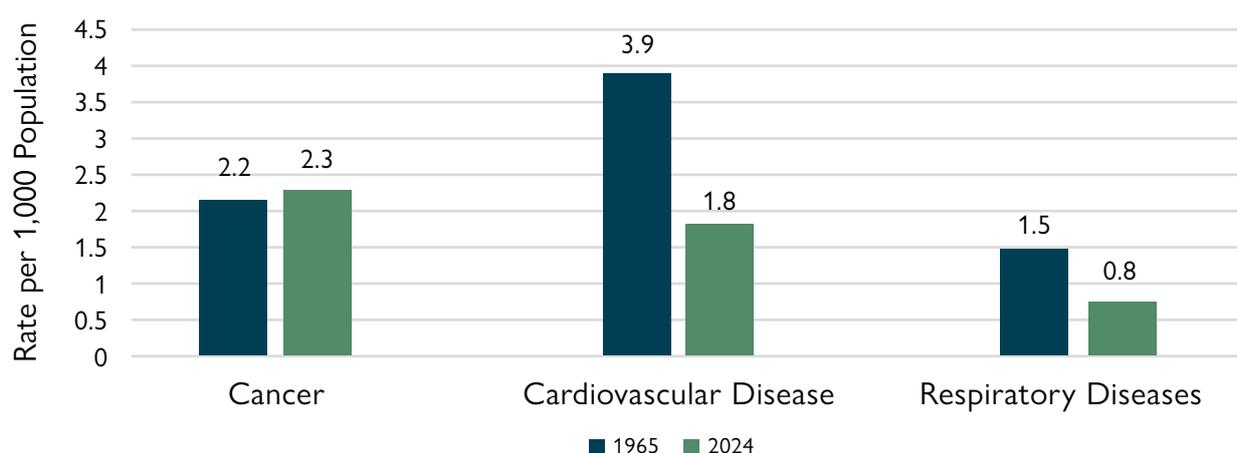


Figure 4 – Disease mortality rates in Bromley in 1965 and 2024 Source: Annual Report of the Medical Officer of Health 1965<sup>9</sup> and Fingertips<sup>26</sup>

Disease Mortality	1965	2024
Cancer	2.2 per 1,000 population	2.3 per 1,000 population
Cardiovascular Disease	3.9 per 1,000 population	1.8 per 1,000 population
Respiratory Diseases	1.5 per 1,000 population	0.8 per 1,000 population

Table 4 – Disease mortality rates in Bromley in 1965 and 2024 Source: Annual Report of the Medical Officer of Health 1965<sup>9</sup> and Fingertips<sup>26</sup>

### Suicide

In 1965, the suicide rate in Bromley was recorded at 15 per 100,000 population. By contrast, the average suicide rate for the period 2022–2024 declined to 7.9 per 100,000 population, representing a reduction of nearly 50% over the past six decades. This downward trend is consistent with national patterns and may be attributed to increased access to mental health services, targeted suicide prevention strategies, and broader societal efforts to reduce stigma around mental illness.

Suicide Mortality	1965	2022 - 2024
Suicide	15 per 100,000 population	7.9 per 100,000 population

Table 5 – Suicide rates in Bromley in 1965 and 2019-2023 Source: Annual Report of the Medical Officer of Health 1965<sup>9</sup> and Fingertips<sup>26</sup>

### Accidents

In 1965, the recorded accident rate was 24.2 per 100,000 population. By comparison, the average rate for the period 2021–2023 decreased to 22.9 per 100,000 population, representing a 5.4% reduction over nearly six decades. While the change is relatively small, it may reflect the impact of improved infrastructure, road safety measures, and public awareness campaigns.

Accident Mortality	1965	2021 - 2023
Accidents	24.2 per 100,000 population	22.9 per 100,000 population

Table 6 – Mortality rates from accidents in Bromley in 1965 and 2019-2023 Source: Annual Report of the Medical Officer of Health 1965<sup>9</sup> and Fingertips<sup>26</sup>

# Summary

This report has explored the evolution of public health in Bromley over the past six decades, comparing historical and current health indicators, and showcasing the breadth of services delivered today. From maternal and child health to environmental safety, from mental health services to community development, Bromley's public health system has adapted to meet changing needs and priorities.

Modern healthcare benefits from technological advances, targeted treatments, and evidence-based interventions. Significant progress has been made in reducing infant mortality and deaths from chronic diseases. However, data shows that chronic diseases are more prevalent today, whereas infectious diseases were a dominant concern throughout the 1960s. Improvements in living standards, reductions in disease-related mortality, and sustained public health campaigns have contributed to increased life expectancy. It is important to note that advances in data collection and coding now provide more accurate insights compared to the limitations of 1965.

Community engagement has declined in recent years, making its revitalisation a key priority. Moving forward, public health efforts should place greater emphasis on prevention and early intervention, particularly through services for children, including vaccination programmes.

As we look to the future, our goal remains clear: to ensure that every resident of Bromley has the opportunity to live a healthy, fulfilling life—regardless of background or circumstance.

## OUR FOCUS FOR THE FUTURE:

- Strengthening our **community development and engagement** to better reach underserved populations.
- Enhancing **interdepartmental collaboration** within the council and across the wider health and care system.
- Re-focusing on **prevention and early intervention** across all life stages and ensuring this becomes everybody's business.

# Glossary

**Bromley Council** – The local authority responsible for public services and governance in the London Borough of Bromley.

**Clean Air Act 1956** – Legislation introduced to reduce air pollution, particularly smoke emissions from domestic and industrial sources.

**Commissioning** – The process of planning, purchasing, and monitoring services to meet the health needs of a population.

**Community Development** – A public health approach focused on empowering communities, building partnerships, and addressing health inequalities through local engagement.

**Cytology Clinics** – Clinics offering cervical screening services to detect early signs of cancer through examination of cells.

**Director of Public Health (DPH)** – The lead public health professional in a local authority, responsible for strategic leadership and delivery of public health functions.

**Fingertips** - Fingertips is a large public health data collection. Data is organised into themed profiles.

**Health and Care Act 2012** – Legislation that redefined public health responsibilities, transferring many functions to local authorities.

**Health and Welfare Department** – The original department within Bromley Council responsible for delivering health and social care services in the 1960s.

**Health Intelligence** – The use of data, research, and analysis to inform public health decision-making and service design.

**Health Protection** – A public health function focused on preventing and controlling infectious diseases, managing environmental hazards, and preparing for health emergencies.

**Immunisation Programme** – A coordinated effort to protect populations from infectious diseases through vaccination.

**Medical Officer of Health (MOH)** – A senior public health official historically responsible for overseeing health services, disease control, and environmental health within a local authority.

**Mental Welfare Officers (MWOs)** – Historical roles within local authorities responsible for supporting individuals with mental health needs, particularly under the Mental Health Act 1959.

**National Assistance Act 1948** – A key piece of legislation that established the welfare state and provided support for vulnerable populations, including the elderly and homeless.

**NHS Health Checks** – A national programme offering free health checks to adults aged 40–74 to assess risk of heart disease, stroke, diabetes, and kidney disease.

**ONS** – Office for National Statistics. Its main responsibilities are collecting, analysing and disseminating statistics about the UK's economy, society and population.

**Piercy Report (1958)** – A government report focused on the rehabilitation of disabled people, influencing local authority services and support mechanisms.

**Public Health England (PHE)** – A former national body responsible for public health protection and improvement, now replaced by the UK Health Security Agency and Office for Health Improvement and Disparities.

**Strategic Leadership for Health** – The role of public health in shaping health policy, coordinating system-wide efforts, and leading on population health strategies.

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- <sup>i</sup>As part of the historic censuses digitisation project, additional previously published data sets have become accessible via NOMIS [www.nomisweb.co.uk](http://www.nomisweb.co.uk) in recent years. These include the county and topic report tables for 1921, 1931, 1951 and 1961 and leaving only 1971 outstanding. 1971 population data was provided directly by the ONS. Open Government Licence



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