

One Bromley Local Care Partnership Board

Date: Thursday 18 June 2026

Time: 9.30am – 11.30am

Venue: Bromley Civic Centre, the Council Chamber (Phase 1, Floor 0), Churchill Court, Westmoreland Road, Bromley, Kent, BR1 1DP

Chairmen: Dr Andrew Parson and Councillor Colin Smith

Members of the One Bromley Local Care Partnership are asked to report any conflict of interest, in respect of any of the following agenda items to Gemma Alborough, Business Support Lead, immediately upon receipt of this agenda.

AGENDA

| No | Item | Enclosure | Presenter | Timing |
|------------------------------------|---|-----------|---------------------------------|--------|
| Opening Business | | | | |
| 1. | Welcome, introductions to the One Bromley Local Care Partnership Board and apologies for absence | Verbal | Chairmen | 9:30 |
| 2. | Declarations of interest | Enc. 1 | Chairmen | 9:32 |
| 3. | Public Questions received in advance of the meeting | Verbal | Chairmen | 9:35 |
| 4. | Minutes of the meeting held on the 26 March 2026 For approval | Enc. 2 | Chairmen | 9:40 |
| 5. | Actions for the Board For approval | Enc. 3 | Chairmen | 9:42 |
| For Information and Comment | | | | |
| 6. | Strategic Investment Fund For comment and information | Enc. 4 | Mark Cheung Elliott Ward | 9.45 |
| For Information and Noting | | | | |
| 7. | Neighbourhoods Update For information and noting | Enc. 5 | Elliott Ward Dr Claire Riley | 10:00 |
| 8. | Winter 2025/26 Evaluation and Recommendations For information and noting | Enc. 6 | Jodie Adkin | 10.15 |
| 9. | Better Care Fund 2026-27 Planning For information and noting | Enc. 7 | Jodie Adkin | 10:30 |

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| 10. | One Bromley Communications and Engagement Annual Activity Report 2025/26 For information | Enc. 8 | Paulette Coogan | 10:40 |
| 11. | Month 12 SEL ICB Finance Report For information and noting | Enc. 9 | Asad Ahmad | 10:50 |
| 12. | Partnership Report For information and noting | Enc. 10 | Dr Angela Bhan | 11:00 |
| Reports from Key Sub-Committees for Noting | | | | |
| 13. | Bromley Primary Care Group Report For information and noting | Enc. 11 | Harvey Guntrip | 11:10 |
| 14. | Bromley Performance, Quality and Safeguarding Group Report For information and noting | Enc. 12 | Harvey Guntrip | 11:15 |
| 15. | Bromley Procurement & Contracts Group Report For information and noting | Enc. 13 | Mark Cheung | 11:20 |
| Closing Business | | | | |
| 16. | Any Other Business | Verbal | All | 11:25 |
| Appendices | | | | |
| 17. | Appendix 1: Glossary of Terms | Enc. 14 | For information | |
| Next Meeting: | | | | |
| 18. | The next meeting of the One Bromley Local Care Partnership Board will be held on Thursday 30 July 2026 and will start at 9:30am in Bromley Civic Centre, the Council Chamber (Phase 1, Floor 0), Churchill Court, Westmoreland Road, Bromley, Kent, BR1 1DP. | | | |

NHS South East London ICB One Bromley Local Care Partnership Board – Declared interests as of June 2026

| Name | Who do you currently work for | Position/ Relationship with ICB | Declared Interest | Nature of Interest | Valid from | Valid To |
|-----------------|-------------------------------|--|-------------------------------------|--|------------|----------|
| Dr Hasib Ur Rub | Bromley GP Alliance | Chair, Bromley GP Alliance Member of SEL ICB Committees | Non-Financial Professional Interest | Programme Director for GP Training in Bromley, Health Education England. | 01/01/2007 | |
| | | | Non-Financial Personal Interest | Trustee of World War Muslim Memorial Trust Charity | 12/02/2021 | |
| | | | Financial Interest | Bromley GP Alliance is a provider of some health care services across Bromley. | 28/01/2015 | |
| | | | Financial Interest | Self-employed General Practitioner. | 01/01/2020 | |
| | | | Non-Financial Professional Interest | Vice Chair of RCGP South East Thames Faculty | 05/12/2024 | |
| Dr Angela Bhan | South East London ICB | Place Executive Lead for Bromley | Non-Financial Professional Interest | Undertake professional appraisals for UKHSA | 01/07/2022 | |

**NHS South East London ICB One Bromley Local Care Partnership Board –
Declared interests as of June 2026**

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|------------------------|---------------------------|---|--|---|------------|--|
| | | | | consultants in public health. | | |
| | | | Financial Interest | Very occasional assessor for Faculty of Public Health CESR applications for GMC, on behalf of Faculty of Public Health. | 01/07/2022 | |
| | | | Non-Financial Professional Interest | Professional Public Health advise given to the London Borough of Bromley when required | 01/07/2022 | |
| Councillor Colin Smith | London Borough of Bromley | Leader of the Council and Co-Chairman of One Bromley Local Care Partnership Board | All interests are declared on the London Borough of Bromley register of interests. | | | |
| Councillor Diane Smith | London Borough of Bromley | Portfolio Holder for Adult Care and Health | All interests are declared on the London Borough of Bromley register of interests. | | | |

**NHS South East London ICB One Bromley Local Care Partnership Board –
Declared interests as of June 2026**

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|------------------|--|---|---------------------------------|---|------------|--|
| Dr Andrew Parson | South East London ICB | One Bromley Clinical Lead and Co-Chairman of One Bromley Local Care Partnership Board | Financial Interest | Retired from the partnership at The Chislehurst Partnership GP Practice on 30/11/2025. Leaseholder for the Chislehurst Medical Practice site and receive a share of the notional rent paid to the practice. | 01/12/2025 | |
| | | | Indirect Interest | Former spouse is employee of Bromley Y which provides tier 2 CAMHS in Bromley. | 01/07/2022 | |
| Angela Helleur | King's College Hospital NHS Foundation Trust | Chief Delivery Officer | Financial Interest | Works as an expert witness in midwifery claims – legacy cases only | 01/08/2024 | |
| | | | Non-Financial Personal Interest | Daughter is a Senior Consultant for PA Consulting | 01/09/2025 | |

NHS South East London ICB One Bromley Local Care Partnership Board – Declared interests as of June 2026

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|---------------|---------------------------------|---|-------------------------------------|--|------------|--|
| Mark Cheung | South East London ICB | One Bromley Programme Director | No interests declared | | | |
| Asad Ahmad | South East London ICB | Associate Director of Finance – Bexley and Bromley | No interests declared | | | |
| Iain Dimond | Oxleas NHS Foundation Trust | Mental Health Lead, South East London ICB Executive | Non-Financial Professional Interest | SRO for the Complex Care Mental Health Programme Group | 01/10/2023 | |
| Donna Glover | London Borough of Bromley | Director of Adult Services | No interests declared | | | |
| Dr Nada Lemic | London Borough of Bromley | Director of Public Health | No interests declared | | | |
| Helen Norris | Healthwatch | Chair – Healthwatch Bromley | No interests declared | | | |
| David Walker | Bromley Third Sector Enterprise | Chief Executive Officer | Indirect Interest | Wife is Business Manager of a medical software company that supplies PROMs to NHS. | 03/01/2023 | |

NHS South East London ICB One Bromley Local Care Partnership Board – Declared interests as of June 2026

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| | | | Non-Financial Professional Interest | Elected Councillor, London Borough of Lewisham | 03/05/2024 | 07/05/2026 |
| Jacqui Scott | Bromley Healthcare | Chief Executive Officer | Financial Interest | Chief Executive of Bromley Healthcare | 01/04/2024 | |
| Sean Rafferty | London Borough of Bromley | Joint Appointee between ICS and LBB; Chair of Bromley Contracts and Procurement Group | No interests declared | | | |
| Harvey Guntrip | South East London ICB | Lay Member for Bromley | No interests declared | | | |
| Dr Ruth Tinson | Bromley LMC | Co-Chair | No interests declared | | | |
| Dr Hannah Josty | Bromley LMC | Co-Chair | No interests declared | | | |
| Christine Harris | South East London ICB | PA/ Business Support-Bromley | No interests declared | | | |
| Gemma Alborough | South East London ICB | Business Support Lead – Bromley | No interests declared | | | |
| Dr Claire Riley | Orpington PCN | Orpington PCN Clinical Director, | Financial Interest | GP Partner at Green Street Green Medical Centre, practice is | 01/01/2013 | |

**NHS South East London ICB One Bromley Local Care Partnership Board –
Declared interests as of June 2026**

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|-------------|-----------------|--|-------------------------------------|---|------------|--|
| | | GP Partner Green Street Green Medical Centre, | | member of Orpington PCN. The practice is also a member and shareholder in BGPA. | | |
| | | One Bromley PCN Clinical Lead Strategy, Interface and Neighbourhoods | Non-financial professional interest | Clinical Director Orpington PCN. | 01/11/2022 | |
| | | | Indirect Interest | Spouse is Associate Director of Wilkinson Eyre Architecture firm who occasionally tender for public building design in the healthcare sector. | 04/10/2009 | |
| Steve Smith | Chief Executive | St Christopher's Hospice | No interests declared | | | |

**One Bromley Local Care Partnership Board
Minutes of the meeting on 26 March 2026
Held in The Council Chamber,
Bromley Civic Centre**

Present:

| Name | Title and organisation | [Initials] |
|-------------------------------|---|-------------------|
| Members (Voting): | | |
| Dr Andrew Parson | One Bromley Senior Clinical Director (Co-Chairman), South East London ICB | AP |
| Cllr Colin Smith | Leader of the Council (Co-Chairman), London Borough of Bromley | CS |
| Dr Angela Bhan | Place Executive Lead – Bromley, NHS South East London | AB |
| Iain Dimond | Chief Operating Officer, Oxleas NHS Foundation Trust | ID |
| Donna Glover | Director of Adult Social Services, London Borough of Bromley | DG |
| Harvey Guntrip | Bromley Borough Lay Member, NHS South East London | HG |
| Angela Helleur | Chief Delivery Officer, King's College Hospital NHS Foundation Trust | AH |
| Dr Kate Jackson | Clinical Director, The Cray's Collaborative Primary Care Network | KJ |
| Dr Nada Lemic | Director of Public Health, London Borough of Bromley | NL |
| Dr Claire Riley | Clinical Director, Orpington Primary Care Network and Clinical Lead Strategy, Interface and Neighbourhoods | CR |
| Jacqui Scott | Chief Executive Officer, Bromley Healthcare | JS |
| Councillor Diane Smith | Portfolio Holder for Health and Care, London Borough of Bromley | DS |
| Steve Smith | Chief Executive Officer, St Christopher's Hospice | SS |
| David Walker | Chief Executive Officer, Bromley Third Sector Enterprise | DW |
| Members (Non- voting): | | |
| Mark Cheung | One Bromley Programme Director, NHS South East London | MC |
| Sean Rafferty | Assistant Director, Integrated Commissioning, NHS South East London and London Borough of Bromley | SR |
| Dr Ruth Tinson | Co-Chair, Bromley Local Medical Committee | RT |
| In Attendance: | | |
| Gemma Alborough | Business Support Lead – Bromley, NHS South East London | GA |
| Charlotte Bradford | Operations Co-ordinator, Bromley Healthwatch | CB |
| Christine Harris | PA/Business Support – Bromley, NHS South East London | CH |
| David Harris | Associate Director of Finance, NHS South East London | DH |
| Observing: | | |
| Dr Saika Reshi | Clinical Director of Community Paediatric and Special Care Dental Service, Bromley Healthcare | SR |
| Dr Ishaan Rahman | Elective Trainee | IR |
| Apologies: | | |
| Paulette Coogan | One Bromley People and System Development Director, NHS South East London | PC |
| Helen Norris | Chair, Bromley Healthwatch | HN |
| Dr Hasib Ur-Rub | Chair, Bromley GP Alliance | HU-R |

| | | Actioned by |
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| 1. | Welcome, Introductions to the One Bromley Local Care Partnership Board & Apologies for Absence | |
| 1.1 | Councillor Colin Smith welcomed members and attendees to the One Bromley Local Care Partnership Board meeting. | |
| 1.2 | Apologies for absence were noted as recorded above. | |
| 2. | Declarations of Interest | |
| 2.1 | The declarations of interest register was noted; there were no additional declarations made in relation to items on the agenda. | |
| 3. | Public Questions | |
| 3.1 | No questions were received. | |
| 4. | Minutes of the One Bromley Local Care Partnership Board Meeting 29 January 2026 | |
| 4.1 | The minutes were APPROVED as an accurate record of the meeting. | |
| 5. | Actions for the Board | |
| 5.1 | The action log was reviewed; all actions were complete. | |
| 5.2 | The Board NOTED the action log. | |
| 6. | Our Year 2025/26 | |
| 6.1 | <p>Dr Angela Bhan introduced the report, noting that she was presenting this on behalf of several colleagues unable to attend due to annual leave. It was a privilege to present this item, which reflected the achievements of the One Bromley Local Care Partnership over the last year. This is the third year of the five year strategy, and we have been able to demonstrate considerable progress in improving services and the health of our population. Significant challenges remain; however, we have worked on prevention, urgent and emergency care and on trying to make the best of combined resources.</p> <p>The following topics from the report were highlighted:</p> <ul style="list-style-type: none"> • Mobilisation of integrated neighbourhood teams – to include work on children’s care, development of frailty programmes and improving access to primary care amongst numerous other areas. • Vaccinations – There have been challenges since Christmas, notably the outbreak of measles in North London and the recent outbreak of meningitis in Kent. • Mental Health and Wellbeing Strategy – Delivery is underway, to include work to reduce wait times for CAMHS services. • Medicines Optimisation • Encouraging our young people to come forward and take up careers in health and care. <p>This is a staging post of where we are now, with many discussions in this forum and others.</p> | |
| 6.2 | <p>The following comments and questions were raised:</p> <ul style="list-style-type: none"> • Dr Parson agreed it is important to reflect on the breadth of work and where we have managed to deliver services that have a positive impact on residents’ lives. There are also several further workstreams underway. • Jacqui Scott noted this is an excellent report that highlights partnership working across Bromley. It was asked if we should be thinking about the challenges faced and lessons learnt. We often have similar challenges across organisations which we can learn from and address. Now that we | |

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| | <p>have some of the neighbourhood targets introduced, it was asked if we can start to align those in Bromley against our high level goals.</p> <ul style="list-style-type: none"> • Harvey Guntrip noted that in the last year there have been improvements in primary care access following the introduction of total triage and increased usage of the NHS app to request repeat prescriptions. We seem to have a good backup process for those who cannot complete an online form. • Dr Parson noted that a lot of work goes on behind the scenes to implement and maintain this. • Steve Smith asked how we are promoting these improvements and changes in ways of working and was keen to see these shared across other areas as St Christopher's worked within both South East and South West London. • David Walker noted that many people were at yesterday's Health and Wellbeing Centre opening and that this is already becoming an established part of the infrastructure here in Bromley. The Wellbeing Hub is being effectively used to deliver integrated services including stroke clinics, diabetes clinics, maternity services and advice and guidance services. Consideration was needed as to how this could be done elsewhere, including within Wellbeing Cafes. We have a strong community base to build upon in Bromley. • Dr Bhan responded to the comments, noting there is more we can do at a strategic level to link what we have delivered to high level strategic ambitions and agreed that we can utilise and share lessons learnt. The points about the use of the NHS app and work in general practice is also important, where we have put on events to help people use the app, offer flu vaccinations and blood pressure checks altogether, we often have better attendance and uptake. This lends itself to the point about Wellbeing Cafes, where a range of services can be accessibly offered as a partnership. We should use this as a springboard for how we evolve some of this work. • Dr Parson thanked Dr Bhan for presenting and colleagues for their entries to the report. | |
| 6.3 | The Board NOTED the report. | |
| 7. | Month 10 SEL ICB Finance Report | |
| 7.1 | <p>David Harris introduced the report, noting that South East London ICB is forecasting a breakeven position for 2025/26. The Bromley ICB Local Care Partnership is also forecasting a breakeven position for this financial year. Mental health and continuing healthcare budgets are overspending, continuing the trend we have seen throughout the year. Prescribing, local acute and community budgets are underspending.</p> <p>The Bromley Place budget for 2026/27 is £208m, base budgets are due to be finalised in the next couple of weeks. We will as always set a balanced budget that is deliverable in terms of achieving our financial targets.</p> | |
| 7.2 | <p>The following comments and questions were noted:</p> <ul style="list-style-type: none"> • Dr Parson thanked David Harris the update and congratulated the team on achieving a breakeven position. • Councillor Colin Smith noted that coming in just under budget is a fantastic achievement in the current climate. The overspend on mental health is well understood, the underspend on prescribing and community based services were perhaps not likely as good or sustainable. It was asked how worried colleagues are about finances as we move into 2026/27. • David Harris responded that we are very concerned about the overspends, as continuing healthcare and mental health are statutory services with legal | |

criteria which we must provide. There is some scope to redirect some of our funding locally whereby underspends are utilised elsewhere. There are concerns considering the current financial climate in the world and there are risks.

- Harvey Guntrip noted that discussions at the Primary Care Group and the Bromley Performance, Quality and Safeguarding Group highlighted the work undertaken by Bromley to manage the pharmacy budget for the borough. The control of that and the ability to have local impact is moving further away, which may have an impact on what can be achieved.
- Iain Dimond responded regarding the mental health overspend, noting that the cost per case expenditure is well known. The big change in the last year has been the dramatic increase in the pressures on diagnostic assessments, relating to neurodevelopmental diagnostic right to choose assessments. This is an issue that all south east London boroughs have experienced and this has also had an impact on provider budgets and overspend. A piece of work is underway to look at this in a fundamental way for SEL, covering all ages and reflecting on the national conversation and the need to relook at how we meet people's needs as we cannot meet demand currently.
- Dr Parson thanked Iain Dimond for the update and looked forward to hearing more about this work.
- Dr Claire Riley thanked Harvey Guntrip for his kind words about primary care earlier. With the ten year plan and move to shift activity into community services and primary care, Dr Riley was keen for the finances to reflect this and that it be ensured that money is directed to where the most activity will be taking place.
- Jacqui Scott picked up on the same theme noting that the community mental health budget is overspent, however the budget was set lower than the forecast outturn. Community is underspent, the budget has been increased in the annual budget setting, it was asked how we can be assured that these are the true positions when looking at the outturn and what has been set amidst the focus on left shift of activity. It was asked how much of the £10.4m productivity programme has schemes against it.
- Mark Cheung responded that we will be looking at resetting budgets to reflect outturn for next year. The intention for SEL ICB is to shift activity into the community and budgets will reflect that, however, there will continue to be financial challenges across the ICB. There is work underway in SEL to look at diagnostics, so whilst we will have a large outturn, it is hoped that the position will reflect the benefits of any outcomes of this next year. Regarding continuing healthcare, we need to reset the budget to look at the increase in care homes and placements. The underspend in community reflects some of the classified small reserves held there. If we are in a good position at year end to release those reserves, we will do so. We are the only borough with underspend in prescribing. We have all benefitted from drugs going onto patent and have a long standing close relationship between medicines optimisation and primary care to look at and manage prescribing budgets. Harvey Guntrip's concern regarding the changes in the ICB making this more difficult were noted. There are new drugs and treatments coming out which will also impact budget. We need to think about how we will work together much more closely as a partnership to manage budgets.
- Dr Ruth Tinson reiterated what had already been said, recognising the hard work undertaken by Oxleas to look at diagnostics. Mental health overspend stood out and increasing neurodiversity demand is reflected in primary care attendances.

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| | <ul style="list-style-type: none"> • Dr Parson noted that there is a lot of pressure in general practice around right to choose and asked if the LMC are working with Oxleas on this. • Iain Dimond responded that there is an adult referral management hub in place, managed by Oxleas. This should start to help GP colleagues and a further group would be set up to include general practice representation. Medication initiation and the cost of that also had a large impact. There is a need to look at the role of diagnosis, consider how we better support people earlier and think carefully about the role of medication. This work would encompass input from patients and their families. • Dr Angela Bhan noted that this reflects a lot of hard work as a team to try and balance budgets. Dr Bhan also took up the point around increased resources into doing the left shift into prevention. It becomes harder to release monies in that way to do some of this transformational work, we need to instead look at how the partnership can do that, as there will not be a lot of additional money. Organisations and settings will need to look at their own budgets to consider what can be released to make some of these changes. There are unlikely to be large amounts of additional monies for this work, meaning that all sectors of the system will need to make shifts internally to achieve the required transformation ambitions. • Dr Parson noted that the other big part of this is how acute budgets are linking up across South East London, with work underway to look at how to enable this shift and the benefits for patients. • Angela Helleur noted that King's has met its financial plan this year, however, there remains a significant underlying deficit. Angela Helleur agreed that if we are going to have the right pathways in place for our residents, we need to work well together. Often patients spend too long in hospital waiting to be seen in A&E, so having the right services in place in the community would be key. | |
| 7.3 | The Board NOTED the Month 10 Finance Report. | |
| 8. | Partnership Report | |
| 8.1 | Dr Angela Bhan introduced the Partnership Report, taking this as read and welcomed any comments or questions. Attention was drawn to the opening of the Bromley Health and Wellbeing Centre, this was attended by the Mayor of Bromley, a local MP and many other colleagues in this room or their representatives. Health and Wellbeing centres would be the future and can be utilised for a range of purposes. The next project would be to look at how we are using our collective estates, to see if there is anything more that we can do around that. | |
| 8.2 | <p>The following comments and questions were raised:</p> <ul style="list-style-type: none"> • Dr Parson added his congratulations to those involved in ensuring the Health and Wellbeing Centre was completed. • Dr Riley noted Helayna Jenkins' receipt of an MBE in the New Year's Honours list for her role as Loneliness Champion and work to deliver the Bromley All-age Strategy. Dr Riley had given thanks personally, and noted this showed the good work underway in the borough for the older population. | |
| 8.3 | The Board NOTED the Partnership Report. | |
| 9. | Bromley Primary Care Group Report | |
| 9.1 | Harvey Guntrip took the report as read and highlighted that most of the topics we heard about in the annual report come to this meeting or to the Bromley Performance, Quality and Safeguarding Group. These forums highlight key issues and offer the opportunity to share knowledge and learning. The example of Raizer Chairs was given, which has led to a change in where some of these | |

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| | are located. The work of both groups was commended, and Harvey Guntrip welcomed any comments or questions. | |
| 9.2 | There were no comments or questions raised. | |
| 9.3 | The Board NOTED the Bromley Primary Care Group Report. | |
| 10. | Bromley Performance, Quality and Safeguarding Group Report | |
| 10.1 | This item was taken alongside <i>Item 9 – Bromley Primary Care Group Report</i> . No further comments or queries were raised. | |
| 10.2 | The Board NOTED the Bromley Performance, Quality and Safety Group Report. | |
| 11. | Bromley Procurement and Contracts Group Report | |
| 11.1 | Sean Rafferty took the report as read and welcomed any comments or questions. None were raised. | |
| 11.2 | The Board NOTED the Bromley Procurement and Contracts Group Report. | |
| 12. | Any Other Business | |
| 12.1 | There was none raised. | |
| 12.2 | Dr Parson thanked colleagues for their input and attendance. Councillor Colin Smith noted the upcoming local elections on 7 May and thanked Dr Parson for his excellent work and effort put into his role as Co-Chairman of this meeting. Dr Parson thanked Councillor Smith for the kind words and for the exemplary leadership of this partnership and of Councillor Smith and teams at the local authority. | |
| 13. | Appendix 1: Glossary of Terms | |
| 13.1 | The glossary of terms was noted. | |
| | Date of Next Meeting: Thursday 18 June 2026 at 09.30am | |

One Bromley Local Care Partnership Board – Action Log

| Log no. | Action point | Date raised | Responsible | Due Date | Status | Comments |
|--|--------------|-------------|-------------|----------|--------|----------|
| There are no open actions for the Board as of June 2026. | | | | | | |

One Bromley Local Care Partnership Board

DATE: Thursday 18 June 2026

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| Title | Strategic Investment Fund (SIF) – Bromley Place Submission |
| This paper is for information/decision/discussion | |
| Executive Summary | <p>Purpose of Paper To present the Bromley Place Strategic Investment Fund (SIF) proposals, including priority areas, indicative allocations and the proposed approach to delivery, governance and oversight for 2026/27.</p> |
| | <p>Summary The Strategic Investment Fund (SIF) is a key opportunity for Bromley to accelerate delivery of core transformation priorities, particularly neighbourhood working, population health management and system flow.</p> <p>Proposals have been developed through a structured, partnership-led process across One Bromley, bringing together primary care, King’s College Hospital (KCH), Bromley Healthcare (BHC), the Local Authority and VCSE partners. They are aligned to both local priorities and SEL ICB expectations.</p> <p>The proposals focus on:</p> <ul style="list-style-type: none"> • Scaling Integrated Neighbourhood Teams (INTs) • Targeted population health management interventions • Strengthening community and out-of-hospital models • Prevention and early intervention, including VCSE delivery • Supporting system flow and demand management <p>Initial financial allocations have been developed using bottom-up costing.</p> <p>These are indicative and will be refined during mobilisation. For 2026/27, SIF funding will be hosted by King’s College Hospital (KCH), with Bromley Healthcare acting as host provider in 2025/26.</p> |
| | <p>Key Issues / Considerations</p> <ul style="list-style-type: none"> • Proposals have been prioritised within a fixed funding envelope • Allocations are indicative and will be refined as delivery models are finalised • Delivery depends on coordinated action across partners • Workforce capacity and partner readiness remain key dependencies • Strong programme and financial oversight will be required. |

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| Recommended action for the Committee | <p>The Board is asked to:</p> <ul style="list-style-type: none"> Note the Bromley SIF proposals and priority investment areas Note that financial allocations are indicative Support the proposed approach to delivery, governance and oversight Endorse progression to mobilisation and implementation planning. | |
| Potential Conflicts of Interest | <p>Conflicts of interest are inherent, as funding will flow to One Bromley partner organisations involved in proposal development.</p> <p>These have been managed through a transparent, partnership-based prioritisation process and oversight via Place governance. Further controls will be applied during mobilisation and delivery.</p> | |
| Impacts of this proposal | Key risks & mitigations | <ul style="list-style-type: none"> Mobilisation may not deliver the required in-year impact Workforce constraints may limit delivery Financial assumptions may shift as plans are refined Delivery depends on partner alignment and system dependencies Fragmented delivery would reduce impact <p>Mitigations include strengthened programme governance, clear accountability and regular financial and performance reporting.</p> |
| | Equality impact | The proposals focus on prevention, early intervention and targeted support for high-risk cohorts, with a clear aim to reduce inequalities and improve access. |
| | Financial impact | <ul style="list-style-type: none"> Scheme-level investment requirements have been identified All allocations remain indicative 2026/27 SIF funding will be hosted by KCH Financial arrangements will align to Place and SEL reporting A clear audit trail will be maintained |
| Wider support for this proposal | Public Engagement | No formal public engagement has taken place at this stage. Engagement will form part of delivery, using neighbourhood and partner-led mechanisms. |
| | Other Committee Discussion/Internal Engagement | Proposals have been developed with input and oversight from the INT Delivery Group and the One Bromley Executive. |
| Author: | One Bromley Programme Director | |
| Clinical lead: | N/A | |
| Executive sponsor: | One Bromley Programme Director | |

Strategic Investment Fund (SIF) Submission

Bromley Place

1. Background – Strategic Investment Fund

The Strategic Investment Fund (SIF) is a system-level investment designed to support delivery of Integrated Care System (ICS) priorities and accelerate Place-based transformation.

The focus is on:

- Integrated Neighbourhood Teams (INTs)
- The Integrator role
- Population health management and prevention
- Improving outcomes, productivity and financial sustainability

SIF Financial Summary – 3 years

| Funding stream | 2025/26 (non-recurrent) | 2026/27 (part-year) | 2027/28 (FYE) |
|---|----------------------------|------------------------|-------------------|
| Integrator held | | | |
| Single Neighbourhood Roll out – Core20Plus | | £225,000 | £300,000 |
| Targeted CVRM prevention | | £466,500 | £622,000 |
| Prevention (Core20+ & CVRM) | — | £691,500 | £922,000 |
| Integrator Development | £250,000 | £187,500 | £250,000 |
| Frailty | £283,000 | £212,250 | £283,000 |
| MLTC | £325,000 | £243,750 | £325,000 |
| CYP | £0 | £233,250 | £311,000 |
| Neighbourhood care & integrator | £858,000 | £876,750 | £1,169,000 |
| Total Place-allocated SIF | — | £1,568,250 | £2,091,000 |
| Centrally managed - Total SEL | | | |
| Primary care – levelling up (SEL) | — | £2,000,000 | £4,000,000 |
| Mental health neighbourhood integration (SEL) | — | £3,500,000 | £3,500,000 |
| Pushing boundaries | — | £1,500,000 | £1,500,000 |

2. Bromley Approach – Process Undertaken

Bromley has adopted a structured, partnership-led approach aligned to One Bromley governance and neighbourhood development.

This has included:

- Alignment of the SIF opportunity to Bromley Place priorities, including neighbourhood development, prevention, demand management and system flow
- Iterative engagement across primary care, King's College Hospital (KCH), Bromley Healthcare (BHC), Local Authority and VCSE partners
- Clinical and operational input to ensure proposals are grounded in delivery, particularly through INTs and population health management
- A structured prioritisation process to focus investment on the highest impact opportunities within the available envelope
- Governance and agreement through One Bromley partnership structures, aligned to SEL ICB requirements

Given the timescales for submission, proposals have been developed to support prioritisation and initial costing, with the expectation that scope, delivery models and financials will be further refined during mobilisation.

Key governance milestones in the development of the Bromley submission included:

- Initial proposal development and partner engagement through April–May 2026
- Final prioritisation and agreement at a dedicated Executive workshop on **19 May 2026**
- Submission to SEL ICB on **22 May 2026**.

3. SIF Requirements and Submission Template

All proposals have been developed in line with the SIF template, including:

- Strategic alignment to ICS priorities and the neighbourhood model
- A clear case for change (including demand, inequalities and variation)
- Defined delivery models and target cohorts
- Expected impact across activity, quality and financial outcomes
- Financial profile and indicative investment requirements
- Delivery milestones, risks and dependencies.

4. Timetable and Governance Process

The Bromley submission has been developed through four key stages:

- **Identification**
Development of a longlist of opportunities aligned to neighbourhood development and key system pressures

- **Development**
Collaborative design and refinement with partners, supported by clinical validation.
- **Prioritisation**
Assessment against:
 - Strategic fit
 - Deliverability within 2026/27
 - Scale of impact
 - Financial credibility
- **Sign-off**
Final agreement through Place leadership, with submission in line with SEL timelines.

Governance has been managed through One Bromley partnership structures, ensuring transparency and alignment across the system.

5. Bromley SIF Priorities and Proposal Highlights

The following proposals reflect the outcome of a structured prioritisation process across One Bromley partners, bringing together input from primary care, King's College Hospital (KCH), Bromley Healthcare (BHC), the Local Authority and VCSE organisations.

Investment has been focused on a small number of high-impact, system-aligned schemes which operate as a coherent package, supporting both immediate system pressures and longer-term transformation.

Integrated Neighbourhood Teams (INTs)

- Expansion of multidisciplinary teams across neighbourhoods
- Strengthened proactive care model for high-risk and complex patients
- Improved coordination between primary care, community services, mental health and social care
- Focus on reducing avoidable admissions and improving patient experience.

Population Health Management (PHM)

- Targeted interventions for defined high-risk cohorts using risk stratification
- Delivery through INTs and primary care networks
- Earlier identification and proactive management of need
- Expected impact on reducing unplanned activity and improving outcomes.

Community and Out-of-Hospital Models

- Strengthening community-based alternatives to hospital admission
- Enhanced step-up / step-down pathways and community capacity
- Improved interface with acute services, particularly at the front door and for discharge
- Contribution to improved system flow and reduced length of stay.

Prevention and Early Intervention (including VCSE)

- Investment in prevention-focused services delivered with VCSE partners
- Earlier intervention to prevent escalation of need
- Focus on reducing health inequalities and improving access
- Supporting community resilience and self-management.

System Flow and Demand Management

- Targeted initiatives to address urgent and emergency care pressures
- Improved pathways across acute, community and primary care
- Focus on admission avoidance, discharge and pathway redesign
- Supporting system resilience, particularly during periods of peak demand.

Spread and Scale

The SIF proposals have been designed to support both targeted interventions and systematic scale through the Integrated Neighbourhood Team (INT) model, ensuring consistent delivery across Bromley neighbourhoods.

INT caseloads are expected to increase from approximately 458 individuals by the end of Q1, to 1,270 by Q2, 2,610 by Q3, and reaching c.4,950 people by the end of the financial year. This reflects a phased approach to scaling delivery across key cohorts, with residents remaining open to INTs following initial holistic assessment.

Cohort-specific scaling reflects differing starting points and delivery models:

- **Frailty:** Current activity is estimated at c.1,000–1,500 holistic assessments per year across the system (not all aligned to INT delivery). SIF investment aims to scale this to approximately 3,000 assessments annually, covering the majority of PHM-identified high-risk residents, alongside those identified by clinicians and at hospital discharge. Variation across INTs reflects underlying population profiles and technical differences in cohort attribution across SEL datasets.
- **Multiple Long-Term Conditions (mLTC):** Delivery starts from a low baseline, with a planned scale to c.850–900 assessments by year-end. Initial delivery will focus on the South West INT (pilot), before expansion to other neighbourhoods.

This is expected to capture the majority of PHM-identified high-risk residents, with capacity retained for clinician-identified cases, including prevention cohorts.

- **Children and Young People (CYP):** Planned volumes broadly reflect the existing Bromley CYP model, with modest growth as delivery models (including asthma pathways) are embedded and scaled during the year.

This approach enables a balance between rapid in-year impact and sustainable scaling, with delivery aligned to population need, PHM insight and clinical judgement across neighbourhoods.

Spreading and scaling our pathways



Number of patients supported under each INT in each neighbourhood during 2026/27, by quarter, so that places can demonstrate spread, ramp-up and the route to minimum coverage expectations. For Bromley that is 4,950 people under an INT by end of the financial year.

| Neighbourhood | Population cohort | Planned INT Caseload per cohort | | | |
|-------------------------------|-------------------|---------------------------------|--------------|--------------|--------------|
| | | By end of Q1 | By end of Q2 | By end of Q3 | By end of Q4 |
| NW | Frail | 63 | 200 | 400 | 750 |
| NE | Frail | 63 | 200 | 400 | 800 |
| SW | Frail | 50 | 130 | 300 | 600 |
| SE | Frail | 63 | 200 | 450 | 860 |
| NW | mLTC | 0 | 0 | 60 | 180 |
| NE | mLTC | 0 | 0 | 60 | 180 |
| SW | mLTC | 20 | 60 | 120 | 260 |
| SE | mLTC | 0 | 40 | 100 | 240 |
| NW | CYP | 50 | 110 | 180 | 270 |
| NE | CYP | 50 | 110 | 180 | 270 |
| SW | CYP | 50 | 110 | 180 | 270 |
| SE | CYP | 50 | 110 | 180 | 270 |
| Total cohort under INT | | 458 | 1270 | 2610 | 4950 |

6. Financials and Costing Approach

Costing has been developed collaboratively across partners, based on initial bottom-up estimates of delivery requirements, including workforce, non-pay costs and supporting infrastructure.

At this stage:

- All budgets and allocations are **indicative** and will be subject to further refinement as schemes move into detailed design and mobilisation
- Financial assumptions will continue to be tested and aligned with partner baselines

Funding Arrangements

- SIF funding for 2026/27 will be **hosted by King's College Hospital (KCH)** on behalf of the Bromley system

- SIF funding for 2025/26 was **hosted by Bromley Healthcare (BHC)**

These arrangements reflect the evolving delivery model and lead provider role across phases of implementation.

The indicative allocation of SIF funding across priority areas is set out below. This reflects the outcome of the prioritisation process and alignment to system priorities.

These allocations remain indicative at this stage and will be further refined as schemes move into detailed design and mobilisation with partners.

SIF 26/27 Indicative Spend - Neighbourhood

| SIF Category | Requirement / Domain | Description of Milestone | 2026/27 (part-year) |
|---------------------|---|---|---------------------|
| Integrator Function | Promoting use of data | PHM Hub Lead / clinical lead | £127,500 |
| Integrator Function | Building relationships and trust | Co-design neighbourhood ways of working with partners and people who use services. | £60,000 |
| | | sub-total | £187,500 |
| Frailty | Holistic assessment (e.g. CGA) | Recruit to care-co-ordinator staffing (this year = 1 additional per INT) | £152,000 |
| Frailty | Training requirements | Ensure trained to all staff (Tier 1) | £20,000 |
| Frailty | Training requirements | Promote and monitor provider uptake of tier 2 training | £40,000 |
| | | sub-total | £212,000 |
| MLTC | Proactive identification and case finding | Re-ID across Bromley in-place using blended primary and secondary care data | £20,000 |
| MLTC | Holistic Assessment | Recruited additional community health support worker per INT | £151,500 |
| MLTC | Integrated case management | Additional general practice capacity secured to aid assessment and management | £22,500 |
| MLTC | MDT Case Review | Core MDT Staff Time Supported | £50,000 |
| | | sub-total | £244,000 |
| CYP | All | Initial 1st year development and delivery with potential invest to save element - Focus on asthma INT | £233,000 |
| | | sub-total | £233,000 |
| | | Total | £876,500 |

SIF 26/27 Indicative Spend - Prevention

| SIF Category | Requirement / Domain | Description of Milestone | 2026/27 (part-year) |
|-----------------|---------------------------------------|---|---------------------|
| Core 20 | Proactive identification | AI supported Future of Prevention with LBB | £50,000 |
| Core 20 | Outreach | Commission expanded VCSE-led outreach activity - outreach and support | £69,000 |
| Core 20 | Outreach | Vital 5 assessment beyond existing commissioned cohort | £35,000 |
| Core 20 | Outreach | Communication and engagement, including neighbourhood directories | £20,000 |
| Core 20 | Follow-up and proactive support | Embed social prescribing and LBB MH practitioner model in selected Families First Hubs | £51,000 |
| | | sub-total | £225,000 |
| CVRM Prevention | PHM & stratification | PHM Hub (analyst capacity / reporting) | £70,000 |
| CVRM Prevention | Proactive Detection & Clinical Coding | Design and launch AI coding improvement programme with general practice (CVRM, mLTC frailty, MH, 'plus' cohort identification) | £100,000 |
| CVRM Prevention | Proactive Detection & Clinical Coding | Implement proactive case-finding sprints (hypertension, AF, CKD under-coded; diabetes/pre-diabetes risk cohorts) and patient management in priority cohorts | £160,000 |
| CVRM Prevention | Inequalities approach | Deliver community-led detection activity with VCFSE/community assets linked to practice optimisation routes | £46,500 |
| CVRM Prevention | Lifestyle change | Launch targeted lifestyle support for priority cohorts/practices (linked to CVRM optimisation clinics) | £90,000 |
| | | sub-total | £466,500 |
| | | Total | £691,500 |

Delivery of these schemes will be undertaken collaboratively across One Bromley partners in line with the agreed Place-based delivery model.

Financial Notes

- Allocations reflect initial prioritisation and remain indicative
- Further refinement will take place through detailed implementation planning
- Costs will be aligned to contracts and baseline positions where possible
- Phasing assumptions will be updated as part of mobilisation
- Detailed financial schedules are included in the supporting annex

7. Next Steps – Delivery, Oversight and Reporting

The Bromley SIF submission has been formally submitted to SEL ICB and is currently awaiting final approval. Further refinement of proposals will take place as part of mobilisation.

Following approval, the focus will shift to mobilisation, delivery and assurance.

Programme Management

- Establish a formal SIF delivery programme aligned to One Bromley governance
- Confirm named leads for each scheme and delivery partners
- Develop detailed delivery plans, milestones and dependencies
- Refine scope and financial assumptions during mobilisation.

Financial Management

- Finalise scheme-level financial profiles
- Track spend against indicative allocations
- Align reporting with Place and SEL ICB financial oversight
- Maintain a clear audit trail of expenditure.

Performance and Outcomes

- Confirm metrics for each scheme (activity, outcomes and financial impact)
- Embed reporting within Place and system governance
- Use PHM and analytics to track and evidence impact.

Risks and Dependencies

- Monitor workforce and delivery risks
- Manage cross-system dependencies
- Escalate through One Bromley and SEL governance as required.

Moving to Delivery and Accountability

As SIF moves into delivery, there will be a clear shift from coordination of proposals to accountability for delivery and outcomes.

Current Position

- SIF is place-allocated and ringfenced, held through the integrator model
- The Integrator Board provides alignment across partners and supports prioritisation at system level
- Integrated Neighbourhood Teams (INTs) are delivering across key pathways, including frailty, multiple long-term conditions, children and young people, and prevention.

Next Phase – Strengthening Accountability

The next phase will focus on establishing clear accountability for delivery and outcomes:

- A strengthened line of sight from Executive → Integrator → INTs
- Clarity on accountability for outcomes at INT and scheme level
- More defined and formalised delivery arrangements with partners, including use of MOUs / contract mechanisms where appropriate
- Clear decision-making processes to enable flex of SIF funding in-year in response to delivery and performance.

Financial Accountability and Oversight

Given the scale of SIF investment, it will be essential to maintain clear financial grip and demonstrate impact:

- Defined financial ownership across ICB, integrator and delivery partners
- Regular tracking of spend, activity and outcomes through established reporting routes
- Alignment of financial and performance reporting to support decision-making
- Ability to flex funding in-year, including deployment of any underspend, to maximise impact and support system priorities.

One Bromley Local Care Partnership Board

DATE: Thursday 18 June 2026

| Title | Neighbourhoods Update |
|---|---|
| <p>This paper is for information</p> | |
| <p>Executive Summary</p> | <ul style="list-style-type: none"> • This paper provides an update on progress with Integrated Neighbourhood Teams (INTs) in Bromley since January 2026, as the programme moves from design into early implementation across all four neighbourhoods. • Progress over the last six months has been substantive and tangible, including go-live of the multi-long-term conditions pathway in South West INT, delivery of multi-agency frailty training across neighbourhoods, development of the children and young people asthma model, refinement of population health management cohorts, and further planning for neighbourhood health centres and mental health integration. Together, these developments are strengthening more proactive, joined-up and neighbourhood-based care for Bromley residents. • The paper also sets out the key enablers required to support scale-up, including implementation of the INT leadership and workforce model, mobilisation of Strategic Investment Fund resources, development of population health management infrastructure, and continued work on digital, organisational development and commissioning arrangements. Further detail on Strategic Investment Fund proposals is provided in the subsequent paper. • The next 3–6 months are critical to achieving consistent delivery across all INTs, with priorities focused on scaling adult pathways, embedding neighbourhood leadership, finalising children and young people and mental health components, and strengthening the underpinning enablers needed for sustainable delivery at scale. We will continue to use our active membership of the national community of practice to facilitate our progress. |
| <p>Recommended action for the Committee</p> | <p>The Committee is asked to:</p> |

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| | <ul style="list-style-type: none"> • Note the progress made in developing and implementing Integrated Neighbourhood Teams in Bromley since January 2026. • Note the key priorities for the next 3–6 months, including scaling delivery across all neighbourhoods and progressing the enablers required for sustainable implementation. • Continue to support through your organisations the development and delivery of services for the people of Bromley through our neighbourhoods. |
| <p>Potential Conflicts of Interest</p> | <p>All organisations are asked to operate in the best interests of the people of Bromley in decision making. Formal conflicts of interest as per the register.</p> |
| | |
| <p>Impacts of this proposal</p> | <p>Key risks & mitigations</p> <p>Risk: Ongoing ICB changes impact delivery. Mitigation: Clear governance through the integrator and use of strategic investment funding for specific delivery posts.</p> <p>Risk: Pathways do not to scale as required, meaning impact on acute pathways remains. Mitigation: INT Development Group oversight of programme delivery, intervening as required.</p> <p>Risk: Opportunities to learn from best practice are missed, leading to inefficient delivery. Mitigation: Active membership of national community of practice.</p> |
| | <p>Equality impact</p> <p>As a key deliverable of the One Bromley Strategy this work aims to improve equity of outcomes for residents of Bromley. Individual teams and work proposals are conducting equality impact assessments as the work develops.</p> |
| | <p>Financial impact</p> <p>As previously agreed, resources and incentives will need to be assessed and aligned in accordance with model design with form following function. Strategic Investment Fund allocations have been made in accordance with this approach. Proposed changes to existing incentives will follow their usual governance.</p> |
| | |

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| Wider support for this proposal | Public Engagement | <p>This work is the delivery of the One Bromley Five Year Plan on which we undertook public engagement.</p> <p>Significant public engagement has been undertaken at a regional level on the development of neighbourhood working, including INTs.</p> <p>Specific pathways in Bromley are undertaking engagement in line with best practice and statutory duties.</p> |
| | Other Committee Discussion/Internal Engagement | One Bromley Executive, Clinical and Professional Advisory Group, INT Development Group. |
| Author: | <p>Elliott Ward, Associate Director, Strategy Development and Delivery, One Bromley</p> <p>Dr Claire Riley, GP Partner, Green Street Green Medical Centre; Orpington PCN Clinical Director; One Bromley PCN Clinical Lead, Strategy, Interface and Neighbourhoods</p> | |
| Clinical lead: | Dr Andrew Parson, Co-Chair, One Bromley Local Care Partnership | |
| Executive sponsor: | Dr Angela Bhan, Place Executive Lead, Bromley, NHS South East London ICB | |

Purpose

This paper provides an update on progress with delivery of Integrated Neighbourhood Teams (INTs) in Bromley, highlighting progress since January 2026 and setting out key next steps as we move from early INT delivery to consistent, scaled implementation across all neighbourhoods.

Strategic Context

Bromley continues to develop INTs as the primary vehicle for delivering the proactive, coordinated care aspects of our neighbourhood working.

The model is grounded in population health management, bringing together services across primary care, community services, social care, mental health, and the voluntary sector to intervene earlier and reduce fragmentation of care experienced by residents. INTs will increasingly build vibrant links with local civic society, including hyperlocal voluntary, faith, community and social enterprise (VFCSE) within neighbourhoods as part of our ambitions for residents of Bromley to live fulfilling independent lives in resilient communities.

Our initial INT focus remains on higher-need cohorts to release capacity in the most acute parts of our system. Our cohort definitions are at this stage predominantly clinical: in adults that is frailty and multiple long term conditions (mLTC). In frailty we are focussed on people living with severe frailty, or moderate frailty of Clinical Frailty Score 6 with Parkinson's disease, dementia, chronic kidney disease stage 4 or above. In mLTC we are initially focussed on people with one or more cardiovascular renal metabolic conditions. For children and young people asthma is prioritised.

Progress Since January 2026

Over the past six months, the programme has continued to make significant design decisions but also commenced the delivery of new ways of working and services. Key progress made in the last six months includes:

Go-live of our mLTC pathway: A significant range of practical delivery challenges have been worked through to initiate our multi-long-term-conditions pathway. This is now seeing its first patients in South West INT where initial cohorts are being actively managed through holistic assessment and multidisciplinary team (MDT) support. This sits within a structured plan-do-study-act timetable to learn and expand to the other INTs this financial year. This expansion has been submitted as part of our Strategic Investment Fund plans.

Delivered first round multi-agency, multi-professional frailty training: By the end of June we will have delivered innovative multi-agency, multi-professional frailty simulation training in each of our neighbourhood footprints. Feedback from professionals attending in the first three INTs identified both improved awareness and understanding of frailty assessment and management, as well as new connections made with colleagues and services across their

neighbourhood to benefit patients. This is seen as essential to the cultural change envisaged for INT working and we presented this to colleagues across the country in the national community of practice of which we are part.

Implementation of INT workforce and leadership model: We have previously committed to a team of teams model to ensure we better co-ordinate our existing services. We have now translated this to a set of roles, responsibilities and accountabilities. This sees a small number of new roles focussed on leadership of the INT itself: GP clinical leadership, community health locality team leadership and INT development management, with children and young people input to be determined in year. Roles are either recruited to start this month or in final approvals to move to advert.

Developed children's and young people (CYP) neighbourhood model: Bromley already has a successful neighbourhood CYP model operating through the Bromley Children In Health Partnership. Plans have been developed to expand this to support children with asthma, including through working across partners from schools to community care. Governance is now being established to operationalise this through a phased "Test-Grow-Embed" approach.

Refinement of interventions for all programmes: Through the Strategic Investment Fund (SIF) process we have refined our delivery models for frailty and multiple-long term conditions, bringing these together with work for our housebound cohort and aligning with individuals found through new prevention outreach approaches.

Refined accuracy of our population health management for high-risk adult cohorts: We have refined our population health management search criteria through plan-do-study-act cycles. This has resulted in a refined cohort for our proactive frailty pathway (people with Clinical Frailty Score 7 and above, or 6 and above with dementia, Parkinson's disease or chronic kidney disease stage 4 or above) and our mLTC pathway (initially focussed on multiple cardiovascular renal metabolic conditions and now including those who are moderately frail). This refinement better reflects the needs of individuals who would benefit from these services in Bromley.

Wider population health management: the Local Authority has commenced work with the National Future Prevention Programme, initially focussed on using artificial intelligence predictive analytics in identifying and supporting people at risk of having a fall, as part of broader prevention ambitions. We have also specified our population health management hub for Bromley to enable local interrogation, stratification, reporting and analysis of our data. This is supported through SIF allocations.

Initial plans for neighbourhood health centres: through engagement across the partnership planning for neighbourhood health centres is advancing, including agreement of initial hub and spoke sites and submission into the London pipeline.

Further mental health integration into INTs is being developed: While this is subject to change due to an elongated timetable, this work is currently framed around broadening the INT model supporting the frailty and mLTC in response to local mental health needs, wider primary care mental health needs, and a same day offer.

Aligning resources

Significant effort has been made to align resources with the INT model to support delivery, with SIF priorities agreed locally through One Bromley Executive as the Integrator. South East London ICB approval is anticipated.

SIF funding will help us to expand, join and adjust existing services and funding across our system by building a sustainable long-term proactive and early intervention multi-agency delivery model in our 4 INTs. We plan to use SIF funding to make immediate delivery steps through:

- care coordination and patient-facing roles,
- population health management infrastructure,
- prevention and VFCSE capacity.

A pump-priming approach is being used to test and refine roles before moving to longer-term commissioning or other arrangements. Further details on SIF are in the next paper.

Key challenges

Consistent with a system transitioning from design to delivery, that delivery maturity varies across neighbourhoods, which we anticipate will be supported through the new leadership model and development manager resource. It is also anticipated this will facilitate scaling to meet the volumes of residents seen in INTs articulated in our SIF plans. Key enablers are not yet fully embedded, but all are actively making progress, including funding confirmation, digital tools and interoperability, and workforce flexibility.

Delivery focus next six months

The programme is now in an early implementation phase where INTs are operational, with initial delivery underway, and workforce, governance, and investment structures in place and strengthening. We are seeing closer integrated working than we had before, particularly around complex adult cohorts, demonstrating the benefits of continuing to make progress on this work.

The next 3–6 months are critical in moving from early implementation to scaled delivery.

Priority actions are:

Leadership and accountability - Establish the agreed consistent neighbourhood-level leadership as catalyst to creating INT identity and co-ordinating delivery teams who remain accountable to their own organisations.

Scale delivery across all INTs - Expand adult pathways beyond pilot stages to all neighbourhoods, within defined trajectories and through consistent delivery models. This includes close working with VFCSE within the INT structure and connecting with more

grassroots VFCSE organisations within the local geography supporting prevention and connection with civic society.

Secure and mobilise investment - Progress final approval of SIF funding and translate this into deployed workforce and services. Clear oversight and delivery of funded elements will be critical to catalyse the planned change.

Mental health and CYP elements finalised - Develop detail where required and secure approvals for plans, before moving to initial implementation.

Continued work on underpinning enablers - Work with South East London colleagues to develop and deliver necessary digital interoperability and tools; continue to progress workforce and organisational development planning and implementation (including INT-wide frailty training), and take forward estates planning and implementation. Through this close dialogue with strategic commissioners to support commissioning approach for future model will also be required.

We will continue to use our active membership of the national community of practice to facilitate our progress.

Conclusion

Progress since January 2026 has been substantive and tangible. INTs are now delivering care for residents, supported by emerging investment, workforce models, and programme infrastructure.

The priority is now consistent execution at scale. With focused action on leadership, resource alignment, and system enablers, INTs in Bromley are well positioned to deliver meaningful improvements in health outcomes and system performance for Bromley residents.

One Bromley Local Care Partnership Board

DATE: Thursday 18 June 2026

| | |
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| Title | Winter 2025/26 Evaluation and Recommendations |
| This paper is for information/discussion | |
| Executive Summary | <p>This report presents the findings of the Winter 2025/26 Evaluation and Recommendations of the Bromley Urgent and Emergency Care system and sets out the key recommendations developed to improve system performance and resilience for the year ahead.</p> <p>The Winter 2025/26 Evaluation Review and Recommendations for the Bromley Urgent and Emergency Care system have been developed using a structured 5-step evaluation process as follows:</p> <ol style="list-style-type: none"> 1. Quantitative performance review 2. Review of winter-funded / commissioned services 3. Provider feedback including clinical reflection 4. A&E Delivery Board Winter Wash-Up Workshop 5. Synthesis and recommendation development <p>10 Recommendations have emerged from the winter evaluation and are presented as follows:</p> <ol style="list-style-type: none"> 1. Improve and sustain high vaccination uptake in Bromley, with targeted action to increase coverage among care home residents and vulnerable groups. This will include staff training and awareness programmes and improved access through dedicated vaccination clinics for immunocompromised and housebound patients. 2. Continue to promote and embed Pharmacy First across lower utilisation pathways, including low utilisation GP practices, 111 and UTC 3. Developing a sustainable model for primary care to address same day care demand with consistent and equitable use of wider UEC pathways. 4. Significantly improve consistency of acute Consultant Connect pathways, including improvement in call pick-up rate for Surgical SDEC. 5. Improve paediatric urgent care capacity and flow through development of a paediatric SDEC model, improved UTC to ED triage and referral pathways, and increased promotion of alternative pathways such as Hospital at Home. 6. Undertake a deep dive into mental health UEC activity between Oxleas and PRUH and King's to reduce Urgent and Emergency Care activity through improved early interventions and other pathways. Reduction in mental health UEC activity through system wide approach to preventing |

| | | |
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| | <p>admission/effective discharge, including work with housing and care homes.</p> <ol style="list-style-type: none"> 7. Develop an integrated, clinically led triage pathway for unscheduled patients attending hospital, ensuring they are directed to the right place first time, significantly reducing Emergency Department congestion and eliminating corridor care. The pathway will align with primary care services and make best use of local community, mental health, voluntary sector provision and SDEC provision, ensuring patients receive care in the most appropriate setting. 8. Achieve a mature Frailty SPOA accessed consistently by LAS and newly offered to Care homes supported by access to a range of community-based alternative care pathways, including a community frailty hub, UCR and a H@H service, all of which have clearly defined thresholds for admission. 9. Agree a consistent way across provider organisations (including care homes) to differentiate acuity from complexity in patients so that the correct clinical pathway is accessed without an immediate default to treatment in hospital 10. Strengthen Dementia and Delirium Identification and Management with a focused piece of work across care homes and the redesign of the hospital discharge pathway for those with the most complex needs. <p>This evaluation provides a clear set of recommendations to inform improvement and development areas for 2026/27 across the same day urgent and emergency care system as well as priority areas for the 2026/27 Winter Planning.</p> | |
| <p>Recommended action for the Committee</p> | <p>It is recommended the Local Care Partnership:</p> <ul style="list-style-type: none"> • Note the content of the report and learning from Winter 2025/26 • Comment on the 2025/26 winter evaluation recommendations and endorse their delivery through the system partnership. | |
| <p>Potential Conflicts of Interest</p> | <p>Potential conflict of interest from members of the Board involved in the funding or commissioning of services referenced in this report.</p> | |
| <p>Impacts of this proposal</p> | <p>Key risks & mitigations</p> | <p>The risk of not implementing the recommended priorities for Winter 2026/27 could influence winter pressures through missed opportunities for admission avoidance, poorer patient outcomes (particularly for mental health, dementia, and complex cases), and failure to achieve financial sustainability under the One Bromley strategy.</p> |
| | <p>Equality impact</p> | <p>The development of these winter recommendations has been informed by a proportionate consideration of equality, diversity and health inequalities, in line with the Public</p> |

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| | | <p>Sector Equality Duty and local Equality Impact Assessment (EIA) guidance.</p> <p>The recommendations are designed to improve access, experience and outcomes for all population groups, with particular focus on those at highest risk of poor outcomes during winter. This includes people with protected characteristics and those experiencing wider health inequalities.</p> |
| | Financial impact | <p>Winter pressures, system congestion and unmanaged demand throughout winter place significant financial strain across health and care organisations, reinforcing the need for proactive planning, effective demand management, and a robust approach to managing winter pressures.</p> |
| | Public Engagement | Not applicable |
| Wider support for this proposal | Other Committee Discussion/Internal Engagement | <p>The Bromley A&E Delivery Board is responsible for the planning, delivery and review of system winter management. The 2025/26 Winter Evaluation and Recommendations will be presented to One Bromley Executive and the Clinical and Professional Advisory Group for information.</p> |
| Author: | Jodie Adkin, AD - Urgent and Emergency Care, Hospital Discharge and Care Homes | |
| Clinical lead: | Dr Puja Patel, UEC GP Clinical Lead | |
| Executive sponsor: | Dr Angela Bhan, Place Executive Lead - Bromley | |

Winter Review and Recommendations 2025/2026

Evaluation Process

The Winter 2025/26 evaluation was developed through a structured process that combined quantitative performance analysis, provider insight, and clinical reflection to identify what worked well, where challenges remained, and provide a set of recommendation for Winter 2026/27.

Evaluation methodology

1. Quantitative Review
2. Review Commissioned Services
3. Provider Feedback
4. A&E Delivery Board Winter Wash-Up Workshop
5. Synthesis and Recommendation Development

Major Successes

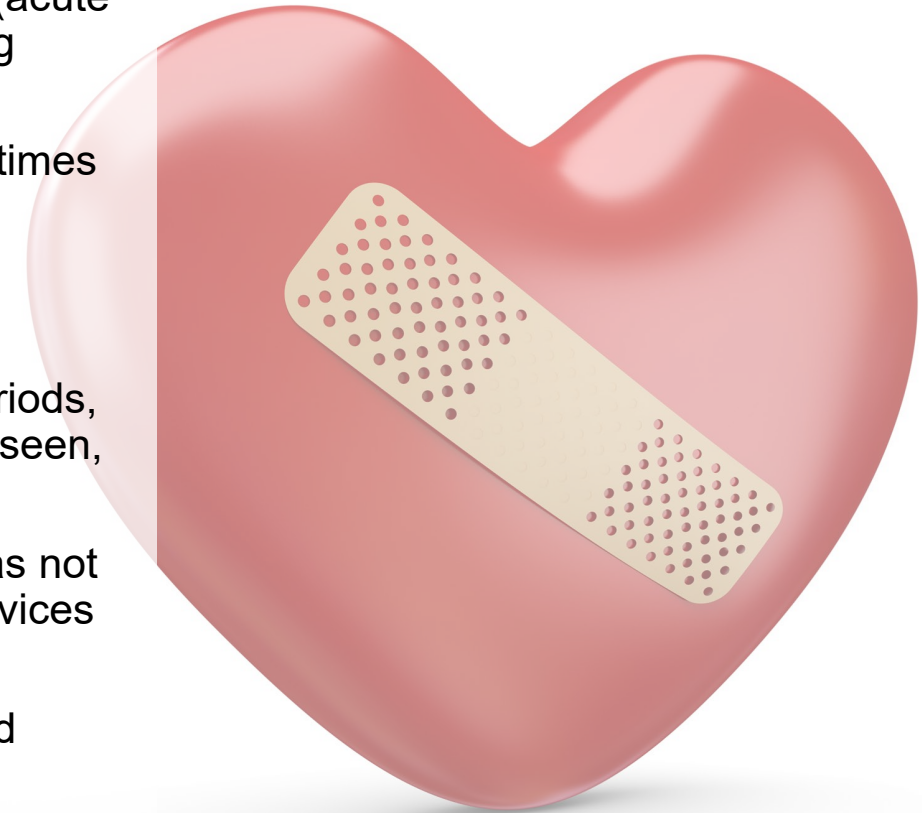
1. **Pharmacy First** demonstrated strong delivery capacity, **with 11,391 consultations (Oct 2025–Jan 2026)**, providing much needed provision to manage same day care demand.
2. From October 2025 to January 2026, repeat prescriptions via the **NHS App grew from 33,032 to 36,332, an increase of 3,300 orders, representing 10%** growth over the four-month winter period.
3. **Winter illness Hubs** delivered by the GP Collaborative saw 80% of consultations completed, 8% directly booked into GP practices, and 9% appropriately referred to urgent care.
4. Establishing access to GP practices Monday 111 appointment slots by Winter illness Hubs reduced the need to direct patients to hospital-based services on a weekend.
5. Voluntary and Community Sector (VCSE) services supported hospital flow and discharge, with **728 patients assisted through Take Home and Settle** (98% within 30 minutes), 270 PDSS referrals, and 520 HandyPerson interventions to enable residents to return home safely with the care and support they need.
6. The strong domiciliary care market continued to provide high quality, timely support so no resident requiring ongoing care and support had to remain in hospital unnecessarily, speeding recovery and improving outcomes.

Major Successes

7. **Bromley Healthcare (BHC) exceeded capacity** and admission targets, with capacity for 600 patients offered throughout the winter period (vs 589) with 487 patients supported to leave hospital to continue rehabilitation and recovery at home. 162 of the 487 patients were community step-ups, preventing an admission in this group.
8. **Paediatric short stay** provision was offered intermittently throughout winter, managing 57 children safely and preventing long waits in the Emergency Department (ED) or a hospital admission for these children.
9. **One Bromley Falls Campaign** in care homes saw 91% of falls avoiding ambulance attendance where a Raizer II chair was used and a 34% reduction in conveyances to hospital across pilot sites. The number of care home resident conveyances to Hospital year on year has seen a reduction of -8% in 2025/2026.
10. **Strong vaccination uptake** achieved in priority resident groups, with 77% COVID and 72.5% flu coverage among care home residents.
11. Onboarding of all (100%) care homes with continued support provided on usage of the **Universal Care Plan (UCP)** system so all professionals can view the residents care and support plan in a crisis.

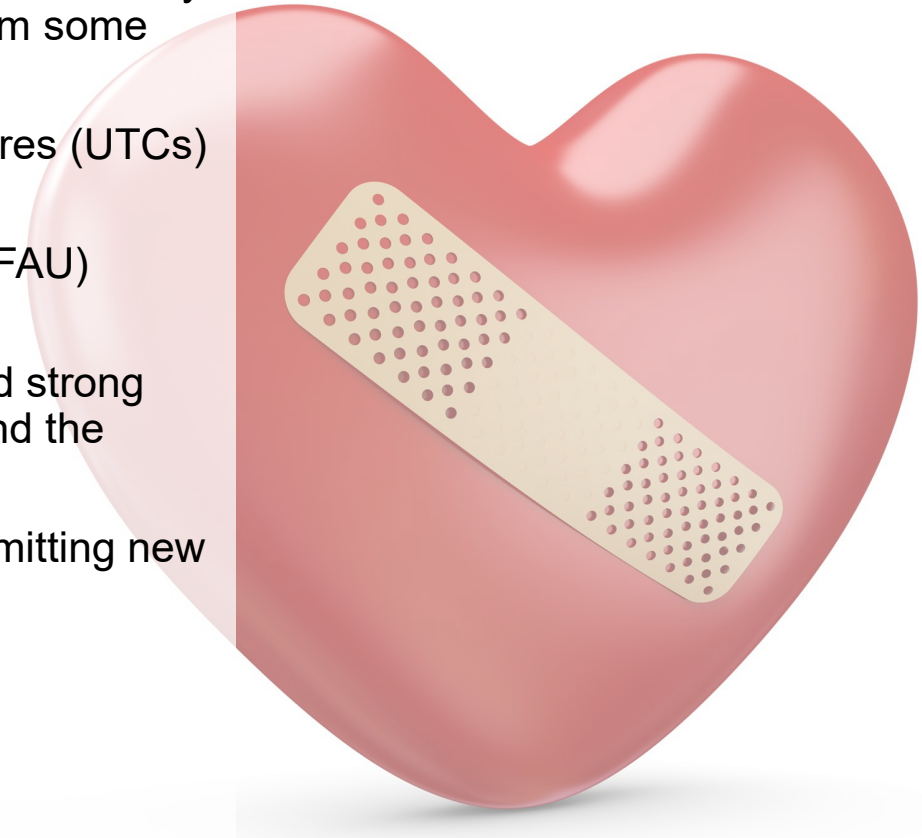
Challenges

1. The hospital continued to see episodes of corridor care due to overcrowding, and longer lengths of stay with some cohorts of patients staying longer in hospital (acute and mental health inpatients) than in previous years, often driven by increasing complexity in patient need.
2. Carers becoming unwell often required an unnecessary attendance and sometimes admission for the person being cared for.
3. Ambulance based demand exponentially increased during some days, whilst admissions rates remained stable.
4. Although a short-term paediatric assessment unit was offered during some periods, more children waited longer than 4 hours in the Emergency Department to be seen, treated and discharged than in previous winters.
5. Bromley Healthcare's additional capacity for community discharge services was not fully utilised suggesting a potential misalignment with patient need and the services offered.
6. Hospital discharge services within the voluntary sector also noted an increased demand for more complex resident needs.
7. 11 Winter Illness Hubs were offered which improved access for patients however intensified GP workforce strain during periods of peak winter demand.



Challenges

8. Only 21 patients were referred from urgent and emergency services across all Pharmacy First activity, and NHS 111 referred just 44 patients reflecting low utilisation from some services.
9. Ongoing IT challenges prevented individuals attending Urgent Treatment Centres (UTCs) to be directly booked into alternative services including Pharmacy First.
10. Demand for frailty based acute services e.g. Acute Frailty Assessment Unit (AFAU) continued to outstrip capacity throughout winter.
11. Although admission avoidance services like Hospital @Home (H@H) delivered strong occupancy rates, there is an ongoing challenge with matching patient need, and the service offer to provide an alternative to hospital-based care.
12. Reduced services on weekends in AFAU and H@H presents challenges in admitting new patients over the weekend.



Recommendations for Winter 2026/27

Community Based Care

- Improve and sustain high vaccination uptake in Bromley, with targeted action to increase coverage among care home residents and vulnerable groups. This will include staff training and awareness programmes and improved access through dedicated vaccination clinics for immunocompromised and housebound patients.
- Continue to promote and embed Pharmacy First across lower utilisation pathways, including low utilisation GP practices, 111 and UTC.

Primary – Secondary Interface

- Developing a sustainable model for primary care to address same day care demand with consistent and equitable use of wider UEC pathways.
- Significantly improve consistency of acute Consultant Connect pathways, including improvement in call pick-up rate for Surgical SDEC.
- Develop an integrated, clinically led triage pathway for unscheduled patients attending hospital, ensuring they are directed to the right place first time, significantly reducing Emergency Department congestion and eliminating corridor care. The pathway will align with primary care services and make best use of local community, mental health, voluntary sector provision and SDEC provision, ensuring patients receive care in the most appropriate setting.

Recommendations for Winter 2026/27

Improving outcomes for high priority resident groups

- Improve paediatric urgent care capacity and flow through development of a paediatric SDEC model, improved UTC to ED triage and referral pathways, and increased promotion of alternative pathways such as Hospital at Home.
- Undertake a deep dive into mental health UEC activity between Oxleas and PRUH and King's to reduce Urgent and Emergency Care activity through improved early interventions and other pathways. Reduction in mental health UEC activity through system wide approach to preventing admission/effective discharge, including work with housing and care homes.
- Achieve a mature Frailty SPOA accessed consistently by LAS and newly offered to Care Homes supported by access to a range of community-based alternative care pathways, including a community frailty hub, UCR and a H@H service, all of which have clearly defined thresholds for admission.
- Agree a consistent way across provider organisations (including care homes) to differentiate acuity from complexity in patients so that the correct clinical pathway is accessed without an immediate default to treatment in hospital.
- Strengthen Dementia and Delirium Identification and Management with a focused piece of work across care homes and the redesign of the hospital discharge pathway for those with the most complex needs.

One Bromley Local Care Partnership Board

DATE: Thursday 18 June 2026

| | |
|--|---|
| <p>Title</p> | <p>Better Care Fund 26/27 Planning</p> |
| <p>This paper is for information and discussion</p> | |
| <p>Executive Summary</p> | <p>This report presents the Bromley Better Care Fund (BCF) Plan for 2026/27.</p> <p>The plan has been developed in line with national guidance and submitted within required timescales.</p> <p>It sets out the agreed approach, principles and areas of focus for 2026/27, aligned to emerging Neighbourhood Health policy and regulatory requirements, and is presented to the Board for formal noting and support.</p> <p>The BCF is a national programme that brings together health, social care and wider partners to support more joined-up care for residents. It is designed to enable residents to remain independent for longer, avoid unnecessary hospital admissions, and receive more coordinated support across services.</p> <p>Each year, the Government publishes guidance setting out what local BCF plans must include. This covers agreed performance measures, financial reporting and a narrative describing how local partners will work together to deliver integrated and preventative services for our population.</p> <p>Local areas are required to submit:</p> <ul style="list-style-type: none"> • A narrative plan describing the local approach to integration, prevention and neighbourhood-based care • Agreed national performance metrics, including non-elective admissions for residents aged 65 and over, delayed discharges and admissions to long-term residential care • A financial return setting out how Better Care Fund resources are allocated • Clear governance arrangements, including the role of the Health and Wellbeing Board in providing strategic oversight. <p>National guidance identifies 2026/27 as a transition year for the Better Care Fund, as systems prepare for wider changes in how health and care services are planned and delivered. This includes the development of neighbourhood health approaches, a stronger focus on prevention and</p> |

early intervention, and the evolving role of Health and Wellbeing Boards in providing strategic oversight. As a result, local plans are expected to focus on strengthening existing arrangements and setting a clear direction for future change, rather than implementing large-scale service transformation within a single year.

Bromley will use 2026/27 to prepare for future reform delivery through a structured three phase programme

Phase 1 – Mapping and clarification: building on work from 2025/26 to strengthen understanding of BCF funded activity, finances, commissioned services and learning from consultation and co-production with residents. This will also include refreshing our understanding of population need and unmet need.

Phase 2 – Review against policy and evidence: testing existing BCF funded activity against national BCF policy, neighbourhood health expectations, priority cohorts and the local and SEL evidence base. Testing value and impact at a pathway and global scale level.

Phase 3 – Moving towards the future state: identifying opportunities for incremental rebalancing of resources over time, particularly from reactive to preventative interventions, and a greater focus on priority cohorts including those living with frailty.

Rather than introducing significant new service models, local systems are expected to focus on strengthening existing arrangements and setting a clear direction for future change. This includes:

- Aligning plans with emerging neighbourhood health policy
- Strengthening joint planning, governance and shared accountability across health and social care
- Improving transparency and understanding of the impact of existing BCF activity
- Developing a clearer shift toward prevention and community-based support.

As a result, the 2026/27 Bromley BCF Plan focuses on establishing strong foundations, setting priorities, and clarifying the direction of travel, rather than delivering large-scale transformation within a single year.

Consistent with national expectations, the plan places particular emphasis on:

- Prevention, early intervention and reducing avoidable hospital admissions
- Supporting residents to remain independent for longer, especially older residents and those living with frailty

| | |
|--------------------------------------|--|
| | <ul style="list-style-type: none"> Aligning BCF activity with the development of neighbourhood health services Gradually shifting resources toward more community-based, integrated and preventative models of care. |
| Recommended action for the Committee | <p>Members of the Board are asked to:</p> <p>Note the national context and requirements for the Better Care Fund (BCF) for 2026/27, including its role as a planning and transition year.</p> <p>Note the Bromley Better Care Fund Plan for 2026/27, including the approach, priorities and governance arrangements, submitted to the Department of Health and Social Care (DHSC) in line with national timescales.</p> <p>Endorse the submitted plan and note that any further updates or required amendments will be reported to a future meeting of the Board.</p> |
| Potential Conflicts of Interest | N/A |
| | |
| Impacts of this proposal | <p>Key risks & mitigations</p> <p>A key risk associated with the plan is the potential for the system not to achieve the intended performance and outcome improvements, particularly in relation to demand management, discharge flow and reductions in long-term residential care admissions. To mitigate this, a dedicated BCF steering group is being established to provide strategic oversight, monitor delivery against agreed objectives and ensure collective ownership across partners, enabling timely intervention and course correction where required.</p> |
| | <p>Equality impact</p> <p>The development of the 2026/27 Better Care Fund plan has considered the requirements of the Health Inequalities Duty and the Public Sector Equality Duty (PSED), with a continued focus on improving access, outcomes and experiences for those most at risk of poorer health and care outcomes. Equality considerations will be embedded through delivery, with Equality Impact Assessments (EqIAs) undertaken as appropriate and overseen through the BCF steering group to ensure that the impact on protected groups and health inequalities is actively monitored and addressed.</p> |
| | <p>Financial impact</p> <p>This is a report for information only and there are no direct financial implications arising as a consequence of this report.</p> |
| | |

| | | |
|---------------------------------|--|---|
| Wider support for this proposal | Public Engagement | The development of the 2026/27 Better Care Fund plan has been informed by ongoing engagement with local residents, service users and carers, including insight gathered through existing consultation mechanisms, service feedback and partnership working across the system. While this planning cycle has been focused on aligning strategic priorities and system delivery requirements, the plan reflects a continued commitment to embedding the voice of local people through future service design, delivery and evaluation. |
| | Other Committee Discussion/ Internal Engagement | Discussion has taken place with relevant the Portfolio Holder, the Chair of the Health and Wellbeing Board, relevant Directors and key colleagues. One Bromly Executive and the Joint commissioning Board have endorsed the Plan |
| Author: | Rob Carrick – Strategic Commissioner | |
| Clinical lead: | | |
| Executive sponsor: | Dr Angela Bhan, Place Executive Lead and Donna Glover, Director of Adults Services | |

Choose an item.



Better Care Fund 2026-27

Narrative return

[Introduction and guidance](#)

This return has been designed to enable ICBs and local authorities, working with Health and Wellbeing Boards (HWBs), to submit information which demonstrates how their plans for the Better Care Fund (BCF) meet the national conditions and planning requirements for 2026-27. Completing and submitting the BCF narrative return is a required part of the overall BCF submission process. Planning leads should ensure that all questions within this narrative return are fully addressed.

This year, the length of the narrative return has been reduced. This reflects feedback on the benefits of a more focused BCF assurance process. In completing the return, HWBs, ICBs and local authorities may wish to develop more detailed joint plans for BCF expenditure for their own use and/or draw on other joint plans.

Each question in the return has a suggested length of around a page (around 500 words) and we would generally expect the overall submission to be around 2500 words. These act as a guide to support a more focused assurance process rather than strict limits.

The narrative provided in this return should align with the expenditure plans and the ambitions for the national metrics set out in your BCF excel numerical return.

When completing the narrative return, please use the following documents for guidance and support, these can be found on the [BCF Exchange](#):

- **Planning Principles:** outlines what good practice looks like in relation to each narrative question and aligns with the relevant national conditions.
- **Metrics Handbook:** provides the formal technical specifications for the national metrics within the framework, including the rationale, methodology, required data inputs and worked examples.

Submission Requirements:

- Each HWB area must have its own BCF excel numerical return, but a single narrative BCF return covering multiple HWBs may be submitted where this reflects local integrated working arrangements.
 - Each HWB area included in a combined narrative return should provide clarity and state any specific details relevant to the separate HWBs within the narrative questions (and more words may be required for this than a single HWB return). Local authorities, ICBs and HWBs for each area should formally sign off the shared narrative return and their individual numerical excel BCF return.
-

- The deadline for completing this narrative return is **19 May 2026**.
- Please submit this return to both: england.bettercarefundteam@nhs.net and your regional better care manager(s).

Submission details

Mandatory to complete, please do not submit a return without completing the details below:

| <i>Adapt as necessary</i> | HWB area 1 | HWB area 2 |
|----------------------------------|-------------------|-------------------|
| HWB | Bromley | |
| ICB | SEL (Bromley) | |
| ICB | | |
| ICB | | |

1. Please provide a short statement setting out the rationale for using BCF funding to maximise delivery of integrated and preventative care linked to the relevant areas of neighbourhood health and social care services.

The core purpose of the Better Care Fund (BCF) in Bromley is to support integrated and aligned commissioning between the local authority (LA) and Integrated Commissioning Board (ICB) and delivery across health, social care, housing and the voluntary sector in order to help people, particularly older people and those with complex needs, to live well and independently for longer. In doing so, BCF funding contributes to avoiding unnecessary hospital admission, reducing delayed discharge, and preventing admission to long-term care placements.

During 2026/27, in line with national guidance, we plan to undertake a structured consolidation of all BCF activity to ensure our investment and plan is aligning with, and supporting the delivery of, neighbourhood-based care. Our approach is grounded in the One Bromley 5-Year Strategic Commissioning Plan, the Joint Health and Wellbeing Strategy, and the London Borough of Bromley's Prevent, Delay, Deter framework, and is aligned with the South-east London (SEL) prevention strategy. We have significant aspiration around aligning and increasing our efforts around prevention with the publication of a new VCSE charter 'connecting with the civil society' with a strong focus on building social capacity, the recommissioning of our Primary Secondary Care Prevention Service, Bromley Well and part of the national prevention innovation programme delivering prevention at scale, with an initial focus on falls. We will also seek to fully align and maximise the use of the Strategic Investment Fund locally.

Furthermore, our recent review of spend under our Section 75 Agreement found opportunities specifically around establishing a targeted frailty prevention cohort, rebalancing investment towards prevention and early intervention, and refocusing reablement and intermediate care on higher-acuity need. This plan sets out our approach to how we will take this forward.

Bromley has made strong progress in developing Integrated Neighbourhood Teams (INTs), with BCF-funded services increasingly aligned around shared population health intelligence, multidisciplinary working and coordinated responses for people living with frailty, multiple long-term conditions and complex needs. INTs provide a clear delivery mechanism for earlier identification, proactive intervention and integrated follow-up, supporting improved outcomes and reduced reliance on hospital-based care. Although our rate of admission to long term residential care is significantly lower than the national average, we continue to develop innovative and evidence-based ways to further reduce the rate of admission into long term care. Out INT work is one of them, as well as refocusing Reablement and intermediate care, continuing to strengthen our carers offer to ensure those at high risk of carer breakdown are well supported, and work around managing complex dementia and delirium.

In 2026/27 we will bring the neighbourhood approach increasingly to social care, including through the LA social work service and the joint commissioning of the third sector. Through this development, services funded through the BCF will increasingly work in, or alongside, developing Integrated Neighbourhood Teams.

A structured transition year approach

Bromley will use 2026/27 to prepare for future reform delivery through a structured three phase programme

- **Phase 1 – Mapping and clarification:** building on work from 2025/26 to strengthen understanding of BCF-funded activity, finances, commissioned services and learning from consultation and co-production with residents. This will also include refreshing our understanding of population need and unmet need.
- **Phase 2 – Review against policy and evidence:** testing existing BCF-funded activity against national BCF policy, neighbourhood health expectations, priority cohorts and the local and SEL evidence base. Testing value and impact at a pathway and global scale level.
- **Phase 3 – Moving towards the future state:** identifying opportunities for incremental rebalancing of resources over time, particularly from reactive to preventative interventions, and a greater focus on priority cohorts including those living with frailty.

Where it is possible to do so, we will begin implementation where we have system consensus with low risk of disruption. Where recommissioning or redesign is planned, this will be phased and informed by resident and partner engagement, with continuity of support maintained.

Work is underway to implement a new approach to the early identification of older people who may be at risk of admission to the care and health system. The Council is part of a national programme to pilot new approaches to intervention at scale. This methodology is to start with a focus on falls using AI tools to identify those at risk of a fall and following this through an early intervention. The pilot will roll out in 2026/27 and will be included in a DHSC evaluation of the pilot.

- 2. Please provide a brief explanation of the rationale for how you have set out goals for the metrics of non-elective admissions (for those 65 years old and over) and delayed discharges. Please also set out how you will monitor and drive progress in preventing avoidable long-term care home admissions and improving outcomes from reablement, including through any locally agreed goals for long term admissions to residential care and nursing homes.**

Bromley performs strongly in managing demand once people are in our services, particularly through intermediate care and reablement. Emergency admissions for residents aged 65 and over are below the national average, reablement outcomes are very strong, and Bromley performs particularly well on measures linked to long-term independence following reablement. This indicates that key parts of the pathway are working effectively and delivering positive outcomes for residents even as demographic pressures continue to increase.

We have set our 2026/27 metric goals using a pragmatic, evidence based approach that reflects and recognises the existing strong local performance, anticipated demographic growth (which is disproportionately higher in the 85+ age group) and aligned to LA and ICB planning trajectories. The approach represents a decision to prioritise credible delivery whilst recognising a marginal increase in performance in real terms reflects a significant improvement, given the demographic change. This approach also reflects the focus of this year and holds the system at a high-performing steady state while putting in place the conditions for more significant improvement from 2027/28 onwards.

Non-elective admissions (65+)

Bromley performs well compared with national and London averages for non-elective admissions among people aged 65 and over, with a downward trend of c.4% in 2025/26.

Our 2026/27 trajectory is based on the BCF Hospital Episode Statistics (HES) dataset, for ease of in-year monitoring and to match Office of National Statistics population projections. The target of 6.4% improvement has been applied which aligns with acute provider Operational Plans that reflect the SEL commitment to deliver the requirements set in the Medium-Term Planning Guidance. This reflects new schemes planned in 2026/27 including the frailty single point of access (SPoA) and further roll out of the falls bundle across care homes (with and without BCF contributions) which are expected to support the delivery of this target.

The recent release of 'Model ED' has highlighted a potential change in counting and coding for some ED Type 5 activity. As Trusts introduce new Extended Emergency Ambulatory Care (EEMAC) models which will be coded as ED Type 5 attendances, existing medical and surgical activity (currently ED Type 5 attends) is likely to shift into non-elective admissions which could have a negative effect on non-elective admissions performance/rates. We will monitor actual performance against plan regularly throughout the year and will seek to rebase plans if activity shifts are significant.

Performance in this area will continue to be monitored by the Bromley A&E Delivery Board which brings together all partners to monitor and manage system pressures in the urgent and emergency care space.

Delayed discharges

Our approach to 2026/27 planning is grounded in recent actual performance and a clear ambition to stabilise delivery across the year. Analysis of 2025/26 shows a deterioration in performance overall, driven primarily by winter pressures, while summer performance remains comparatively stronger.

For Date of Discharge Readiness (DRD) and Date of Discharge, average performance declined from 91.4% in 2024/25 to 87.9% in 2025/26. In 2024/25, performance was consistent across seasons (91% in both summer and winter). In contrast, 2025/26 highlights a widening seasonal gap, with summer averaging 89.2% and winter falling to 86.3%. Similarly, average days from DRD to discharge increased from 7.7 days in 2024/25 to 8.1 days in 2025/26, with winter performance (8.3 days) materially worse than summer (7.9 days).

Based on this pattern, our planning assumption for 2026/27 is to maintain summer-level performance consistently throughout the year, with a particular focus on improving winter resilience so that seasonal variation is reduced. This represents a realistic and pragmatic trajectory that reflects both recent performance and known operational constraints, while still delivering tangible improvement.

For modelling purposes, the 2026/27 planning position is therefore set at the mid-point between 2025/26 overall performance and the summer 2025/26 position, adjusted where necessary for demographic change and aligned to historic seasonal profiling. This approach ensures that expectations are stretching but achievable, prioritises system stability, and explicitly targets winter improvement rather than allowing seasonal deterioration to persist. Monitoring of this metric is also undertaken through the Bromley A&E Delivery Board that looks at long length of stay, as well as discharge performance from a system perspective.

The Joint Commissioning Board monitors the impact and outcomes of services commissioned from the BCF Hospital Discharge funding, reporting to the Health and Wellbeing Board and Department for Health and Social Care.

Preventing avoidable long-term care home admissions

Bromley has one of the lowest rates of admissions to residential and nursing care compared with its statistical neighbours and the national average. Based on the existing positive performance, noting the population growth within this cohort, and the expectation for preventative action to begin to see effect from future years, for 2026/27, the system has agreed to proceed with an improvement 420.1 per 100,000 compared with 421.8. This represents a steady state volume of 252 admissions compared with 253, but an improved position overall.

The LA is continuously developing its governance and oversight for decision making on residential placements. This particularly focusses on testing that the Home First approach and assistive technology is being applied, while also optimising the number of people supported within the borough boundary. Oversight is through LA senior management team with reporting to the Health and Wellbeing Board and Department for Health and Social Care.

Reablement outcomes

The borough is currently joint 4th in statistical neighbours at 0.661 (statistical neighbour average is 0.64) and the national average 0.61.

For 2026/27, Bromley has agreed to target an improvement to 0.664, moving the borough to a clear third position among statistical neighbours. This reflects our shift in increasing the focus of reablement towards people with higher acuity and greater complexity, and ensuring reablement is more fully integrated with discharge planning, intermediate care, and neighbourhood follow-up. In the context of our expected disproportionate demographic change in the oldest age groups, this marginal increase represents an improved position in terms of population rate.

In addition to the monitoring of individual metrics through the governance structures relevant to their respective policy areas, this year will see the initiation of strengthened officer-led oversight, designed to provide a holistic view across all BCF and wider balancing metrics. This enhanced approach will ensure that progress, risks and interdependencies are systematically reviewed, supporting joined-up action and more agile system responses as part of the ongoing review and improvement of local oversight arrangements.

Overall, our approach balances ambition with deliverability. It ensures alignment with planning assumptions, protects strong existing performance, and creates the analytical and operational foundation needed to drive more substantial progress on admission avoidance, discharge and independence in future years.

3. Please provide a short explanation of the planned impact of BCF funding on achievement of goals.

Bromley's planned use of BCF funding is informed by our recent CQC inspection of the LA as well as external Section 75 value assessment, which concludes that Bromley has strong downstream performance (including intermediate care and reablement), but that the system is stronger at response than prevention. This, alongside our population health data analysis, identified an opportunity to rebalance resources earlier in the pathway, particularly for frailty and falls.

The BCF does not act as a single driver of performance in Bromley, it enables coordinated action across health, social care, housing and the voluntary sector, helping to sustain strong performance and incrementally improve outcomes as neighbourhood delivery models mature. As per question 1, in 2026/27 we will better identify where BCF funding will be used to target areas of under/unmet need and unwarranted variation, alongside the broader system response, through a small number of do-now improvements and targeted service development.

Admission avoidance for people aged 65 and over

BCF-funded work in 2026/27 will focus on the cohorts most likely to drive admissions growth and bed day use.

Example areas of focus for 2026/27 include:

- Implement and use population health management (PHM) risk stratification, including with artificial intelligence (AI), to target our existing frailty and falls risk resource to those most at risk of hospital admission. This includes leveraging LA membership of national prevention community of practice. Interventions will be through INTs and expanding care homes falls programme, the latter building on the demonstrated reduction in ambulance conveyances for falls.
- Mobilise a frailty SPoA and strengthen frailty element of Urgent Community Response and Hospital at Home / virtual ward pathways to reduce avoidable conveyance/admission and improve same-day alternatives for older adults who are acutely unwell.
- Continue to roll out and deliver against our aspiration for a full frailty-attuned and competent workforce supporting prevention and reducing crisis presentations.

Reducing delayed discharge

BCF-funded work will sustain strong discharge performance while addressing the complex discharge drivers that contribute to avoidable bed days in Bromley.

Example areas of focus for 2026/27 include:

- LA moving some local social work resource into our hospital sites to give greater oversight and support to pathway 3 discharges

- Reviewing our extra-care housing (ECH) step-down pathway considering the new ECH offer
- Redesign the bed-based rehabilitation specification to meet a broader set of needs for individuals who require a further period of bed-based care, in the context of our ongoing commitment to Home First
- Develop a dementia and delirium strategy and use it to inform future recommissioning and pathway improvements, especially for those being discharged from hospital
- Continuing to use Disabilities Funding Grant (DFG) to reduce discharge delays caused by housing-related issues, including adaptations and access, and equipment constraints to support timely discharge.

Preventing avoidable long-term care home admissions

BCF-funded actions in 2026/27 will reinforce independence pathways and reduce escalation drivers into residential/nursing care.

Example areas of focus for 2026/27 include:

- Targeted frailty prevention and commencing falls risk work via PHM and neighbourhood pathways (see above), supporting earlier intervention before crisis events drive long-term placement and establishing new AI tools to identify people most at risk.
- Further development of the Reablement offer for higher-acuity cohorts at risk of long-term admission to residential care.
- Mobilising the new ECH offer to strengthen alternatives to long-term placement and support independence
- Co-produce and publish an updated carers strategy and commission a digital approach for information, guidance and assessment, reducing carer breakdown as a trigger for avoidable admissions to long-term care
- Maximise housing-based interventions (DFG and wider housing support) to remove environmental barriers to independence and reduce escalation
- Develop a dementia and delirium strategy and use it to inform future recommissioning and pathway improvements, including how to align to INTs the highly regarded Dementia Hub which offers respite support and help for those in crisis.

VFCSE and prevention in neighbourhoods

Our Section 75 review identified opportunity to shift impact earlier. A key focus of this year will be to understand where we can realign resources and further strengthening our existing prevention offer. This will build on the existing work, which this year will focus on defining the

VFCSE interface with neighbourhood working and support delivery of the ICS core prevention offer in target INTs from 27/28 onwards.

Key areas of focus for 2026/27 include:

- Co-produce a VFCSE Convention to guide this work
- Strengthen the Innovation Fund (one off funding to develop grassroots organisations and new/innovative services) with increased focus on outcomes and transformation, and
- Refresh and redesign our prevention offer through our primary and secondary intervention service (third sector) recommissioning, which commences in 2026/27 and our work with our VFCSE umbrella organisation to ensure better neighbourhood alignment and impact on prevention/independence.

4. Please outline how ICBs and local authorities have confidence that the services funded through the BCF represent value for money, and how they will seek to raise the productivity of services.

Throughout 2026/27 Bromley will take a structured and evidence-led approach to assessing Better Care Fund (BCF) value for money and to identifying how productivity can be improved over time. This is grounded in joint work between the ICB and London Borough of Bromley to assess unit costs, outcomes and system impact across the Section 75 pooled fund, alongside consideration of where investment sits along the pathway from prevention through to response.

Overall assessment of value for money

Our recent review of Section 75 provided independent insight and benchmarking. It indicates that Bromley achieves strong outcomes in key parts of the pathway, particularly for intermediate care, reablement and discharge. Emergency admissions for people aged 65 and over are below national averages, and reablement outcomes, especially the proportion of people remaining at home 12 weeks after discharge, are consistently strong. Where activity and spend can be linked at scheme level, unit costs are broadly reasonable and in line with available benchmarks, suggesting that services are being delivered at an appropriate cost.

This provides the system with confidence that BCF funding is overall supporting effective services and delivering value in downstream parts of the pathway. However, the review also highlights areas which are shaping our approach to achieving value for money in 2026/27.

Understanding where value can be improved

The key value for money challenge in Bromley is not primarily the price paid for services, but the distribution of resource across the pathway. Evidence suggests that the system is stronger at responding once people are in contact with services, through discharge, reablement and longer-term care, than it is at earlier prevention and intervention. For example, falls related admissions among older people remain relatively high compared with peers, indicating scope to improve earlier frailty and falls prevention beyond the excellent work undertaken in 2025/26 which has reduced falls conveyances from pilot care homes.

Similarly, the LA is already recommissioning the jointly funded domiciliary care provision with new contracts commencing Autumn 2026, this is expected to support better value for money, including through a reduction in double handed care and flexibilities created by trusted assessment arrangements.

Approach to value for money in 2026/27

Bromley will use the three phased approach set out earlier to strengthen confidence in value for money through:

- **Phase 1 – Mapping and clarification**
- **Phase 2 – Review against policy and evidence**
- **Phase 3 – Moving towards the future state**

Phase 1 will support us to improve financial and activity transparency. Building on the Section 75 review, Bromley will progressively improve understanding of what BCF funding is purchasing at scheme and pathway level, including clearer links between spend, activity and outcomes. This will support more informed commissioning decisions in future years and reduce reliance on high level proxy measures.

During phase 2, where data allows, Bromley will continue to benchmark the cost and performance of BCF funded services, particularly reablement, intermediate care and community-based provision. These insights will be used to identify variation, support challenge and inform service improvement.

Phase 3 will see rebalancing towards prevention safely and incrementally. The system recognises the opportunity to improve value for money further by shifting impact earlier in the pathway, especially for frailty, falls prevention and early identification of deterioration.

Productivity improvements are understood in Bromley primarily in terms of whole system efficiency, rather than isolated service outputs. BCF funding contributes to productivity by:

- reducing avoidable hospital bed days through effective discharge
- improving recovery and independence, reducing repeat use of services
- enabling care closer to home, reducing reliance on higher cost settings.

Opportunities to improve productivity will also be explored through digitisation, including population health management and AI-enabled tools to better target interventions, and through workforce models that reduce duplication and improve coordination via INTs.

Confidence in value for money is underpinned by joint governance arrangements between the ICB and the LA. During 2026/27, Bromley will strengthen officer level oversight of BCF delivery, enabling more routine review of expenditure, performance and emerging value for money insights. This governance will ensure that:

- learning from service reviews and pilots is captured and applied
- emerging risks to value or productivity are identified early
- future commissioning intentions are based in a firmer evidence base.

5. Please outline your robust joint governance for managing the expenditure of BCF funding, including assessing impact of funding, value for money and continuous improvement.

Bromley has well-established joint governance arrangements between the ICB and LA to oversee the planning, expenditure and delivery of the BCF. These arrangements ensure compliance with national conditions and provide clear accountability for impact, value for money and continuous improvement across health, social care and wider partners, including through our integrated commissioning service across ICB and LA.

During 2026/27, Bromley will strengthen and adapt these arrangements to reflect the year's role as a planning and transition year, alongside changes to the ICB operating model, while maintaining sufficient grip on delivery, performance and financial assurance.

Strategic oversight and accountability

The Health and Wellbeing Board (HWB) is the statutory forum providing strategic oversight and assurance that BCF expenditure is aligned with the Joint Health and Wellbeing Strategy, the One Bromley 5-Year Strategic Commissioning Plan, and wider neighbourhood health priorities. The HWB maintains public accountability and ensures that BCF plans reflect population need, inequalities and resident priorities, including the shift toward prevention and neighbourhood-based delivery.

The Joint Commissioning Board (JCB), operating on behalf of the ICB and the LA, provides strategic commissioning oversight of BCF-funded activity. During 2026/27, Bromley will test and refine the role of the JCB in overseeing BCF priorities, ensuring that commissioning intentions, learning from delivery, and emerging evidence are aligned as part of the wider development of strategic commissioning arrangements. The local system has also started reviewing neighbourhood health and HWB oversight arrangements in anticipation of further government guidance.

Operational grip and delivery oversight

Recognising the scale and complexity of the BCF programme, Bromley will establish a dedicated officer-level BCF working group during 2026/27. This group will bring together commissioning, finance, performance, operational delivery and transformation leads from across the ICB (Bromley Place) and the LA.

Its role will be to:

- coordinate analytical work, reviews and decision-making activity during the planning year, including work set out in Question 1
- maintain routine oversight of BCF expenditure, financial performance and national metrics
- surface risks and opportunities early and agree on mitigating action.

The officer-level group will draw directly on the Section 75 value assessment, PPL neighbourhood modelling and INT population profiles to understand how BCF funding is performing against need, utilisation and outcomes. The group will lead and co-ordinate resident and carer engagement ensuring it is built into recommissioning and redesign timetables, and that learning from engagement informs future commissioning intentions.

Recommendations from this group will support both the JCB and HWBB with timely, triangulated insight, enabling informed challenge and decision-making on the current and future BCF planning and spend.

Relationship to delivery and the Integrator

BCF-funded activity in Bromley is delivered through multiple providers and system partners, with INTs and the Integrator increasingly expected to play a central role in coordinating delivery across organisational boundaries.

In line with national direction, governance arrangements distinguish between:

- delivery and system coordination, led through neighbourhoods, providers and the Integrator, and
- commissioning, assurance and performance oversight, led through joint ICB–LA governance.

We have in place a nascent Integrator support function, with plans for transfer to King's College Hospital NHS FT as our Integrator host. During 2026/27, Bromley will use these structures to refine the interface between neighbourhood delivery and commissioning oversight, particularly as ICB operating model changes are consulted on and enacted, ensuring clarity of roles without weakening assurance.

Better Care Fund 2026-27 Numerical Template

3. Income

Selected HWB:

| Local authority contribution | |
|---|--------------------|
| Disabled Facilities Grant (DFG) | Gross Contribution |
| Bromley | £3,131,874 |
| DFG breakdown for two-tier areas only (where applicable) | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Total Minimum local authority contribution (exc local authority BCF grant) | £3,131,874 |

Complete:

| Local authority better care grant (LABCG) | Contribution |
|--|-------------------|
| Bromley | £9,536,854 |
| Total Local authority better care grant | £9,536,854 |

Are any additional local authority contributions being made in 2026-27? If yes, please detail below

Yes

| Local authority additional contribution | Contribution | Comments - Please use this box to clarify any specific uses or sources of funding |
|--|--------------|---|
| | | |
| | | |
| Total additional local authority contribution | £0 | |

Yes

| NHS minimum contribution | Contribution |
|---------------------------------------|--------------------|
| NHS South East London ICB | £33,076,624 |
| | |
| | |
| | |
| Total NHS minimum contribution | £33,076,624 |

Are any additional NHS contributions being made in 2026-27? If yes, please detail below

Yes

| Additional NHS contribution | Contribution | Comments - Please use this box to clarify any specific uses or sources of funding |
|--|--------------------|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total additional NHS contribution | £0 | |
| Total NHS contribution | £33,076,624 | |

Yes

| Total BCF pooled budget | 2026-27 |
|-------------------------|--------------------|
| | £45,745,352 |

Funding contributions comments
For any useful details please use the text box below (for no additional comments, insert 'NA')

N/A

Yes

Better Care Fund 2026-27 Numerical Template

4. Expenditure

Selected Health and Wellbeing Board:

| Running Balances | 2026-27 | | |
|-----------------------------------|--------------------|--------------------|-----------|
| | Income | Expenditure | Balance |
| DFG | £3,131,874 | £3,131,874 | £0 |
| NHS Minimum Contribution | £33,076,624 | £33,076,624 | £0 |
| Local Authority Better Care Grant | £9,536,854 | £9,536,854 | £0 |
| Additional LA Contribution | £0 | £0 | £0 |
| Additional NHS Contribution | £0 | £0 | £0 |
| Total | £45,745,352 | £45,745,352 | £0 |

Required spend on adult social care from NHS minimum allocations

| Adult Social Care services spend from the NHS minimum allocations | 2026-27 | |
|---|------------------------|---------------|
| | Minimum required spend | Planned Spend |
| | £18,722,677 | £23,637,608 |

Checklist

Column complete: Yes Yes Yes Yes Yes

| Number | Category of scheme | Description of scheme | Source of funding | Adult Social Care Spend | Expenditure for 2026-27 (£) |
|--------|---|---|-----------------------------------|-------------------------|-----------------------------|
| 1 | Discharge support and infrastructure | Enhanced Care - 24hr living care to support clients to be discharged home as an alternative to care home admission | NHS Minimum Contribution | Yes | £308,000 |
| 2 | Discharge support and infrastructure | MDT providing specialist support for patients with complex needs to achieve safe discharge including homelessness, mental health. | NHS Minimum Contribution | No | £256,554 |
| 3 | Home-based intermediate care (short-term home-based rehabilitation, reablement and equipment) | Funding for Discharge to Assess P1 and P3 (D2A POC & Placements) ICB contribution at 42% | NHS Minimum Contribution | Yes | £1,907,866 |
| 4 | Assistive technologies and equipment | Community equipment to aid hospital discharge and support clients to be independent - funding the ISIS contract | NHS Minimum Contribution | Yes | £300,000 |
| 5 | Discharge support and infrastructure | Continuing Health Care D2A pathway | NHS Minimum Contribution | No | £800,880 |
| 6 | Discharge support and infrastructure | Brokerage - Brokerage of D2A POC and placement to support hospital discharge | Local Authority Better Care Grant | Yes | £101,317 |
| 7 | Home-based intermediate care (short-term home-based rehabilitation, reablement and equipment) | Funding for Discharge to Assess P1 and P3 (D2A POC & Placements) LA contribution at 30% | Local Authority Better Care Grant | Yes | £1,003,557 |
| 8 | Home-based intermediate care (short-term home-based rehabilitation, reablement and equipment) | Reablement - increasing reablement capacity to support hospital discharge | Local Authority Better Care Grant | Yes | £430,000 |
| 9 | Assistive technologies and equipment | Community equipment to aid hospital discharge and support clients to be independent - funding the ISIS contract | Local Authority Better Care Grant | Yes | £271,466 |
| 10 | Long-term home-based social care services | Contribution to community social care services for people who meet the threshold for long term support at home (MH, LD, 18-64) | Local Authority Better Care Grant | Yes | £7,730,514 |
| 11 | Disabled Facilities Grant related schemes | DFG | DFG | Yes | £3,131,874 |
| 12 | Discharge support and infrastructure | Social Care funding to support winter resilience and management of seasonal pressures | NHS Minimum Contribution | Yes | £1,209,010 |
| 13 | Home-based intermediate care (short-term home-based rehabilitation, reablement and equipment) | Contribution to Intermediate care home at home service - home based rehab (HBR) | NHS Minimum Contribution | No | £1,502,500 |
| 14 | Discharge support and infrastructure | Intermediate Care Services | NHS Minimum Contribution | No | £175,750 |
| 15 | Evaluation and enabling integration | Developing an integrated platform across primary care | NHS Minimum Contribution | No | £446,140 |
| 16 | Assistive technologies and equipment | Assistive Technology | NHS Minimum Contribution | Yes | £62,690 |
| 17 | Assistive technologies and equipment | Assistive Technology | NHS Minimum Contribution | Yes | £1,127,290 |
| 18 | Support to carers, including unpaid carers | Dementia support Hub for Post diagnosis support for individual and their carers | NHS Minimum Contribution | Yes | £612,340 |
| 19 | Wider local support to promote prevention and | Increased diagnostic capacity at the Memory clinic to support increase in population growth | NHS Minimum Contribution | No | £732,710 |
| 20 | Wider local support to promote prevention and | NHS contribution to support delivery of prevention and support services through the | NHS Minimum Contribution | Yes | £13,187,090 |
| 21 | Long-term residential/nursing home care | Providing dedicated clinical support to care homes and Extra Care Housing in line with | NHS Minimum Contribution | No | £370,850 |
| 22 | Home-based intermediate care (short-term home-based infrastructure) | ICB Risk pool to manage acute pressures through community services | NHS Minimum Contribution | No | £1,591,280 |
| 23 | Discharge support and infrastructure | Providing 7 day brokerage capacity to support hospital discharge | NHS Minimum Contribution | Yes | £60,370 |
| 24 | Home-based intermediate care (short-term home-based infrastructure) | Rehab - ?Reablement | NHS Minimum Contribution | No | £1,123,780 |
| 25 | Short-term home-based social care (excluding rehabilitation, integration) | Reablement | NHS Minimum Contribution | Yes | £366,970 |
| 26 | Evaluation and enabling integration | Funding of LA establishment relating to BCF | NHS Minimum Contribution | No | £72,770 |
| 27 | Evaluation and enabling integration | BCF Post | NHS Minimum Contribution | Yes | £207,800 |
| 28 | Support to carers, including unpaid carers | Support for carers | NHS Minimum Contribution | No | £622,580 |
| 29 | Support to carers, including unpaid carers | Support for carers /assistive technology | NHS Minimum Contribution | Yes | £1,976,960 |
| 30 | Discharge support and infrastructure | Delivering an integrated communit discharge Hub as per National Guidance and High | NHS Minimum Contribution | No | £1,130,520 |
| 31 | Discharge support and infrastructure | Delivering an integrated discharge service at the Princess Royal University Hospital as per | NHS Minimum Contribution | Yes | £666,400 |
| 32 | Personalised budgeting and commissioning | Neighbourhood Working Development | NHS Minimum Contribution | No | £612,702 |
| 33 | Personalised budgeting and commissioning | Neighbourhood Working Development | NHS Minimum Contribution | Yes | £612,707 |
| 34 | Personalised budgeting and commissioning | Uplift | NHS Minimum Contribution | Yes | £1,032,115 |

Better Care Fund 2026-27 Numerical Template

5. Metrics for 2026-27

Selected Health and Wellbeing Board:

Bromley

5.1 Non-Elective admissions

| | | Apr 25 | May 25 | Jun 25 | Jul 25 | Aug 25 | Sep 25 | Oct 25 | Nov 25 | Dec 25 | Jan 26 | Feb 26 | Mar 26 | |
|--|--------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| | | Actual | Actual | Actual | Actual | Actual | Actual | Actual | Actual | Actual | Actual | Actual | Actual | |
| Non elective admissions to hospital for people aged 65 and over per 100,000 population | Rate | 1,525 | 1,467 | 1,400 | 1,459 | 1,400 | 1,417 | 1,567 | | | | | | |
| | Number of admissions 65+ | | | | | | | | | | | | | |
| | Population of 65+* | 915 | 880 | 840 | 875 | 840 | 850 | 940 | | | | | | |
| | | 59,984 | 59,984 | 59,984 | 59,984 | 59,984 | 59,984 | 59,984 | | | | | | |
| | | | Apr 26 | May 26 | Jun 26 | Jul 26 | Aug 26 | Sep 26 | Oct 26 | Nov 26 | Dec 26 | Jan 27 | Feb 27 | Mar 27 |
| | | | Plan | Plan | Plan | Plan | Plan | Plan | Plan | Plan | Plan | Plan | Plan | Plan |
| | Rate | 1,389 | 1,375 | 1,332 | 1,405 | 1,442 | 1,382 | 1,492 | 1,292 | 1,319 | 1,385 | 1,255 | 1,360 | |
| | Number of admissions 65+ | | | | | | | | | | | | | |
| | Population of 65+ | 833 | 825 | 799 | 843 | 865 | 829 | 895 | 775 | 791 | 831 | 753 | 816 | |
| | | 59,984 | 59,984 | 59,984 | 59,984 | 59,984 | 59,984 | 59,984 | 59,984 | 59,984 | 59,984 | 59,984 | 59,984 | |

Complete:

Yes

Source: <https://digital.nhs.uk/supplementary-information/2025/non-elective-inpatient-spells-at-english-hospitals-occurring-between-01-04-2020-and-30-11-2024-for-patients-aged-18-and-65>

5.2 Discharge delays

| | | Apr 25 | May 25 | Jun 25 | Jul 25 | Aug 25 | Sep 25 | Oct 25 | Nov 25 | Dec 25 | Jan 26 | Feb 26 | Mar 26 |
|---|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| | | Actual | Actual | Actual | Actual | Actual | Actual | Actual | Actual | Actual | Actual | Actual | Actual |
| *Dec Actual onwards are not available at time of publication | | | | | | | | | | | | | |
| Average length of discharge delay for all acute adult patients | | 0.92 | 0.66 | 0.85 | 0.80 | 0.86 | 1.00 | 0.87 | 1.33 | | | | |
| Proportion of adult patients discharged from acute hospitals on For those adult patients not discharged on DRD, average | | 89.0% | 91.1% | 89.8% | 88.9% | 88.0% | 88.5% | 86.5% | 86.2% | | | | |
| | | 8.4 | 7.4 | 8.4 | 7.1 | 7.1 | 8.7 | 6.5 | 9.6 | | | | |
| | | Apr 26 | May 26 | Jun 26 | Jul 26 | Aug 26 | Sep 26 | Oct 26 | Nov 26 | Dec 26 | Jan 27 | Feb 27 | Mar 27 |
| | | Plan | Plan | Plan | Plan | Plan | Plan | Plan | Plan | Plan | Plan | Plan | Plan |
| Average length of discharge delay for all acute adult patients | | 0.85 | 0.85 | 0.85 | 0.85 | 0.85 | 0.85 | 0.95 | 0.95 | 0.95 | 0.95 | 0.95 | 0.95 |
| Proportion of adult patients discharged from acute hospitals on For those adult patients not discharged on DRD, average | | 89.2% | 89.2% | 89.2% | 89.2% | 89.2% | 89.2% | 88.0% | 88.0% | 88.0% | 88.0% | 88.0% | 88.0% |
| | | 7.90 | 7.90 | 7.90 | 7.90 | 7.90 | 7.90 | 7.90 | 7.90 | 7.90 | 7.90 | 7.90 | 7.90 |

Yes
Yes

Source: <https://www.england.nhs.uk/statistics/statistical-work-areas/discharge-delays/discharge-ready-date/>

5.3 Admissions to residential and nursing care homes

| | | Rolling 12 month total until end of quarter date indicated | | | | 2026-27 | 2026-27 | 2026-27 | 2026-27 |
|---|----------------------|--|--------------------------|--------------------------|--------------------------|------------------------|------------------------|------------------------|------------------------|
| | | Actual Ending 31-12-2024 | Actual Ending 31-03-2025 | Actual Ending 30-06-2025 | Actual Ending 30-09-2025 | Plan Ending 30-06-2026 | Plan Ending 30-09-2026 | Plan Ending 31-12-2026 | Plan Ending 31-03-2027 |
| Long term admissions to residential and nursing care homes for people aged 65 and over per 100,000 population | Rate | 283.4 | 148.4 | 8.3 | 13.3 | 450.1 | 441.8 | 433.4 | 425.1 |
| | Number of admissions | | | | | | | | |
| | Population of 65+* | 170 | 89 | 5 | 8 | 270 | 265 | 260 | 255 |
| | | 59,984 | 59,984 | 59,984 | 59,984 | 59,984 | 59,984 | 59,984 | 59,984 |

Yes

*Population of people aged 65 and above are based on the latest available mid-year estimates from the ONS

One Bromley Local Care Partnership Board

DATE: Thursday 18 June 2026

| | | |
|---|---|--|
| <p>Title</p> | <p>One Bromley Communications and Engagement Annual Activity Report 2025/26</p> | |
| <p>This paper is for information</p> | | |
| <p>Executive Summary</p> | <ul style="list-style-type: none"> • This paper presents the One Bromley Communications and Engagement Annual Activity Report 2025/26, which provides an overview of how communications and engagement activity has supported the delivery of One Bromley priorities over the last year. • The report highlights how partners have worked collaboratively to inform, involve and engage Bromley residents, patients and communities in the development and delivery of health and care services. It demonstrates how effective communications and meaningful engagement have supported prevention, neighbourhood working, integrated care programmes and wider system priorities, while helping to reduce health inequalities and improve outcomes. • The report includes case studies and examples of activity delivered during the year, alongside evidence of impact, learning and outcomes. It also sets out key areas of focus for 2026/27 as the partnership moves into the next phase of delivering neighbourhood health services. • The report is intended to provide assurance to the Board on the breadth, consistency and quality of communications and engagement activity across One Bromley during 2025/26. | |
| <p>Recommended action for the Committee</p> | <ul style="list-style-type: none"> • Note the Communications and Engagement Annual Activity Report for 2025/26. • Provide any feedback or observations to inform future reporting and priorities. | |
| <p>Potential Conflicts of Interest</p> | <p>None</p> | |
| | | |
| <p>Impacts of this proposal</p> | <p>Key risks & mitigations</p> | <p>There are no direct risks arising from this paper. The report provides assurance on activity already delivered and learning that will inform future work.</p> |
| | <p>Equality impact</p> | <p>Communications and engagement activity throughout 2025/26 has had a strong focus on inclusion, targeting communities most likely to experience poorer health outcomes or barriers to access. Activity aligns with the Public Sector Equality Duty and contributes to reducing health inequalities through proportionate, targeted engagement.</p> |

| | | |
|---------------------------------|---|---|
| | Financial impact | There are no additional financial implications arising from this paper. Activity described has been delivered within existing resources and agreed programmes. |
| Wider support for this proposal | Public Engagement | The paper summarises a wide range of engagement with Bromley residents and communities undertaken during 2025/26, including targeted engagement, events, surveys, and use of community networks. Feedback and insight gathered has informed service design, communications approaches and delivery. |
| | Other Committee Discussion/ Internal Engagement | The activity outlined has been delivered collaboratively across One Bromley partners, supported by the One Bromley Communications and Engagement Workstream, with regular liaison with programme leads, partners and voluntary and community sector organisations. |
| Author/s: | Helen Marsh and Kelly Scanlon – NHS South East London ICB | |
| Clinical lead: | Dr Andrew Parson | |
| Executive sponsor: | Paulette Coogan | |



COMMUNICATIONS AND ENGAGEMENT ACTIVITY REPORT | 2025-26



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1. INTRODUCTION

Welcome to the 2025/26 Communications and Engagement Activity Report for the One Bromley Local Care Partnership¹ (LCP).

This report sets out how Bromley health and care services have worked with local people and communities over the last year to inform, shape and co-design their care and services. Meaningful engagement is vital in ensuring services reflect local needs, improve people's experiences, reduce health inequalities and support better health outcomes.

The report provides an overview of how communications and engagement have supported the delivery of One Bromley integrated care programmes and partnership initiatives throughout the year. By involving residents and communities early and in a meaningful way, we increase the likelihood that services are well designed, responsive and effective.

As a partnership of health, care, and voluntary sector organisations, One Bromley is committed to supporting people to play an active role in their own health and the development and delivery of services. Communications and engagement are integral enabling functions that underpin our shared ambition to deliver proactive, personalised, and integrated care.

2. PARTNERSHIP WORKING

The One Bromley LCP brings together local NHS health providers, Bromley Council, commissioners, and voluntary sector organisations to formally work together to deliver better care for all.

Working in this way means services can be better co-ordinated and ensure residents get the help they need when they need it.

Bromley has a strong track record of working collaboratively to communicate and engage with people and communities. The One Bromley communications and engagement workstream brings together representatives from all One Bromley partner organisations, alongside Healthwatch Bromley and Community Links Bromley. By working collectively, we are better able to reach, involve and hear from a wider range of residents and communities.

The workstream supports delivery of One Bromley programmes and advises the One Bromley Executive on approaches to internal and external communications and stakeholder engagement. This includes ensuring key partners, particularly local people and communities, are meaningfully involved and able to influence the development and delivery of integrated care.

The emphasis on the importance of communications and engagement reflects our dedication to ensuring that the voices of Bromley people and communities are heard and incorporated into the ongoing development and delivery of health and care services in Bromley.

¹ One Bromley Local Care Partnership is part of the South East London Integrated Care System which covers Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark.

3. OUR APPROACH

Our approach to engaging with Bromley people and communities is informed by the South East London Integrated Care System's (SEL ICS) People and Communities Strategic Framework.

This framework outlines the ambition and approach for working with people and communities across south east London and is based on the following foundations:

- Being accountable to local people and ensuring we are transparent.
- making decisions, setting direction and priorities in partnership with people and communities.
- Working with people and communities in new ways to transform health and care and support health and wellbeing.

During the year, One Bromley partners reaffirmed this commitment by signing a new One Bromley Involvement Charter, reinforcing our shared approach to involving people in decisions about their care, services and wider system improvements. The Charter provides a common framework for meaningful, proportionate involvement and supports consistent, good quality practice across the partnership.

Effective communications and engagement, underpinned by clear messaging, strong collaboration and engagement with staff, partners and the public, are essential to delivering the aims and priorities of the One Bromley LCP. Working collaboratively on shared priorities enables greater reach across communities by making best use of the wide range of networks held by all partners.

Information about One Bromley is shared through a range of channels, including digital platforms and partner networks:

- Dedicated One Bromley web pages hosted on the SEL ICS website provide information on integrated care, staying well, working with us and how to get involved: www.selondonics.org/OneBromley
- One Bromley social media accounts on Facebook, Instagram and X (@OneBromley), alongside amplification through partner channels, are used to share key messages and promote engagement opportunities.

Opportunities for residents to get involved are promoted through these channels and via the One Bromley Hub, part of the SEL ICS [Let's Talk Health and Care](#) platform. The Hub provides a space for people and communities to share ideas, discuss important topics, provide feedback and contribute to conversations about health and care in Bromley.

In addition to routine service feedback, we engage and involve residents and stakeholders in ways that are proportionate to the scale and impact of proposed changes. This approach is informed by existing insight from engagement activity, patient experience and local data, helping us understand what we already know, who we still need to hear from and how best to involve them.

Key mechanisms for involvement include:

- The One Bromley Patient Network, with over 180 members.
- The Community Health Champions programme.
- Targeted engagement with communities most likely to be affected by service changes or improvements.
- Surveys and consultations involving people with lived experience.

- Focus groups and events to shape plans and test ideas.
- Patient and service user led groups working with Bromley organisations.

Our engagement activity is expected to be meaningful and outcome-focused, demonstrating clearly how people’s views have shaped, informed or challenged our thinking. We are committed to closing the feedback loop by reporting back to people and communities on what we heard and how their input made a difference.

4. ONE BROMLEY INTEGRATED PROGRAMMES AND OTHER PARTNERSHIP ACTIVITY

This section describes how we have communicated and engaged with Bromley people and communities to inform the development and delivery of One Bromley integrated programmes and partnership initiatives during 2025/26. Some of these programmes have involved working with other multi-disciplinary teams and programme leads across the Bromley system.

Supporting the delivery of the One Bromley Winter Plan

Communications and engagement are important components of the One Bromley Winter Plan, and the communications and engagement workstream has consistently supported winter initiatives through coordinated system and public communications to help manage the increased demand on services. Activity this year included:

- Promoting prevention and selfcare messages including encouraging vaccination uptake during autumn/winter.
- Providing clear and accessible information on how to use the right service and help people to navigate the NHS.
- Supporting the local system through rapid, responsive and targeted communications.



What we did

Encouraged residents to proactively take care of their health by sharing winter wellness tips, information on common ailments and how to manage them, promoting vaccinations and available support services.

Materials including the [Keep Your Family Well This Winter](#) guide, '[what to do when you are unwell](#)' leaflet, and [Pharmacy First](#) leaflets, were delivered online and in print to GPs, pharmacies, Accident & Emergency, urgent care centres, providers, children and young people services, family centres, primary schools and libraries. Copies were also shared with harder to reach communities through winter outreach activity.



In addition, a 'local voices' video campaign was delivered, featuring local health and care professionals sharing clear, practical information with residents. The short videos provided trusted guidance on staying well, using services appropriately, and accessing the right care at the right time, helping residents understand where to go for support and advice.

The content was designed to be simple, engaging and representative of Bromley communities, enabling more effective reach through organic social media. This was supported by paid online, print and outdoor advertising to further increase visibility and awareness.

Outcomes Information about taking care of your health during the winter months and how to use the right service have been promoted widely through a variety of approaches. Physical materials were widely distributed and collaboration with partners amplified messaging online, in newsletters and via community outreach. This enabled us to reach Bromley residents more effectively.

Next steps Much of the content created this year can be reused. However, any learnings across style, content and delivery methods will be used to inform plans for winter 2026/27.

Raising awareness of vaccinations

One Bromley partners worked together to increase vaccination awareness and accessibility across the borough. This included promoting the Flu, Covid-19 booster, childhood immunisations, and MMR vaccines. We also promoted pop up vaccination clinics in areas of low uptake and used targeted social media and print advertising to reach at risk groups.

What we did

Information about vaccination sites and eligibility was widely shared, with GP practices and community pharmacies offering vaccinations, supported by pop-up clinics to extend reach into the community.

Focused efforts were made to promote the importance of vaccinations to specific groups. This included joining the Bromley Together Coffee morning for people with learning disabilities, Family Health Day with the Crays Primary Care Network (PCN), Youth Health Event in the Crays with Link Youth Club and the Freshers Fair at Bromley College.



To increase confidence in vaccinations and improve uptake in areas with historically lower coverage, two pop-up clinics were held in Mottingham and the Crays. A Family Health and Wellbeing event was delivered alongside a pop-up vaccination clinic in Penge. The event provided trusted information on immunisations and promoted wider health and wellbeing support, including mental health, blood pressure checks and child health services. A vaccination talk was organised for parents at the Mum's Hub in Mottingham and a Winter pop-up vaccination pop-up was done in partnership with Living Well Food bank for service users and volunteers. An event to support Women's Health was held at Kentwood House (Bromley Adult Education College) for migrants and students who speak English as a second language during International Women Day in March.



The [Winter Health Bus visited the Princess Royal University Hospital](#) in November to promote flu and Covid vaccinations combined with Vital 5 checks.

Specialist training – Talking Vaccines: Building Confidence Through Conversation was delivered for non-clinical partners, including library staff and Community Champions, in partnership with the South East London Workforce Development Hub. The session aimed to support a *make every contact count* approach by building confidence to have informed, empathetic conversations about vaccination.

Through interactive discussion, group work and real-world scenarios, participants explored the underlying causes of vaccine hesitancy, common myths and misconceptions, and practical techniques for responding to concerns in a supportive and non-judgemental way.

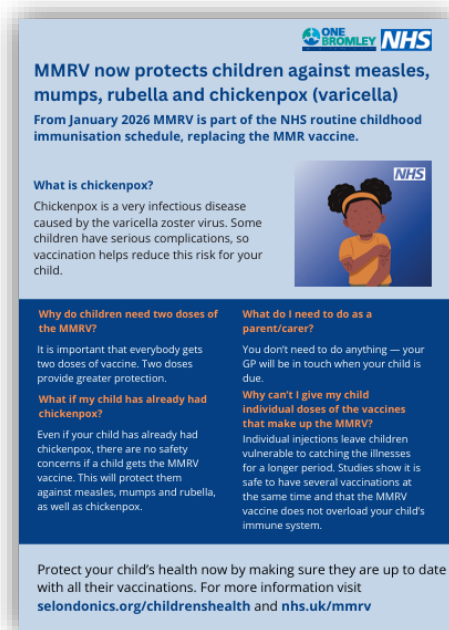
MMRV campaign

From 1 January 2026, the MMRV vaccine – protecting against measles, mumps, rubella and chickenpox (varicella) – replaced the MMR vaccine in the NHS routine childhood immunisation schedule.

An advertorial announcing the change, including a Q&A for parents, was published in *Our Bromley* magazine and delivered to all households in February. In addition, A5 leaflets were printed and distributed through health packs shared by foodbanks, half-term activities in Penge, and a range of outreach settings, including the Wellbeing Hub at the Bromley Health and Wellbeing Centre, a local school and community wellbeing activities.

Communications activity also included targeted work across:

- Education settings, including webinars, letters and resources for teachers, early years providers and families who home-educate



- Drop-in sessions at Children and Family Centres
- Advertising across social media, print, online and outdoor channels
- Community networks, faith groups, foodbanks, libraries and schools
- Training updates and webinars for clinical and non-clinical staff to support the *make every contact count* approach
- A family health and wellbeing event in Penge, where vaccination rates are lower, alongside vaccination information shared at outreach activities across the borough
- A Winter Health webinar for the One Bromley Patient Network and Community Health Champions



Outcomes

Information and messages about the range of vaccinations have been promoted widely by partners across the system. Feedback obtained from community engagement work has been used to tailor communication approaches with different communities and improving attendance to pop-up vaccination clinics.

Bromley was one of the best performing London boroughs for winter vaccination uptake.

COVID BOOSTER:

- 61.4% of over 75s
- 63.8% of over 75s (Housebound)
- 28.2% of under 75 at risk
- 46.1% of under 75 at risk (housebound)
- 76.2% of Care home residents

FLU:

- 70.5% for over 65s
- 40.6% for 18-64 years and at-risk
- 48.9% for under 18s at-risk
- 47.7% for school-aged children not at-risk
- 47.6% for 2–3-year-olds
- 43.7% for pregnant women

RSV:

- 64% of eligible older patients vaccinated



Next steps

Vaccination information will continue to be promoted through routine communications to maintain awareness, support informed choice and encourage uptake of Covid-19, childhood immunisations and MMRV.

Engaging residents in integrated neighbourhood pathways

As part of the development of integrated neighbourhood teams (INTs), residents were actively involved in shaping a new neighbourhood-based pathway for people living with multiple long-term conditions. This engagement helped ensure the emerging model of care reflected lived experience and responded to what matters most to people using services. More information about neighbourhood development in south east London is available at www.selondonics.org/neighbourhoods

What we did

In September 2025, Bromley residents with two or more long-term conditions were invited to help shape development of the new INT pathway.

Two engagement sessions were held. One in person and one online and provided residents with information about emerging plans for a neighbourhood health service and practical opportunities to influence how care and support would be delivered.



Participants were invited to share their experiences of living with multiple long-term conditions, including diabetes, cardiovascular disease, chronic kidney disease, hypertension, depression, chronic pain and respiratory conditions. Discussions focused on what currently works well, where there are challenges, and what could make care more joined-up and person-centred.

Outcomes

Across the two sessions, residents provided detailed feedback that directly informed the development of key elements of the INT pathway. This included shaping approaches to communication, the content and tone of the pre-assessment questionnaire, and the design of the holistic assessment process.

Residents highlighted the importance of feeling listened to, having care coordinated around their needs, and receiving clearer information about what support is available locally. Participants also valued the opportunity to influence the model at an early stage, before decisions were finalised.

Next Steps

The insight gathered through this engagement will play a key role in refining the INT pathway and embedding a more person-centred, neighbourhood-led approach to care for people with multiple long-term conditions. Feedback will continue to be used to inform how services are designed, communicated and delivered as the model is implemented across Bromley.

Selfcare week and outreach activity

Over the year, One Bromley partners, supported by Community Health Champions, delivered a wide range of health and wellbeing activity across the borough. This work focused on prevention and was aligned to local health priorities, including activity led by Bromley Well as part of the national Self Care Week, which takes place each November.



What we did

One Bromley partners used local community events as opportunities to share health and wellbeing messages directly with residents. This included attendance at regular MP coffee mornings hosted by Liam Conlon MP, alongside outreach at other local settings and events.



- Local festivals
- [NHS App Awareness Day](#)
- [Black History Month](#)
- [Community Wellness event with Jobs+ and Clarion Housing in Penge](#)
- [PCN Men and Women Health events](#) and Wellbeing Cafes
- One Bromley Wellbeing Hub events
- Bromley College Freshers Week
- Youth Health and Wellbeing Event for the Link Youth Club.
- [International Women's Day at Bromley Adult Education College](#)

Bromley Well coordinated the sixth annual Self Care Week in Bromley, which forms part of the national Self Care Week led by the Self Care Forum, an NHS-recognised charity. Organisations and community groups across the borough were invited to take part.

Charities, community interest companies (CICs), health and care organisations were invited to submit details of events taking place during or around the week. Bromley Well then coordinated and promoted a borough-wide programme of activity throughout November, encouraging residents to get involved.

In total, 73 public events were promoted on the Bromley Well website, involving 33 organisations from across the voluntary, community, health, education, housing and local authority sectors.

Events took place across Bromley, including within Primary Care Network Wellbeing Cafés, local churches, [the Bromley Adult Education Centre in Penge](#), and the One Bromley Wellbeing Hub at The Glades.

To improve access and visibility, a map showing the location of all events was published. Information about Self Care Week was also shared widely through partner communications, including Bromley Well newsletters, GP bulletins, the Neighbourhood Watch borough-wide email network, Bromley Third Sector Enterprise associate members, Community Links Bromley e-bulletins and One Bromley intranets.

| | |
|-------------------|---|
| Outcomes | <p>Self Care Week and the wider outreach activity helped raise awareness of self-care and prevention messages among residents. The programme highlighted the breadth and variety of health and wellbeing support available locally and provided opportunities to engage hundreds of residents in positive conversations about managing health, staying well and accessing support earlier.</p> <p>The Bromley programme was recognised nationally by the Self Care Forum, featuring in their annual report.</p> |
| Next steps | <p>Prevention, self-care and using the right service at the right time will remain key system messages across south east London, supported by ongoing communications activity. Planning is already underway for the next annual Self Care Week, building on learning and partnerships developed this year.</p> |

The opening of the Bromley Health and Wellbeing Centre

The new Bromley Health and Wellbeing Centre opened on 13 January 2026 following a comprehensive refurbishment, creating a welcoming, accessible, one-stop centre for health, wellbeing and lifestyle support for Bromley residents, right in the heart of the town centre. The opening marked an important milestone in the One Bromley LCP's longer-term ambition to reduce health inequalities and improve access to preventative support across the borough.

Development of the centre has taken place over several years, with residents and patient representatives involved throughout the process, including representation on the project board to help shape the vision, design and offer. This ensured the centre reflected local needs and priorities from the outset.



A [ceremonial opening](#) was held in March 2026, attended by the local MP and the Mayor of Bromley, recognising the role of partners, communities and residents in bringing the centre into operation.

What we did

A coordinated communications campaign promoted the opening of the Bromley Health and Wellbeing Centre. This was led collaboratively, with support from partners across the One Bromley system.

Information about the centre, including its location, purpose and the range of free services available was shared widely through:

- Printed materials and local advertising
- Stakeholder, partner and resident newsletters
- Online channels and social media

Communications were designed to raise awareness, encourage early use of the centre, and position it as a welcoming local resource for health advice, prevention and support.

| | |
|--------------------------|--|
| <p>Outcomes</p> | <p>The opening of the Bromley Health and Wellbeing Centre supports improved access to services and more joined-up delivery of care for residents. Key outcomes include:</p> <ul style="list-style-type: none"> • Relocation of Dysart GP Practice into the centre, providing patients with care from a modern, accessible and purpose-built setting. The move improved physical accessibility, created a better experience for patients and staff, and enabled closer working with other health, care and voluntary sector services based on site. • Targeted communications to support the move, ensured patients were aware of the new location, how to access services, and what support was available within the centre. • Increased opportunities for integrated working, with primary care, wellbeing, advice and voluntary sector services co-located, making it easier for residents to access support in one place. <p>This alongside early engagement with the centre, delivery of Vital 5 checks, and uptake of Bromley Well advice services help position the Bromley Health and Wellbeing Centre as a central hub for prevention, early support and improved access to care.</p> <ul style="list-style-type: none"> • Detecting Vital 5 risks and signposting and referring where appropriate to other services. • Bringing together health, care, and voluntary services to work together in a joined-up way for local people. • Offering a broad spectrum of support for Bromley residents. |
| <p>Next steps</p> | <p>Communications promoting the Bromley Health and Wellbeing Centre will continue throughout 2026/27, with partners across the system highlighting relevant services and activities to residents. As neighbourhood health services continue to develop, the centre will play an important role as a local base for prevention, early intervention and joined-up support, bringing services together in an accessible community setting.</p> <p>Ongoing engagement and communications will focus on increasing awareness of the centre's offer, supporting the delivery of neighbourhood-based care, encouraging preventative support, and ensuring residents know how and when to access the right services to help them stay well.</p> |

Developing the One Bromley Involvement Charter

One Bromley partners have developed a One Bromley Involvement Charter, which sets out a shared commitment to involving residents and communities in shaping health and care services across Bromley.

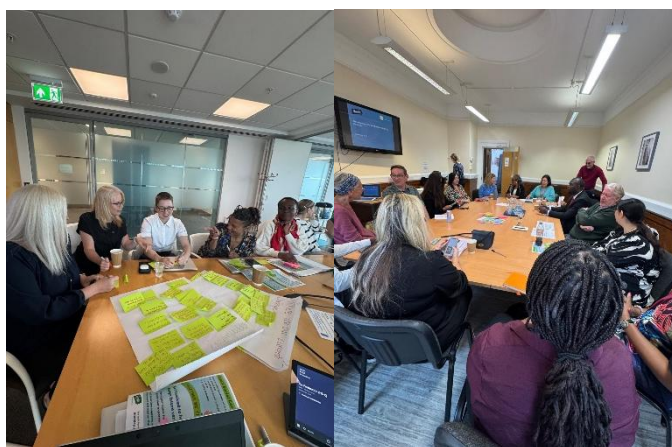
This work originated from ambitions to develop a shared co-production charter, with the initial development led by Bromley Council as part of its Adult Services Transformation and Improvement Programme. Through these discussions, partners were united on the importance of a clear and consistent approach to working with residents and communities. It was

recognised, however, that whilst a co-production approach remains appropriate for the Council’s Adult Social Care services, a wider partnership Involvement Charter would be more suitable for use across One Bromley. This better reflects the range of partner roles, existing good practice, and alignment with the SEL ICS’s Involving People and Communities Framework.

The One Bromley Involvement Charter therefore evolved on the back of the co-production work with residents, Community Links Bromley and other voluntary and community sector organisations. It promotes meaningful, proportionate engagement, ensuring people are involved at the right time and in the right way, whilst remaining flexible enough to support consistent practice across different organisations and statutory responsibilities.

What we did

The Council’s Adult Services, with support from the Social Care Institute of Excellence (SCIE) and Think Local Act Personal (TLAP), co-delivered a comprehensive programme of co-production workshops from June 2025 to September 2025.



Residents, people with lived experience, carers, practitioners, partners and staff from Adult Services, Public Health and other council departments came together to explore and define what involvement and co-production should look like in Bromley.

Across 14 workshops, delivered through a combination of online and in-person sessions, more than 400 participants collaborated to co-design the shared principles, agree a definition of involvement, shape our preferred methods, and develop a delivery approach with clear mechanisms for monitoring progress.

Information about the workshops and Adult Social Care’s Working Together Group was shared widely, including through One Bromley Magazine, partner newsletters such as Bromley Well, the GP bulletin, BTSE Associate Members, Community Links Bromley e-bulletin and One Bromley intranets.

| | |
|-------------------|---|
| Outcomes | Developed with contributions from over 400 participants, Bromley Council’s Co-production Charter is now in place for use by Adult Services. The One Bromley Involvement Charter, which evolved from this work, was approved by the One Bromley LCP Board on 29 January 2026. Members of the LCP have signed the Charter. |
| Next steps | <p>During 2026/27, the focus will be on embedding and applying the One Bromley Involvement Charter and Pledge across the partnership, ensuring the principles are consistently used to inform engagement practice in projects and programmes.</p> <p>The effectiveness of the Charter will be kept under review, with a formal review every three to five years to ensure it remains relevant. Each One Bromley organisation will be responsible for reviewing the Charter within its own organisation and reporting in progress through its organisational structures.</p> |

We will monitor progress through feedback, case studies, and evidence of impact, and adjust our approach based on what we learn.

One Bromley Community Health Champions

The [One Bromley Community Health Champions Programme](#), launched in 2022, supports delivery of the One Bromley LCP priorities. Community health champions are Bromley residents who promote health and wellbeing within their own communities and networks. They help to share key health messages, improve health outcomes, build local knowledge, and help to reduce health inequalities by reaching people through trusted, peer-led connections.

The Community Health Champions programme enables One Bromley to:

- Reach residents who are less likely to engage with traditional NHS communications.
- Test and adapt messages through trusted local voices.
- Support prevention and early action, reducing pressure on frontline services.
- Extend the impact of system campaigns without significant additional cost.

What we did

During 2025/26, champions supported a wide range of activity across the borough, including:

Vaccinations

Champions encouraged uptake of flu, COVID-19, RSV and childhood immunisations by sharing information, promoting pop-up clinics, and speaking directly with residents at local events. Their networks helped to increase awareness and visibility of vaccination opportunities across Bromley.



Digital inclusion

Champions continued to raise awareness of the NHS App. An engagement event took place on 16 October 2025 at the One Bromley Wellbeing Hub in The Glades, followed by further promotion at a vaccination event on 5 November 2025.

Supporting health events and campaigns

Champions contributed to a wide range of local health promotion activity, including women's, men's, family and community wellbeing events. They also supported national campaigns such as Know Your Numbers, Self Care Week and HIV Testing Day.

Health and wellbeing directories

Champions helped maintain and promote directories highlighting local health, wellbeing and community activities across the borough. These were well received, with updated versions shared online and printed for local distribution.

Involvement with Primary Care Networks (PCNs)

Links with local PCNs were strengthened. For example, community champions Lisa from The Crays Collaborative PCN now supports delivery of the Wellbeing Café, and Clarice from Penge PCN contributes her community wellbeing and exercise expertise.

Promoting the programme

Champions shared activity updates with local partners and the London Coordinators Network, and supported recruitment of new volunteers to the programme.

Supporting communications and engagement

Champions supported the development of key information resources, including Access to Primary Care materials and Health and Wellbeing directories. They also acted as a valuable sounding board, helping to ensure content was clear, accessible and effective for local communities.



Outcomes

Throughout the year, the champions played a vital role in strengthening the reach and impact of health prevention messages across the system. By sharing information through trusted, community-based networks, champions helped partners reach people who may not otherwise engage with traditional channels, increasing the relevance, credibility and visibility of key health messages. This peer-led approach supported improved awareness of preventative services and contributed to more people in Bromley being better informed, supported to make healthier choices, and able to live well and stay well.

Champions also strengthened system capacity by developing their own skills, knowledge and confidence. Through training and development sessions covering topics such as weight management, sexual health, smoking cessation, drugs and alcohol support, winter health, suicide prevention and communication skills, champions were better equipped to support informed conversations within their communities. They actively applied this learning, shared feedback with partners, and contributed alongside health professionals at meetings and webinars, helping to shape more accessible and relevant approaches to community engagement

Next steps

During 2026/27, the programme will focus on expanding the active Community Health Champions network and strengthening champions' connections across health, care and community partners. Champions will be supported to develop the skills and confidence required to work independently and to target engagement in areas of higher deprivation, where uptake of screening and other preventative healthcare is lower. This approach will help improve access to preventative services, reduce health inequalities, and support more appropriate use of emergency and urgent care services.

5. COLLABORATION

A key benefit of a collaborative approach to communications and engagement is the ability for partners to promote important information through their own networks and platforms. Over the last year, One Bromley partners have supported a wide range of campaigns and service developments by sharing information and encouraging Bromley residents and communities to get involved. These include:

- [The adoption and promotion of the Bromley Carers Charter.](#)
- [Know your numbers campaign](#) to help identify those at risk of hypertension. This was a multi-agency campaign, widely promoted and which through shared efforts led to an increase in the number of blood pressure checks.
- Promoting health campaigns and providing health and lifestyle advice at various events including the [Penge Festival](#), [Community Wellness events](#), [Digital Inclusion events](#).
- Supporting the work on reducing loneliness across the borough – highlighting Big Lunches and Warm Wednesdays.
- Publicising new initiatives such a new carers group and men’s walking group in Penge, and new PCN Wellbeing Cafes.
- Promoting the Wheelchair Community Services survey and focus groups.
- Raising awareness of support services by partners, including Bromley Well long-term conditions, Diabetes Peer Support Group and Public Health SmokeFree and weight management services.
- Joined the Creative Health Bromley Network.
- Encouraging use of the NHS App.

6. PROMOTING ACHIEVEMENTS

We work together to promote innovative integrated programmes so that these can be highlighted locally, through the SEL ICS platforms, regionally and nationally.

Over the last year this includes:

- [Mayor of Bromley officially opens Bromley’s new Health and Wellbeing Centre](#)
- [Bromley Council and Bromley FC team up to help fans stay match-fit](#)
- [NHS England leaders visit Orpington Wellbeing Café](#)
- [The Orpington PCN Cancer Care Coordinators shortlisted for national award for improving uptake of screenings](#)
- [Bromley Integrated Therapies team nominated for national Greener NHS Award](#)

- [Bromley integrator approved to help deliver neighbourhood health services in south east London](#)
- [National NHS leaders visit pioneering Orpington pharmacy to see how innovation is improving patient care](#)
- [One Bromley Hospital at Home team invited to share learning at London summit](#)
- [Launching the Creative Health in Bromley Network](#)
- [Celebrating three years of One Bromley Community Health Champions](#)

7. LOOKING AHEAD

Against the backdrop of fundamental changes to how Integrated Care Boards are structured and operate, the delivery of the national NHS 10 Year Plan and delivery of a neighbourhood health service, our shared commitment to effective communications and engagement with Bromley staff, residents and communities remains steadfast and is even more crucial.

As ways of working continue to evolve, we will maintain a strong focus on collaborative engagement across One Bromley, recognising the critical role this plays in supporting neighbourhood development and place-based delivery. Working closely with partners, we will ensure local people remain informed, involved and able to shape services, helping to maintain trust and continuity during a period of significant transition.

In the year ahead, we will continue to meet all statutory and legal requirements for community engagement, whilst supporting delivery of One Bromley priorities through neighbourhood-led approaches, including:

- Improving population health and wellbeing, through proactive prevention and personalised care delivered at neighbourhood level, supporting healthier lifestyles and reducing health inequalities.
- Delivering high-quality care closer to home, strengthening neighbourhood working and integrating services so residents receive coordinated support in familiar and accessible settings.
- Ensuring good access to urgent and unscheduled care, supporting neighbourhoods to play a greater role in prevention, early intervention and appropriate pathways, helping residents access the right care, in the right place, at the right time.

For more information on the One Bromley Local Care Partnership, please visit www.selondonics.org/OneBromley

One Bromley Local Care Partnership Board

DATE: Thursday 18 June 2026

| | | | | |
|---|--|----------------------------|----------------------------|------------------------------|
| Title | 2025/26 Finance Report - Month 12 | | | |
| This paper is for information . | | | | |
| Executive Summary | Please note the M12 financial position is subject to statutory audit. | | | |
| | <u>Bromley place financial position</u> | | | |
| | | Year to date Budget | Year to date Actual | Year to date Variance |
| | | £'000s | £'000s | £'000s |
| | Acute Services | 8,344 | 7,654 | 689 |
| | Community Health Services | 95,929 | 95,507 | 423 |
| | Mental Health Services | 15,571 | 17,483 | (1,912) |
| | Continuing Care Services | 28,137 | 29,234 | (1,097) |
| | Prescribing | 52,642 | 51,420 | 1,222 |
| | Other Primary Care Services | 2,031 | 1,573 | 459 |
| Delegated Primary Care Services | 71,252 | 71,252 | 0 | |
| Corporate Budgets | 3,785 | 3,539 | 246 | |
| Total | 277,691 | 277,660 | 31 | |
| As at Month 12 (March 2026) Bromley place reported a full year underspend of £31k. | | | | |
| <u>Bromley Place 26/27 budgets</u> | | | | |
| The Bromley place opening budgets total £208.5m of which £0.4m is non-recurrent. | | | | |
| <u>South East London ICB Finance Summary</u> | | | | |
| <ul style="list-style-type: none"> • The ICB's financial allocation as at month 12 is £5,929,573k. • As at month 12, the ICB is reporting a £117k surplus position against its revenue resource limit (RRL) and against the ICB's planned surplus. • All boroughs delivered year-end financial positions in line with their agreed targets of breaking even. | | | | |

| | | |
|--------------------------------------|---|-----|
| Recommended action for the Committee | The Board is asked to NOTE the financial position. | |
| Potential Conflicts of Interest | N/A | |
| Impacts of this proposal | Key risks & mitigations | N/A |
| | Equality impact | N/A |
| | Financial impact | N/A |
| Wider support for this proposal | Public Engagement | N/A |
| | Other Committee Discussion/ Internal Engagement | N/A |
| Author: | Asad Ahmad, Associate Director of Finance (Bexley & Bromley), NHS South East London Integrated Care Board | |
| Clinical lead: | N/A | |
| Executive sponsor: | David Maloney, Director of Corporate Finance, NHS South East London ICB | |

One Bromley Local Care Partnership Board

Finance Report

Month 12 (March 2026) – FY 2025/26

Thursday 18th June 2026

2025/26 Month 12 Bromley Place Financial Position

Overall Position

| | Year to date Budget | Year to date Actual | Year to date Variance |
|---------------------------------|---------------------|---------------------|-----------------------|
| | £'000s | £'000s | £'000s |
| Acute Services | 8,344 | 7,654 | 689 |
| Community Health Services | 95,929 | 95,507 | 423 |
| Mental Health Services | 15,571 | 17,483 | (1,912) |
| Continuing Care Services | 28,137 | 29,234 | (1,097) |
| Prescribing | 52,642 | 51,420 | 1,222 |
| Other Primary Care Services | 2,031 | 1,573 | 459 |
| Delegated Primary Care Services | 71,252 | 71,252 | 0 |
| Corporate Budgets | 3,785 | 3,539 | 246 |
| Total | 277,691 | 277,660 | 31 |

- As at Month 12 (March 2026) Bromley place reported a full year underspend of £31k.
- The Acute Services budget underspent by £689k due to the release of un-committed budget and savings expected from non-Bromley UTC contracts.
- The Community budget underspent by £423k. This position includes the release of un-committed budgets and non-recurrent savings.
- The Mental Health budget overspent by £1,912k. This is primarily driven by pressures in two areas: diagnostic assessments and cost per case budgets. The diagnostic assessments budget overspent by £921k, largely due to significant year-on-year growth in expenditure. Additionally, the cost per case budgets overspent by £1,693k. This is a result of the client numbers increasing in recent years at a pace that far exceeds the available mental health growth funding allocated to manage the position.
- The Continuing Healthcare budget overspent by £1,097k. This was due to a continuation of the increase in adult CHC and FNC client numbers in recent years due to additional capacity within the borough, combined with price increases above budgeted levels. It is likely that there will be significant pressure upon this budget in the next few years.
- The Prescribing budget underspent by £1,222k. This position is based upon ten months of PPA data.
- The Delegated Primary Care Services was reported as breakeven. Variances in this area are not available to boroughs as this is currently a ringfenced allocation that is managed across the ICB. In Bromley this budget underspent during the year.
- The 2025/26 borough savings requirement was £13,130k and was delivered in full.

2026/27 Start Budgets

- The 2026/27 budget setting process has now concluded, and the Bromley place envelope has been signed off by the Place Executive Lead.
- The Bromley place opening budgets total £208.5m of which £0.4m is non-recurrent.
- The table below provides a breakdown of the 2026/27 opening budgets by directorate.

| <u>Bromley Place</u> | 26/27 Recurrent Budget Total | 26/27 Non Recurrent Budget Total | 26/27 Budget Total |
|-----------------------------|------------------------------|----------------------------------|--------------------|
| | £'000s | £'000s | £'000s |
| Acute Services | 6,774 | 0 | 6,774 |
| Community Health Services | 97,413 | 150 | 97,563 |
| Mental Health Services | 15,648 | 279 | 15,927 |
| Continuing Care Services | 29,562 | 0 | 29,562 |
| Prescribing | 52,175 | 0 | 52,175 |
| Other Primary Care Services | 2,134 | 0 | 2,134 |
| Corporate Budgets | 4,397 | 0 | 4,397 |
| Total | 208,103 | 429 | 208,532 |

- These budgets include significant underlying cost pressures primarily within CHC and Mental Health budgets.
- The opening budgets are inclusive of a 5% efficiencies plan totaling £10.4m.

Appendix A

SEL ICB Finance Summary Month 12 2025/26

1. Key Financial Indicators

- The below table sets out the ICB’s performance against its key financial duties as at the end of 2025/26. As highlighted below in the Executive Summary, the ICB is reporting a **£117k surplus position against the revenue resource limit (RRL) excluding the historic surplus.**
- The table below shows the in-year allocations, excluding the historic surplus figure.
- In reporting this month 12 position, **all financial duties have been achieved by the ICB for the financial year 2025/26.**
- The draft 2025/26 annual accounts were presented and approved at the Audit & Risk Committee on 23 April prior to their submission to NHSE by the 27 April deadline. The accounts are now subject to the usual external audit process.

| | Target | Actual | | |
|---|--------------------------------------|--------------------------------------|--|----------|
| | April 25 to March 26 (£'000's) | April 25 to March 26 (£'000's) | | |
| Agreed Surplus | 0 | 117 | | Achieved |
| Expenditure not to exceed income | 5,991,757 | 5,991,640 | | Achieved |
| Operate Under resource Revenue Limit | 5,929,573 | 5,929,456 | | Achieved |
| Not to exceed Running Cost Allowance | 46,819 | 37,679 | | Achieved |
| 95% of NHS creditor payments within 30 days | 95% | 99.95% | | Achieved |
| 95% of non-NHS creditor payments within 30 days | 95% | 98.82% | | Achieved |
| Mental Health Investment Standard (Annual) | 537,494 | 550,303 | | Achieved |

2. Executive Summary

- This report sets out the month 12 financial position of the ICB. The financial reporting is based upon the final plan submission. This included a **planned break-even position** for the ICB.
- The ICB's final financial allocation as at month 12 is **£5,929,573k**. In month, the ICB received an additional **£28,530k** of allocations. These related mainly to the following - £21,297k of national deficit support funding (DSF) for provider trusts, £9,953k for a capital grant to Bromley Healthcare CIC, less a £6,000k adjustment to winter surge funding and some other minor allocations.
- As at month 12, the ICB is reporting a **£117k surplus position against its revenue resource limit (RRL)** and against the ICB's planned surplus.
- Due to the usual time lag in receiving current year information from the PPA, the ICB has received ten months of prescribing data, with an estimate made for the last two months. The ICB is reporting an overspend of **£2,153k** which was generally a positive movement in-month for most boroughs when the PPA and non PPA budgets are aggregated. Details of the drivers and actions are set out later in the report.
- Continuing healthcare (CHC) services expenditure is under budget (**£1,866k**) overall, an improvement from last month. Lewisham (**£1,263k**) and Bromley (**£1,097k**) are reporting overspends, with the other four boroughs reporting underspends.
- **All boroughs delivered year-end financial positions in line with their agreed targets of breaking even.**
- In reporting this month 12 position, the ICB has delivered the following financial duties:
 - Underspend of **£117k** against the revenue resource limit (RRL).
 - Underspend of **£9,140k** against the management costs allocation (**£46,819k**), with the monthly cost of staff at risk being charged against programme costs in line with the relevant definitions. The year-end underspend is due to the allocation for redundancy costs (**£12,600k**) all being issued as running costs when some costs are programme expenditure, plus the current underlying level of staff vacancies.
 - Delivering all targets under the **Better Practice Payments code**;
 - Subject to the annual review (which is now part of the year-end audit process), delivered its commitments (**exceeded the target by £12,809k**) under the **Mental Health Investment Standard**; and
 - Delivered the **month-end cash position**, well within the target cash balance – a **year-end cash balance of £1,664k, against a target of £6,375k.**
- **The 2025/26 ICS control total has been delivered.** The draft (pre-audited) financial position is that the ICS delivered a year-end surplus of **£22,900k** against a break-even target. The main driver of the improvement was the national DSF funding of **£21,297k** referenced above.

3. Budget Overview

| | M12 YTD | | | | | | | | |
|-------------------------------------|----------------|----------------|----------------|----------------|----------------|----------------|------------------|-------------------|------------------|
| | Bexley | Bromley | Greenwich | Lambeth | Lewisham | Southwark | PCD Team | South East London | Total SEL CCG |
| | £'000s | £'000s | £'000s | £'000s | £'000s | £'000s | £'000s | £'000s | £'000s |
| Year to Date Budget | | | | | | | | | |
| Acute Services | 5,295 | 8,344 | 7,091 | 646 | 882 | 242 | 3,369,397 | - | 3,391,897 |
| Community Health Services | 26,114 | 95,929 | 41,190 | 30,692 | 35,440 | 38,351 | 276,711 | - | 544,426 |
| Mental Health Services | 11,149 | 15,571 | 8,920 | 24,758 | 7,984 | 11,173 | 648,133 | 6,705 | 734,392 |
| Continuing Care Services | 26,709 | 28,137 | 30,307 | 35,911 | 25,418 | 20,517 | - | - | 166,999 |
| Prescribing | 39,134 | 52,642 | 38,454 | 43,998 | 43,928 | 36,208 | - | 3,071 | 257,435 |
| Other Primary Care Services | 1,534 | 2,031 | 1,929 | 3,999 | 2,147 | 972 | - | 17,370 | 29,984 |
| Other Programme Services | 1,225 | 0 | 1,795 | 0 | (0) | 872 | 19,752 | 11,186 | 34,831 |
| Programme Wide Projects | - | - | - | - | 26 | 259 | - | 20,647 | 20,931 |
| Delegated Primary Care Services | 49,722 | 71,252 | 63,611 | 96,619 | 72,669 | 77,672 | - | (883) | 430,661 |
| Delegated Primary Care Services DPO | - | - | - | - | - | - | 62,954 | 173,267 | 236,221 |
| Corporate Budgets - staff at Risk | - | - | - | - | - | - | - | - | - |
| Corporate Budgets | 3,029 | 3,785 | 3,522 | 4,666 | 3,325 | 4,140 | - | 59,361 | 81,829 |
| Total Year to Date Budget | 163,911 | 277,691 | 196,818 | 241,288 | 191,819 | 190,407 | 4,376,948 | 290,724 | 5,929,605 |
| | | | | | | | | | |
| Year to Date Actual | | | | | | | | | |
| Acute Services | 5,253 | 7,654 | 7,325 | 566 | 884 | 327 | 3,368,052 | - | 3,390,060 |
| Community Health Services | 25,946 | 95,507 | 41,209 | 30,864 | 30,421 | 35,102 | 276,697 | - | 535,746 |
| Mental Health Services | 12,063 | 17,483 | 11,715 | 27,003 | 10,101 | 14,282 | 648,809 | 5,072 | 746,529 |
| Continuing Care Services | 25,715 | 29,234 | 29,560 | 33,742 | 26,681 | 19,701 | - | 500 | 165,132 |
| Prescribing | 39,799 | 51,420 | 39,808 | 44,374 | 45,841 | 38,062 | - | 283 | 259,587 |
| Other Primary Care Services | 1,559 | 1,573 | 1,925 | 3,279 | 1,901 | 918 | - | 16,942 | 28,096 |
| Other Programme Services | 1,082 | - | - | - | - | 100 | 19,752 | 25,109 | 46,042 |
| Programme Wide Projects | - | - | (1,600) | - | 26 | 263 | - | 19,885 | 18,574 |
| Delegated Primary Care Services | 49,722 | 71,252 | 63,611 | 96,619 | 72,669 | 77,672 | - | (903) | 430,641 |
| Delegated Primary Care Services DPO | - | - | - | - | - | - | 62,955 | 173,139 | 236,093 |
| Corporate Budgets - staff at Risk | - | - | - | - | - | - | - | (675) | (675) |
| Corporate Budgets | 2,730 | 3,539 | 3,264 | 4,603 | 3,291 | 3,916 | 1,295 | 51,026 | 73,662 |
| Total Year to Date Actual | 163,868 | 277,660 | 196,817 | 241,050 | 191,814 | 190,344 | 4,377,560 | 290,375 | 5,929,488 |
| | | | | | | | | | |
| Year to Date Variance | | | | | | | | | |
| Acute Services | 42 | 689 | (234) | 80 | (2) | (85) | 1,346 | - | 1,837 |
| Community Health Services | 168 | 423 | (19) | (173) | 5,019 | 3,249 | 13 | - | 8,680 |
| Mental Health Services | (914) | (1,912) | (2,796) | (2,246) | (2,117) | (3,109) | (676) | 1,633 | (12,137) |
| Continuing Care Services | 995 | (1,097) | 747 | 2,169 | (1,263) | 816 | - | (500) | 1,866 |
| Prescribing | (665) | 1,222 | (1,354) | (377) | (1,913) | (1,854) | - | 2,789 | (2,153) |
| Other Primary Care Services | (25) | 459 | 5 | 720 | 247 | 54 | - | 428 | 1,888 |
| Other Programme Services | 143 | 0 | 1,795 | 0 | (0) | 772 | 0 | (13,922) | (11,212) |
| Programme Wide Projects | - | - | 1,600 | - | (0) | (4) | - | 762 | 2,358 |
| Delegated Primary Care Services | (0) | 0 | 0 | (0) | 0 | 0 | - | 20 | 20 |
| Delegated Primary Care Services DPO | - | - | - | - | - | - | (0) | 128 | 128 |
| Corporate Budgets - staff at Risk | - | - | - | - | - | - | - | 675 | 675 |
| Corporate Budgets | 299 | 246 | 259 | 64 | 34 | 224 | (1,295) | 8,336 | 8,167 |
| Total Year to Date Variance | 43 | 31 | 2 | 238 | 5 | 63 | (612) | 348 | 117 |

- At month 12, the ICB is reporting a **£117k surplus** against its agreed break-even plan and RRL. This position reflects prescribing and mental health overspends, with offsetting underspends in other budgets.
- The ICB is reporting a **£2,153k overspend** against its **prescribing position**. This is based on ten months actual data. Savings schemes have partly mitigated the growth, but there continued to be pressures, the impact of which was differential.
- **Mental Health** budgets were **overspent** by **£12,137k** at year-end. The main areas of financial pressure have been in cost per case activity, and Right To Choose ASD and ADHD assessments which have seen significant increases in activity across all boroughs.
- The final **continuing care** financial position was an overall **£1,866k underspend**. Underlying pressures were variable across the boroughs with Bromley and Lewisham reporting overspends.
- The ICB is continuing to incur pay costs for the remaining displaced staff following the original MCR process. All associated costs are charged to the balance sheet provision which was set up for this purpose. Some staff left the ICB in June, which still leaves a small number of impacted staff who remain at the ICB. The impact of the recent blind VR scheme is included as an accrual in the accounts with all other restructure costs included as a provision due to the uncertainties and required estimations, given the ICB is still in the consultation process.
- **All boroughs delivered year-end financial positions in line with their agreed targets of breaking even.**

One Bromley Local Care Partnership Board

DATE: Thursday 18 June 2026

| | | |
|--------------------------------------|--|----------------|
| Title | Partnership Report | |
| This paper is for information | | |
| Executive Summary | The purpose of this report is to provide the Committee with an overview of key work, improvements and developments undertaken by partners within the One Bromley collaborative. | |
| Recommended action for the Committee | The Committee is asked to note the update. | |
| Potential Conflicts of Interest | None. | |
| Impacts of this proposal | Key risks & mitigations | Not Applicable |
| | Equality impact | Not Applicable |
| | Financial impact | Not Applicable |
| Wider support for this proposal | Public Engagement | Not Applicable |
| | Other Committee Discussion/ Internal Engagement | Not Applicable |
| Author: | Joint report from SEL ICB, the PRUH, London Borough of Bromley, Oxleas, St Christophers Hospice, Bromley Third Sector Enterprise (BTSE), Bromley Healthcare, Bromley GP Alliance (BGPA), Bromley Primary Care Networks, Bromley Public Health. | |
| Clinical lead: | Not Applicable | |
| Executive sponsor: | Dr Angela Bhan, Place Executive Lead - Bromley | |

Partnership Report – June 2026

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1. One Bromley Local Care Partnership Programmes

Improving equity and reducing variation

One Bromley partners have agreed to strengthen the delivery of the health equity agenda by establishing a system wide Equity in Health and Wellbeing Forum and agreeing a shared vision for health equity. The previous borough health inequalities group was established primarily to address variation in vaccination levels during the Covid 19 pandemic.

Our vision is to improve equity in health and wellbeing by recognising the wider determinants of health and strengthening prevention, early intervention, and population health management. It is intended that we focus on Core20PLUS groups, reduce unnecessary variation, and work together to ensure that every Bromley resident has a fair opportunity to live a healthy and fulfilling life.

A new operational group has been established to

- Help to oversee delivery of health equity initiatives across Bromley.
- Ensure health equity insights shape commissioning, neighbourhood development, and pathway redesign.
- Work closely with the population health management group to interpret data, segment populations, and inform targeted action.
- Provide progress updates and operational reports to the wider Health Equity Forum and One Bromley Executive.
- Ensure delivery plans reflect resident input.
- Seek to coordinate activity across partners, resolving operational barriers.

This will be delivered through neighbourhood-based approaches, working with Integrated Neighbourhood Teams to target interventions at population segments with the greatest need. This will include working closely with VCSE partners and community groups to co-design interventions and improve reach into underserved communities.

Initial work has commenced on identifying specific populations and work is underway in the following areas:

- Improving access to primary care and improving the health of veterans.
- Identification and support of carers.
- Improving access to primary care services for those who are housebound.

ICB Change Programme

The ICB Change Programme proposals were consulted on between 5 March 2026 and 27 April 2026. A response to the feedback on consultation has now been produced. In total, 392 responses from staff were received (note, that this figure does not include personal queries on HR matters). Comments and questions covered a range of topics and directorates / Places.

A total of 392 responses were received from staff (excluding individual queries on HR matters). Comments and questions covered a range of topics and directorates / Places.

The majority of responses related to new structures, principally focusing on

- Concerns around the future ability of the ICB to deliver against some of its priorities and statutory duties.
- The impact of the cost reductions on ways of working and service delivery.
- The effect on the capacity and workload of individuals working in reduced teams.

Feedback on the process, and those categorised as 'other,' included requests for clarification on job descriptions and the detail of the structures and roles within them, as well as some errors in documentation. Clarification was also requested.

There is a recognised risk relating to capacity and continuity during transition, which will be managed through phased implementation, transitional arrangements, and prioritisation of core functions. Ongoing engagement with staff and partners will continue as implementation progresses.

As a result of the feedback, some amendments to structures were made and the next step is to undertake job matching to enable as many members of staff as possible to slot into roles. Where roles remain unfilled, there will be a series of ring-fenced interviews to assess whether those staff 'at risk' have the required skills to do one these unfilled roles. Following completion of job matching and ring-fenced recruitment, attention will turn to mobilisation of new teams and ensuring continuity of delivery through the transition period.

2. Princess Royal University Hospital and South Sites

Finance

As of March, the KCH Group (KCH, KFM and KCS) has reported a surplus of £5.0m year to date. This represents a £5.0m favourable variance to the April 2025 NHSE agreed plan.

The underlying position is a £131.2m deficit after removal of non-recurrent items. The non-recurrent underspends are mitigating the impact of under-delivery of CIP.

The Trust was forecasting a breakeven position at year-end. However, following additional funding of £4.9m received in Month 12, the Trust has reported a £5.0m surplus, which is £5.0m ahead of plan.

Cost-improvement plans

- At the end of 2025/26, the Trust has achieved £66.0m recurrent savings against £82.4m plan, resulting in £16.4m adverse variance (£10.3m planning and £6.1m performance adverse variance). The recurrent full-year effect 2025/26 CIP programme is £74.0m against a plan of £82.4m. Non-recurrent CIPs cover the gap in-year and 2026/27 planned CIP will recover the recurrent gap.

Referral to treatment – Elective Care – Trust Wide

- RTT performance improved to 66.38% of patients waiting under 18 weeks in March above the operational plan target of 65.2% for the month.
- The total PTL has increased and is now 83,918 for March, which is below the operating plan target of 90,445.
- The number of patients waiting over 65 weeks reported in March was 12 above the operating plan target of 0 for the month.
- Of the 65 week wait patients there are 5 patients in General Surgery, 2 patients in colorectal surgery and ophthalmology and 1 in bariatric surgery.
- The number of patients waiting over 52 weeks is 1,127 (1.34%) in March, which is above the revised midyear forecast of 839 (0.98%) for the month.

Emergency Performance – PRUH and South Sites

- 4 Hour All Types performance was 71.93% for March which was below the operating plan target of 74.0%.
- The site has however continued to experience ongoing pressure with an increase in attendances continuing in March, with increased corridor congestion due to admitted demand and mental health delays in admissions remain a challenge. 12-Hour Decision to Admit breach times remain a focus however although March saw a reduction with 19.64% of patients waiting over 12 hours in ED, this was slightly higher than the operating plan target of 19%.
- Future actions include review of care group improvement plans 26-27 flow programme, revising specialty admission guidance as part of internal professional standards, focus on increasing pathways out of ED into SDEC and revised focus on ED avoidance pathways to reduce Type 1 demand.

Cancer

- 28 day Faster Diagnosis Standard (FDS) performance has increased to 81.89% in February which is now compliant with the new 80% standard from 26/27.
- 62 day performance was 61.09% in February, which is below the Operating Plan target of 73.2% for the month. Current issues include pathology reporting delays, complexities of breast pathways with additional imaging, HPB OPA and surgical capacity and urology prostate biopsy and clinical oncology capacity.
- 31 day performance was 96.71% in February and achieving the target of 89.8% for the month.
- There is a comprehensive cancer action plan, and we expect to get back to constitutional standards by March 27.

Diagnostic Performance

DM01 performance improved for the seventh consecutive month to 19.46% in March which is below our operating plan target of 25.2%.

Apollo/EPIC

Staff across all KCH hospitals and locations continue to work from one integrated patient record, Epic. 304,382 patients have registered for MyChart across King's. Patients using MyChart are less likely to miss (DNA) their appointments, and KCH patients DNA rate continues to be 5.0%.

Both King's and Guy's and St Thomas' continue to expand the use of patient self-scheduling features with over 2300 clinics now activated.

Last month at King's, patients self-scheduled over 2,671 appointments, increased by 226 from the previous month, saving more than 37 days.

Work to integrate with the NHS App continues and we hope to Go live on 16th June.

Estates

Our capital programme continues.

The Endoscopy unit is now open on a phased program and saw its first patients on the 7th April.

A range of other capital projects across the PRUH are being undertaken by the PFI including roof replacement work, nurse call replacement (started to be completed in September 25), fire alarm replacement, street lighting replacement and generator panel upgrades.

Also, at the PRUH on Trust retained sites we have completed the theatre upgrade works in our Day Surgery Unit and at Orpington Theatres, these works included new air handling and cooling units, surgeon's panels and pendant replacements in the DSU. The PRUH is also mid project on a site wide pendant replacement project due to be complete in 2027. Orpington is also mid-way through a window replacement program. The roadways and carparks are due to be resurfaced at the PRUH in the coming months.

3. London Borough of Bromley - Adult Social Care

The outcome of the May 2026 local authority elections has again returned a majority Conservative administration led by Councillor Colin Smith as Leader and with Councillor Diane Smith continuing in her role as Adult Care and Health Portfolio Holder. This continuity will ensure a continuation of the work of delivering, and where appropriate, transforming Adult Social Care that has been undertaken over the past years.

The final report of the CQC Inspection visit in September 2025 was published on 14 May. The Council received an overall rating of Requires Improvement with a report that contained narrative that is broadly consistent with the Council's own understanding of its strengths and areas for development, although concerns remain about the weighting of evidence to determine the final outcome. As the areas for development flagged were well known to the Council, plans already in place will continue to be delivered. The report confirmed that strong governance and leadership were in place which stands us in a strong position to deliver these. The CQC continues to refine their inspection processes, aiming to reduce the burden on individual authorities in terms of evidence needing to be produced prior to visits.

As part of our Transformation and Improvement Programme we have seen improvements in service delivery as well as monetary savings:

- Resident insights have reinforced the need for simpler navigation, clearer information and faster access on the Adult Services section of the Bromley Council website. Webpage improvements have been co-designed with residents. Additional digital tools and interactive features are being explored to improve access.
- Overall, savings of £2.222m have been delivered in 2025/26, exceeding the planned savings target. The majority of savings have come from the front door redesign, including the introduction of assistive technology, which residents have fed back very positively about.
- The focus for year three is to embed change, scale up digital solutions, sustain impact and deliver remaining Phase 1 projects.

The third Bromley Care Awards were held at Bromley Football Club in March 2026. This event celebrated the work of the adult social care workforce across extra care housing, home care, residential and nursing settings. It had been a joyous occasion with touching nomination stories. The event was funded by local sponsors and free use of the venue. Attendees included the Mayor, Deputy Lieutenant, Portfolio Holder for Adult Care and Health and health colleagues – positive feedback had been received.

4. St Christopher's Hospice

Quarter 4 Update

This summary provides a strategic overview for the Local Care Partnership Board, drawing together the main themes from Quarter 4 2025-26. It highlights progress, pressures and risk that are most relevant to system partners, with a focus on service capacity, access, workforce, community resilience and the implications for integrated end of life and palliative care delivery.

Community Action

Secured external funding, advanced equity-focused work, increased matching rates for one-to-one support, and continued strong engagement with local communities and volunteers.

Bereavement Services

Streamlined referral and re-referral processes, improved documentation, and progressed volunteer recruitment across adult and children's services.

Rehabilitation and Wellbeing Services

Improved carer support, launched fatigue management, reduced complementary therapy waiting times, and strengthened integrated pathways.

Community Teams

Successfully implemented winter initiatives, strengthened operational working groups, and reduced caseloads by around 10% this quarter.

Southwest London CHC

Continued delivery of the Southwest London remunerated beds pilot, with 100% occupancy in Quarter 4 and a move toward spot purchasing to optimise access and income.

Completion of the Inpatient Unit Refurbishment

This was completed in February 2026, restoring the environment and supporting return to full bed capacity.

2025-2029 Strategy

The strategy for 2025-29 was launched.

Referrals to St Christophers remain broadly similar to 2024-25 in number.

It is important to note:

Community Sector Sustainability

Pressures in local voluntary and community organisations may reduce system capacity for training, outreach and collaborative delivery, potentially affecting prevention and early support.

Access and Equity

While there are positive signs in referrals from some undeserved groups, data gaps and variation in carer identification, particularly in Croydon, indicate that further work is needed to ensure equitable access and visibility of need.

Rising Complexity of Need

Increasing safeguarding, frailty, dementia and mental capacity work is placing added pressure on social work and multidisciplinary teams without corresponding additional resources.

Workforce Capacity and Stability

Vacancies, sickness and leadership changes were affecting capacity across inpatient, community and specialist services, with consequences for admissions, waiting times and assurance activity.

Overall, services continued to deliver against plans in Q4, with good progress in several priority areas and evidence of improvement in patient environment, community delivery, carer support and partnership working. However, the quarter also exposed a number of pressures that remain significant for the wider system, particularly workforce instability, variable service capacity, rising complexity of need, and sustainability concerns across community partners. These issues have implications for access, responsiveness, staff resilience and the ability to scale equitable palliative and end of life care across the partnership footprint.

5. Bromley Healthcare

Strategy and Performance

Leadership Appointments

[Dr Subo Shanmuganathan was appointed as Chair in April 2026](#), bringing extensive experience across health, education and the voluntary sector, with a strong focus on organisational development and partnership working. bringing extensive experience across health, education and the voluntary sector, with a strong focus on organisational development and partnership working.

[Lorraine Mattis will join Bromley Healthcare as Chief Executive in June 2026](#), bringing significant experience across community, primary and urgent care services, with a strong track record in improving access, leading service transformation and addressing health inequalities.

The organisation will also welcome Paul Kimber as Chief Financial Officer in July, bringing over 20 years of experience across the National Health Service and wider sector. His role will support the organisation to continue to use resources effectively and invest in high-quality care for local communities.

In addition, Dr Matea Deliu has joined as Chief Clinical Information Officer, providing clinical leadership for our digital transformation work for BHC one day a week. This role supports how we use digital tools and data to improve access, patient experience and the coordination of care across services.

Together, these appointments provide strong, experienced leadership as BHC continues to work with partners across One Bromley to deliver high-quality, joined up care for local people.

Strategy

We continue to work closely with partners across the One Bromley Partnership to develop Integrated Neighbourhood Teams across the borough. This includes ongoing work in Children

and Young People Services, building on the Bromley Children's Health Integrated Programme, and further development of the Integrated Care Network model in adult services.

Our organisational priorities for 2026/27 focus on strengthening this approach, with an emphasis on improving access to services, reducing health inequalities and maintaining patient safety. Alongside this, we are developing new service models and digital approaches to support care closer to home, and investing in our workforce to support wellbeing, development and retention.

Together, this approach supports more joined up, consistent care for residents and ensures services are able to respond to local demand.

Performance

Performance across Adult Services, Urgent Community Response and Children and Young People's services shows sustained improvement in a number of previously pressured areas.

Waiting times have reduced in Adult Occupational Therapy and the Falls service. In Adult Speech and Language Therapy, 80 percent of patients are now assessed within 13 weeks, with urgent patients continuing to be seen within two weeks. While demand has increased in Tissue Viability, impacting waiting times, recruitment is underway and recovery is expected.

Pressures remain within the Podiatry service, particularly within the musculoskeletal pathway. Patients continue to be prioritised based on clinical need.

Within Children and Young People's services, a new approach to managing neurodevelopmental demand has been introduced within Community Paediatrics, with the aim of reducing waiting times for first assessment. This reflects a national challenge, with services continuing to experience high levels of demand.

Waiting times in Children's Speech and Language Therapy have improved following the introduction of a revised service model delivered in partnership with schools across Bromley.

A recent quality improvement initiative within the Post Covid service has also delivered a reduction in delays for follow-up reviews, with average waiting times reducing from 344 days to 151 days.

Workforce, Learning and Development and Culture

NHS Staff Survey Results

53.5 percent of colleagues at BHC participated in the 2025 NHS staff survey, providing a strong and representative picture of staff experience. Overall results are positive, with Bromley Healthcare scoring above national and community provider averages across all themes.

Strengths include a compassionate, patient-centred culture, with 91 percent of colleagues reporting that their role makes a difference, alongside strong teamworking and supportive management.

The survey also highlights areas for improvement, including reducing experiences of aggression and discrimination, enhancing wellbeing and improving access to development opportunities.

We are using these findings to develop targeted action plans with teams, focusing on practical changes that support staff experience and, in turn, the quality and safety of care we provide.

Find out more: <https://www.bromleyhealthcare.org.uk/wp-content/uploads/2026/05/Resource-Workforce-NHS-Staff-Survey-2025-results-2026.pdf>

Equality, Diversity and Inclusion Conference

We recently held our annual Equality, Diversity and Inclusion Conference, bringing colleagues together to explore how we can create a more inclusive and supportive working environment. The event focused on listening to different experiences, understanding the impact of inequality and identifying ways to improve how we work together. This is important because when staff feel included and supported, they are better able to work as a team and provide high quality care. Learning from the conference is helping us shape our ongoing work to improve staff experience and ensure services meet the needs of the diverse communities we serve.



Healthcare Support Worker Readiness Programme

A new cohort of colleagues celebrated the completion of the Healthcare Support Worker Readiness Programme in April (pictured below), supporting new colleagues to begin roles within community nursing services. The programme provides structured preparation before starting in role, helping staff build confidence and develop the practical skills needed to work safely in people's homes and community settings. This is particularly important in community services,

where staff often work independently and support patients with complex needs in their own homes.

The programme helps reduce variation in practice and shortens the time it takes for new staff to become fully effective in role. This supports safer care, improves patient experience and helps services manage demand more consistently. It also strengthens our workforce pipeline into community nursing and supports retention, helping ensure we have the workforce needed to meet growing local need.



Quality, Safety and Patient Experience

Lived Experience Advisory Group Update

Our Lived Experience Advisory Group, which is a group of people and family members/carers who have used our services, continues to play an important role in shaping services. Between December 2025 and May 2026, members have been providing direct feedback on digital tools, patient information and wider service design. Recent discussions have highlighted the importance of clear communication, accessible digital systems and more joined up care across organisations, particularly for people with long term conditions. Feedback has led to practical changes, including improvements to digital questionnaires, patient messaging and communication approaches. There is also a strong emphasis on designing services with the patient perspective in mind and ensuring non-digital options are considered. This ongoing work is supporting a more consistent “listen, learn and improve” approach across the organisation.

Staff and patient feedback subgroup

We have established a staff and patient feedback subgroup to strengthen how feedback leads to improvement across the organisation. The focus is on bringing together insights from different sources, including patient experience, staff feedback and team discussions, to build a clearer picture of what is working well and where changes are needed.

Work is underway to map feedback across services and improve how it is reviewed, shared and acted on, using a simple approach of listening, learning acting and feeding back. This includes supporting more consistent “you said, we did” reporting, so colleagues and patients can see how their feedback is making a difference. Over time, this will help ensure feedback is used more effectively to improve services, patient experience and outcomes.

Patient information and website improvements

We are improving how we provide information to patients and the public, with a focus on making it clearer, more accessible and consistent. Work is underway to review and update patient leaflets using plain language, so information is easier to understand and use. At the same time, we are redesigning our public-facing website to better reflect how patients navigate services, with clearer structure, improved accessibility and more reliable contact information. This work has been shaped by feedback from patients and carers, helping ensure information meets their needs and supports a more positive experience when accessing care.

Service Developments

Digital innovation in wound care

We continue to develop our [award-winning digital wound care programme](#). This approach supports more consistent assessment and gives teams a clearer view of individual patients and the wider wound caseload. It has helped improve healing times and reduce delays in assessment, while allowing specialist nurses to provide advice more quickly through remote review. This supports more joined up care and helps teams to respond earlier when wounds are not healing as expected.

This work has recently been recognised more widely through the launch of Precision HealthTech, with Minuteful for Wound as its flagship product. Our experience reflects how digital tools can support safer, more proactive care, and we will continue to build on this approach to improve outcomes and experience for patients.

Find out more: [Precision HealthTech launches, with Minuteful for Wound as flagship digital care solution - DigitalHealth.London](#)

Recognition of clinical excellence

We are pleased to highlight that Dr Saika Reshi, Clinical Director for Community Paediatric and Special Care Dental Services (pictured below), was named Speciality, Associate Specialist and Specialist Dentist of the Year 2026. This award recognises her work in delivering high-quality dental care to children and people with additional needs, including those from more vulnerable groups. Her approach brings together prevention, public health and community-based care, supporting improved access and outcomes for patients.



Asthma Friendly Schools Programme Update

Last year, we launched the [Asthma Friendly Schools programme](#) in Bromley, supporting schools to improve how they identify and manage asthma. To date, 10 schools have completed the programme, with staff receiving training and support to recognise symptoms early, respond appropriately and put clear processes in place for children with asthma. 37 schools in Bromley have registered their interest in the programme and will receive training.

This has led to improved recording of pupils with asthma, stronger policies and greater confidence among school staff and families in managing the condition. By strengthening support within schools, the programme helps children stay well and attend school regularly, while reducing the risk of avoidable escalation into urgent care. The programme will continue to expand, building on this progress and supporting more schools across the borough.



Amy Jones (left) and Gemma Robinson (right) with Gemma Davies from St Christopher's The Hall School

“The training was really useful, especially the explanations of how the medication works and how best practice has changed over time. Even one of our staff member's son who is asthmatic said he learned new things, because he was told different things from different people, so it was really helpful in that sense.” - Gemma Davies, SENCO Assistant at St Christopher's The Hall School.

6. Oxleas

Bromley Child and Adolescent Mental Health Services

Average waiting times for both initial assessment and treatment continue to reduce in line with national targets. In April 2026, the average wait for assessment was 8 weeks and the average wait for treatment was 12 weeks.

Bromley CAMHS will implement a centralised assessment model later this year which aims to improve capacity and further improve waiting times.

Work is also continuing to review and improve clinical pathways further and develop the support offered to children, young people and their families while they are waiting. There has been a significant development of the support offer for CYP to 'wait well,' including the development of individualised psychoeducation, bibliotherapy, group interventions and check in calls for those on waiting lists.

CAMHS are working with Oxleas colleagues from the Bromley ADAPT (Anxiety, Depression, Affective disorders, Personality Disorders and Trauma) Service to provide a pilot transition pathway. This pathway aims to move away from a model where care provision is determined by age and move towards a more needs-led approach. The pilot has run for 12 months and will come to an end in June. During this time, a dedicated transition work post has been provided who has worked across both CAMHS and ADAPT. Holding a caseload of young people aged 17-19 who have transitioned between services. Following conclusion of the pilot, a full evaluation will be completed to determine next steps and ensure services continue to work together to provide positive transitions.

Our partnership with Bromley Y to deliver the integrated Single Point of Access (iSPA) continues to be successful. This service is the front door through which children; young people and their families access mental health and wellbeing services in Bromley. We are currently working together to rename the service and redesign a shared website, offering electronic referral forms (for professionals and self-referrals) and improve access to service information and self-help materials.

The iSPA has also recently completed a deep dive into education referrals data, including numbers of referrals made directly by schools but also the schools attended by children and young people referred from any source. It is hoped that this will enable an ongoing conversation with colleagues across education to identify opportunities to support the mental health and wellbeing of young people attending Bromley schools.

Community Mental Health Services

Work is underway to redesign the Psychosis Pathway to:

- Eliminate unwarranted variation and ensure equity of offer.
- Address high caseloads, workforce challenges and poor discharge profiles.
- Implement recommendations from NHS England and national independent enquiries.
- Deliver value for money and productivity in a challenging NHS financial climate.

Key features include:

- A single access point for all psychosis assessments, ensuring timely access and reducing repeat assessments.
- Extending Early Intervention in Psychosis teams to offer up to five years of support, reducing unnecessary transfers.
- A medication optimisation function to streamline care for those stable on depot or clozapine medication.
- Adoption of the Care Teams Approach, distributing responsibilities and improving patient and staff experience for those with the most complex needs.
- Using the Care Teams Approach with a smaller caseload size to deliver an Assertive Engagement Function.
- Enhanced group programmes and structured discharge pathways.
- Strong clinical and operational leadership structures.

We have had strong engagement from staff and service user involvement in the development of plans and are undertaking a structured practice development programme (May-June 2026) ahead of a planned July 2026 go-live.

Community partnership celebrated

Charlton Athletic Community Trust (CACT) and Oxleas celebrated the extension of their pioneering partnership at a special event at The O2 on Thursday 21st May. The renewed agreement secures the future of existing life-changing mental health programmes already supporting people across south-east London and Kent, while also introducing a range of new initiatives designed to reach even more people over the next five years.

Clients from CACT and Oxleas programmes including Early Intervention in Psychosis, Up and At 'Em and Child and Adolescent Mental Health Services were invited to take part in the event, beginning the day with an Up at The O2 climb.

Former Bromley patient Azmeena Azim delivered a powerful speech reflecting on her own experiences and highlighting the importance of the partnership continuing to reach more people in need. Reflecting on the day, Azmeena said: "I shared my story on stage and also climbed The O2 today. It's a privilege and an honour to be able to do it and has been a real full-circle moment for me because I also climbed The O2 with CACT at the beginning of my recovery.

For more information visit [CACT and Oxleas celebrate extension of pioneering partnership at The O2 | Charlton Athletic Football Club](#)

Bromley Citizens – Founding Assembly

Oxleas colleagues attended the founding assembly of Bromley Citizens in early May. Citizens UK aims to bring together community groups and organisations to make positive change. In particular, they focus on:

1. Discrimination and community cohesion
2. Young people and mental health
3. Housing

4. The cost of living crisis

More information is available at: [Home - Citizens UK](#)

7. Bromley Third Sector Enterprise (BTSE)

BTSE/Bromley Well

The Bromley Well Service has continued to deliver high quality and consistent services.

In 2025-26 we received 18593 referrals (2024-25, 16843), an increase of 10.4% - and supported 13,039 clients (2024-25, 12108), an increase of 7.7% demonstrating increased demand and improved responsiveness, with the same level of resources.

We realised over £6.5m in benefits, grants and debt write-off in 2025-26 of which over £2.5m was from our Forms Completion Service, which is wholly provided by volunteers.

We have created impact infographics for each of our services which can be found on our website:

<https://www.bromleywell.org.uk/about-us/our-impact/>

Demand for support with food bank referrals, benefits, housing and cost of living remains high, with increasing numbers of clients presenting with multiple, interlinked problems which require more intensive casework and cross-agency coordination. We receive referrals across the adult age range, however our largest is those aged 55-64. These levels of demand and outcomes have continued in recent months.

Our Hospital Aftercare Services continue to perform effectively. This is in significant part due to the work of care navigators at the PRUH. The Take Home and Settle service continues to have high demand receiving 407 (449) referrals last quarter, with 98% of patients picked up within 30 minutes of discharge. Our Post Discharge Settling Service saw 147 (123) referrals with high levels of service satisfaction reported.

Two new staff are now in post within the Handy Person Service. Service delivery is increasing, with 289 completed referrals last quarter, well above our KPI of 150.

We continue to deliver a significant number of well supported outreach services with in-person Befriending Hubs taking place weekly in Bromley, Beckenham, Orpington and Chislehurst and Carers Support Groups happening in person and online.

Service Issues

Cost of Living issues continue to be significant across pathways, notably for those with disabilities, where we are running regular Cost of Living Workshops, as well as a further increase in demand for foodbank vouchers and complex housing advice.

We have very high demand for our Forms Completion Service which is wholly staffed by volunteers.

We have seen a notable increase in those accessing our disability support services. Learning Difficulties and Physical Disabilities were both more than double their KPI of 60 per quarter. Again this quarter, a notable number of these referrals involved clients whose primary condition is autism. Bromley Mencap have responded by integrating these services into a single Friday drop-in service.

One Bromley Wellbeing Hub

The One Bromley Wellbeing Hub has seen significant Information and Advice client numbers in recent months with consistent demand and 90% of appointment spaces being filled, which is high for a drop-in service.

The information and advice offer on Wednesdays is the only drop-in advice service in central Bromley. The Hub has now moved to the new Bromley Centre next to the Civic Centre and funding is confirmed for 2026-27.

Carers Week

Carers Week (8-14 June 2026) is a national campaign recognising the vital contribution of unpaid carers and the importance of carer friendly communities that support their health and wellbeing.

Bromley Well supports unpaid carers of all ages to access the practical, emotional and financial support they need.

In addition, during the last year we have worked alongside colleagues and carers themselves to raise their voice and advocate for their recognition and rights in Bromley and further afield.

This included:

- Accessing the local Household Support Fund to get £110,000 Carers Crisis Funding for carers by the end of March 2026.
- Hosting a Director General from the Department of Work and Pensions and Carers Trust at a meeting with local unpaid carers and frontline staff, providing insight and feedback on the experiences of carers accessing the benefits system.
- Producing a new “Carers Starter Pack” for health and care providers to use across the system, but particularly for supporting unpaid carers identified at hospital discharge.
- Working with Carers Trust and NHS London to get Bromley Well access to the Universal Care Plan (UCP) so we can help carers write their own Carers Contingency Plans (CCP) viewable across the health and care system, to improve care and support.

For a full range of Carers Week activities visit:

<https://www.bromleywell.org.uk/news/carers-week-2026-celebrating/>

Volunteers Week

Working alongside staff at Bromley Well partner charities – Age UK Bromley and Greenwich, Bromley Mencap, Citizens Advice Bromley and South East London Mind – volunteers have contributed 29,000+ hours last year, the equivalent of around 18 full-time staff.

Volunteers have:

- Helped answer 9,416 calls in our Contact Centre, that’s around 30 calls a day from residents seeking support.
- Supported 6,806 residents at first contact in our Contact Centre.
- Completed 520+ ‘official’ forms helping residents to access over £2.5m in benefits and grants.
- Helped support 1,577 residents with Information and Advice for 18-64 year olds.
- Contributed 3,680 hours of befriending support, helping reduce loneliness, offering regular contact and connection to residents who might otherwise go days without speaking to someone.
- Our dedicated team of 9 young carers volunteers contributed over 620 volunteer hours across 23 events, helping to produce vital respite, fun activities and positive experiences for local young carers.

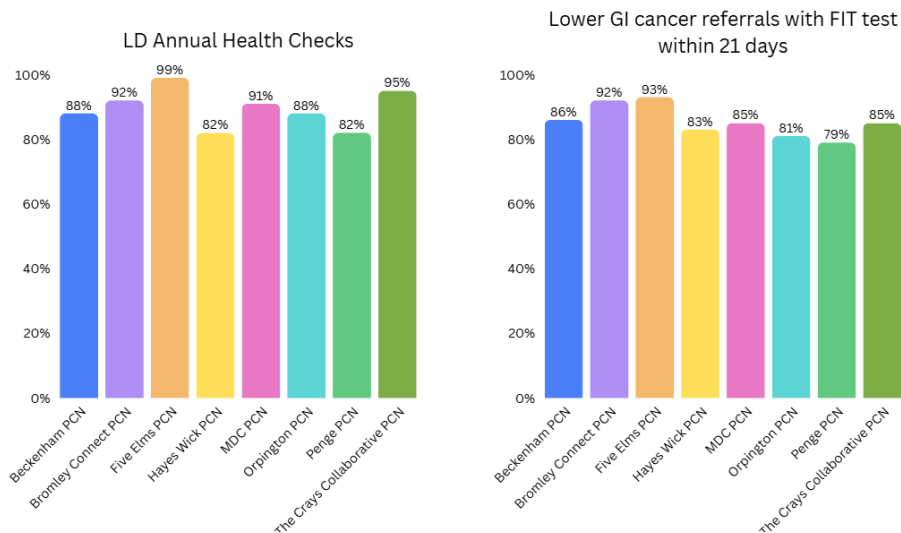
For full details see: <https://www.bromleywell.org.uk/news/thank-you-to-all-our-incredibl/>

8. Bromley Primary Care Networks (PCN)

PCNs success: Improving prevention, early diagnosis, and proactive care

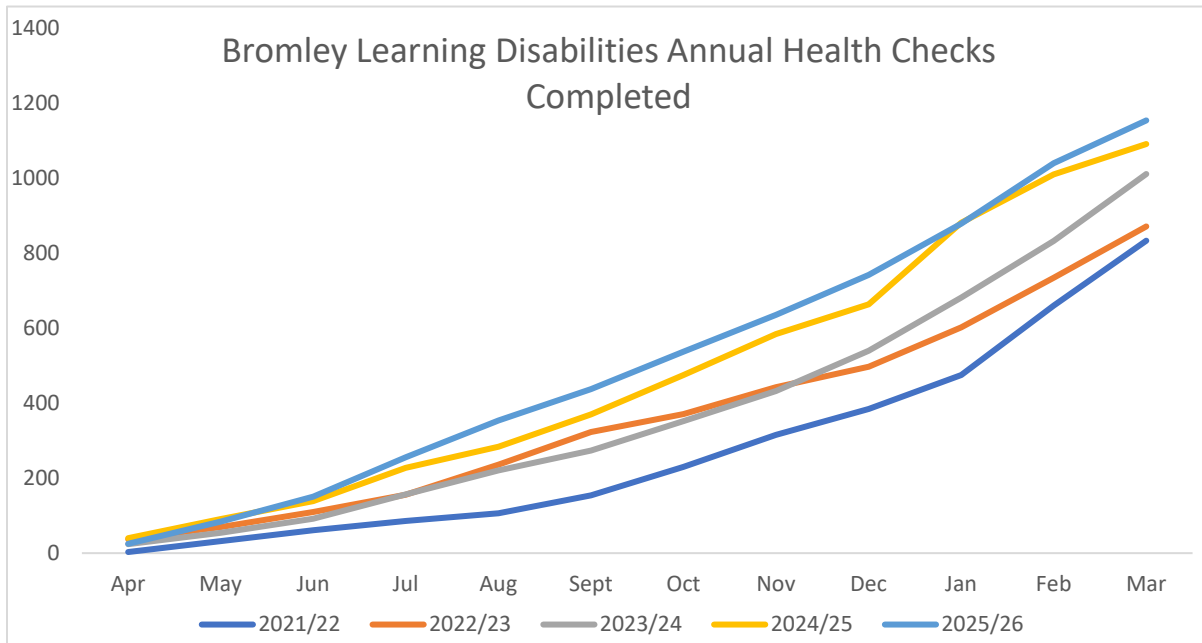
Every Bromley PCN met the two 2025/26 national Impact and Investment Fund (IIF) targets to improve uptake for learning disabilities health checks and gastrointestinal cancer referrals with faecal immunochemical tests within 21 days.

The IIF scheme incentivises PCNs to improve the quality of health and care outcomes for their populations by focusing effort on clinical and system priorities. Bromley PCNs were pleased to demonstrate that they have delivered measurable improvements in prevention, early diagnosis and proactive care, particularly for populations at higher risk, while supporting practices to work at scale and reduce unwarranted variation.



New Bromley record for Learning Disabilities Health Checks

Continuing a year on year upward trend, Bromley PCNs achieved their highest ever number of Learning Disabilities Annual Health Checks, completing 1,155 checks (87% uptake) in 2025/26. The dedicated PCN LD Champion roles, funded by the ICB in 2025/26, have supported practices by improving call and recall processes, ensuring reasonable adjustments and practice support, and proactively encouraging uptake of cancer screening, vaccinations and weight management services, strengthening prevention and helping to reduce avoidable health inequalities for people with learning disabilities across Bromley.



Key changes in Network Contract DES 2026-27

With the publication of the ne PCN Contract, Bromley PCNs have planned their strategic and operational frameworks for the next year, noting the definitive changes for 2026/27 as follows:

- **Greater flexibility through ARRS:** The Additional Roles Reimbursement Scheme (ARRS) is expanded to allow PCNs to recruit experienced GPs, removing the restriction linked to recruiting newly qualified GPs only and increasing the maximum reimbursable GP cost to the top of the salaried GP pay range, alongside continued flexibility to agree a broader mix of ARRS roles locally.
- **Loss of capacity and access funding:** The PCN-level Capacity and Access Payment (a total of £1.5m in Bromley in 2025/26) is repurposed into a practice-level GP reimbursement scheme, intended to directly fund extra GP sessions or recruitment to support same-day urgent access and overall capacity. PCNs are revisiting spending plans to minimise any resulting financial risk.
- **Modest funding uplifts:** Core PCN funding and Enhanced Access payments receive small increases.
- **Same day care support:** PCNs will engage with ICB support where needed to ensure clinically urgent patients receive a response by their GP practice on the same day.

- **Continuity of care:** Now a core requirement, PCNs will risk stratify all patients to identify and prioritise cohorts for continuity of care.
- **Cancer:** Requirements are expanded to improve cancer referral practice, early diagnosis and screening uptake.
- **Clearer expectations on neighbourhood care:** The new contract more explicitly defines PCN responsibilities in Integrated Neighbourhood Teams, reinforcing PCNs' role as a system partner.

South West INT Services Launched

Five Elms PCN and Hayes Wick PCN, paired under the South West Integrated Neighbourhood Team, successfully launched a collaboratively delivered weekly physiotherapist clinic for patients registered at any of the ten practices within its neighbourhood footprint. With clear aims to improve patient experience, clinical outcomes and support the development of INT infrastructure, and using a newly integrated clinical IT system on EMIS, the at-scale physio provision has reduced patient waiting times for face to face appointments, increased availability of week day practice appointments, achieved cost savings through joint resource management and improved management of winter pressures in general practice.

The same INT is also piloting a Multiple Long Term Conditions (MLTC) service in partnership with Bromley Healthcare. Initially focused on a small cohort with three or more long term cardiovascular conditions and other risk factors, the South West INT PCNs will proactively identify and invite patients for a holistic assessment. Following this, patients are offered tailored support, which may include ongoing input from social prescribing or health coaching, or clinical management through a multidisciplinary team with planned follow-up based on assessed need. By consolidating patient annual reviews, proactive case finding, reducing appointments for MLTC care and the shift of activity to voluntary and preventative interventions, the pilot aims to reduce system pressures while improving the coordination, experience and outcome of patient care. Similar services will be rolled out to the other three Bromley INTs during the course of 2026/27.

Bromley PCNs Annual Report 2025/26

The close of the financial year marks the publication of the Bromley Primary Care Networks (PCNs) Annual Report for 2025/26. The report provides a comprehensive overview of a year in which PCNs have continued to strengthen collaborative working across 42 GP practices, expand the multidisciplinary workforce, and deliver improvements in patient access and clinical outcomes.

Over the past year, progress has been made in the development of Integrated Neighbourhood Teams, alongside the expansion of access through Enhanced Access and winter hub provision. The continued embedding of modern general practice models has supported more responsive and efficient service delivery. In parallel, PCNs have maintained a strong focus on addressing health inequalities through targeted prevention initiatives, community outreach and the delivery of a record number of learning disability health checks.

The report includes an individual case study from each PCN, demonstrating innovative approaches to delivering care at scale and responding to the specific needs of local populations.

It also sets out the strategic priorities for 2026/27, outlining how PCNs will continue to respond to emerging system challenges and national policy requirements.

The Bromley PCNs 2025/26 Annual Report is available to read here: [Annual Report](#)

9. Bromley Public Health

NHS Health Checks in Bromley

Results and Outcomes 2024-25

The NHS Health Checks continues to be an important Public Health programme in the prevention of cardiovascular disease and early identification of risk. Individuals at increased risk or with specific risk factors are provided with support and information to reduce their risk and may require further investigation and medical intervention. There is excellent engagement with Primary Care with numbers of NHS Health Checks delivered each year increasing. This year 2025-26 we achieved completion of 10,164 exceeding the 9,046 achieved in 2024-25.

Each year Public Health analyse the data for those who have received an NHS Health Check and produce an annual report of the findings at both Bromley borough and PCN level which has been shared with the GP practices. This LCP report includes a summary of some of the findings from NHS Health Check data from 2024-25.

Each year Public Health analyse the data for those who have received an NHS Health Check and produce an annual report of the findings at Bromley borough and PCN level which has been shared with the GP Practices. This LCP report includes a summary of some of the findings from NHS Health Check data from 2024-25.

- 1886 (21%) of people had a raised blood pressure above 140 systolic and/or 90 mmHg diastolic. Of those 235 were at the higher reading of above 160/100mmHg and 317 (3.5%) had a documented diagnosis of hypertension at the time of data extraction.
- 2802 (31%) of people had a Body Mass Index of 30 or more which is in the obese category, with a further 2993 (33%) being overweight.
- 98 (1%) people were identified as having an irregular pulse rate which would need investigating to assess for atrial fibrillation or other heart rhythm problems.
- 926 (10%) were identified as current smokers and would have been offered advice and signposted for support to quit.
- 4628 (51%) were identified as requiring further investigation to assess for diabetes. Of those 903 (10% of total NHS Health Checks) had a blood test identifying them as having blood glucose (HbA1c) levels in the pre-diabetes range and 109 were identified as having blood test levels in the range consistent with diabetes. None of these people had a prior diagnosis. 72 people had a documented diagnosis of diabetes at the time of the data extraction.
- 1886 (1%) of people were identified as requiring a blood test to assess for chronic kidney disease. 45 (2.4%) people had a documented diagnosis of chronic kidney disease following their NHS Health Check

- 2071 (23%) of people were identified as having an increased Cardiovascular risk score (Qrisk \geq 10%) which is the level where a statin prescription in addition to lifestyle modification should be discussed with the patient. Numbers on statin therapy could be improved with only 218 of the 2071 at higher risk receiving a statin at the time of data extraction.

These results highlight the value of the NHS Health Check programme in identifying people with modifiable risk factors. NB: Due to the nature and timing of the data extraction it may be that not all outcomes have been picked up in this evaluation.

The contract with GP Practices for the provision of NHS Health Checks has been renewed from April 2026. This review provides Public Health and Primary Care colleagues with the opportunity to develop an improved programme which is future proofed and able to reach more people, ensuring systematic follow up of risk factors and leading to greater improvements in health outcomes.

For further information please contact Gillian Fiumicelli, Head of Disease Prevention, Public Health – Gillian Fiumicelli, Head of Disease Prevention, Public Health - Gillian.fiumicelli@bromley.gov.uk

10. Bromley GP Alliance (BGPA)

BGPA Community Dermatology Service

The additional capacity clinics continue to operate across the Dermatology service as part of our ongoing work to reduce wait times for routine appointments. We are also working closely with the SEL ICB Cancer Team and King's to further increase capacity to meet the 42-day target. By the end of the last financial year, the average wait time for routine appointments had fallen to 116 days, down from 138 days. With the increased funding now secured, we are forecasting a 48% reduction in wait times this financial year, bringing the average down to 73 days. We are pleased to share that Electronic Prescribing (EPS) has now been added to EMIS, improving efficiency for both GPs with extended roles (GPwERs) and patients when prescribing.



*Caelan Cordonnier, Charlie Freeman,
Helen Magee-Brown, Franklin Nwachukwu,
Nick Barthram*

BGPA Community Headache Service

The Community Headache Service is now able to prescribe medications directly for patients seen in clinic. As with the Dermatology Service, prescriptions can be issued through Electronic Prescribing (EPS), offering a significantly improved experience for patients, who will no longer have to wait for the recommended medications (within clinic letters) to be sent to their GP practice. We are also pleased to announce that Dr Natalie Soobadoo is now fully trained in administering Botox and nerve injections within the service. Dr Soobadoo's clinics are based at Beckenham Clinic, providing a more convenient option for patients living nearby who would rather this location than travelling to Orpington.

BGPA LAS NHS111 Clinical Assessment Service

BGPA has recently begun supporting LAS NHS111 through the introduction of a dedicated Clinical Assessment Service, delivering timely GP consultations to patients across Bromley Borough who have contacted NHS 111. This work provides clinical assessment support to the London Ambulance Service by assessing and consulting with all Bromley-registered patients who are routed through LAS pathways. This initiative is designed to enhance patient access primary care, reduce pressure on urgent and emergency services and ensure that patients receive appropriate clinical input at the earliest opportunity.

The service officially commenced on 17 February, initially as a three-month pilot programme. Since then, BGPA has received a further three-month extension to continue delivering the service. Since going live, the team has already closed 2312 cases, demonstrating both strong demand and effective case resolution. On a weekly basis, the service provides a substantial level of additional clinical capacity. We deliver eight hours of dedicated GP support each weekday, operating from 8am-12pm and 4pm-8pm, alongside extended provision at weekends, with 8am-10pm coverage. This equates to a total of 76 hour of additional GP-led clinical support per week, significantly strengthening system resilience during periods of peak demand.

The service is currently delivered by a small team of four GPs, providing regular clinical sessions and ensuring continuity of care. We anticipate increased flexibility and sustainability within the rota, supporting consistent, high-quality care for Bromley patients accessing NHS 111.



*Carly Bone, Tiana Lawrence, Xavier Noel, Meg Merah
BGPA PCN Team*

One Bromley Local Care Partnership Board

DATE: Thursday 18 June 2026

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| Title | Bromley Primary Care Group: May 2026 Report |
| This paper is for information | |
| Executive Summary | <p>The Bromley Primary Care Group (PCG) is responsible for decisions relating to the commissioning of primary medical services and to provide leadership and oversight for the delivery of high-quality services, strategic transformation and innovation in primary care across Bromley.</p> <p>The following items were considered at the May 2026 meeting of this group:</p> <p>a) Practice resilience support service</p> <p>PCG received a presentation on the insights and learnings from the hands-on, practice resilience support service commissioned in Bromley. This service has involved a team of experienced GPs, practice managers and practice finance experts working with practices experiencing resilience risks to help identify and implement improvements towards long-term sustainability and high quality care. PCG noted the learnings to be gained for effective GP support through this initiative.</p> <p>b) Proactive care pilot for primary care services for housebound residents</p> <p>PCG was briefed on the proposed investment for a trial of a proactive, integrated care model for housebound patients in Bromley, intended to better evidence the patient and system benefits in support of a case for a redesign of service models in respect of this patient cohort.</p> <p>The proposal has been designed in collaboration with the INT development programme and integrates with that work, reflecting the overlap in patient cohorts.</p> <p>PCG provided support for this proposal, which will now progress to detailed specification development stage.</p> |

c) Bromley Primary Care workforce analysis

PCG received an analysis of Bromley's primary care workforce trends from the National Workforce Return System (NWRS). Bromley continues to have a higher GP to patient ratio compared to other boroughs across south east London, but, in common with much of London, a slightly less positive position compared to the England average.

Of more significant note, Bromley's GP and nurse age profile is higher, on average, compared to other practices in south east London. This may be reflective of the greater volume of smaller practices and being an outer London borough. With an older workforce, there are the benefits of experience and acquired knowledge, however capacity and resilience risks associated with retirement and reduction in hours.

This workforce data is taken into consideration as part of the local support offer to GP practice staff.

d) 2026/27 service plan for Bromley Education & Training Hub

PCG was provided with an overview of the provision through Bromley's primary care education and training hub, designed to support high quality primary care services across Bromley. This provision includes clinical training, non-clinical skills and guidance on implementing changes to improve the quality of care and patient experience.

In addition to the core provision, the training hub has been commissioned by the ICB to provide resilience improvement expertise, drawing upon experienced GPs, practice managers and other practice professionals to assist and advise practices on how to improve their ways of working to provide better care and run effectively, learning from national and local examples. Informed by the workforce analysis, the training hub has also been commissioned to support practices with succession planning and attracting new people into the primary care workforce.

e) Progress update on mobilisation of the 2026/27 GP Premium

PCG was provided with assurance of the work undertaken to mobilise the 2026/27 GP Premium in Bromley. This included transferring SMI physical health checks into the GP Premium scheme, as a quality of care improvement initiative, transitioning from a monthly reimbursement process to an achievement based payments model, and establishing a new data dashboard, which provides real-time data for practices on their latest achievement position.

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| | <p>PCG was advised that practice achievement will be monitored by the ICB at month 6 and under-achievement will be addressed with practices, providing an offer of support if required.</p> <p>f) Bromley achievement of 2025/26 QOF indicators for cardiovascular disease (CVD)</p> <p>PCG received an overview of the improvement achieved across clinical indicators relating to CVD during the 2025/26 financial year, and a summary of the interventions conducted in support of the efforts by practices towards these indicators. This is based on initial data, ahead of formal publication of QOF outturn figures. This project report offered PCG some learnings and insights about supporting clinical quality improvement in primary care.</p> <p>PCG expressed praise for the positive work achieved through this project.</p> | |
| Recommended action for the Committee | The Local Care Partnership Board is asked to note the discussions and work undertaken by the Primary Care Group. | |
| Potential Conflicts of Interest | Some members of the LCP and its sub-groups are providers of primary care services and potential recipients of investment by the ICB. Discussions at the May 2026 Primary Care Group did not directly present conflicts of interest for attendees of this meeting. | |
| Impacts of this proposal | Key risks & mitigations | The Primary Care Group takes responsibility for assurance of primary care risk identification and mitigation on behalf of the One Bromley Local Care Partnership. |
| | Equality impact | The Primary Care Group will ensure the equality, diversity and inclusion objectives of One Bromley are considered in the course of its work. |
| | Financial impact | N/A |
| Wider support for this proposal | Public Engagement | Public engagement is being undertaken directly through the individual schemes and initiatives. |
| | Other Committee Discussion/ Internal Engagement | N/A |
| Author: | Cheryl Rehal, Associate Director for Primary & Community Care, Bromley, NHS SEL ICB. | |

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| Clinical lead: | Dr Andrew Parson, Co-Chair, One Bromley Local Care Partnership & GP Clinical Lead |
| Executive sponsor: | Harvey Guntrip, Bromley Lay Member, NHS SEL ICB |

One Bromley Local Care Partnership Board

DATE: Thursday 18 June 2026

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| <p>Title</p> | <p align="center">One Bromley Performance, Quality and Safeguarding Group: June 2026 Report</p> |
| <p>This paper is for information</p> | |
| <p>Executive Summary</p> | <p>June Meeting Update</p> <p>The One Bromley Performance, Quality and Safeguarding Group meeting held on the 4th June focussed on discussion of the following topics.</p> <p><u>PSIRF Implementation in Primary and Community Care - Update</u></p> <p>The meeting received an update on the Patient Safety Incident Response Framework (PSIRF) pilot in primary care across Bromley and South East London. The pilot demonstrated that many PSIRF principles already align with existing general practice processes, while highlighting opportunities to strengthen incident reporting, system learning and patient safety culture.</p> <p>While PSIRF is not yet mandatory in primary care, it is expected to become a requirement in future. Key challenges relate to capacity within general practice, variability in approaches across organisations, and limitations of existing digital systems such as LFPSE. There is also a need to clarify governance arrangements and ensure clear reporting lines as systems move toward integrated neighbourhood working.</p> <p>The pilot reinforces the importance of shifting towards a learning-focused, non-blame culture, with collaboration across practices, PCNs and system partners essential to successful implementation. Further work is required to define system leadership, avoid duplication and ensure consistent adoption across Bromley.</p> <p><u>Bromley Quarter 4 Quality Report</u></p> <p>The Quality Report highlighted that most Bromley providers continue to be rated as good by the Care Quality Commission (CQC), although Queen Elizabeth House and pre-maternity services were rated as requires improvement, with action plans in development.</p> <p>A total of 121 quality alerts were reported during Quarter 4, with key themes including discharge processes, diagnostics, transfer of care and referral issues. Discharge remains an area of concern, particularly in relation to delays in care packages and inconsistencies in processes across organisations. Work is underway to improve discharge pathways, including review of the checklist and strengthening of multi-agency working.</p> <p>The report also noted the impact of reduced ICB quality team capacity and the need to clarify future system arrangements for quality oversight and assurance, particularly as part of wider organisational change.</p> |

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| | <p><u>One Bromley Performance Report</u></p> <p>The year-end performance update for 2025/26 indicates a broadly stable position with areas of strong delivery, including Learning Disability health checks and therapy services.</p> <p>However, challenges remain in screening, immunisation uptake and Severe Mental Illness (SMI) health checks, which continue to fall below target. These issues are linked to workforce pressures and capacity constraints within primary care, alongside concerns about sustaining improvement following the end of specific support roles.</p> <p>Targeted engagement with practices is underway to address these areas, alongside continued system focus on priority performance indicators through ICB deep dives and local improvement activity.</p> <p><u>Bromley Risk Register</u></p> <p>The Bromley risk register has been streamlined, with a reduction in the number of risks following consolidation in light of the new financial year, particularly within financial risks.</p> <p>Key risks include pressures relating to children and young people’s diagnostic waiting times, which remain a significant risk for the system. In addition, a new risk relating to the development of Integrated Neighbourhood Teams will be added to reflect ongoing system transformation, this is being developed at South East London to be added to all place risk registers.</p> <p>These risks will continue to be monitored with updates brought back to the Board as required.</p> <p><u>Any Other Business</u></p> <p>Members noted a recent Supreme Court ruling which significantly changes the legal framework for deprivation of liberty safeguards, with important implications across health and social care.</p> <p>An update was also provided on the national Steps to Safety programme, which offers funding for referral pathways into specialist services for domestic abuse and sexual violence. Given current system pressures and existing local provision, Bromley intends to consider applying for a later tranche of funding in March 2027.</p> <p>The next PQS meeting is scheduled for Thursday 13th August.</p> |
| <p>Recommended action for the Committee</p> | <p>The One Bromley LCPB are asked to note this update.</p> |
| <p>Potential Conflicts of Interest</p> | <p>None</p> |

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| Impacts of this proposal | Key risks & mitigations | Key risks are identified in all areas covered by the group and reviewed through the Bromley Borough risk management framework and risk register. |
| | Equality impact | These are considered through the areas reported to the group with equality impact assessments completed where required. |
| | Financial impact | Not applicable |
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| Wider support for this proposal | Public Engagement | Not applicable |
| | Other Committee Discussion/ Internal Engagement | Not applicable |
| Author: | Gemma Alborough, Business Support Lead – Bromley, NHS SEL ICB Mark Cheung, One Bromley Programme Director, NHS SEL ICB Harvey Guntrip, Bromley Lay Member, NHS SEL ICB | |
| Clinical lead: | Dr Andrew Parson, Co-Chairman, One Bromley Local Care Partnership Board & Senior Clinical Director | |
| Executive sponsor: | Mark Cheung, One Bromley Programme Director, NHS SEL ICB Harvey Guntrip, Bromley Lay Member, NHS SEL ICB | |

One Bromley Local Care Partnership Board

DATE: Thursday 18 June 2026

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| <p>Title</p> | <p>Bromley Procurement & Contracts Committee – March / April 2026 Update</p> |
| <p>This paper is for information</p> | |
| <p>Executive Summary</p> | <p>The Bromley Procurement & Contracts group supports the management and oversight of delegated budgets in terms of compliance with procurement and contract management requirements. The following items were discussed and agreed at the group’s meetings on 19th March and 23rd April 2026.</p> <p><u>Contract Awards</u> No contracts were awarded during this reporting period.</p> <p><u>Contract Extensions</u> GP Websites (Clarity Informatics) – This contract includes hosting, support, and maintenance of GP Practice websites and was extended until the 31st of March 2027.</p> <p><u>Contract Variations</u> Enteral Feeds (Bromley Healthcare) – A contract variation was completed to transfer the budget for Enteral Feeds to Bromley Healthcare as part of a wider Enteral Feed procurement undertaken by Guy’s and St. Thomas’ on behalf of South East London.</p> <p>Urgent Treatment Centre (PHL) – A contract variation was completed to move the contract to a block, agree a Service Development Improvement Plan and introduce an incentive/penalty scheme linked to performance.</p> <p><u>Procurements</u> The following updates were noted: -</p> <ul style="list-style-type: none"> • Cardiology Diagnostics – A Direct Award C process has been undertaken; the standstill period has been observed, and the contract is out for signature. • GP Out of Hours (Home Visiting) – A Competitive Procurement is being undertaken and is currently in the evaluation stage of the process. • Wheelchair Services – A joint Bromley, Bexley & Greenwich Competitive Procurement is under way, with an expected service go-live date of the 1st of April 2027. |

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| | <ul style="list-style-type: none"> • GP Enhanced Service (GPES) – These contracts are in the process of being varied into the main GP contracts held by SEL Primary Care Central team. • Marie Curie – A Direct Award C process has been undertaken, and the contract is awaiting signature. • Phlebotomy – Most Suitable Provider process completed; the standstill period has been observed, and the contract is out for signature. <p><u>Other key areas of discussion to note</u></p> <p>Contracts Pipeline – Contracts due to expire between April 26 – March 27</p> <p>The table in Appendix A indicates the commissioned services where the current contract is due to expire within the next 12 months and the potential procurement options for these services.</p> | |
| Recommended action for the Committee | The Committee is asked to note the work undertaken by the Procurement and Contracts group. | |
| Potential Conflicts of Interest | <p>Some of the organisations represented on the One Bromley Local Care Partnership are also providers working to the Integrated Care Board (ICB,) and will have current contracts with the ICB and will also be bidding for future contracts with the ICB.</p> <p>Care will need to be taken by both the Procurement and Contracts Group and this Board to identify and manage potential conflicts of interest in the procurement, award and monitoring of contracts.</p> | |
| Impacts of this proposal | Key risks & mitigations | The Procurement and Contracts Group has an important role in identifying and managing risks on procurement and contracting issues on behalf of the One Bromley Local Care Partnership. |
| | Equality impact | The Procurement and Contracts Group has a role to play in supporting the delivery of One Bromley equality, diversity and inclusion objectives. |
| | Financial impact | The costs of running the Procurement and Contracts Group will be met within existing ICB budgets. |
| Wider support for this proposal | Public Engagement | N/A |
| | Other Committee Discussion/ Internal Engagement | N/A |
| Author: | Sean Rafferty, Director of Integrated Commissioning, SEL ICB / Asst Director for Integrated Commissioning, LBB | |

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| Clinical lead: | Dr Andrew Parson, Senior Clinical Director and Co-Chairman, One Bromley Local Care Partnership Board |
| Executive sponsor: | Dr Angela Bhan, Place Executive Lead - Bromley |

| Appendix A Service | Current End Date | Type | Status |
|---|------------------|------------------------------------|---|
| Bromley Community Anticoagulation Service | 31/05/2026 | Active – Renewal in progress | Contract is being extended |
| Bromley - Hands-on resilience support for GP practices | 31/08/2026 | Active | Commissioner reviewing options |
| Equipment Rental - Bed Based Rehab unit | 30/09/2026 | Active | Commissioner reviewing options |
| Bromley Tailored Dispensing Service | 31/10/2026 | Active | Option to extend contract to be considered by Procurement and Contract Committee |
| GP OoH | 30/11/2026 | Active | Competitive procurement in progress |
| Diabetes | 30/11/2026 | Active | Commissioner reviewing options |
| Wheelchair Services | 30/11/2026 | Active | Competitive procurement being undertaken in conjunction with Bexley and Greenwich |
| Talk Together Bromley - Improving Access to Psychological Therapies | 30/11/2026 | Active | Commissioning reviewing options |
| Bromley Community Services | 30/11/2026 | Active – Renewal in progress | Direct Award C completed – new contract due to commence on 1/12/2026 |

Appendix 1: Glossary of Terms

| Acronyms and abbreviations | Term | Acronyms and abbreviations | Term |
|----------------------------|--|----------------------------|--|
| ACSC | Ambulatory Care Sensitive Conditions | DNA | Did Not Attend |
| ACP | Advance Care Plan | DSPT | Data Security & Protection Toolkit |
| AFAU | Acute Frailty Assessment Unit | DSCR | Digital Social Care Record |
| AHP | Allied Health Professional | DTA/D2A | Discharge To Assess |
| AHSN | Academic Health Science Network | EAPC | European Association for Palliative Care |
| ASD | Autism Spectrum Disorder | ECH | Extra Care Housing |
| AT | Assisted Technology | ED | Emergency Department |
| AWOL | Absent Without Leave | EHCP | Education, Health and Care Plan |
| BCF | Better Care Fund | ENT | Ear, Nose and Throat |
| B-CHIP | Bromley Children's Health Integrated Partnership | FFT | Friends and Family Test |
| BGPA | Bromley General Practice Alliance | FY | Financial Year |
| BLG | Bromley, Lewisham and Greenwich (Mind) | GP | General Practice |
| BCP | Bromleag Care Practice | GPwER | GP with Extended Role |
| BSAB | Bromley Safeguarding Adults Board | GSTT | Guys and St Thomas' Hospital |
| BTSE | Bromley Third Sector Enterprise | H1 | Half 1 (first 6 months of the financial year, April - September) |
| CAB | Citizens Advice Bromley | H2 | Half 2 (last 6 months of the financial year, October - March) |
| CAMHS | Child & Adolescent Mental Health Service | H@H | Hospital at Home |
| CAS | Clinical Assessment Service | HDU | High Dependency Unit |
| CC | Continuing Care | HIN | Health Improvement Network |
| CCG | Clinical Commissioning Group | HWBC | Health & Wellbeing Centre |
| CHC | Continuing Healthcare | iESE | Improvement and Efficiency Social Enterprise |
| CKD | Chronic Kidney Disease | IAPT | Improving Access to Psychological Therapies (Programme) |
| COPD | Chronic Obstructive Pulmonary Disease | ICB | Integrated Care Board |
| CPAG | Clinical & Professional Advisory Group | ICP | Integrated Care Partnership |
| CRM | Customer Relationship Management (system) | ICS | Integrated Care System |
| CYP | Children and Young Persons | IIF | Investment and Impact Fund |
| DASS | Director of Adult Social Services | IAG | Information, Advice and Guidance |
| DAWBA | Development and Well-Being Assessment | INR | International Normalised Ration (INR) Blood Test |
| DES | Direct Enhanced Service | INT | Integrated Neighbourhood Team |
| DM01 | Diagnostics Waiting Times and Activity | IPOS | Integrated Palliative Care Outcome Scale |

Appendix 1: Glossary of Terms

| | | | |
|-------|--|---------|---|
| JCVI | Joint Committee on Vaccination and Immunisation | PPA | Prescription Pricing Authority |
| JFP | Joint Forward Plan | PPG | Patient Participant Group |
| KPI | Key Performance Indicator | PR | Pulmonary Rehabilitation |
| KCH | Kings College Hospital | PREMS | Patient Reported Outcomes and Experiences Study |
| LAS | London Ambulance Service | PROFAIL | Patient Reported Outcomes for Frailty |
| LBB | London Borough of Bromley | PROMS | Patient Reported Outcome Measures |
| LCP | Local Care Partnership | PRUH | Princess Royal University Hospital |
| LD | Learning Disability | PSIS | Primary and Secondary Intervention Service |
| LDAHC | Learning Disability Annual Health Check | QOF | Quality and Outcomes framework |
| LGT | Lewisham & Greenwich (NHS) Trust | RCN | Royal College of Nursing |
| LMC | Local Medical Committees | ROP | Referrals Optimisation Programme |
| LPC | Local Pharmaceutical Committee | RCPCH | Royal College of Paediatrics and Child Health |
| MDI | Metered Dose Inhalers | SEL | South East London |
| MDT | Multi-Disciplinary Team | SELDOC | South East London Out of Hours Doctors Service |
| MASCC | Multinational Association of Supportive Care in Cancer | SCIE | Social Care Institute for Excellence |
| MHFA | Mental Health First Aiders | SDEC | Same Day Emergency Care |
| MHP | Mental Health Practitioners | SLAM | South London and Maudsley |
| MRI | Magnetic Resonance Imaging | SPA | Single Point of Access |
| NCSO | No Cheaper Stock Obtainable | UCP | Universal Care Plan |
| NICU | Neonatal Intensive Care Unit | UTC | Urgent Treatment Centre |
| NIHR | National Institute for Health and Care Research | VCS | Voluntary Community Sector |
| NWCSP | National Wound Care Strategy Programme | VCSE | Voluntary, Community & Social Enterprise |
| PCC | Palliative Care Congress | WCP | Winter Clinical Pathway |
| MRI | Magnetic Resonance Imaging | | |
| NCSO | No Cheaper Stock Obtainable | | |
| NICU | Neonatal Intensive Care Unit | | |
| NIHR | National Institute for Health and Care Research | | |
| NWCSP | National Wound Care Strategy Programme | | |
| PCC | Palliative Care Congress | | |
| PEoLC | Palliative and End of Life Care | | |
| PIP | Personal Independence Payment | | |