

One Bromley Local Care Partnership Board

Date: Thursday 19 June 2025

Time: 9.30am – 11.25am

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	09:30
2.	Declarations of interest	Enc. 1	Chairmen	09:32
3.	Public Questions received in advance of the meeting	Verbal	Chairmen	09:35
4.	Minutes of the meeting held on the 27 March 2025 For approval	Enc. 2	Chairmen	09:40
5.	Actions for the Board For approval	Enc. 3	Chairmen	09:45
For Information, Discussion and Agreement				
6.	Urgent and Emergency Care Recovery and Winter Planning Update For information, discussion and agreement	Enc. 4	Jodie Adkin	09:55
7.	Integrated Neighbourhood Teams Multiple Long Term Conditions Focus For information and agreement	Enc. 5	Elliott Ward	10:10
For Information				
8.	Communications and Engagement Annual Report For information	Enc. 6	Paulette Coogan	10:25

9.	Partnership Report For information	Enc. 7	Dr Angela Bhan	10:40
10.	Finance Month 12 Update For information	Enc. 8	David Harris	10:50
Reports from Key Sub-Committees for Noting				
11.	Primary Care Group Report For information and noting	Enc. 9	Harvey Guntrip	11:00
12.	Contracts and Procurement Group Report For information and noting	Enc. 10	Mark Cheung	11:05
13.	Performance, Quality and Safeguarding Group Report For information and noting	Enc. 11	Harvey Guntrip	11:10
Closing Business				
14.	Any Other Business	Verbal	All	11:15
Appendices				
15.	Appendix 1: Glossary of Terms	Enc. 12	For information	
Next Meeting:				
	The next meeting of the One Bromley Local Care Partnership Board will be held on the 31 July 2025 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 2025

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 consultants in public health.	01/07/2022	
			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	

NHS South East London ICB One Bromley Local Care Partnership Board - Declared interests as of June 2025

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.			
Dr Andrew Parson	South East London ICB	One Bromley Clinical Lead and Co-Chairman of One Bromley Local Care Partnership Board	Financial Interest	The Chislehurst Partnership - This is a GP partnership which holds an NHS PMS General Practice contract and is a member of the MDC PCN in Bromley. The practice holds a contract from Bromley Health Care for delivery of the Advanced Practitioner Care Practice in Diabetes. The practice is a member of BGPA , a GP federation in Bromley.	01/07/2022	
			Financial Interest	The Chislehurst Partnership is a member and shareholder of BGPA .	01/05/2023	

NHS South East London ICB One Bromley Local Care Partnership Board - Declared interests as of June 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	Site Chief Executive, Princess Royal University Hospital	Financial Interest	Works as an expert witness in midwifery claims - legacy cases only	01/08/2024	
Paulette Coogan	South East London ICB	Director of People and Systems Development, Bromley	No interests declared			
Mark Cheung	South East London ICB	One Bromley Programme Director	No interests declared			
David Harris	South East London ICB	Associate Director of Finance - 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			

NHS South East London ICB One Bromley Local Care Partnership Board - Declared interests as of June 2025

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	
			Non-Financial Professional Interest	Elected Councillor, London Borough of Lewisham	03/05/2024	
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			
Jan Noble	St Christopher's Hospice	Interim Chief Executive	No interests declared			
Harvey Guntrip	South East London ICB	Lay Member for Bromley	No interests declared			
Helen Norris	Healthwatch	Healthwatch Bromley representative	No interests declared			
Dr Ruth Tinson	Bromley LMC	Chair	No interests declared			
Dr Hannah Josty	Bromley LMC	Vice 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			

NHS South East London ICB One Bromley Local Care Partnership Board - Declared interests as of June 2025

Dr Claire Riley	Orpington PCN	Orpington PCN Clinical Director, GP Partner Green Street Green Medical Centre, One Bromley PCN Clinical Lead Strategy, Interface and Neighbourhoods	Financial Interest	GP Partner at Green Street Green Medical Centre, practice is member of Orpington PCN. The practice is also a member and shareholder in BGPA.	01/01/2013	
			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	
Dr Bridget Hopkins	Stock Hill Surgery Five Elms PCN	GP Partner, Stock Hill Surgery PCN Clinical Director, Five Elms One Bromley PCN Clinical Lead Strategy, Interface and Neighbourhoods	Financial Interest	GP Partner at Stock Hill Surgery	05/10/2018	
				Practice is a member of Bromley GP Alliance	04/02/2000	
			Indirect Interest	PCN Clinical Director, Five Elms PCN	2023	

One Bromley Local Care Partnership Board
Minutes of the meeting on 27 March 2025
Held in The Council Chamber,
Bromley Civic Centre

Present:

Name	Title and organisation	[Initials]
Members (Voting):		
Harvey Guntrip	Lay Member (Co-Chairman), South East London ICB	AP
Cllr Colin Smith	Leader of the Council (Co-Chairman), London Borough of Bromley	CS
Richard Baldwin	Director of Children's Services, London Borough of Bromley	RB
Dr Angela Bhan	Bromley Place Executive Director, NHS South East London	AB
Iain Dimond	Chief Operating Officer, Oxleas NHS Foundation Trust	ID
Dr Bridget Hopkins	Clinical Director, Five Elms PCN and One Bromley PCN Clinical Lead Strategy, Interface and Neighbourhoods	BH
Dr Nada Lemic	Director of Public Health, London Borough of Bromley	NL
Amanda Mayo	Care Director, St Christopher's Hospice	AM
Dr Claire Riley	Clinical Director, Orpington Primary Care Network and One Bromley PCN Clinical Lead Strategy, Interface and Neighbourhoods	CR
Jacqui Scott	Chief Executive Officer, Bromley Healthcare	JS
Cllr Diane Smith	Portfolio Holder for Health and Care, London Borough of Bromley	DS
Dr Hasib Ur-Rub	Chair, Bromley GP Alliance	HU-R
David Walker	Chief Executive Officer, Bromley Third Sector Enterprise	DW
Members (Non- voting):		
Mark Cheung	One Bromley Programme Director, NHS South East London	MC
Paulette Coogan	One Bromley People and System Development Director, NHS South East London	PC
Dr Hannah Josty	Vice-Chair, Bromley Local Medical Committee	HJ
Sean Rafferty	Joint Assistant Director of Integrated Commissioning, NHS South East London and London Borough of Bromley	SR
Dr Ruth Tinson	Chair, Bromley Local Medical Committee	RT
In Attendance:		
Gemma Alborough	Business Support Lead - Bromley	GA
Georgina Fekete	Non-Executive Director, NHS South East London	GF
Christine Harris	PA/Business Support – Bromley, NHS South East London	CH
David Harris	Associate Director of Finance, NHS South East London	DH
Fiona Leacock	Head of Quality – Bromley, NHS South East London	FL
Elliott Ward	Associate Director, Strategy Development and Delivery, One Bromley	EW

Apologies:

Members (Voting):

Dr Angela Bhan	Place Executive Lead – Bromley, NHS South East London	AB
Angela Helleur	Site Chief Executive, Princess Royal University Hospital and South Sites, King College Hospital NHS Foundation Trust	AH

Jan Noble
Dr Andrew Parson

Interim Chief Executive, St Christopher's Hospice
One Bromley Senior Clinical Director (Co-Chairman),
South East London ICB

JN
AP

Actioned by

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.	
1.2	Apologies for absence were noted as recorded above.	
2.	Declarations of Interest	
2.1	The declaration of interest register was noted, there were no additional declarations made in relation to items on the agenda.	
3.	Public Questions	
3.1	<p>One public question was received in advance of the meeting. As the member of the public who submitted the question was not present, as is usual process, the Chairmen agreed that the response would be published in the minutes and emailed to the requestor.</p> <p><i>With the recent announcement of the demise of NHS England followed by a proposed 50% reduction in management funding for Integrated Care Boards, can Bromley Local Care Partnership assure residents of the Bromley Borough that the services and provision of care won't be detrimentally affected by the announced changes?</i></p> <p><i>Do the members of Bromley LCP think South East London ICB have any beneficial future in supporting One Bromley and Bromley Council in maintaining and developing a successful health economy?</i></p> <p><u>Answer</u></p> <p>The intention of the cuts is to reduce duplication and ensure that as little as possible is spent on bureaucratic functions. Many of the functions of the ICB have a direct impact on patients such as continuing health care assessments, good medicines management and the commissioning of health services. The development and implementation of new health strategies will also have an impact on patients, the quality of care they receive and access.</p> <p>At this stage, there is no detailed plan for how these changes will be implemented, and we acknowledge the concerns regarding potential service impacts. However, Bromley Local Care Partnership, alongside the wider South East London ICB, is committed to ensuring that any changes have minimal impact on the quality, accessibility, or safety of healthcare services for Bromley residents. We will provide further updates as more details become available.</p>	
4.	Minutes of the One Bromley Local Care Partnership Board Meeting 30 January 2025	
4.1	<p>Jacqui Scott asked that the minutes be updated to note that she was also in attendance. David Walker noted that the minutes should refer to the acronym for the Bromley charity organisation Community Autistic Support, Pride and Advocacy (CASPA) and not Casper.</p> <p>The minutes were APPROVED as an accurate record of the meeting subject to</p>	

	these amends.	
5.	Actions for the Board	
5.1	The action log was reviewed, there were no open actions.	
5.2	The Committee NOTED the action log.	
6.	Neighbourhood Development Next Steps	
6.1	Mark Cheung took the paper as read and noted that this is a continuation of discussions in relation to developing Integrated Neighbourhood Teams (INTs) in Bromley. The communications pack has been developed with partners following the seminar and other workshops held previously. This pack will be shared to communicate details on the definition of neighbourhoods, why we are doing this work, what the benefits for our population are and information on next steps. The SEL Framework agreed by the ICB Board was included, this was developed from the work undertaken in boroughs and pulled together common principles we can use in order to share best practice when developing INTs locally.	
6.2	<p>In considering the item, Board members had the following comments:</p> <ul style="list-style-type: none"> David Walker noted that we appear to be making some solid progress and that he had previously spoken to Elliott Ward about how to share this message within the voluntary sector. We have got some clear plans looking at frailty and long term health conditions and can spend a lot of time undertaking mapping, planning and gaps analysis, but a huge part of this work was about building relationships and understanding. Helen Norris asked about how the Delphi methodology would be defined. Elliott Ward responded that the Delphi methodology is an approach that was used in Bromley when developing the Adult Hospital at Home Service. This aims to gather input and ideas from a broad range of groups and feed it back for review two or three times, to come to a conclusion that is built from the knowledge from the crowd. One of the elements from the methodology is to see a golden thread between where a comment was made, what happened to it and the result of that, be that a policy or design element of the final piece. It is an open and transparent methodology which pools knowledge to deliver the best for residents with the Bromley pound. Mark Cheung added that this is about how we move into delivery, there has been a lot of discussion of what this means for us and the concepts we are trying to achieve. We have co-developed this pack together to ensure there are resources for all partners to use when starting to engage with staff. Dr Ruth Tinson asked about the position of integrator and who that is proposed to be. Dr Tinson was conscious that general practice is a key stakeholder in INTs and was keen that the LMC had a position within that structure. Mark Cheung noted that the role of the integrator is key, this was being developed with all partners. One of the criteria is of having a partnership that is mature, trusted and credible, so it was proposed that the One Bromley Local Care Partnership be the integrator in Bromley. This was to be confirmed pending working through of final criteria. Engagement of primary care, general practice and the LMC is inherent within that as part of the One Bromley Local Care Partnership Board and through other engagement meetings. Dr Hasib Ur-Rub thanked colleagues for the report and raised a point on the section entitled 'What will change', elements of which had been discussed regarding a different slide at a previous meeting. It is important to be clear that the future model is the current model in general practice 	

	<p>and is built upon relationships, being proactive and holistic care. The way this is presented implies that none of the partners were working in that way previously, but it is important to understand that general practice has been doing so. Dr Ur-Rub is hopeful that some of the terminology will change around that.</p> <ul style="list-style-type: none"> • Jacqui Scott highlighted that communication is going to be really important for this work. There would be many questions from colleagues across the system about what this means practically for those working on the front line. It was asked if there was a plan to have a central website to share this information, to include a questions and answers document. Jacqui Scott had read the SEL section and liked the quality improvement element as a way of bringing organisations together and following a similar methodology. It was asked if the intention was to do the same in Bromley. • Elliott Ward responded that we need to be honest with ourselves about what our patients and residents experience in the services we deliver. This level of honesty and transparency with our public would be very important as we develop INTs. The approach to quality improvement would be essential, the standard approach through NHS change methodology would be used, however a lot of what we are doing falls into the category of complex systems and should open the door for us to explore what that means. Elliott Ward would be having discussions with external colleagues to help us to understand how we can do this in way that reflects the problem we are trying to tackle – multi-system and multi-organisational change in a systematic way. This is a long term programme with gradual long term improvement. • Mark Cheung agreed the Communications Pack is a starting point, as we start to work through programmes of work, we will be able to see what other communications methods are needed, with an engagement plan in development. At the One Bromley Performance, Quality and Safeguarding meeting this month there had been a long discussion on the quality aspects we need to consider as INTs are developed. • Dr Claire Riley noted it was great to see everything coming together. It is important to evaluate as we move through this process. We are using existing models such as B-CHIP and need to consider the impact on staffing levels for all organisations involved, in order to keep monitoring that. • Dr Bridget Hopkins noted that B-CHIP is a fantastic service, but that the impact this has had on PCNs and general practice has been significant, with a large amount of additional staffing that had to be recruited. Investment in primary care and general practice to ensure sustainability was central to this work. • Elliott Ward noted that the sustainability of general practice is essential, a working group had been established to discuss these challenges. • Richard Baldwin was pleased to see the expansion of B-CHIP included within this and that this linked with the INT approach. We know that prevention is one of the most effective ways of managing resources, so we need to be incredibly careful of any move away from that. B-CHIP has had a positive impact for children. As this moves into its next phase in secondary care, a focus on children's mental health and in reach to schools was key. Richard Baldwin was happy to be involved in this. • Dr Hannah Josty noted that there had been a lot of papers and talk on this, when it comes to communicating with patient, it is important to keep this basic and ensure clarity. Patients want to know that they are going to see their GP in a timely manner and that any referrals to secondary care are streamlined without long waits. INTs are aiming to implement seamless 	
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	<p>holistic care and manage resources in a more effective way. Dr Josty stated that her concern that children's mental health services are not one of the things that would be reviewed in the initial phases of this work. Mental health services for children are currently pretty appalling and are something that need to be considered early in this process.</p> <ul style="list-style-type: none"> Georgina Fekete had been observing LCPB meetings in all boroughs as part of her induction as a Non-Executive Director on the SEL ICB Board. Other boroughs had similar conversations and there had also been discussion on how to measure success of this approach. It was asked if this element should be included in phase one rather than waiting until phase two. All are in similar stages, but with different nuances for each borough. Harvey Guntrip noted that this work would continue to develop and gave thanks to Mark Chueng, Elliott Ward and others. 	
6.3	<p>Per the recommendations of the paper, the Committee:</p> <ul style="list-style-type: none"> NOTED the South East London ICB neighbourhood framework and were assured that Bromley is operating in line with this framework. AFFIRMED for Bromley the importance of working together in Integrated Neighbourhood Teams for and with our communities to tackle real world challenges where a multi-agency, multi-professional approach can provide better outcomes for the same or reduced cost to the Bromley pound and mitigates impacts of growth. AGREED to champion and discuss the INT approach in Bromley with their teams, supporting the set-up of initial neighbourhood level development sessions in the next quarter. 	
7.	One Bromley End of Year Achievements 2024-25	
7.1	<p>Paulette Coogan thanked partner organisations for their entries to the paper, this highlighted some of the key achievements undertaken in the last financial year. It was noted that a correction had been made to slide 11 to read 'Homeless Health Project' rather than 'Homeless Health Clinic.'</p>	
7.2	<p>In considering the item, Board members had the following comments and questions:</p> <ul style="list-style-type: none"> Harvey Guntrip noted the importance of celebrating what has been undertaken in the borough and that this meeting is a good place to highlight achievements. David Walker echoed the comments and noted that the One Bromley Local Care Partnership Board has driven forward a huge amount of work. It was asked what the plan for broader communications of this work were. Paulette Coogan had spoken to Helen Marsh, Head of Communications about this. This is going to be weaved into the engagement for integrated neighbourhood working and this would also be on our website and in various stakeholder bulletins. 	
7.3	The Committee NOTED the One Bromley End of Year Achievements 2024-25.	
8.	Partnership Report	
8.1	<p>Mark Cheung introduced the Partnership Report, which was taken as read. It was noted that in addition to the featured updates the Bromley SEL ICB team had also moved into Churchill Court recently, MC gave thanks to the local authority for hosting the team. It was noted that the previous office at Global House had been an NHS properties site for over thirty years, so this marked the end of an era.</p>	

8.2	Board members raised no further comments or queries.	
8.3	The Committee NOTED the Partnership Report.	
9.	Month 10 SEL ICB Finance Report	
9.1	<p>David Harris presented the Month 10 2024/25 Finance Report, which was taken as read. The following highlights were noted:</p> <p><u>SEL ICB Month 10 Financial Position</u></p> <ul style="list-style-type: none"> As of month10 the SEL ICB is forecasting that it will deliver a year-end position of break-even. <p><u>Bromley ICB/LCP Month 10 Financial Position</u></p> <ul style="list-style-type: none"> The borough is forecasting a breakeven position at year end. The prescribing budget has moved to an overspend. We will be working through the impact in order to manage this at year end. This issue has affected all other SEL boroughs and other ICBs across the region. <p><u>2025/26 Budgets</u></p> <p>The Bromley budget for 2025/26 was outlined in the slides and noted. the total delegation was £262,588.</p> <p>Within this budget Bromley had received adjustments relating to the following: tariff inflation (£10.2m), tariff efficiency (£-5.0m), growth uplift (£4.3m) & convergence adjustment (£-1.3m). The net tariff uplift is therefore £5.2m and the net growth is £3.0m.</p> <p>The Continuing Healthcare budget (CHC) will form the biggest financial challenge to Bromley ICB/LCP in 2025/26, due to the additional care capacity opening in the Borough. This will inevitably result in additional FNC (Funded Nursing Care) and CHC costs.</p> <p>There are also significant pressures within other areas including mental health and prescribing. Cost pressures total approximately £8.0m.</p> <p>The cost improvement plan (CIP) target for 2025/26 is 5% (£13.1m) and work is underway to identify schemes to deliver this target. After tariff efficiency and convergence are offset against this target £6.8m remains and schemes will be identified to deliver this target in full.</p> <p>2025/26 budget setting is progressing well, and budget holder sign off and the submission of a fully developed CIP plan is expected to be achieved by the deadline of Friday 28 March.</p>	
9.2	<p>In considering the report, Board members had the following comments:</p> <ul style="list-style-type: none"> Jacqui Scott asked about the cost improvement plan and for some detail on the schemes. David Harris responded that some schemes are fully delivered, including through reprourement of contracts. Some of the other items are targets which are being worked through to confirm how these will be delivered. Mark Cheung confirmed that the final version would be shared at a future board meeting. Half of this is inherent taken from convergence targets and tariff efficiencies and colleagues are working with the Medicines Optimisation team across SEL to look at what we can do locally and as an ICB to address the prescribing budget challenges. We are focusing on how to manage and mitigate the overspends in mental health placements and 	

	<p>continuing care. This is a challenge and there will be some difficult decisions to be made around services, following due process.</p> <ul style="list-style-type: none"> • Harvey Guntrip asked if the welfare change announcements, particularly around Personal Independence Payments (PIP) would impact on our budgets. • Mark Cheung replied that this needs to be evaluated and that an update would come back to this meeting once confirmed. 	
9.3	The Committee NOTED the Month 10 Finance Update.	
10.	Primary Care Group Report	
10.1	<p>Mark Cheung took the report as read and welcomed any questions. The last meeting focused on capacity and access in the primary care group and the transition transformation fund and making sure we try and support practices and Primary Care Networks (PCNs) in terms of delivering what is required. Colleagues will continue to work with practices.</p> <p>There was discussion on Pharmacy First data and the continued communications campaign and the ongoing challenges.</p> <p>Harvey Guntrip noted that Pharmacy First can be a useful resource for patients.</p> <p>Dr Bridget Hopkins noted this had been discussed at the Primary Care Leadership Group meeting. It had been agreed that there needs to be consistency across community pharmacy, as there is some variation as to which services are offered. It was important to make this as easy for patients to access as possible. This is a really good service when it works.</p> <p>Harvey Guntrip noted similar previous issues with 111 and their directory of services which can sometimes be out of date. It was asked if a conversation could be held with the Community Pharmacy Lead to suggest creation of a directory.</p> <p>Dr Claire Riley noted that the PCN Pharmacist from her practice presented at the Pulse PCN Conference recently. The topic was Pharmacy First, and various helpful information had been brought back on how this was working well in other areas. In Luton there is a WhatsApp group between community pharmacies and GP practices, enabling live information on services to be shared. Community pharmacy is central to integrated neighbourhoods, and it was important they were involved.</p> <p>Jacqui Scott noted that there is more money available to come into Bromley in relation to capacity and access improvement scheme delivery, and asked if there was anything other system partners could do to support in trying to have receipt of this funding.</p> <p>Mark Cheung responded that Raj Matharu is the lead for Community Pharmacy. There are a number of issues with Pharmacy First which we are trying to manage and continue to raise at meetings. We have seen improvements in access to the capacity and access improvement fund, with specific criteria that have to be met to access these monies.</p> <p>Dr Ruth Tinson noted that the LMC meets with Raj Matharu and other members of the Local Pharmaceutical Committee (LPC) monthly. The challenges of Pharmacy First have been recognised, to include the need for primary care to refer patients in order for pharmacies to access funding for this.</p>	

	This is being escalated at a national level by the LMC and LPC. There were no questions or comments raised.	
10.2	The Committee NOTED the Primary Care Group Report.	
11.	Contracts and Procurement Group Report	
11.1	Sean Rafferty took the report as read, there were no questions or comments raised.	
11.2	The Committee NOTED the Contracts and Procurement Group Report.	
12.	Performance, Quality and Safeguarding Group Report	
12.1	Mark Cheung took the report as read, noting that quality improvement and monitoring outcomes were of huge focus in the discussion, particularly in relation to the opportunities from integrated working, safeguarding and rollout of a quality framework across primary care and other partners. This topic will remain on the agenda for future meetings.	
12.2	The Committee NOTED the Performance, Quality and Safeguarding Group update.	
13.	Any Other Business	
13.1	There was none raised. Councillor Colin Smith formally closed the public meeting.	
14.	Appendix 1: Glossary of Terms	
14.1	The glossary of terms was noted.	
15.	Date of Next Meeting: Thursday 19th June 2025 at 09.30am	

One Bromley Local Care Partnership Board – Action Log

Log no.	Action point	Date raised	Responsible	Due Date	Status	Comments
27.03a	Feedback to be given at the next meeting relating to comments on the CAMHS service.	27/03/2025	Iain Dimond James Postgate	19/06/2025	Open	

One Bromley Local Care Partnership Board

DATE: Thursday 19 June 2025

Title		Urgent and Emergency Care Recovery and Winter Planning Update	
This paper is for information/discussion/agreement			
Executive Summary		<p>The 2024/25 One Bromley Winter Evaluation reviews the system response to this year's winter pressures. The review was undertaken in four parts:</p> <ol style="list-style-type: none">1. A performance review summarising trends and activity over winter2. A qualitative review from system partner feedback on key strengths, challenges and recommendations for next winter3. Clinical input through a clinical round table, CPAG input and GP feedback4. Evaluation and learning from winter funded services <p>The Winter Washup, hosted by the A&E Delivery Board on the 29 April 2025 brought together this learning and agreed 12 recommendations to prepare and respond to next year's winter pressures.</p>	
Recommended action for the Committee		<p>LCP are asked to:</p> <ul style="list-style-type: none">• Note the positive performance achieved by a strong system response to winter pressures• Discuss and support the recommendations for winter preparedness• Provide feedback on any areas LCP have a particular interest in and would like to be brought back for discussion.	
Potential Conflicts of Interest		Potential conflicts of interest due to winter services being commissioned from BGPA and BHC.	
Impacts of this proposal	Key risks & mitigations	Not applicable	
	Equality impact	The outcome of the evaluation aims to reduce health inequalities by improving access to timely, personalised health and care services during the winter period.	
	Financial impact	Not applicable	
Wider support for this proposal	Public Engagement	Not applicable	

	Other Committee Discussion/ Internal Engagement	The Winter Evaluation has been discussed at A&E Delivery Board and shared with CPAG. Input into the evaluation has been provided from all One Bromley Partners, UTC and LAS.
Author:	Troy Profit, Senior Commissioning Manager – UEC (Bromley Place)	
Clinical lead:	Dr Puja Patel, UEC GP Clinical Lead	
Executive sponsor:	Dr Angela Bhan, Place Executive Lead – Bromley	

Winter Wash-Up 2024-25

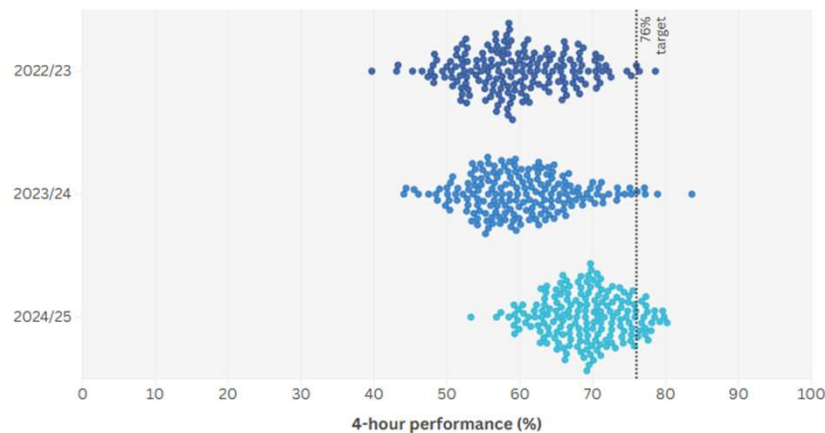
Introduction

- Final summary of the 24/25 winter dashboard, data is generally for 1 Oct-31 Mar
- Where possible it includes comparisons with previous years
- Overall, it's a good news story
- PRUH achieved 4-hour A&E performance of 72.1%, against a 70% target
- Reminder that where metrics are the same as the previous year that is generally a positive achievement as it is absorbing additional demand from population growth

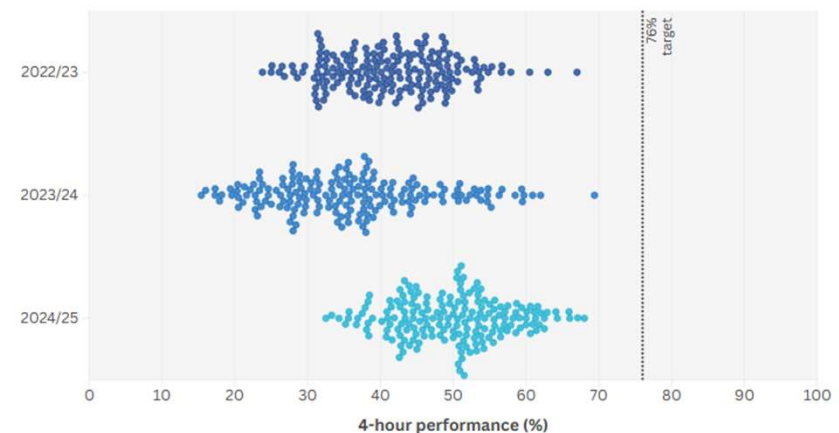
A&E performance

- Over winter all types A&E performance averaged 69.1%, 8.7pp higher than 23/24, meeting the 76% target on 19 days
- Average type 1 performance was 49.9%, 13.9pp higher than 23/24
- Both all types and type 1 performance was more consistent, with all types only varying 27pp compared to 40pp in 23/24, and type 1 varying 36pp compared to 54pp in 23/24

All types 4-hour performance, Oct-Mar



Type 1 4-hour performance, Oct-Mar

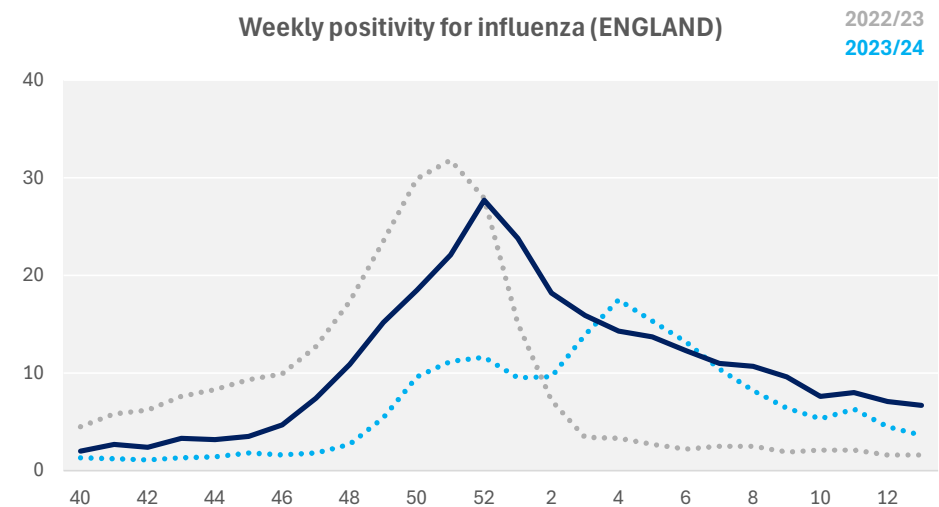


Public Health

- **FLU:** national flu levels peaked in late December at a higher level than 23/24, but not as high as 22/23
- **RSV:** national RSV levels peaked in late November at a level higher than both 22/23 and 23/24
- **COVID:** national levels remained low throughout winter

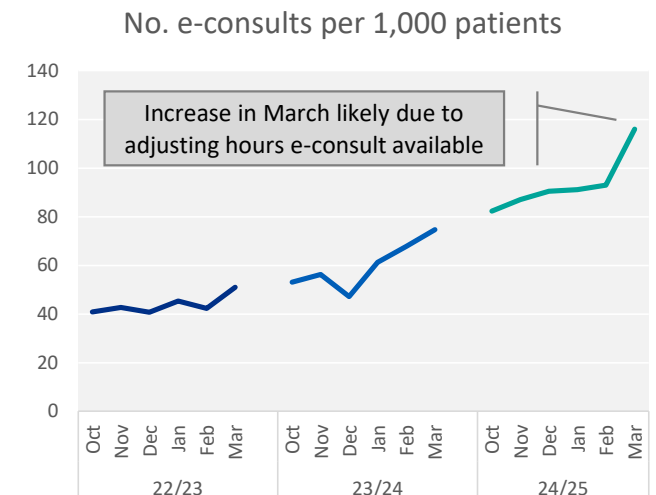
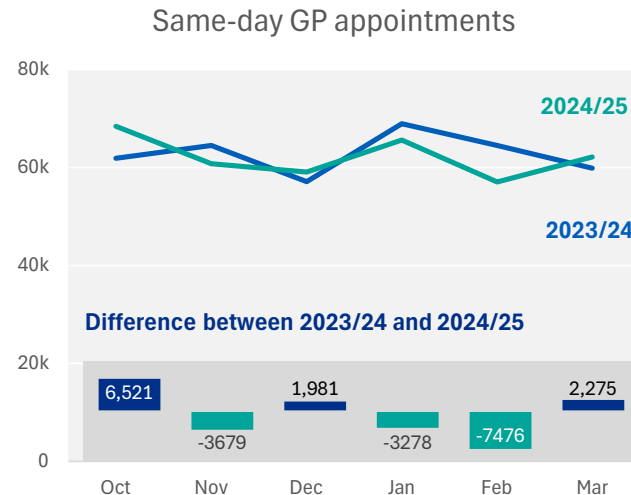
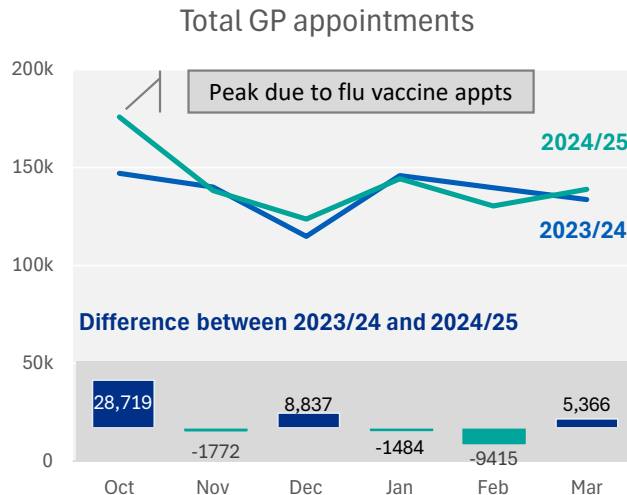
Now seen Bromley data which shows that we saw the same profile as nationally

- **WHOOPING COUGH:** 4 confirmed cases in Bromley in October, then no further cases over winter
- **MEASLES:** no cases in Bromley this winter
- **NOROVIRUS:** not monitored but know that this has had a significant impact this year, considering adding in for future years



Primary Care

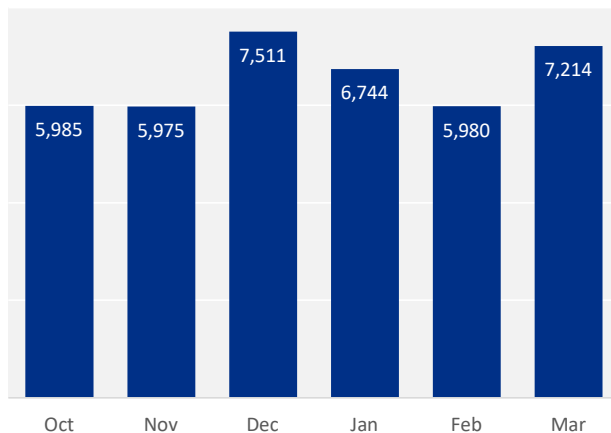
- The start of the flu campaign in October saw a peak in GP appointments, but aside from this total appointment numbers are similar to 23/24
- The number of same-day GP appointments fluctuated, but overall was similar to 23/24 at around 37,000
- The number of e-consults has continued its upward trajectory



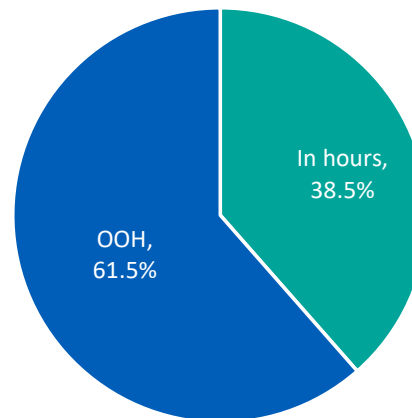
111

- 23/24 data is incomplete, so comparison is not possible
- In winter 24/25 111 triaged a total of 39,409 calls, with the busiest months being December and March
- Overall, around 40% of calls were received in hours and 60% OOH
- c. 40% of calls (16,000) were referred to primary care, with just over 20% (8,500) requiring either an ambulance or referral to ED

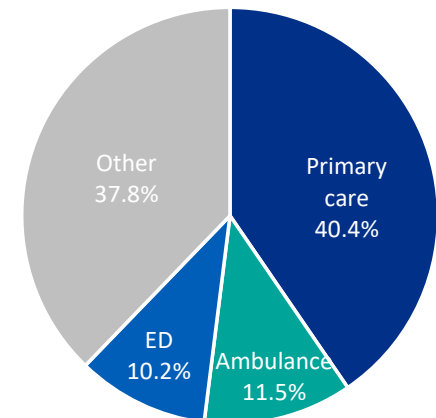
Total calls triaged by 111



Total calls triaged by 111

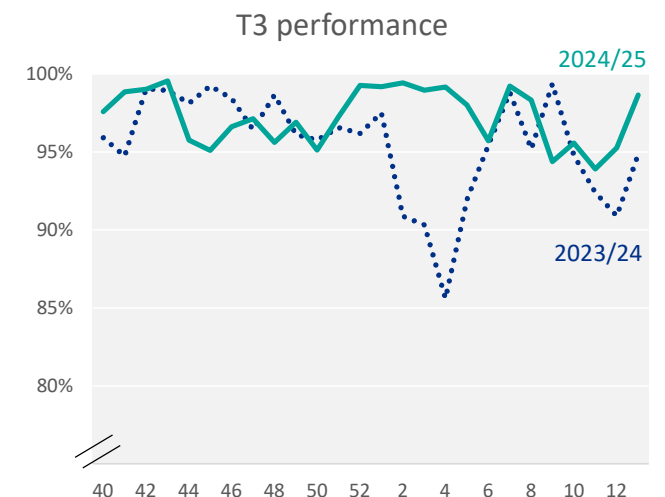
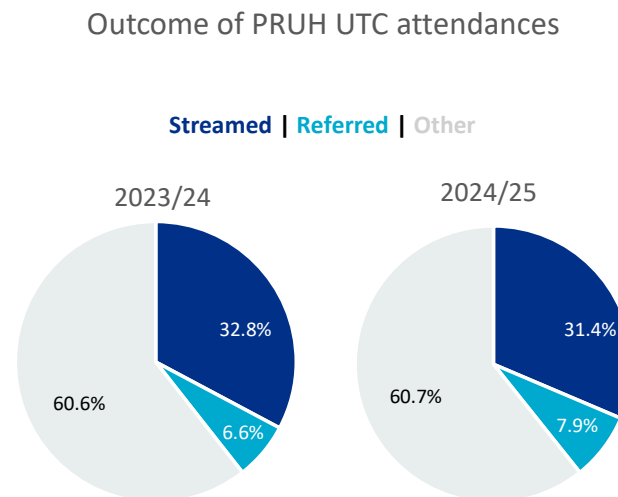
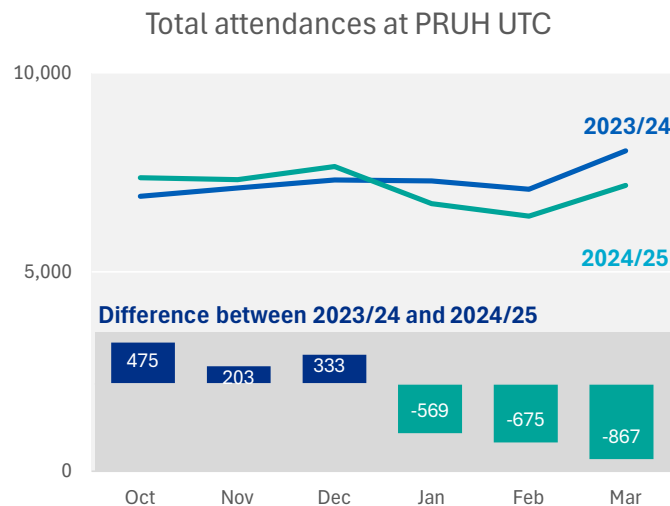


Final disposition of 111 calls



UTC

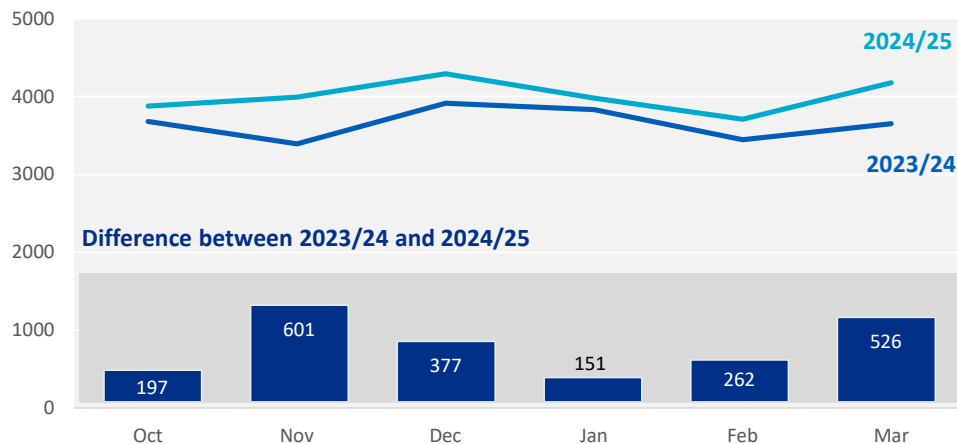
- Between October and March there were a total of 42,616 UTC attends, 1,100 less than 23/24
- UTC attends were higher at the start of winter but lower Jan-Mar, which correlates with the flu peak being earlier this year
- The same proportion of patients were streamed or referred from UTC to ED (29%), but in 24/25 a slightly higher proportion of those were referred and a slightly lower proportion were streamed
- Type 3 performance was sustained above 90% for the whole winter, avoiding the fall seen in 23/24



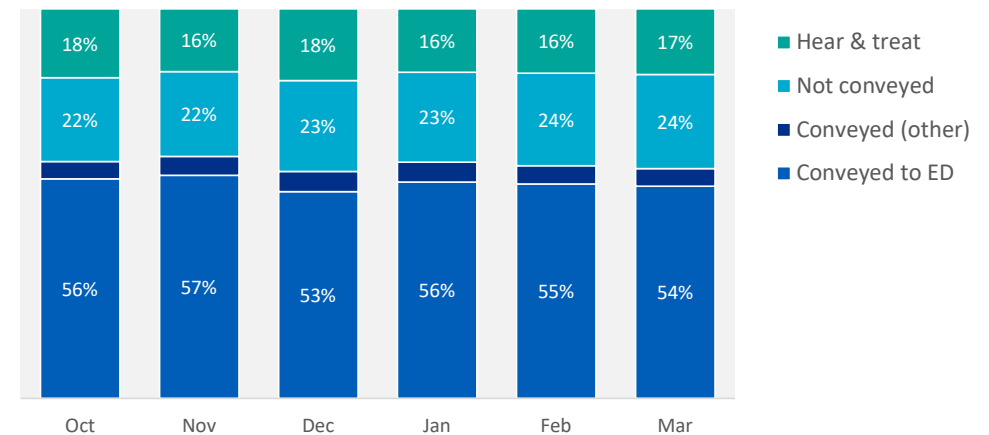
LAS incidents

- Between Oct and Mar there were a total of 24,034 LAS incidents, 2,114 more than in 23/24
- Around 60% of incidents were conveyed, with 55% going to ED
- Around 40% of incidents were not conveyed, with 17% managed as hear and treat

Total number of LAS incidents in Bromley

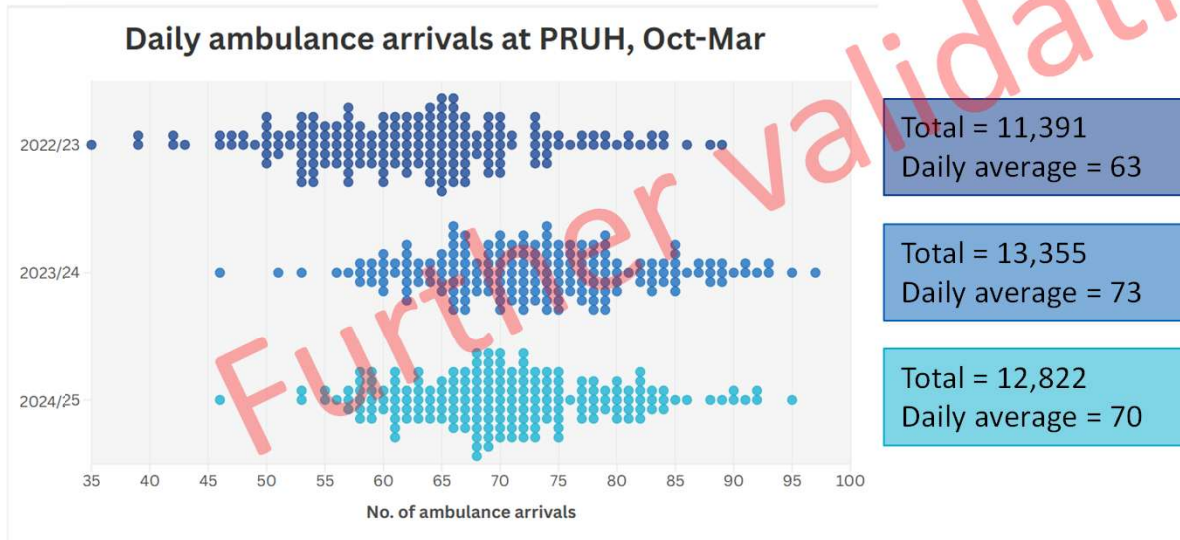


Call outcomes for LAS incidents in Bromley



PRUH ambulance arrivals

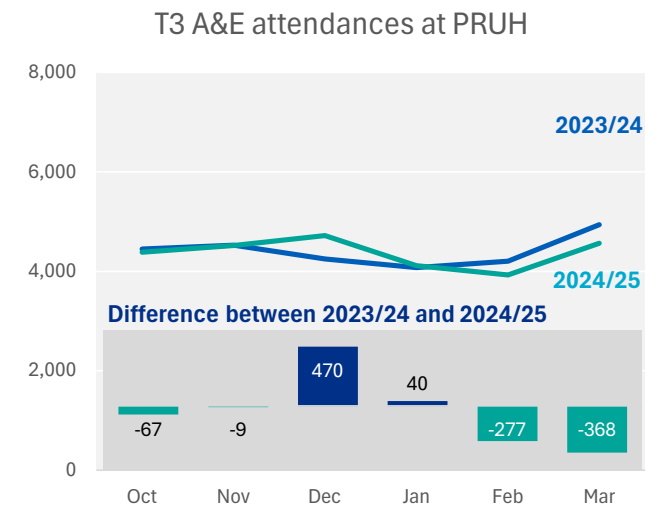
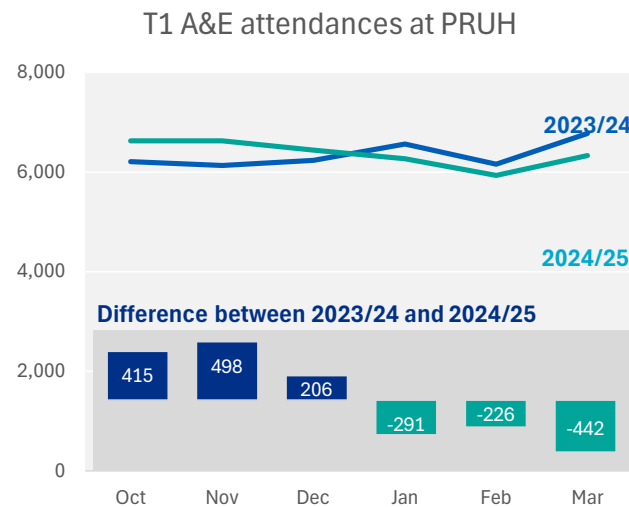
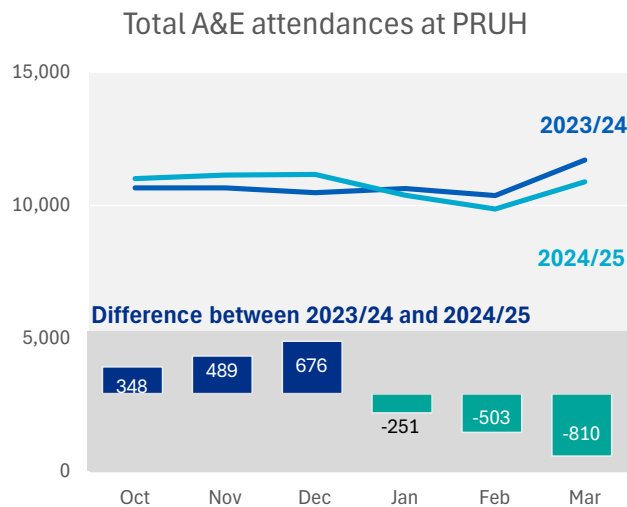
- Total ambulance arrivals at PRUH were lower than 23/24 but higher than 22/23
- Average handover time ranged from 16:32 to 46:06, with an average of 24:28
- The total number of handover delays has been increasing for the last 3 years, reaching 30% of all ambulance arrivals in 24/25



	Total delays >30 mins	% arrivals delayed
2022/23	3,153	28%
2023/24	3,485	26%
2024/25	3,933	30%

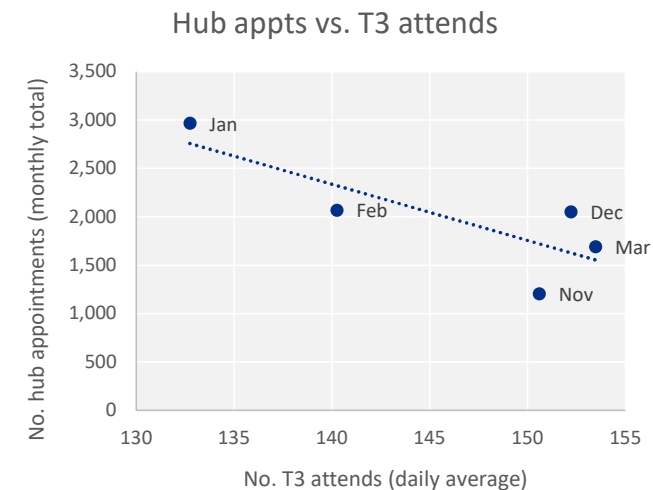
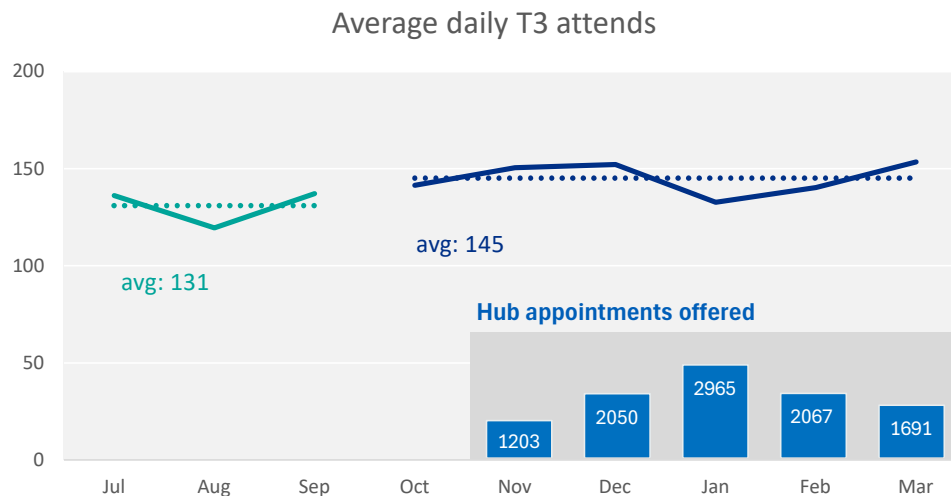
A&E attendances

- In 24/25 there were 64,464 A&E attendances between October and March
- Compared to 23/24 total attendances are the same (-51), but with a slightly higher number of T1 attendances (+160) and a slightly lower number of T3 attends (-211)
- A&E attends show a similar profile to UTC attends, higher at the start of winter and lower Jan-Mar



Impact of hubs

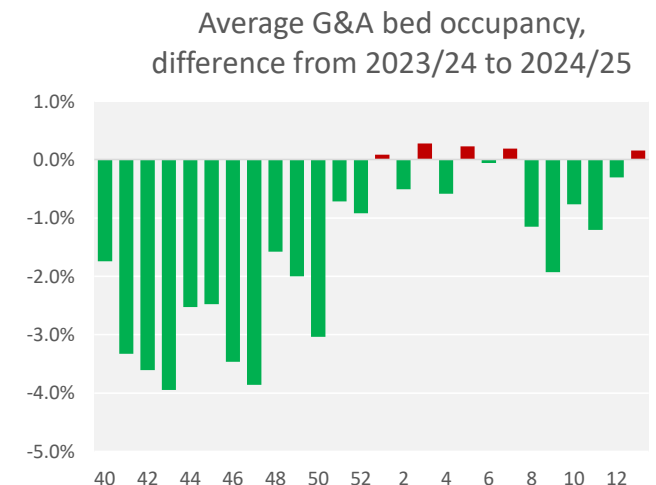
- Compared to the 3 months before winter, average daily T3 attends did increase over winter
- However, the number of average daily attends was positively impacted by the number of winter illness hub appointments available, with the months with the highest number of hub appointments available having the lowest T3 attends



Flow

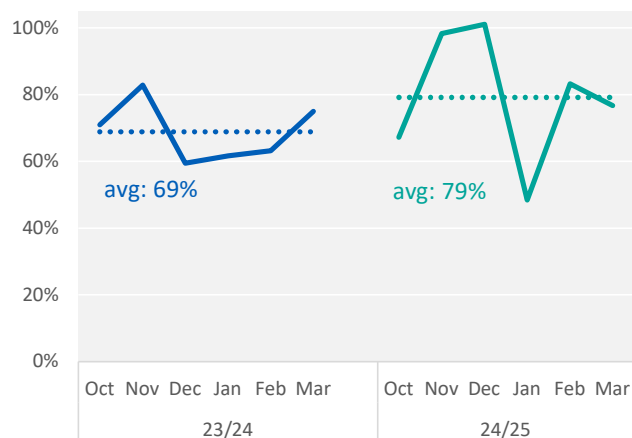
- 12-hour trolley waits down 10% between 23/24 and 24/25 and emergency admissions fell by 2%, which is positive given similar attendances
- However, the conversion rate (emergency admissions as a proportion of T1 attends) has remained the same
- The average no. of long stay patients fell between winter 22/23 and 23/24, there was a small fall between 23/24 and 24/25
- Average G&A bed occupancy was high - above 94% for the whole winter - but it was lower than 23/24 in all except 5 weeks

	12-hour trolley waits	Emergency admissions via A&E	Conversion rate	Average no. long stay patients		
				7+ days	14+ days	21+ days
2022/23	8,533	8,270	23%	232	135	87
2023/24	8,324 ↓	8,062 ↓	21% ↓	219 ↓	128 ↓	85 ↓
2024/25	7,480 ↓	7,919 ↓	21% ↔	216 ↓	128 ↔	84 ↓

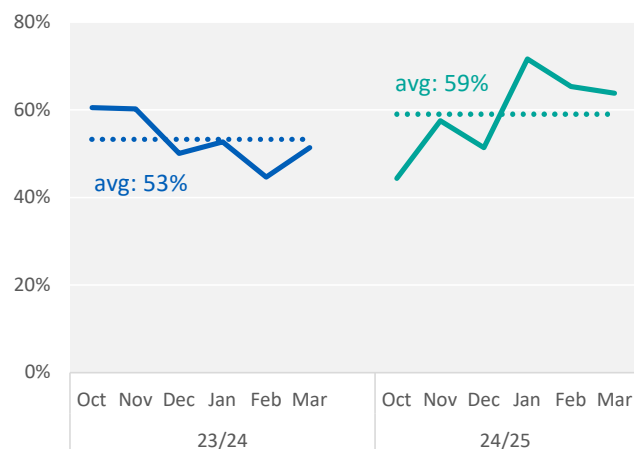


- H@H occupancy rates increased compared to 23/24 for both adults and CYP
- CYP capacity remained the same – 6 beds
- Adult capacity fluctuated, but when looking at average caseload per day, this was higher for every month in 24/25 except October

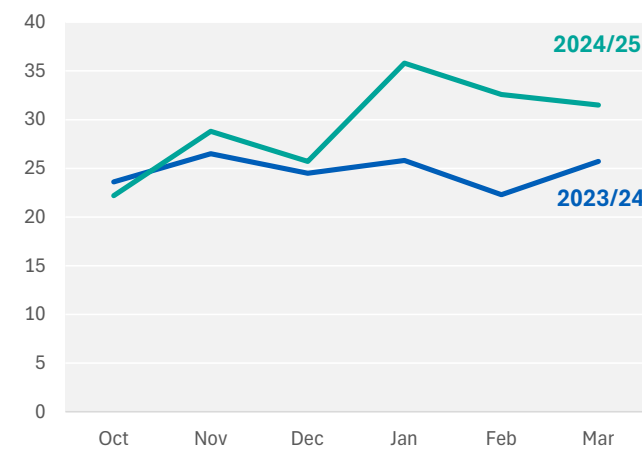
CYP H@H: occupancy



Adult H@H: occupancy



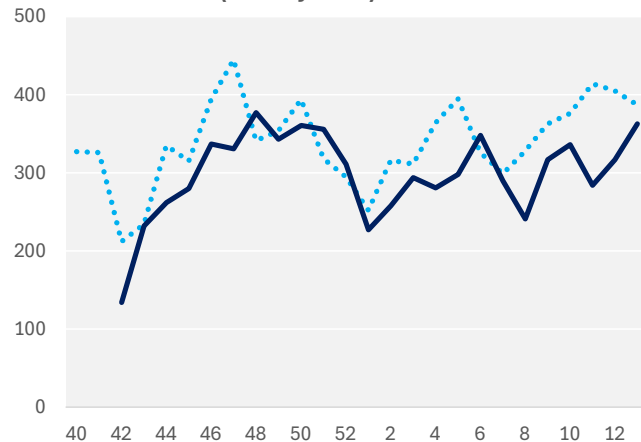
Adult H@H: average caseload per day



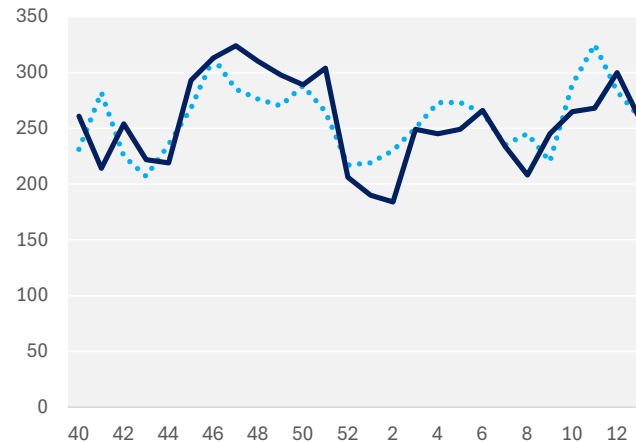
Paeds

- The total number of under 16s treated in UTC was 7,178, almost 1,000 (12%) fewer than 23/24 (*UTC data is only available from mid-Oct*)
- Total T1 attends were 6,669, less than 1% variation from 23/24
- Paeds T1 4-hour performance was consistently higher than 23/24, averaging 64.6% compared to 55.7%
- Call volumes to paediatric consultant connect were consistently higher than last year, around 60-80 calls a month compared to 30-50. However, the answer rate was variable, ranging from 20% to 60%

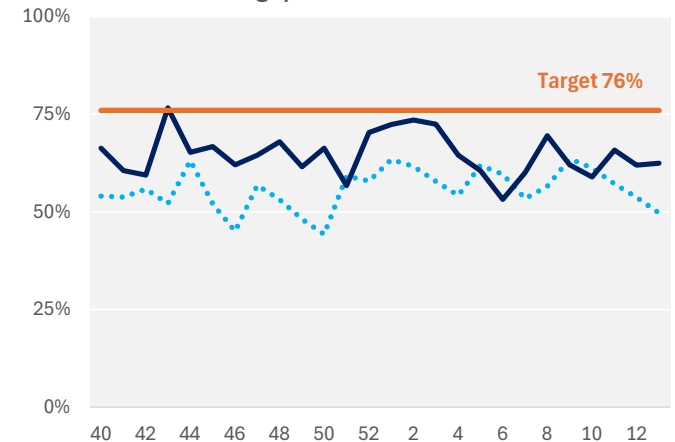
Under 16's treated at PRUH UTC
(weekly total) 2023/24



Paeds T1 attends (weekly total) 2023/24



Paeds T1 4 hour performance (weekly average) 2023/24



One Bromley Local Care Partnership Board

DATE: Thursday 19 June 2025

Title	Integrated Neighbourhood Teams – ‘Cascade’ approach and Multiple Long Term Condition (MTLC) Focus
This paper is for information and agreement	
Executive Summary	<p>Background</p> <ul style="list-style-type: none">• Work continues at pace in Bromley to implement our four Integrated Neighbourhood Teams – north west, south west, north east and south east.• In line with the plans presented to the Board in March 2025, the One Bromley Executive has established the INT Development Group to hold the detailed development of INTs on behalf of the Executive.• The South East London (SEL) Neighbourhood Board oversees delivery of INTs across the integrated care system (ICS). This is supporting the alignment of ICS-wide enabling functions to INT needs (e.g. digital, workforce, population health management). Bromley is represented on the board through the membership of the Place Executive Lead, Director of Adult Social Care, and Chief Executive of Bromley Healthcare.• A SEL-wide theory of change and associated modelling of activity shifts across our system is under development and Bromley is contributing to this work. This will support the granular work of moving resources around our system to support the prevention work in our strategy.• The London Neighbourhood Case for Change and Target Operating Model has been published here: https://www.england.nhs.uk/london/our-work/a-neighbourhood-health-service-for-london/.• This was developed in partnership between London’s five integrated care boards, NHS England London Region, and the wider London Health and Care Partnership (London Councils, Greater London Authority, UK Health Security Agency, and the Office for Health Improvement and Disparities in London), with support from Londonwide Local Medical Committees.

	<ul style="list-style-type: none"> The document builds on the South East London neighbourhood framework shared with the Board in March. It sets out, through neighbourhood working, a plan for more accessible and consistent care, using new technologies where appropriate, whilst remaining sensitive to individual and community needs. This is in turn supported by a national direction focused on increasing investment in prevention, community-based care, and harnessing the power of digital. The document acknowledges in the next steps to support implementation that while many of the tools and enablers to deliver the changes envisaged are in the hands of local authorities, NHS organisations and communities themselves, a range of further enablers will require national intervention. <p>Cascade and multiple long term conditions</p> <ul style="list-style-type: none"> The Bromley INT Development Group has agreed that Bromley will take a 'cascade' approach to INT go-live, commencing with South West INT. This will allow subsequent INTs to learn from the work of South West. In line with regional guidance, it is planned that all INTs in Bromley go live in 2025/26. This has been endorsed by One Bromley Executive. All Bromley INTs will deliver services across multiple long term conditions, frailty, children and young people and people leaving hospital. Some of these models are new, some are alignment and expansion of existing joint working in Bromley. The work starts with the SW INT. It will commence with the implementation of the multiple Long Term conditions model which has been developed by a health and care professionals reference group in Bromley and with the support of colleagues across South East London. This has been endorsed by One Bromley Executive. 	
Recommended action for the Committee	<ul style="list-style-type: none"> The Committee is asked to note the latest developments in INTs and to endorse the cascade and multiple long term condition focus agreed by the Executive. 	
Potential Conflicts of Interest	<p>All parties of One Bromley continue to discuss and develop plans in the best interests of residents and patients. As INTs consider the movement of resources, and depending on the approach chosen, there may be a requirement for more rigorous conflict of interest management.</p>	
Impacts of this proposal	Key risks & mitigations	

		<p>Risk: there is a risk that the re-organisation in the NHS impacts capacity and priorities, delaying INT implementation.</p> <p>Mitigation: There is no change to the policy direction on INT development and it is acknowledged in the model ICB provided by NHS England. We will continue to use INT development to deliver service and efficiency improvements for the people of Bromley.</p>
	Equality impact	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 will conduct an equality impact assessment as the detail of the work develops, initially with South West INT.
	Financial impact	Resources and incentives will be assessed and aligned in accordance with model design with form following function. Further discussions with partners and relevant governance may be required. South West INT will support the realisation of this model.
Wider support for this proposal	Public Engagement	Public engagement was undertaken through the development of the One Bromley Strategy, and the ambition is to continue this through development of delivery programmes.
	Other Committee Discussion/ Internal Engagement	The specific work outlined here has been discussed and agreed at the One Bromley Executive, INT Development sub-group and the multiple long-term conditions reference group.
Author:	Elliott Ward, Associate Director, Strategy Development and Delivery, One Bromley	
Clinical lead:	Dr Andrew Parson, Co-Chair, LCPB Dr Jon Doyle, Senior Clinical Lead, One Bromley	
Executive sponsor:	Dr Angela Bhan, Place Executive Lead	

Integrated Neighbourhood Teams - Cascade and MLTC Focus

Local Care Partnership Board

19 June 2025

INT Development and Cascade

Overview of neighbourhood working in Bromley

Vision for Neighbourhood Working

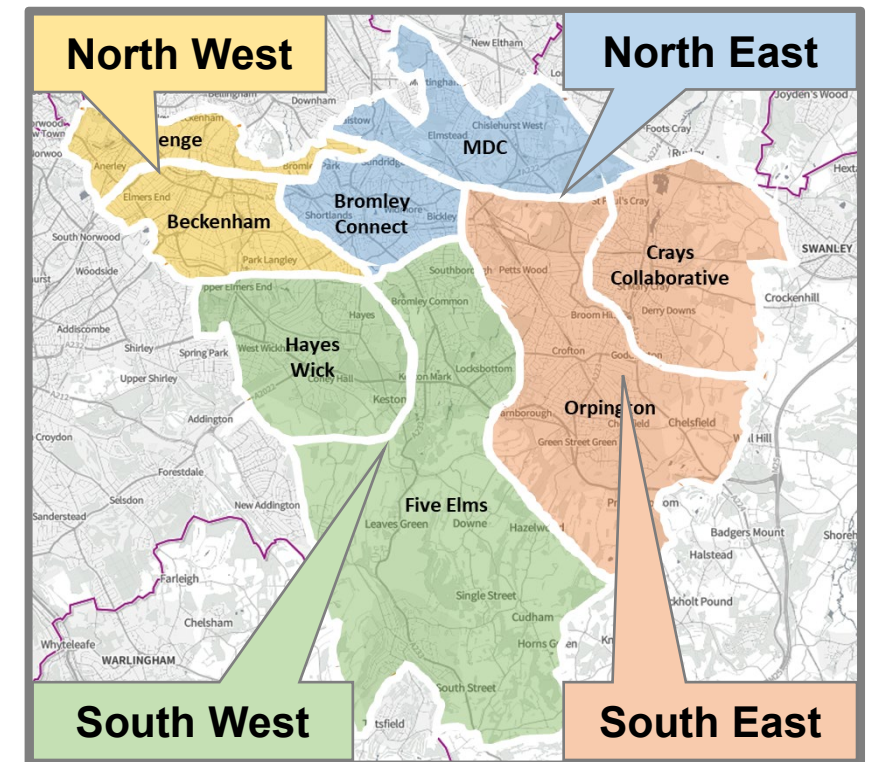
Working cohesively to deliver integrated services across health, social, voluntary and community organisations. These provide holistic, person-centred care, with a focus on prevention and care closer to home embedded in local communities. This approach will make it easier for residents to access and navigate support and lead to improved health and wellbeing for the Bromley pound.

Benefits for Patients

- More holistic care experience through integrated services
- Improved access to care
- Greater continuity of care
- Easier navigation of the health and care system

Benefits for Staff

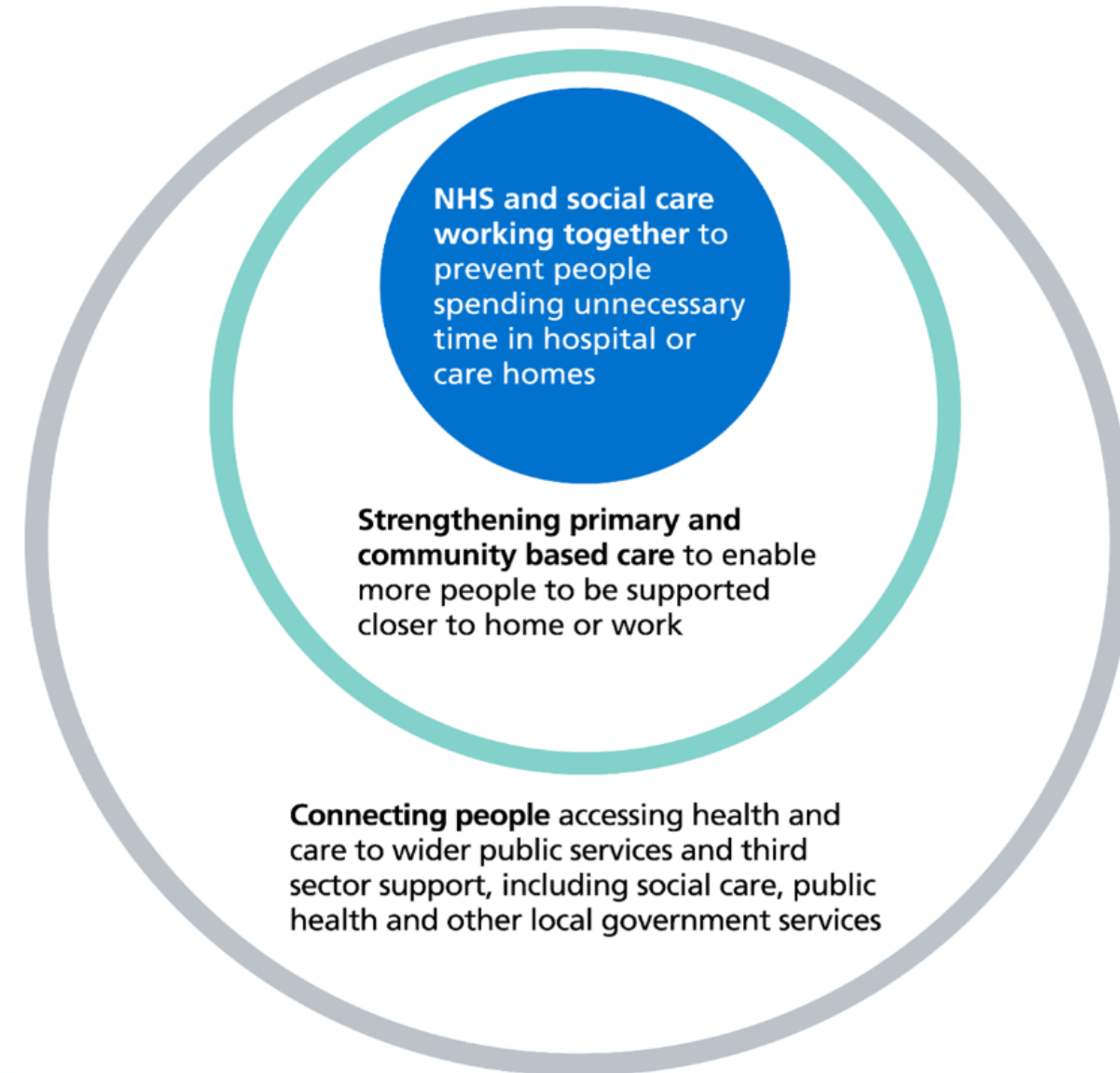
- Increased innovation and collaboration
- Greater ability to drive better outcomes
- Opportunities for personal development and enhanced job satisfaction



Latest national context

2025/2026 planning guidance highlights the importance of neighbourhood-based service models and requires ICBs and providers to focus on:

- Reducing demand through developing Neighbourhood Health Service models with an immediate focus on preventing long and costly admissions to hospital and improving timely access to urgent and emergency care
- Making full use of digital solutions and tools to drive the shift from analogue to digital
- Addressing health inequalities and shift towards prevention



The London **Target Operating Model** and **Case for Change** outline the next steps for London neighbourhoods. The Case for Change reflects the challenges facing individuals, communities, health, local government, voluntary and community sector. It acknowledges:

Deep-seated economic and health inequalities are driving ill-health in London

Increasing pressures on the NHS, local authorities and local partners

Dissatisfaction amongst staff and patients

A change is required in the way we work together

The need to move beyond isolated “pilots” to coordinated, system-wide action

Initial focus populations

Bromley INT intervention models

Localisation in each INT

Groups aligned to strategy:

- Residents with 3+ long term conditions
- Residents aged 65+ living with frailty
- Residents 0-18 with a health or social need
- People discharged from hospital admission

New:

- Multiple long term conditions model

Existing align to INT & expand:

- Integrated Care Networks
- B-CHIP
- Hospital discharge pathway
- Same day care

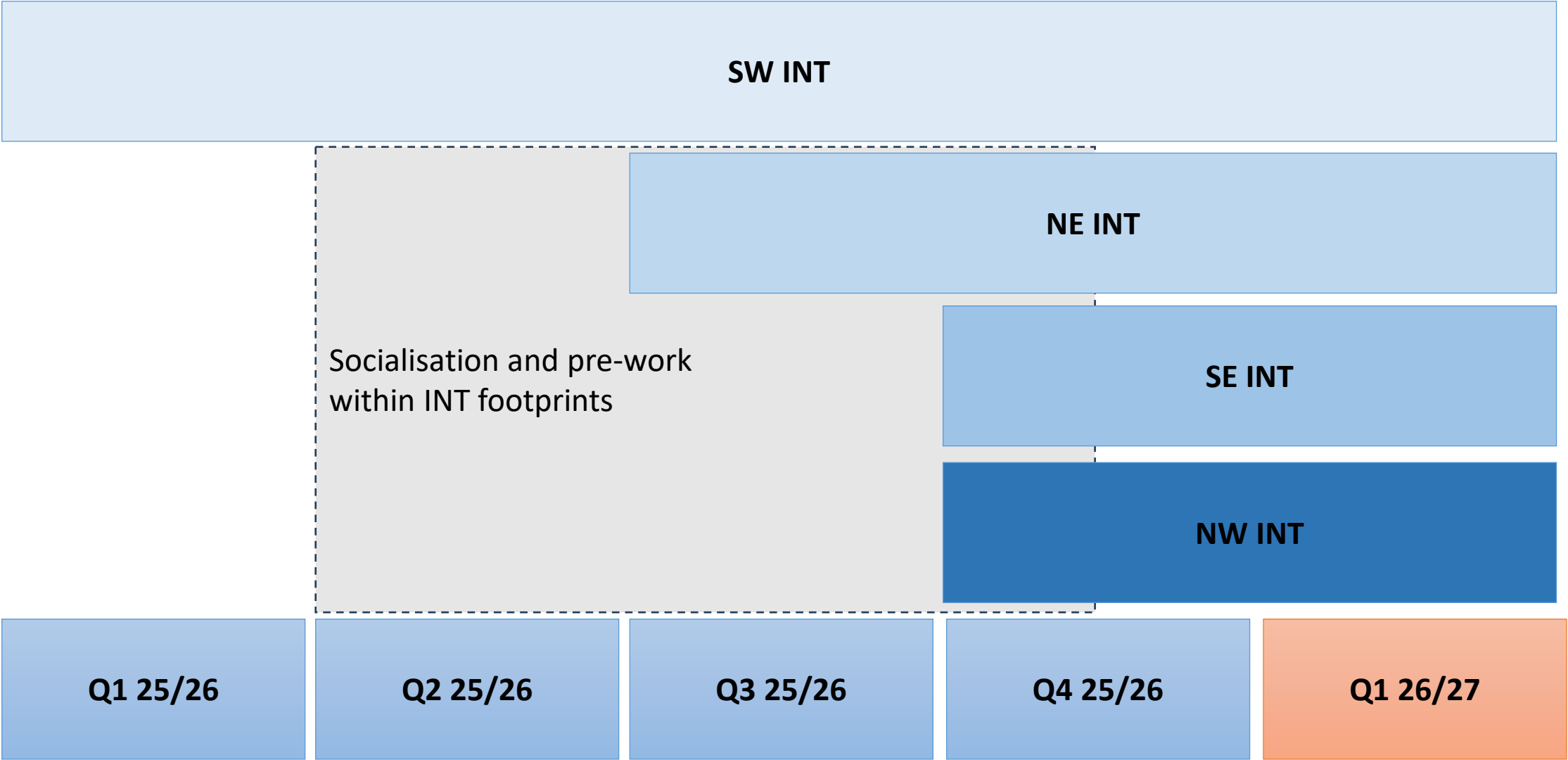
Go-live order:

- South West, North East, South East, North West INT

Approach:

- Public and staff engagement
- Localise to INT resources – community assets and services already provided
- Stakeholder engagement

Indicative timeline



Multiple Long Term Conditions

More and more Bromley residents are living with three or more Long Term Conditions.

Prof Chris Whitty and others have noted we are good at taking best practice from the laboratory to bedside for individual conditions, but not joining up our care for people with multiple conditions.

This can lead to confusion and frustration for residents and healthcare professionals; worse outcomes than we know we can deliver; more expensive care and health interventions than needed.

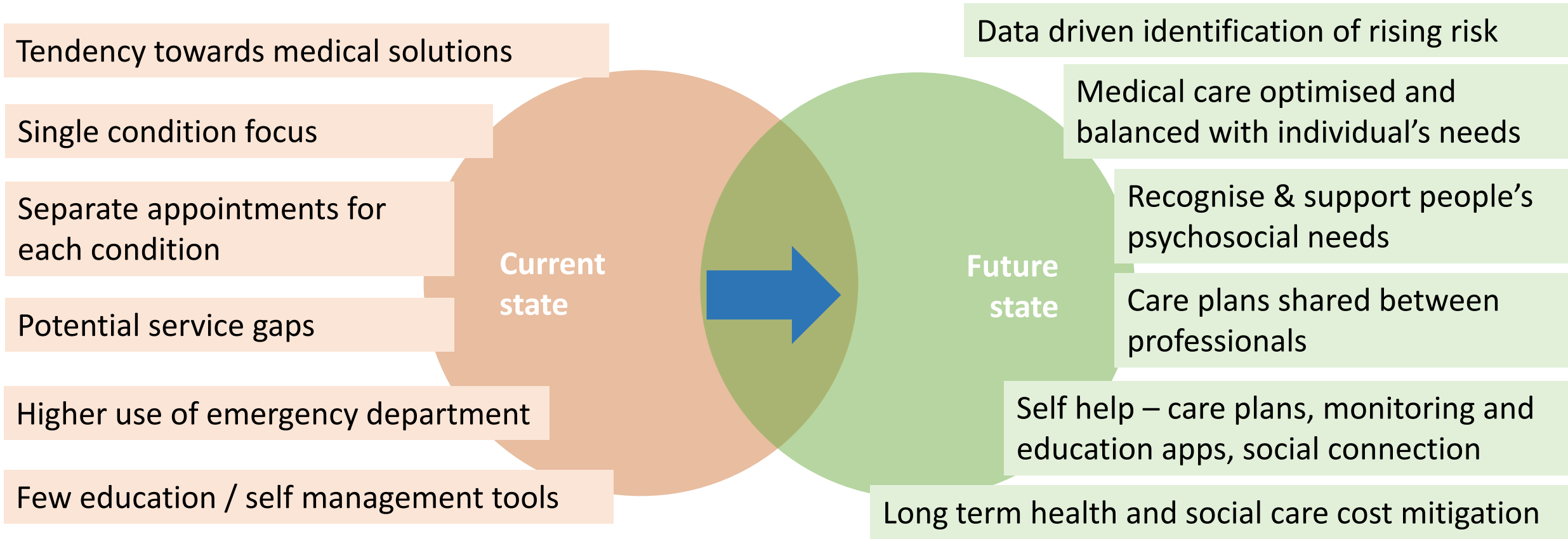
Strategically we need our care and health services to become more financially sustainable while improving outcomes and improving equity.

The aim of this work to deliver a model of care to implement through INTs that is:

- More co-ordinated, more holistic and delivers psychosocial interventions for people with 3 or more long term conditions
- Considerate of relevant clustering of conditions and populations
- Looking through the lens of the most deprived quintile of our population (Core 20)
- Building on the existing multi-morbidity models of care (e.g. Chronic Kidney Disease, Fuller pilot)
- Involving at least social care, third sector, community, primary, secondary and mental health care alongside our communities

Problem statement

Problem statement: Residents receive single condition care which misses medical interactions in treatment and their psychosocial situation, producing worse health and wellbeing outcomes earlier in life: driving higher use of primary, community, emergency and social care.



Our solution: Population segmentation used to drive more personalised care by recalibrating our resources to holistic assessment, planning and co-ordination of medical and psychosocial care.

- Residents with three long term conditions within the cardiovascular (CVD) cluster of conditions (Hypertension, diabetes, atrial fibrillation, chronic heart and kidney disease, but not obesity)
- These patients should also have additional complexity, this will be left to clinical judgement.

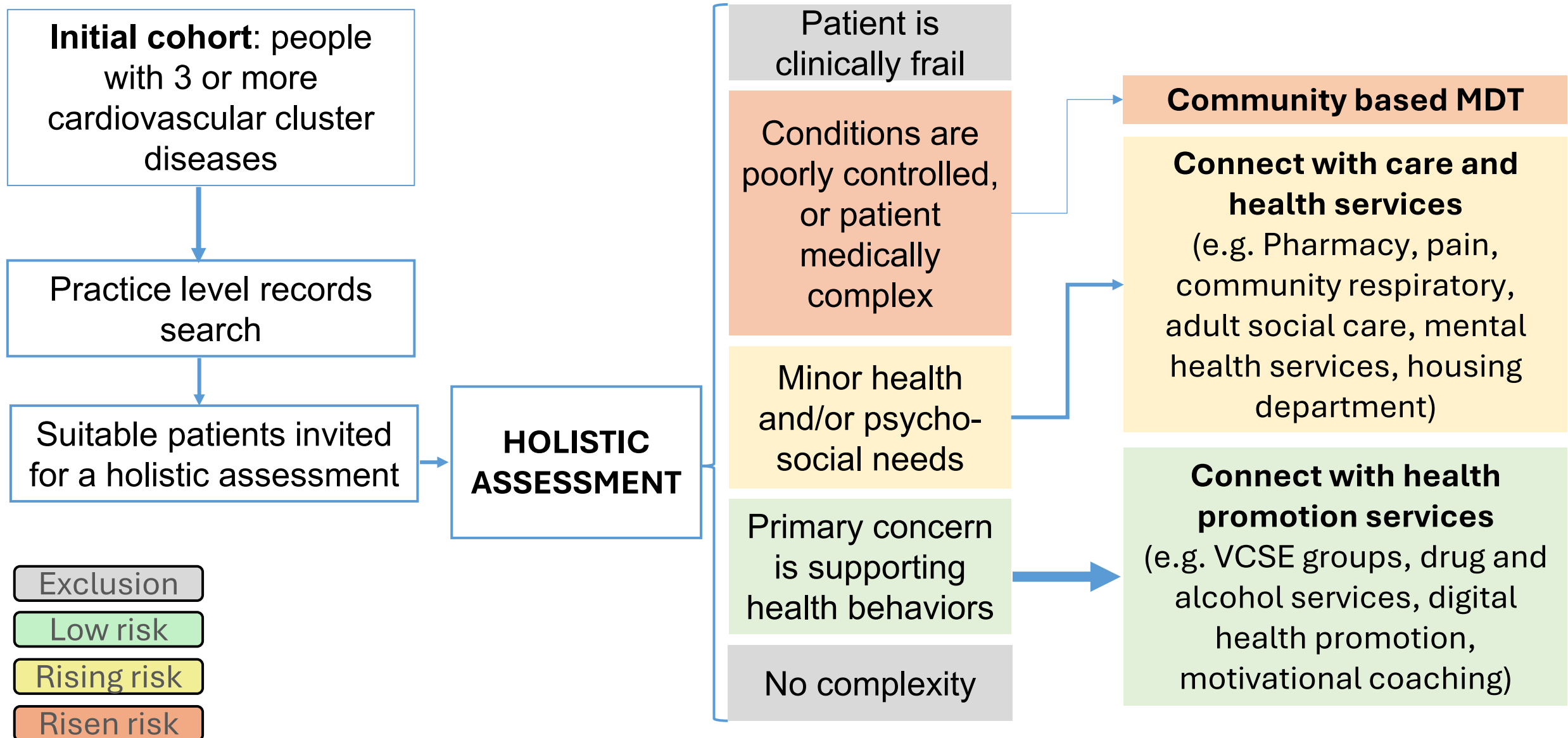
Advantages

- There are well established interventions available for CVD conditions and generally in the CVD space
- CVD with complexity has amongst the highest mortality risk patient profiles
- May be an easier model to adopt rapidly for clinicians
- Improvement is readily measurable
- A large cohort reduces the risk of inadequate interested patients to recruit
- Psychosocial risk factors are not well coded and new assessments will identify them more accurately

Potential challenges

- A large cohort of 'eligible' patients may create more work contacting and filtering at practice level
- May result in significant numbers of well controlled patients being assessed
- CVD conditions are much more prevalent in older cohorts, might result in more overlap with frailty

Designed model of care (simplified)



- ❑ Segmentation: design and run searches at practice level
- ❑ Finalise model of holistic assessment
- ❑ Attend clinical and professional advisory group
- ❑ With SW INT: understand delta between current and proposed model
- ❑ With SW INT: establish escalation pathway for higher complexity patients
- ❑ With SW INT: stakeholder engagement, contractual or other methods of resource reallocation
- ❑ Utilise dashboard / measurement process to monitor impact



One Bromley Local Care Partnership Board

DATE: Thursday 19 June 2025

Title	Communications and Engagement Activity Report 2024/25	
This paper is for information		
Executive Summary	<ul style="list-style-type: none">• This report details work undertaken by the One Bromley communications and engagement workstream which includes all One Bromley organisations plus members of Healthwatch Bromley and Community Links Bromley.• The workstream is responsible for supporting the delivery of One Bromley programmes, advising the One Bromley Executive on the approach to communicating with internal and external stakeholders and the engagement of key partners, particularly the public, enabling them to meaningfully influence integrated care.• It represents work that has been completed across the borough during 2024/25, and covers two main areas:<ul style="list-style-type: none">- Engagement to support delivery of One Bromley integrated programmes and partnership initiatives.- Individual organisational engagement supporting delivery of services.• We are presenting this report for information during this meeting and welcome any discussion or suggestion around the content included.	
Recommended action for the Committee	<ul style="list-style-type: none">• To consider the content of the report and feedback on any improvements in activity that might be considered for 2025/26.	
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	Once approved, this report will be shared in public, offering full transparency on the work undertaken.

	Other Committee Discussion/ Internal Engagement	All members of the One Bromley Communications and Engagement workstream have had the opportunity to feed into this report. It has also been shared with the One Bromley Executive for feedback.
Author:	Paulette Coogan, Director of People and Systems Helen Marsh, Head of Communications & Engagement, SEL ICB	
Clinical lead:	Dr Andrew Parson, Co-Chair and Senior Clinical Lead, One Bromley	
Executive sponsor:	Dr Angela Bhan, Place Executive Lead for Bromley	

One Bromley Wellbeing Hub



Communications and Engagement Activity Report 2024-25

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1. INTRODUCTION

Welcome to the 2024/25 Communications and Engagement Activity Report for the One Bromley Local Care Partnership¹.

This report outlines how Bromley health and care services are working with local people and communities to inform, shape and co-design their care and services. This engagement is vital in ensuring that services are not only responsive and aligned with the needs of the community, but also contribute to enhancing experiences, reducing health inequalities, and improving health outcomes. The report covers two main areas:

- Engagement to support delivery of One Bromley integrated programmes and partnership initiatives.
- Individual organisational engagement supporting delivery of services.

By working with Bromley people and communities in a timely and meaningful way, we aim to increase the likelihood of services aligning with their needs, improving their overall experiences, and ultimately leading to better health outcomes. As a local care partnership comprised of health, care, and voluntary services, we are dedicated to empowering the community to actively participate in their own health and the development and delivery of services. Communications and engagement are integral enabling functions that contribute to the successful provision of proactive, personalised, and integrated care.

2. PARTNERSHIP WORKING

The One Bromley Local Care Partnership 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 long and successful history of working collaboratively to communicate and engage with people and communities. The One Bromley communications and engagement workstream represents all One Bromley organisations plus members of Healthwatch Bromley and Community Links Bromley. Working together we are better able to reach and interact with many more people, voluntary and community groups.

The workstream is responsible for supporting the delivery of One Bromley programmes, advising the One Bromley Executive on the approach to communicating with internal and external stakeholders and the engagement of key partners, particularly the public, enabling them to meaningfully influence integrated care.

The emphasis on the importance of communication 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 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.

Effective communications and engagement, clear and sound messaging, good co-working, engagement with staff, partners and the public are essential to delivering the aims and priorities of the One Bromley Local Care Partnership. Working collaboratively on shared priorities enables us to have greater reach across all stakeholder groups and communities by using all the various networks available to all partners.

Information about One Bromley and the work we do together is promoted online through web pages and social media.

- The web pages are part of the SEL ICS (Integrated Care Systems) website and provide information on integrated care, keeping well, working with us and how to get involved. www.selondonics.org/OneBromley.
- The X account @OneBromley promotes our work and partners share information to amplify important messages through their own social media channels.

Opportunities for residents to take part in engagement are publicised on the website, social media channels and via a dedicated platform. The 'One Bromley Hub', part of the south east London ICS' 'Let's Talk Health and Care' platform offers a space for people and communities to share their ideas, discuss important topics, provide feedback, and get involved in conversations about health.

In addition to routine feedback on services, we also engage and involve the public and other stakeholders in a variety of ways, based on how much influence they can have and what would be proportionate to the change or improvement we are considering. We always look at the insight we have collected already via engagement or patient experience data. This provides us with a good starting point to plan what else we need to find out and who we need to reach and hear from.

We have a One Bromley Patient Network with over 200 members and a Community Champion programme. Both enable us to gather views from Bromley people and communities and contribute to the delivery of high-quality care. Other ways in which we engage include:

- Targeted work with those people and communities most likely to be impacted by any service changes and improvements.
- Invites to the public and those with lived experience to take part in surveys.
- Focus groups and events to share experiences and inform our plans.
- Patient/service user led groups working with our Bromley organisations.

Our engagement must be meaningful and evidence how people and communities have shaped, informed, or challenged our thinking. We are committed to feedback to those we have engaged with.

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 care during 2024/25. 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. This year, a communications and engagement sub-group assessed what was needed to support the local health and care system during winter and beyond.

This included:

- Promoting the delivery of vaccinations during autumn/winter and encouraging uptake.
- 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

Produced a range of materials to help manage common ailments in children. The Keep Your Child Well This Winter booklet has been widely promoted with adverts in the Bromley Council resident magazine and other online platforms. Posters and booklets distributed to several services including A&E (Accident & Emergency), UCC (Urgent Care Centres), providers, children and young people services, family centres, GPs, primary schools and libraries. Copies were also shared with harder to reach communities through winter outreach activity.

Use the right service at the right time – our 'what to do when you are unwell' leaflet is available online and has been advertised in the council's magazine and resident newsletter. Printed copies made available to front line services and the messaging was widely publicised across social media.

Vaccinations – led a comprehensive approach to promoting vaccinations. Print, online and outreach events using the Bromley Community Health Champions to encourage uptake. Pop up clinics promoted in areas of low uptake and paid for social media and print advertising to target at risk groups with lower uptake.

Pharmacy First – raising awareness of the service was critical to keeping residents well this winter, and able to access the right help, at the right time and in the right place. Pharmacy First was widely promoted via printed leaflets and posters distributed across A&E (Accident & Emergency), UCC (Urgent Care Centres), providers, family centres, GPs and libraries. This was complemented by both organic and paid for online advertising.

System - winter updates for staff working in Bromley services, including updated service directories, an event for GPs and winter bulletins with information on referral, additional appointments available and other service capacity etc.

Outcomes	<p>Bromley was one of the best performing London boroughs for winter vaccination uptake.</p> <p>COVID BOOSTER:</p> <ul style="list-style-type: none"> ○ 65.1% of over 65s ○ 20.1% of under 65 at risk ○ 63% of housebound patients ○ 74.4% of Care home residents <p>FLU:</p> <ul style="list-style-type: none"> ○ 73% of over 65s ○ 41% of those aged 18-64 at risk ○ 39% of those under 18 at risk ○ 49% of 2–3-year-olds <p>RSV:</p> <ul style="list-style-type: none"> ○ 54% of eligible older patients vaccinated
Next steps	<p>Learnings will be used to inform plans for winter 2025/26. Children's winter health information, 'what to do when you are unwell' and Pharmacy First messaging will continue to be promoted year-round as relevant, with message specific leaflets made available.</p>

Raising awareness of vaccinations

One Bromley partners have continued to collaborate to increase vaccination awareness and accessibility across the borough. Efforts included promoting the Covid-19 spring booster, childhood immunisations, and MMR vaccines.



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 communities and groups, including the Gypsy Roma Traveller and Somali communities, and young people through youth health and wellbeing events and the Youth Health Champions pilot.

To increase confidence and encourage vaccination in areas with lower uptake, three Family Health and Wellbeing events were linked with pop-up vaccination clinics. The events were held in Mottingham, Penge and The Crays and used to promote information on immunisations and other health topics, including mental health, blood pressure and child health.

Specialist training using the Jitsuvax - Empathetic Refutational Interview techniques method was provided for clinical staff (nurses, health visitors and community nursery nurses) and non-clinical staff and Community Champions to help encourage uptake and make every contact count.

Communications activity included:

<ul style="list-style-type: none"> • Education settings – including regular webinars, letters and resources for teachers, early years providers and homeschooled children. • Drop-ins at Children and Family Centres. • Advertising on a wide range of platforms including social media, print and online. • Community networks including through faith groups, food banks, libraries, children's services, and schools. • Training updates and webinars provided for clinical staff (nurses, health visitors, community nursery nurses) and non-clinical staff to make every contact count. • Family health and wellbeing events were organised in areas where vaccination rates are lower, which supplemented the established events such as Penge Festival, Sports and Wellbeing festival and Churches Together Orpington. 	
Outcomes	Information and messages about childhood vaccinations have been promoted widely through a variety of approaches. Collaboration and relationships with partners have been strengthened through use of consistent messaging and making every contact count. Feedback obtained from community engagement work has been used to tailor and improve communication approaches with different communities and improving attendance to pop-up vaccination clinics.
Next steps	Vaccination campaign promotional assets continue to be promoted as part of our routine communications for the Covid-19 spring booster, childhood immunisations and MMR. A local outdoor advertising campaign to further promote childhood immunisations is being planned for Summer 2025.

Improving uptake of cervical cancer screening

In 2023/24 a programme of work was undertaken including a public survey to understand the barriers to cervical cancer screening within the borough. This engagement activity generated important insights which resulted in a targeted approach being put into practice to improve uptake and close the inequality gap during 2024/25.



What we did	
<p>A campaign was launched to increase the number of individuals attending their cervical screening in Bromley in June 2024, focused on the main barriers that prevent individuals from being screened. The survey in spring 2024, promoted by One Bromley Champions, highlighted key themes and insights that, together with findings from the Health Equity Audit, informed the next steps of the campaign.</p> <p>An eight-page booklet was then designed, with information on cervical screening, identified barriers to screening, appointments and top tips for before, during and after the appointment. Visual assets were prepared for specific messages targeting the identified barriers – fear, language, pain – to signpost to the online leaflet and campaign page.</p>	
Outcomes	The booklet and other campaign materials were widely promoted across all One Bromley channels, including printed materials delivered to the relevant community spaces, online promotion and message sharing via community champions. The impact on the number of attended appointments is being monitored.
Next Steps	We continue to promote these materials and make them widely available to Bromley residents.

Raising awareness of the Breast Screening Programme

This year, partners at the Princess Royal University Hospital (PRUH) ran a campaign to raise awareness of the Breast Screening Programme offer in south east London. The campaign, which was supported across the system, encouraged eligible women in Bromley to accept their appointment invitations to attend breast screening.

What we did	
<p>A campaign video was created along with six accompanying short form videos titled "Breast Screening Saves Lives: Hear Our Stories". The campaign launched in October 2024 to coincide with Breast Cancer Awareness Month.</p> <p>The videos feature an array of people from south-east London, some from groups with traditionally low take-up of screening invitations including Black African and south Asian women talking about their experiences of having a mammogram. The aim was to highlight the importance of breast screening, to enable the early detection and treatment of cancer. Bromley partners shared the videos across their networks and channels to amplify the campaign.</p>	
Outcomes	<p>The campaign reached a significant amount of people with positive uplift in both views and interaction across all relevant channels.</p> <p>Website (News and Breast screening page)</p> <ul style="list-style-type: none">• Achieved 2,126 views with an average engagement of 66%• The news story was in top 5 most-read news stories for October on Trust website• Visits to the Trust breast screening service page for period 1 Oct to 11 March are up 54% year-over-year <p>Facebook: Achieved a reach of 4,696 including 6,285 view and 61 interactions</p> <p>Instagram: Achieved a reach of 11,071, including 12,115 views and 215 interactions</p> <p>LinkedIn: Achieved 2,418 impressions, 915 view and 182 engagements</p>
Next steps	<p>Videos continue to be available for use by all partners and will be heavily promoted during the relevant awareness days, weeks and events, on an ongoing basis. NHS England have also adopted some of the patient case studies to support a national campaign.</p>

The launch of the One Bromley Wellbeing Hub

The One Bromley Wellbeing Hub opened on 19 July after a comprehensive refurbishment, transforming it into a one-stop shop for health and lifestyle support and information for Bromley residents. The launch marked a significant step forward in the One Bromley Local Care Partnership's efforts to reduce health inequalities in the borough.



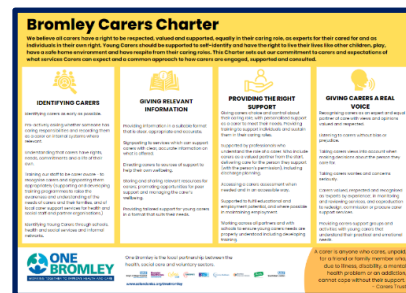
What we did
<p>A campaign to support the launch of the Wellbeing Hub was supported by partners across the system. The opening, including details of the location and the range of free services on offer, was widely communicated via printed materials, in stakeholder and resident newsletters, printed advertising, online and across social media.</p>

A formal launch event was delivered to all key stakeholders, including the space being officially opened by ex-Bromley MP Bob Neill.

Outcomes	<p>A communications campaign was delivered to raise awareness of the services available in the Wellbeing Hub. The campaign, in turn, helped to reduce health inequalities and empower local people to live healthier lifestyles by:</p> <ul style="list-style-type: none"> ○ Detecting Vital 5 risks and signposting and referring where appropriate to other services, 347 checks have been completed so far. ○ Bringing together health, care, and voluntary services to work together in a joined-up way for local people. ○ Offering a broad spectrum of support - Bromley Well Advice services supported 156 residents in the first six months of operation.
Next steps	Communications surrounding the One Bromley Wellbeing Hub continue to be shared by partners across the system, with relevant services being continually highlighted to residents.

Launching the Bromley Carers Charter

Following extensive engagement and development activity in 2023/24, this year saw the launch of the Bromley Carers Charter. This is step forward and a vital commitment to working in partnership to ensure all carers in the borough feel respected, valued and supported in their caring roles, as experts for their cared for, and as individuals.



What we did

The One Bromley Carers Charter was launched during Carers Week in June 2024 and supported by an action plan of promotion, staff training, identification and information for carers.

It was the result of a joint effort between Bromley Well, London Borough of Bromley, South East London Integrated Care Board and other NHS partners, who committed to a common approach to how carers are engaged, supported and consulted.

Hard copies of the charter were distributed to GP practices, various locations at the Princess Royal University Hospital, Bromley Healthcare sites, social services sites, and Bromley Well partner charities, alongside exposure in relevant bulletins, newsletters and across social media.

Outcomes	<ul style="list-style-type: none"> • Borough-wide commitment to ensuring carers are seen, heard and respected. • Carers are now being identified proactively and as early as possible. • Improved signposting to services and clearer, more appropriate information shared. • Carers offered more personalised support and more opportunity to share their views.
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Next steps	<p>An action plan has been created to increase identification of carers, provide clear, consistent information with training and information sharing for staff in health and care settings to raise the awareness of role of unpaid carers and how they can be supported.</p> <p>All partners will continue to raise the profile of the Carers Charter and communications activity is planned for Carers Week 2025.</p>
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Homeless Health Project

The One Bromley Homeless Health Project, funded by the South East London Integrated Care Board, sponsored by London Borough of Bromley Public Health, delivered by Bromley GP Alliance and co-located at Bromley Homeless Shelter continues to be an example of the power of partnership working to improve health outcomes for this vulnerable patient group.



What we did	
<p>The work of the project continues to deliver face-to-face care at the Homeless Health Clinic, and wider system work to strengthen health pathways, whilst reducing barriers to access.</p> <p>The service engages widely with various networks to provide high quality care to those in need. Communications and engagement activity focuses on promoting what is provided to ensure the service can expand and be recognised within the wider community.</p> <p>Collaboration and joint working on this project have been exceptional. Twice yearly workshops have encouraged relationships with colleagues across Bromley. These workshops not only utilise a whole system approach to identifying emerging problems, they also inform the project direction. Increasing system wide input provides an iterative and innovative approach for addressing homeless health in Bromley.</p>	
Outcomes	<p>Funding has been approved for delivery of a specialist Homeless Dental Service, delivered by the Special Care Dental Service, in collaboration with the Homeless Health Project.</p> <p>Partnership working with the Urgent Treatment Centre has resulted in a change to the triage form, patients are now asked the question 'Do you have somewhere safe to sleep tonight' to help identify patients who maybe homeless. This question was created by clients at Bromley Homeless Shelter.</p> <p>A training module in homeless health has been developed by Dr Hasib Ur-Rub (Bromley GP Alliance Chair), in collaboration with the project. This will be available for primary care colleagues to improve access and treatment for homeless patients.</p> <p>A south east London Good Practice Forum has been established by Sarah Jackson (Clinic Lead) to share learning around homeless health more widely with south east London colleagues.</p>

	The service has been widely publicised across the partnership and shortlisted for the Public Health award in the LGC Awards 2025.
Next steps	Delivery of the Homeless Dental Service and roll out of training to Primary Care during 2025-2026. Ongoing data collection to inform evidence around homeless health needs, including greater identification of barriers for homeless persons accessing healthcare and continuing to build a GP register of homeless patients.

Improving uptake of digital tools in Primary Care

Supporting digital enablement in the NHS is essential for improving access, efficiency, and outcomes in healthcare. By ensuring that patients are equipped to use digital tools, the NHS can reach more people, streamline services, and improve the patient experience, especially in primary care.



What we did	
<p>In Bromley, the primary care networks (PCNs) are addressing digital inclusion through targeted plans which aim to equip more patients with the knowledge and resources to use digital tools, such as online appointment booking, health apps, and virtual consultations. Plans were presented at a Digital Inclusion Event attended by One Bromley partners and patient representatives. Suggested activity included:</p> <ul style="list-style-type: none"> • 'Digital' helpdesks at the PCN Wellbeing Café/Carers' Café. • 'Healthy Digital' workshops at a local town hall, and drop-in sessions at practices to offer support on MyChart, online consultations and NHS App. • Training on the NHS App for practice staff and reception teams. • Tablets in practice waiting rooms to enable and support digital access. • A dedicated telephone hub (access directly via 'option 9' on the practice telephone number) for patients to contact should they experience issues with the NHS App. • NHS Ambassadors and Digital Champions promoting digital access and providing inhouse training. • Encouragement of Practice Patient Participation (PPG) groups to support with patient engagement on digital access. • Registration with Good Things Foundation to apply for free mobile data through the National Databank. • PCN staff such as Care Co-ordinators, Social Prescribers and Health and Wellbeing Coaches promoting digital access to healthcare. 	
Outcomes	<p>The activity to increase digital enablement, supported by ongoing communications has led to NHS App uptake in Bromley increasing from 64% in April 2024 to 67% by October 2024 and patient logins rising by nearly 110,000 over the same period.</p> <p>Patients reported greater confidence in using digital tools, and targeted interventions helped under-represented groups access GP services digitally, supporting improved access to healthcare services.</p> <p>Bromley's work on digital inclusion was shared as best practice across London primary care.</p>

Next steps	Partners across One Bromley continue to focus on communicating the benefits of the NHS App and promoting digital inclusion throughout the borough.
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Community Health Champions

The One Bromley Community Health Champions programme continues to develop as more champions are recruited to help One Bromley organisations reach local people and communities with important health information.

Champions come from all walks of life and give their time voluntarily. They live, work, or have connections in Bromley and want to help:

- Promote health and wellbeing.
- Help us reach different communities.
- Contribute to our work to reduce health inequalities.



What we did	
<p>The <u>One Bromley Community Health Champions Programme</u> was launched in 2022 to support delivery of <u>One Bromley local care partnership</u> priorities. It has so far recruited over 90 Community Health Champions, who live or work in Bromley, and volunteer to support the communication of, and engagement in, health messaging.</p> <p>We invest in our champions by providing them with regular updates both online and face to face, training on different subject matters, briefing on campaigns and health initiatives and offer development opportunities. In return, they share information with communities we may not reach routinely, provide insight and intelligence on how some communities respond to information, share their lived experiences to inform our work and provide more capacity to do community outreach.</p> <p>Our champions also benefit by being involved and making a difference, it provides a sense of purpose and opportunity to gain new skills and confidence.</p>	
Outcomes	<p>During 2024/25, the One Bromley Community Health Champions have:</p> <ul style="list-style-type: none"> • Contributed to the communication of a variety of health projects in Bromley including: <ul style="list-style-type: none"> ○ Vaccinations for adults and children ○ The 'Know your Numbers' campaign ○ Cervical screening ○ The 'Big Lunch' campaign ○ Winter wellness messaging ○ Vital 5 checks ○ Promotion of the One Bromley Wellbeing Hub • Promoted health and wellbeing amongst residents by coproducing in-person events with health partners, aligning with Selfcare Week and contributing to a total of 11 events across the borough. • Supported the preparation of engagement materials such as the cervical screening information booklet, NHS App patient guide, autism referral pathway leaflet and long Covid resources.

	<ul style="list-style-type: none"> Proactively worked to improve the reach of One Bromley Community Health Champions programme, contributing to messages in local magazines and joining face to face events.
Next steps	<ul style="list-style-type: none"> Continue to strengthen and build relationships in the community to reach more people. Recruit champions that represent those groups who experience greater health inequalities. Build their skills and experience to work independently and to confidently engage in areas of higher deprivation and where there is a poorer uptake of preventative healthcare and higher use of emergency and urgent care.

Outreach at PengeFest 2024

One Bromley partners came together in June at PengeFest, a community festival in Penge that celebrates the area's art, culture, history, and diverse community, to promote services and local programmes supporting healthier living for adults and children.

What we did	
<p>One Bromley partners took the opportunity to engage with local people, offering information and answering questions about health and wellbeing.</p> <p>Partners involved included:</p> <ul style="list-style-type: none"> Public Health, Bromley Disease Prevention Team and Health Protection Team South east London ICB – One Bromley Community Champions Programme 0 – 19 Service – Bromley Healthcare Slimming World – Tier 2 Weight Management offer School Age Immunisation Team Smokefree Bromley – Solutions4Health 	
Outcomes	<p>Attending community events such as PengeFest 2024 provides opportunities to effectively engage with the public and promote health initiatives in an accessible and welcoming environment.</p> <p>Blood pressure stations proved popular with a constant flow of customers, providing a superb opportunity for conversations on the importance of checking blood pressure and understanding the numbers.</p> <p>In total 55 adults had blood pressure and pulse checks were completed and approximately 60 conversations took place around vaccinations</p>
Next steps	<p>We will build on the learnings for the 2024 event to prepare to maximise the outreach opportunities at PengeFest 2025.</p>

Selfcare Events

Following an award from the Innovation Fund, the One Bromley Community Health Champions, working together with communications and engagement colleagues from the south east London Integrated Care Board, and partners including Bromley Well, developed a series of events to engage residents in selfcare.



What we did

The One Bromley Champions programme successfully applied for an Innovation Fund Award to create health and wellbeing events in the borough, aligned with local health needs.

Selfcare events were created to promote Health and Wellbeing across the borough by:

- Coproducing health and wellbeing activities to support their local Primary Care Network and One Bromley partners.
- Promoting the programme through communities, to generate interest and explore new recruitment of champions.
- Supporting initiatives that benefit residents, by promoting healthy lifestyle, information to access health services and social connection.

From October 2024 to February 2025 the Community Champions, together with One Bromley partners, organised and participated in 11 events, covering all areas across Bromley and using a variety of community settings.

The champions prepared a 'coproduction form' to share ideas for resources, events that could be used as a platform for engagement, partners to consider for promotion. The form contained a section per each Primary Care Network.

One Bromley Champions and partners developed selfcare events to share information on:

- Access to services
- Mental health services
- Selfcare resources
- Winter resources

Outcomes

The events were held in Primary Care Networks (PCN) Wellbeing Cafes, largely taking place in local churches across the borough, and at venues such as the Bromley Adult Education Centre (Penge) and One Bromley Wellbeing Hub at The Glades.

Selfcare events were well-attended and provided the opportunity to engage over 500 residents in health and wellbeing messaging.

Next steps

We will take learnings from this years' programme of events into consideration when planning any further health engagement in 2025/26.

The Bromley Partnership Recruitment Fair

The Bromley Partnership Recruitment Fair held in October 2024 was a collective effort with the Department for Work and Pensions (DWP), the Borough Partnership Board and the South East London Health and Care Jobs Hub supporting the event.

Held at the Bromley United Reformed Church in central Bromley, the event offered residents to chance to connect with a wide range of potential employers and to discuss both the paid and unpaid opportunities on offer in the borough.



What we did	
<p>The Recruitment Fair was heavily supported by the One Bromley Communications and Engagement workstream, with all partners publicising the event across internal network, stakeholder bulletins and social media channels.</p> <p>The Fair attracted large numbers due to extensive promotion including targeted social media, electronic advertising boards in the Glades, graphics on GP screens, staff newsletters, online information, a press release and printed flyers were widely distributed.</p>	
Outcomes	<ul style="list-style-type: none">• 591 local residents attended the Fair• They explored a diverse range of opportunities, meeting local public sector and voluntary sector employers such as the NHS, Social Care services, Mytime Active, London South East Colleges, London Metropolitan Police and the London Fire Brigade.• Numerous attendees were subsequently offered paid roles, including eight carers recruited by Bromley Healthcare.• Volunteering positions were offered by Bromley Mentoring Initiative and Bromley Third Sector Enterprise partners.• The Metropolitan police spoke to over 300 people at the event and noted it was excellent engagement for them.• The SEL Health and Care Jobs Hub signed up 15 individuals on the day who are all now being supported, and one person has been offered a role so far.
Next steps	<p>Due to the success of the event, another Bromley Partnership Recruitment Fair is planned for autumn 2025.</p>

One Bromley Awards

Staff from across Bromley's health, care, and voluntary services came together to celebrate teamwork, collaboration, and partnership at the One Bromley Recognition Awards 2024 on 16 May. The Awards celebrated the spirit of collaboration which helps drive continuous improvement of health and care services. The management and planning of the Awards was undertaken by representatives from the One Bromley Communications and Engagement and Workforce workstreams.



What we did	
Outcomes	<p>200 staff from health, care, and voluntary services came together to celebrate successful collaboration and partnership working.</p> <p>Thirteen projects received a recognition award for outstanding joint work:</p> <ul style="list-style-type: none"> • Referral Optimisation Protocol • One Bromley Homeless Project • Bromley Care Home Multi-disciplinary Team intervention Programme • One Bromley Learning Disability taskforce Team • One Bromley Adult Hospital at Home service • The One Bromley Cadets Programme • Enhanced care team • Know Your Numbers blood pressure awareness campaign • Orpington Wellbeing Café • One Bromley Community Health Champions Programme • Bromley Children's Health Integrated Partnership • One Bromley Recruitment Campaign • One Bromley Winter Illness Hubs <p>The Awards are an important part of the One Bromley culture. They demonstrate commitment to valuing staff, encouraging teamwork and collaboration and celebrating achievements that improve the quality of health and care in Bromley.</p> <p>A video summarising the event was produced.</p>
Next steps	We are currently planning to host the next One Bromley Recognition Awards in Spring 2026.

4.2. Bromley Organisational Activity

This section provides examples of how One Bromley organisations have engaged with Bromley people and communities to inform development of their services.

Purpose	Activity	Outcomes and impact
NHS SOUTH EAST LONDON (which includes Bromley)		
Shaping the future of Women's and Girls' Health in south east London	<p>We listened to local women and girls from diverse communities across south east London to understand about their needs and how they wish to access healthcare to inform the development of women's and girls' health hubs to provide more accessible, integrated care in our communities, as part of the implementation of the Women's Health Strategy.</p> <ul style="list-style-type: none"> • Through surveys, outreach in the community, and focus groups, over 1,600 local people 	<p>Key recommendations include the need for culturally sensitive services, better digital tools, extended hours and targeted outreach.</p> <p>The insights were used to develop two pilot women's and girls' health hubs aiming to enhance accessible care and address health inequalities.</p>


Purpose	Activity	Outcomes and impact
	<p>from diverse background shared ideas on improving services including reproductive health, cancer screening and addressing barriers to care.</p> <p><u>More details are available on the project page on our engagement platform.</u></p>	
Redesign NHS 111 services in south east London	<p>We gathered views and feedback which was essential in our efforts to redesign the NHS 111 service in south east London.</p> <ul style="list-style-type: none"> • We listened to local people through a survey, outreach sessions and community events to understand what works well and what needs improvement. Over 400 people shared their experiences through the survey, highlighting the value of NHS 111, and pointing out areas for improvement like callback, wait times and accessibility barriers. • We carried out targeted outreach with diverse communities which helped us to collect further insights into how to overcome challenges and address health inequalities such as language barriers and digital exclusion. These visits allowed us to gather feedback from over 100 individuals. 	<p>The feedback collected will inform the plans to improve people's experience of using the service and identify ways to overcome barriers that people are facing when accessing 111.</p>
Working with local communities to improve diabetes services in south east London	<p>We worked in partnership with <u>Food for Purpose CIC</u> focusing on gathering feedback and addressing the needs of people from Black African, Caribbean, South Asian and Latin American communities.</p> <p>Through a series of participatory workshops delivered both in person and online the Food for Purpose team listened to over 200 people across south east London.</p> <p><u>The full report is available on Let's talk health and care project page.</u></p>	<p>The insights gathered and recommendations highlighted the main challenges people face during their diabetes care journey that need to be addressed are:</p> <ul style="list-style-type: none"> - Food and nutrition - Language and communications - Self-management - Education - Trust <p>In response to the report findings, the programme team will be:</p>

Purpose	Activity	Outcomes and impact
		<ul style="list-style-type: none"> • sharing key learning with partners across the South East London Integrated Care System who are working to improve diabetes care. • exploring the development of culturally tailored recipes, strengthen outreach activities by creating more opportunities to deliver sessions within community settings. • working on developing a guide for people newly diagnosed with diabetes.
Change NHS: help build a health service fit for the future	<p>We supported the national conversation on Change NHS to inform the development of the 10 Year Plan by:</p> <ul style="list-style-type: none"> • promoting the national on-line portal • hosting two on-line webinars in January and February 2025 with 74 members of the public • in conjunction with South London Listens and Citizens UK were held two face to face round table discussions with their community leaders with the south east London session taking place in January 2025. <p>Read the summaries of <u>the south east London engagement webinars</u> and <u>South London Listen in person event</u>.</p>	<p>Key issues that people identified include:</p> <ul style="list-style-type: none"> • People broadly supported technology in healthcare but raised concerns about data security and digital exclusion. • There was a positive view on moving care into communities and homes, with challenges depends on suitable living conditions, transport, and social care support. • Prevention was seen as vital, with a focus on youth, mental health, and addressing wider health factors like housing, employment, and air quality. <p>The feedback was shared with the national Change NHS team and will help inform the 10 Year Health Plan.</p>



Purpose	Activity	Outcomes and impact
South East London People's Panel To understand the views of south east Londoners on a range of topics	In the autumn we refreshed the South East London People's Panel. The refresh focused on people from communities who are often underserved and marginalised. <ul style="list-style-type: none"> We have recruited nearly 300 new panel members. As part of the recruitment, we carried out a survey to find out new members views about their health and what is important to them. Further detail on the People's Panel and the detailed findings can be found on our People's panel page on our engagement platform .	Insights from the panel will guide future efforts to improve health and wellbeing for people in south east London.
NHS SOUTH EAST LONDON INTEGRATED CARE BOARD (BROMLEY)		
New Bromley Health and Wellbeing Centre To involve residents, patients, and stakeholders in the plans for a new Health and Wellbeing Centre in Bromley town centre.	Programme board includes two patient representatives. Site visits have been made available to local councillors and Dysart Surgery patient participation group. Engagement event in person held in January 2025 to provide an update on the plans and answer questions. Updates and a recording of a previous online engagement event available at www.selondonics.org/OneBromleyHWBC	Ongoing involvement is feeding into the process and informing layout, facilities, and access. Regular project board meetings and further face to face engagement is planned for 2025.
Bromley Autism Referral Pathway Design leaflet to support families and carers while waiting for diagnosis. It was a result of feedback to BAAB that families and young adults were not signposted to any support when enquiring about	We developed a leaflet in coproduction with service users and stakeholders, including members of the Bromley All-age Autism Partnership. The leaflet is aimed at referrers and GPs to share with families and carers, to support them while waiting for diagnosis. The leaflet contains a description of ASD symptoms, referral information, and links to organisations and resources with support. It also makes clear that support is available at all stages and is not dependant on a diagnosis.	Leaflet coproduced with service users and carers. Printed copies shared with stakeholders, information and leaflet included in Bromley GP bulletin. Information available in One Bromley SEND section Also shared on SEND Local Offer.

Purpose	Activity	Outcomes and impact
an autism diagnosis.	The leaflet was coproduced with the autistic population including parents and carers and young adults who have sought an Autism diagnosis and reported they were not signposted to any support. Feedback was sought via the SEND Autism Project Officer's ongoing engagement as part of the Bromley All-age Autism strategy.	
OXLEAS NHS FOUNDATION TRUST		
To fulfil statutory obligations. To seek people's views on our strategic priorities to shape a new strategy for Oxleas. To provide links for people with local partners.	Annual Members' Meeting and community event in Bromley included the opportunity to visit community stalls from Oxleas and partner organisations. Table discussions on strategy. Public Health provided health checks.	Feedback from table discussions will feed into strategy development.
PRINCESS ROYAL UNIVERSITY HOSPITAL – KING'S COLLEGE HOSPITAL NHS TRUST		
To inform the Trust members (local people) of key achievements and developments of the Trust over the past year, with a focus on the roll out and embedding of Epic and MyChart.	Comprehensive update at our Annual Members' Meeting (October 2024). Ms Rantimi Ayodele, Chief Medical Officer, PRUH and South Sites, Deputy Chief Medical Officer presented an overview on the launch of Epic and MyChart. Using PRUH case studies, she explained the current benefits for clinicians and patients in moving to the new single system.	Opportunity for members to raise comments and questions directly with the executive team. Feedback collated will inform relevant strategy development and patient experience work.
To support the user-led Princess Royal University Hospital Maternity Voices Partnership (MVP) to improve the experiences of those using maternity services and contribute to the development of maternity care in Bromley.	The MVP committee is made up of current and previous service users, maternity staff, and commissioners. This small group of enthusiastic and active volunteer service user members of the committee have been involved in various projects working in partnership with the Princess Royal University Hospital and King's College Hospital. A wide range of projects and initiatives have been delivered in the last year, including:	More detail is available in the <u>MNVP Activity Report</u> Increased service user engagement: <ul style="list-style-type: none"> • Via social media posts on Instagram and Facebook • "Meet the team" posts introducing key members of the midwifery and maternity team

Purpose	Activity	Outcomes and impact
	<p>The enrolment of a new volunteer with lived experience of a child in special care, who will liaise with the SCBU team to work on projects with them, gather feedback and walk the patch, and attendance at FiCare meetings online.</p> <p>Production of infographics sharing obstetric dashboard stats month on month</p> <p>Regular 15 Steps reviews of both maternity services at the PRUH, and community antenatal clinics</p>	<ul style="list-style-type: none"> • An active and engaged WhatsApp group of service users • A presence at Mindful Mums Jolly Trolley events on the wards <p>Feedback collection via:</p> <ul style="list-style-type: none"> • Regular Walk the Patch visits to gather feedback • An online google form • Social media channels with targeted questions on specific topics such as pain relief in labour (as a result of the CQC feedback) • New flyers - circulated at the PRUH on notice boards and in the Oasis social space <p>Co-production:</p> <ul style="list-style-type: none"> • Comms materials and stickers for maternity wallets to promote the new telephone assessment line • Service user representation in the nutrition and hydration focus group meetings • CHAGAS flyers • Skin to skin posters • Hypnobirthing parent ed session <p>Project work to promote Oasis MLU and its social space:</p> <ul style="list-style-type: none"> • Creation of a 3-month social media strategy • Plans to film and schedule content to promote Oasis • Focus groups on uses for the social space and set up • Attendance in the MUSA meetings online

Purpose	Activity	Outcomes and impact
		<p>Support on key projects:</p> <ul style="list-style-type: none"> Co-production and promotions of the memory wallets for parents with losses Co-production of the personalised care pocket guides
BROMLEY THIRD SECTOR ENTERPRISE		
Maintaining and raising public profile of Bromley Well and partner services with the public and professionals.	<p>Attending various community outreach events during the year, meeting the public, health and social care colleagues and local stakeholders.</p> <p>Including the 'Inclusion drop-in launch at the Digital Horizons Café in February 2025 organised by the Orpington PCN and Clear Community Web.</p> 	<p>Approximately 200 people attended the launch of the café to promote digital inclusion in the borough, awareness of digital services and how to access them.</p> <p>Public engagement levels were extremely high with constant conversations about digital access to services and the Bromley Well support on offer.</p>
To engage the public in activities related to Selfcare Week 18-24 th November 2024.	<p>We coordinated and promoted widely the 5th Self Care week in Bromley.</p> <p>54 events were held by 19 organisations including charities, CICs, Bromley Council and NHS.</p> <p>News and programme were on Bromley Well website here: https://www.bromleywell.org.uk/news/bromley-celebrates-its-5th-self-care-week/ </p>	<p>Generated exposure for the initiative in GP bulletin, Community Links Bromley bulletin, Neighbourhood Watch bulletin, social media from One Bromley partners.</p> <p>We promoted heavily on our own social media before, during and after helping to ensure attendance.</p>
BROMLEY HEALTHCARE (BHC)		
Continued to develop the Lived Experience Advisory Group	A group of service users, including roles like LEAG Chair and Co-Chair, Equality, Diversity, and Inclusion (EDI) partner, and Patient Safety Partner	We have recruited people with lived experience to the Group and provided induction training to all members. Each member brings a unique element to

Purpose	Activity	Outcomes and impact
(LEAG) to empower local people in shaping decisions we make as a healthcare organisation	<p>continued to work together with BHC's Chief Executive, divisional, and service leads to review and develop actions that influence our healthcare decisions.</p> <p>Eight 2-hour meetings are held annually, focusing on varied topics like delivering our organisational priorities, as well as service performance, transformation, and change.</p> <p>The Chair and Co-Chair report back to the BHC Board twice a year.</p> <p>The patient safety partner and EDI partner also sit across other groups and committees and have a responsibility for reporting this back to the LEAG.</p> <p>Members undertook training focusing on building knowledge and understanding about the organisation, local healthcare system and operations. They also had access to further training and development to support them in this group.</p> <p>Find out more about the LEAG online.</p>	group by bring their own experiences to Bromley Healthcare. The members hold us accountable to our values and ensure we always have the community at the centre focus of what we do.
Improve access to community care services through self-referral	<p>Developed a clearer and more accessible self-referral section on the Bromley Healthcare website, including information on adult and children's services. Promoted widely through posters and patient-facing materials co-designed with people with lived experience, including those from the Deaf and hard of hearing community.</p> <p>Find out more: Self-refer - Bromley Healthcare</p>	The updated approach has improved consistency and accessibility. Feedback has informed development of an easy-read version to further support understanding and use.

Purpose	Activity	Outcomes and impact
	Download and share our posters: <ul style="list-style-type: none"> • <u>Adults self referral poster</u> • <u>Childrens self referrals poster</u> 	
Make community care service appointment booking easier and reduce missed appointments	<p>Introduced Accurx online booking across multiple services. Patients and carers receive text links to book appointments at a time and place that suits them. Targeted communications supported uptake and addressed concerns such as spam confusion.</p> <p>Social media campaign: https://www.instagram.com/p/DCRCIsNMqgk/?img_index=1 Website: https://www.bromleyhealthcare.org.uk/latest/blog/bromley-healthcare-introduces-online-appointment-booking/</p>	<p>Since the platforms inception the average is now 61% but overall booking uptake rates are increasing month on month increasing to 70% in April</p> 
Equip colleagues to support patients with winter wellbeing	<p>Created a practical winter resource for frontline staff, compiling local and national support options including warm spaces and Bromley Well services.</p> <p>View the guide: <u>helping our communities to stay well this winter</u></p> 	<p>The guide has been well received and widely used, helping colleagues make every contact count by directing people to local services and support.</p>
Provide supportive community spaces for children with sickle cell and their families	<p>Held an annual Sickle Cell Picnic and wider engagement activities co-designed with families, offering a supportive space to build community and reduce isolation.</p>	<p>Over 60 people attended the 2024 picnic. Families shared that they felt more connected and confident in managing the condition.</p> <p><u>Supporting children with sickle cell disease and their families in Bromley - South East London ICS</u></p>
Falls Outreach – One Bromley Hub at The Glades	<p>Bromley Healthcare's Falls Team hosted an information stand at the One Bromley community hub in The Glades shopping centre. The Team provided direct engagement with residents and community leaders, distributing</p>	<p>Reached 46 residents directly, each receiving a tailored resource pack. Enabled early identification of at-risk individuals and increased awareness of falls prevention</p>

Purpose	Activity	Outcomes and impact
	resources pack and raising awareness about falls preventions.	services. Strengthened community partnerships and supported self-referral pathways, contributing to reduced inequalities in access to preventative care.
Hollybank Coffee Morning – Support for SEND Families	A safe and welcoming coffee morning held at Hollybank for parents and carers of children with special educational needs and disabilities (SEND). Facilitated by Bromley Healthcare’s SEND respite services, the sessions offer peer support and access to health professionals.	Provided a vital outlet for isolated carers, with 2 parents attending the first session. The informal setting helped build trust, encouraged shared learning, and improved understanding of support pathways. Recognised by attendees as a “lifeline”, the initiative supports emotional wellbeing and improves access to early help for families facing complex challenges.
Reach more parents and carers online during Maternal Mental Health Awareness Week	<p>Ran a week-long Instagram and Facebook campaign alongside local clinics, aiming to reach parents who may not access support in person, providing information on how and where to get support, myth-busting and stigma-reduction, and a Q&A with the team.</p> <p><u>Stories • Instagram</u></p>	High levels of interaction, questions and new followers suggested that the campaign resonated with its target audience and reached people who may not otherwise engage.
OXLEAS		
To fulfil statutory obligations. To update people on our strategic direction and a focus on digital transformation.	<p>Annual Members' Meeting and digital showcase in Bromley included the opportunity to ask questions to Board members.</p> <p>Our interactive digital showcase demonstrated various ways in which Oxleas is using technology to benefit our service users and staff. This included the use of AI and virtual reality.</p> <p>Workshops were run throughout the day to seek people's views on our digital transformation, to explore today's digital innovations and tomorrow's vision in our services, and to help people stay cybersafe: protecting yourself at home and work.</p>	Feedback from the AMM and the workshops will feed into our strategic direction.

Purpose	Activity	Outcomes and impact
ST CHRISTOPHER'S		
To encourage open conversations around death, dying, grief, and advance care planning.	<p>In May 2024, St Christopher's Hospice surveyed 2,189 people and interviewed community members to gather views and insight.</p> <p>Outcomes of the survey were shared across social media and digital platforms, directing people to the research and report and encouraging people to read and engage in relevant resources and services.</p> <p>Through the initiative, the hospice:</p> <ul style="list-style-type: none"> • Published a comprehensive report reflecting British adults' views on death, dying, and grief. • Shared accessible resources to support community members in initiating these essential, often challenging conversations. • Actively engaged with audiences across digital platforms to deepen connections and conversations. 	<p>This resulted in 10,000 views across the website and social media.</p> <p>Openly sharing outcomes, insights, and resources, actively supports system wide improvements in end-of-life care by enabling healthcare providers to adopt best practices in compassionate communication, cultural sensitivity and patient centred planning in palliative care.</p>
BROMLEY PRIMARY CARE NETWORKS		
To keep PCN and practice staff up to date with developments.	A Bromley PCN newsletter for practice and PCN staff is provided quarterly.	Provides regular information about how PCNs are working with practices to bring more integrated healthcare to Bromley residents.
To keep patients up to date with developments in PCNs.	Several PCNs have established regular patient newsletters to provide information about new primary care services available in their local area.	Information shared on a range of services such as Blood Pressure testing at home, health and wellbeing cafes, Young Mums Hub, Enhanced Access, Same Day Access Hubs as well as self-referral services.
Improve access to online information about PCNs.	<p>Each of the eight Bromley PCNs have established patient-facing websites. Information is available on PCN services, the new roles in primary care, job vacancies, patient events and talks and how to get involved through patient participation groups.</p> <p>NHS SEL ICB has also invested in the provision of improved practice</p>	<p>Improved online experiences, with a better layout, updated information, and more online tools. The websites are fully compliant with accessibility standards.</p> <p>Patients can use the website to find and choose self-referral services, and access</p>

Purpose	Activity	Outcomes and impact
	<p>websites. Community Health Champions were involved in the development of these.</p> <p>An overarching Bromley PCN website is in development for launch in spring 2025.</p>	online consultations and other useful information, reducing the need to contact the practice.
Improve access to primary care services.	<p>In line with the new NHS Delivery of Recovering Access to Primary Care, Bromley PCNs have undertaken a range of activities to communicate and engage with their patients to support changes to general practice services. This has included promoting the Friends and Family Test, other surveys, workshops and focus groups.</p> <p>PCNs have delivered presentations at a number of patient participation groups to provide the opportunity for patients to ask questions. Discussions have included new developments and improvements, such as the introduction of Accurx Patient Triage, the new patient online consultation system - and the online patient services available on the NHS App.</p>	<p>New cloud telephony systems enable patient callback. Online services have been expanded and front desk care navigation to support patients.</p> <p>Successful roll out of a new patient online triage system which manages demand for care and ensures people get an appointment at the right time based on the urgency of their needs.</p> <p>Bromley registered patients are amongst the highest users of the NHS app in London.</p>
Engage with patients to inform practice and PCN improvements.	A range of activity is undertaken with practice participation groups at both individual practice level and in some cases across a wider PCN footprint. This includes regular updates, surveys, meetings, volunteering at PCN mobile wellbeing cafes, promoting digital services and workshops for the NHS App, attending community events etc.	Outcomes of engagement through practice participation groups is fed into practice based and PCN work. New ways of communicating with the wider practice community have been developed including promotion of various campaigns, specific health events in some practices and in one PCN, the establishment of a Facebook page.
BROMLEY COUNCIL		
Know Your Numbers – September 2024	<p>Ran 25 testing locations (up from 19 the previous year). Testing events were promoted widely across many channels and through various means to widen reach, the Mayor even made a visit to get their blood pressure checked.</p> <p>Also began including a pulse check as part of the service provided, to make</p>	Through the 25 locations, 1,096 residents were tested (up from 748 the previous year) and 295 were found to have high blood pressure, 48 with irregular pulses (down from 60) and 272 were given follow up letters with advice to take with them and recommended actions to take to better their health.

Purpose	Activity	Outcomes and impact
	the most of the opportunity of having willing residents turn up for a check.	<p>Of the 1,096 residents tested, 396 were 'male', 665 were 'female' and 3 were 'other', 703 were white, 368 were ethnic minorities and 25 preferred not to say.</p> <p>Awareness was raised at a greater scale than previous years, more unidentified health issues were identified than before, also found fewer irregular pulses than before even though more people were tested suggesting that awareness and proactive preventative action is taking place amongst residents.</p> <p>Health and lifestyle advice information packs were also given out to residents at these locations to make every contact count for more.</p>
Covid & Childhood Immunisations	A range of promotion activities including digital and print media, public engagement and pop-up clinics	<p>Volunteer community champions and other non-clinical staff are valuable in understanding barriers and in promoting health messaging.</p> <p>Vaccine messaging is more positively received when embedded into wider health messages and delivered by trusted members of the community.</p> <p>Regular engagement activity linked with existing community events helps maintain trust and a presence within local communities.</p> <p>Pop ups have variable attendance. Learning informs ongoing initiatives such as the One Bromley vaccine inequalities project.</p>

Purpose	Activity	Outcomes and impact
Health and Wellbeing Events	Series of public engagement events with partners and providers across One Bromley promoting key Public Health messages and services.	<p>Positive feedback from Public for events that cover health more widely and range of services (as opposed to stand alone topic engagement such as immunisation engagement events).</p> <p>Learning from events informs ongoing initiatives such as the One Bromley vaccine inequalities project.</p>
BROMLEY GP ALLIANCE		
Deliver the Bromley winter illness hubs to provide additional capacity over winter and capture feedback from staff and patients on the service.	<p>The Winter Illness Hubs provided extra face-to-face GP appointments to patients across the borough.</p> <p>Between October 2024 – March 2025, the Winter Illness Hubs, provided over 10,000 additional GP appointments.</p>	<p>Feedback showed 100% satisfaction with the service.</p> <p>If the service had not been available many patients would have gone to A&E or contacted NHS 111.</p> <p>Feedback from general practices was positive.</p>

5. CAMPAIGNS

One of the many benefits of a collaborative approach to communications and engagement is using all partners to help promote important information to the public through their own networks and platforms.

Over the last year, One Bromley partners have supported several campaigns and developments by sharing information and encouraging Bromley people and communities to get involved. This includes:

- The results of the engagement survey and launch of the Bromley Carers Charter.
- Cervical cancer screening campaign to break down barriers to attendance and increase screening uptake.
- 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, BR1 Lates, Chislehurst Rocks, and others.
- Supporting the work on reducing loneliness across the borough – highlighting Big Lunches and Warm Wednesdays.
- Promoting videos to support those residents suffering with Long Covid symptoms.

- Raising awareness of Health Information Week taking place across Bromley libraries.
- Publicising the Women Walk & Talk group in West Wickham and Norman Park.
- Supporting the Learning Difficulties and Autism Health and Wellbeing Festival.
- Raising awareness of the long-term conditions support service by Bromley Well.
- Promotion of the Children and Young Persons event at the One Bromley Wellbeing Hub at The Glades.

6. PROMOTING ACHIEVEMENTS

We work together to promote innovative integrated programmes so that these can be highlighted locally, through South East London Integrated Care System platforms, regionally and nationally.

Over the last year this includes:

- Clinical Director for Adult Hospital at Home, Dr Lynette Linkson shortlisted in the 'Clinical Leader of the Year' category at the HSJ Awards
- 'Hospital at Home' Wins LaingBuisson Award for Primary Care and Diagnostics
- Online appointment booking enhances access to Bromley's community services
- Celebrating outstanding achievements at the One Bromley Recognition Awards
- Health Information Week Success Across Bromley Libraries
- Supporting children with sickle cell disease and their families in Bromley
- Celebrations for Bromley due to Orpington PCN win at the General Practice Awards
- Bromleag Care Practice recognised for excellence in patient safety at HSJ Awards
- Bromley Homeless project finalist in the Best Use of Integrated Care and Partnership Working at the HSJ Patient Safety Awards
- Orpington Wellbeing Cafe shortlisted for Improving Care for Older People at the HSJ Patient Safety Awards

7. LOOKING AHEAD

In the upcoming year, our commitment to effective communication and engagement with Bromley staff, residents and communities remains a priority.

We continue to ensure full compliance with statutory and legal obligations regarding community engagement whilst supporting the implementation of One Bromley priorities and plans, namely:

- Improving population health and wellbeing through proactive prevention and personalised care to promote healthier lifestyles and reduce the burden of disease.
- Delivering high quality care closer to home, strengthening neighbourhood working and services so residents receive the care and support they need in familiar and convenient settings.
- Ensuring good access to urgent and unscheduled care, improving the responsiveness and effectiveness of our healthcare system, ensuring residents get the appropriate care where and when it is needed.

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

One Bromley Local Care Partnership Board

DATE: Thursday 19 June 2025

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, Oxleas, St Christophers Hospice, Bromley Council Adult Social Care, 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	

Partnership Report – June 2025

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1. One Bromley Local Care Partnership Programmes

Improved uptake of Learning Disabilities Health Checks in Bromley

Through the joint efforts of the Bromley Learning Disabilities (LD) Taskforce, Clinical Leads for Learning Disabilities and for Personalised Care, the PCN LD Champions, Bromley Mencap and Oxleas LD team, the Bromley uptake of Annual Health Checks by patients on the Learning Disabilities register reached 87% for 2024/25. This achievement provides a particular cause for celebration as it exceeded last year’s highest ever uptake and reflects Bromley as the highest achieving borough in SEL, which will result in improved health outcomes for some of our vulnerable populations. Bromley PCNs have outlined more about this programme of work later in the Partnership Report. The continued investment by the ICB in this area for 2025/26 aims to maintain and improve on this level of uptake, plus expand the project’s focus to include improving uptake of screening and preventive health services for this group of Bromley residents. Uptake of these services in those with learning disability shows significant variation when compared to uptake amongst the wider patient population.

Integrated Neighbourhood Teams (INTs)

Our vision for INTs is to create better connection between our services and for them to work closely with communities, integrating health, social, voluntary, and community organisations to improve health and wellbeing, in line with our One Bromley strategy. The aim to more consistently provide holistic, person-centered care, focusing on prevention and delivering care closer to home within local communities. By doing so, the ambition is to simplify access to support – including from within communities themselves – for residents, leading to better health and wellbeing outcomes for the people of Bromley.

The One Bromley vision aligns with the 2025/2026 NHS planning guidance, which requires Integrated Care Boards and providers to focus on three key areas:

1. Reducing demand by developing neighbourhood models, with an immediate focus on preventing long and costly hospital admissions and improving timely access to urgent and emergency care
2. Utilising digital solutions and tools to transition from analogue to digital – such as helping professionals identify approach services for residents, population health management approaches, and resident self-monitoring and education tools for those who could benefit
3. Addressing health inequalities and shifting towards prevention

The One Bromley Executive has agreed a phased roll out of INTs across the borough, starting in South West Bromley, followed by North East, with North West and South East going live together. In line with local needs and national recommendations, the new model of care commences for individuals with three or more long-term conditions. Concurrently, there is a focus on frailty and children's health partnership models, which will integrate into the new INT footprints as they evolve. Bromley's system wide same-day care offer is also being systematically reviewed to align with INT working and the strategic principle of providing care closer to home.

The work is being supported by a new sub-group: the INT Development Group, accountable to the One Bromley Executive. This sub-group is also aiding the development of One Bromley's plans for the Partnership's Executive to fulfil the role of the Place integrator function.

Bromley Digital Workshop Update

The First One Bromley Digital Workshop was held on the 1st of May 2025, bringing together colleagues from across the One Bromley partnership to explore opportunities for enhanced collaboration and joint working, with a particular focus on patient remote monitoring and self-management.

The event was well attended, with strong representation from a wide range of One Bromley organisations. Participants shared valuable insights into the digital initiatives currently underway across Bromley and the wider South East London Integrated Care System (SEL ICS).

Great discussions generated a lot of ideas for improving joint working, especially at the neighbourhood level. These contributions will help to inform the development of a new programme of works to support One Bromley's digital agenda.

To support ongoing collaboration, a dedicated One Bromley Digital workspace will be launched on the Future NHS platform. This space will serve as a hub for sharing updates, resources, and progress on digital initiatives.

This workshop marks the beginning of a series. Future sessions will build on the momentum established, further developing initiatives that harness digital innovation and data-driven intelligence to deliver high-quality, care.

Bromley Covid Spring Booster – May 2025 Update

The national Covid Spring Booster campaign commenced on April 1st, 2025, and will conclude on June 17th.

Despite the continued decline in demand for the Covid vaccination across the country, Bromley continues to have a good uptake, at the highest level across south east London. Amongst reasons for declining to come forward for their vaccine, patients are most often referring to a feeling of ‘vaccine fatigue.’

The delivery and provision of Covid vaccination services continues to operate through a nationally coordinated arrangement. A number of Bromley GP practices are providing vaccination services for this campaign, together with 27 Community Pharmacies. Bromley access therefore remains high, with services offered across the borough.

In addition to the core provision, targeted Community outreach clinics have been organised by the ICB in Penge, the Crays and Mottingham areas, to provide greater access in communities with lower uptake. An invite-only event was also arranged by the ICB for immunosuppressed patients at The One Bromley Wellbeing Hub. This was very positively received by patients, with all appointments successfully booked.

Covid Spring Booster Uptake		
Cohort	2025 Uptake	2024 Uptake
75+	52.4%	57.5%
Immunosuppressed	22.3%	22.4%
Housebound	53.9%	51.5%
Older Adult Care Homes	73.8%	77.8%

Due to the earlier scheduling of the Spring Booster this year, the 2024 data reflects the position at week 8 of the campaign to provide a more accurate year-on-year comparison.

2. Princess Royal University Hospital and South Sites

Princess Royal University Hospital (PRUH) Site Chief Executive Update

Finance

Final year-end financial position

We recorded a deficit of £33.7 million for the 2024/25 financial year, which is slightly better than the planned deficit of £40.1 million we agreed in the autumn of last year.

Cost-improvement plans

We delivered cost-savings worth £50.8 million during 2024/25, which was £15 million short of the £65 million we agreed in the plan we set ourselves at the start of the last financial year.

Financial Planning for 25/26

We must deliver an underlying financial deficit of no more than £120 million by March 2026. If we achieve this, we will receive an additional £120 million in one-off funding.

Our end of year deficit position of £120 million for this financial year is dependent, however, on us delivering cost-savings totalling £82.4 million between April 2025 and March 2026.

This is £10 million more than the £72.4 million previously communicated, but there is no change to the cost-savings ask of our Care Group and corporate teams. The additional £10 million will be met by a number of additional corporate cost-saving schemes.

Referral to treatment – Elective Care

The number of patients on our waiting list for the trust at the end of April was 87,610 and the 18+ week backlog increased by 1138 to 33,056.

The number of patients waiting over 78 weeks decreased from 8 in March to 5 in April (-3).

The number of patients waiting over 65 weeks increased from 102 in March to 103 in April (+1).

The number of patients waiting over 52 weeks increased by 55 patients from 1,285 (March 25) to 1,340 (April 25). This represents 1.53% of the total PTL – achieving the trajectory of 1,418 patients (1.55% of the PTL) for April.

Emergency Performance – PRUH and South Sites

There has been a consecutive run of performance exceeding mean performance since January 2025.

4 hour All Types performance improved further from 71.74% in March to 74.06% in April, and achieving the operating plan target of 69.9% for the month.

12-hour Decision-To-Admit breach performance has therefore improved to 14.2% for April which is considerably below the target for the month. Work is ongoing to improve the position.

There has been an increase in mental health attendances and length of stay.

Cancer

Cancer treatment within 62 days of post-GP referral, performance has improved for the last 3 months to 72.4% in April which is 2.5% ahead of target for the month.

Cancer treatment within 31 days performance remains strong in April at 90.2% and exceeding the target of 88.2% for the month.

Faster Diagnosis Standard compliance performance for April was 76% - our biggest area of challenge is Breast Surgery at the Denmark Hill site due to significant workforce gaps – work is ongoing between sites to support.

Diagnostic Performance

Challenges continue with regards to diagnostic testing of patients within 6 weeks. The Trust submitted April performance of 45.12% across both sites against the target, but this is above our

revised trajectory of 34.6% (and therefore continuing to be above the 2024/25 Operating Plan national target <5%).

Current issue - Over 85% of KCH backlog sits within Non-Obstetric Ultrasound and cardiac echo.

A sector wide modelling exercise has been committed to be carried through the APC to define demand and capacity position across all modalities.

System support will likely be required to ensure a more accelerated recovery position which will lead to an acceptable and sustained level of performance.

Future action is to develop a detailed Diagnostic Recovery Plan outlining proposed actions to reduce the 6-week and 13-week backlogs and improve performance in the most challenged modalities.

Apollo/EPIC

Staff across all KCH hospitals and locations continue to work from one integrated patient record, Epic. Almost 600,000 patients have registered for MyChart across King's and GSTT with 242,783 of these at King's. Patients using MyChart are less likely to miss (DNA) their appointments. In December KCH patients DNA rate was 5.0% rather than 10.5% for non-MyChart patients.

332,692 test results have been released to patients via the app in April 2025, and 196,701 pre-appointment information forms have been completed in April 2025, providing clinical teams with key information ahead of consultations.

Estates

Our capital programme continues.

Endoscopy Unit

Construction is now well underway and is currently aiming to complete in September 2025.

Radiology Upgrades

Mammography replacement remains under review.

Flow upgrades and other developments

Completed DSU theatre 1-4 refurbishments at PRUH, with window replacements, roof repairs and water systems completed at Orpington.

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

Staffing Update

Two new Non-Executive Directors appointed – Gerry Murphy and Dr Angela Spatharou.

3. London Borough of Bromley - Adult Social Care

It has been an eventful time in Adult Social Care, with 12th May being a particularly significant date as we both launched our new Front Door model and received our notification from the CQC that they had started their assurance process (inspection) of us.

The Front Door launched successfully. This is part of our transformation, being supported by our delivery partner the Social Care Institute for Excellence (SCIE). This change will bring about a more seamless journey through services for residents and their families, increase the number of people who can remain at home rather than go into more traditional models of long-term care and strengthen our safeguarding of people at risk of harm or abuse. It is doing this by:

- ensuring that we give our residents the best opportunity to remain independent in their own homes through an occupational therapy led community intervention hub
- reducing the risk of harm or abuse of residents with care and support needs even further by coordinating all of our incoming safeguarding concerns through one safeguarding hub.



The Front Door launched following a week-long induction programme with colleagues to embed new ways of working. As part of that change, we introduced our new mantra, Together We Thrive, in recognition of the collective effort between colleagues and residents that will deliver better outcomes.

Other aspects of the transformation programme, such as work to strengthen co-production by developing and implementing a new Adult Social Care Co-Production Strategy, continue with engagement across our sector in full swing as we work towards our shared position.

On CQC inspection, our initial submission of over 140 documents and a data return to the CQC was completed on 2nd June. We now await notification of their onsite visit, which we anticipate in late summer/autumn. Colleagues will be supported by Partners in Care and Health over two days in July to help us all better understand what to expect when that happens, as this is a new assurance process for adult social care. Meanwhile our care providers and system colleagues, especially the voluntary sector, are being contacted to gather feedback.

4. St Christopher's Hospice

Refurbishment of in-patient unit

St Christopher's Ward refurbishment commenced in April 2025, we are currently operating with 26 beds, waiting times are similar to usual 0-5 days. Noise to date has been minimal with a few days of disruption preparing for hoists to be built into the ceilings.

St Christopher's will continue to take referrals for inpatient care in the usual way and will work hard to maximise the use of beds particularly in relation to timely discharge for people who are well enough for onward transfer.

This information has been communicated externally to ICB's, Primary Care and Acute Hospitals. We have asked external colleagues to discuss with people they are referring to the inpatient unit that their stay will have some noise disruption and that the team are hoping to keep this to a minimum.

Clinical Staffing Levels

We are pleased to report that following significant vacancies across our community teams in Q3 24/25, with a proactive approach these vacancies have nearly all been filled and we are now realising the benefit of being nearly fully staffed across our community teams (there remains 1 Clinical Nurse Specialist and 1 Clinical Team Lead vacancy). While the In-Patient Unit is being refurbished and staff are consolidated onto two wards we are not advertising for new staff presently.

Assisted Dying Update

St Christopher's sent a briefing to all MPs ahead of the third reading of the Terminally Ill Adults (End of Life) Bill on 16.5.25. The briefing outlined the following:

- A summary of our evidence-based recommendations that were submitted following the call for evidence in December '24, including the current status and key areas that remain unaddressed
- Key insights from our recent community research on assisted dying
- Our organisational position on assisted dying

End of Life Care Commission

In March we submitted two pieces of written evidence to the Palliative and End of Life Commission, highlighting the strengths and shortfalls of current end of life care provision. The first was a general response from St Christopher's and the second from the Global Palliative Nursing network. In addition, we were asked by the Health and Social Care Select Committee

Independent Expert Panel to nominate people with lived experience. One patient and three carers attended the virtual roundtable and shared their experience of receiving palliative care for themselves or their loved one.

5. Bromley Healthcare

Supporting People with Parkinson's: Launch of new swallowing therapy programme

Our Adult Speech and Language Therapy team has launched an Expiratory Muscle Strength Training (EMST) programme to support people with Parkinson's who experience swallowing difficulties. The structured, evidence-based therapy is designed to improve breathing and swallowing function.

Over 50 patients, carers and professionals attended the recent launch event, which included a demonstration and Q&A. Attendees included representatives from Parkinson's UK, who praised the proactive, patient-focused approach. The programme is generating interest among local residents and partners.

Find out more: [Introducing a New Swallowing Therapy for Parkinson's Patients in Bromley - South East London ICS](#)



Children and Young People's Care Quality Day

We recently hosted our annual Children and Young People's (CYP) Quality Day, bringing together colleagues from across our 0–19 services. The day focused on shared learning, collaboration, and improvement.

Sessions were co-designed with clinical and operational teams and included presentations on safeguarding, innovation, inclusion and best practice. There was also an opportunity for services to showcase improvement projects and share feedback from children and families. The event was well attended and supported by both internal and external speakers. Feedback from colleagues highlighted the value of protected time to reflect, learn from each other, and focus on how we improve outcomes for children and young people.

CYP Quality Day is an important part of how we support continuous learning and service improvement, while building strong connections across our children's services.

Find out more: [Bromley Healthcare's Children and Young People Quality Day](#)

Bromley 0 to 19: New parenting workshops pilot for children with emerging needs

The Bromley Health Visiting Team and Early Years Inclusion Team are piloting new parenting workshops designed to provide support to families of children aged 2 to 4 years 11 months who may have emerging needs or special educational needs (SEN).

These five weekly sessions will cover:

- eating challenges
- toileting
- sleep
- behaviour
- sensory needs

Workshops begin on 9 June and will run twice weekly (Mondays and Thursdays) from Castlecombe and Cotmandene Children and Family Centres.

Find out more: [New parenting workshops pilot for children with emerging needs :: Bromley 0 to 19 Public Health Service](#)

Honouring 50 years of service to patient care in the NHS

During May, Frank Hall, Tissue Viability Nurse at Bromley Healthcare, attended the Buckingham Palace Garden Party to mark an incredible 50 years of service to the NHS.

Frank has dedicated five decades to delivering compassionate and expert care to patients. His longstanding commitment was recognised with an invitation to the Palace, a moment he described as “absolutely wonderful.”

This special occasion is a fitting tribute to his remarkable contribution to the NHS and to Bromley Healthcare. We are proud to celebrate this milestone with Frank and thank him for all he continues to bring to his patients and colleagues.



Frank Hall (Tissue Viability Nurse)

Celebrating our people: Nurses' Day and Love Admin Week

In April and May, we recognised and celebrated the contribution of colleagues across services through two key events: Nurses' Day and Love Admin Week.

For Nurses' Day, we shared stories, messages and quotes from colleagues, students, and patients, thanking our nursing teams across Bromley Healthcare. Tributes were received for many services, including the Intermediate Care Nursing team, Hospital at Home, Foxbury, the Diabetes Team, Bladder and Bowel Nursing and the Adult Community Nursing Service. These reflections offered powerful insight into the compassionate, skilled care our teams provide every day.

Feedback for our community nurses:

"We are blessed to have Debbie and the team putting together something for not just the children with sickle cell but their siblings and parents to connect!" - Specialist Children's Community Nursing Team

"My daughter has autism and couldn't cope with treatment at our usual dentist. The dental nurses here were so understanding and patient – it made all the difference." – Specialist Dental Nursing Team

"Thank you...for the wonderful care you gave our mother. She worked for the NHS, and I was so pleased she was cared for by such a professional, caring team. We couldn't have asked for more." – District Nursing

"The nurses who came to give me IV antibiotics three times a day were all brilliant. Chatty, smiley – but so skilled and professional." – Adult's Hospital at Home

"Thank you to the Nursing Rehab Assistants who went above and beyond to help patients get more mobile and independent – I have total gratitude." – Foxbury Rehab Ward

"I don't know what I'd do without the ICN – it's saved my life." – Integrated Care Network

"Thank you for everything during my placement. You've been kind, supportive and so welcoming." – Hollybank team (from a student nurse associate)

“I was visited by Nurse Rakeela. She quickly sorted pads, contacted my GP about medication, and then phoned back a week later to check how I was. That follow-up really impressed me.” – Bladder and Bowel Nursing



Love Admin Week brought together administrative staff from across the organisation. Colleagues nominated each other on our virtual Gratitude Wall, and teams held their own celebrations.

Greener AHP Week: Spotlight on sustainable dietetics

As part of Greener AHP Week in April, our Community Dietitians highlighted changes they have made to reduce waste and improve efficiency. These include replacing on-site stockpiling of nutritional supplements with online sample ordering directly from manufacturers, cutting down waste, freeing up clinic space, and reducing the need for stock rotation.

The team is also exploring how to reduce plastic packaging waste from enteral feeds and associated equipment. These improvements support both high-quality patient care and our organisation's contribution to the NHS's Net Zero goals.



New peer support group for colleagues affected by cancer

We have launched a new staff-led drop-in group for colleagues affected by cancer—whether personally or in a caring role. The informal sessions offer a space to talk, share experiences and explore whether a more regular peer support group could be helpful.

Making it easier for patients to give feedback

From April, we moved our Friends and Family Test to the RADAR system, making it easier for patients to share their views and for staff to access that feedback quickly: [Friends and Family test](#)

This change was based on staff input and feedback from the Lived Experience Advisory Group, as well as patient use patterns. It means teams can now view responses directly in RADAR, helping services respond more quickly and identify any themes or concerns.

Updated posters and QR codes have been rolled out across all sites, as well as a [children's form](#) and an [easy read version](#). The move supports more meaningful, routine feedback that helps us understand what matters to patients and make improvements where needed.

6. Oxleas

Mental Health Awareness Week

Services across Oxleas supported mental health awareness week in May through a variety of events. As part of the week's activities, Oxleas service user Azmeena Azim shared her mental health journey and explained how Bromley Early Intervention in Psychosis service and Charlton Athletic Community Trust's Mental Health programme has played a key role in her recovery. She was interviewed on BBC 5 live and explained how the activities with Charlton and the care from Oxleas helped her overcome isolation and build new friendships.



For more information, visit: [‘I feel like I have finally found myself’ | Oxleas NHS | Oxleas NHS Foundation Trust](#)

Oxleas named as a Sunday Times Best Place to Work

Oxleas NHS Foundation has been named by The Sunday Times as one of the [‘Best Places to Work’](#) in the UK in 2025. This is the second time we have been included in the prestigious ranking in the [Very Big Company](#) category.



This nationwide workplace survey recognises and celebrates the UK's top 500 employers across all industries with the highest employee engagement and wellbeing levels. The final top employers were selected from the results of a trust-wide survey and, to be included, organisations had to score well across all areas.

Changes to Oxleas Board of Directors

Former nurse Martin Machray joined Oxleas' Board of Directors as a Non-Executive Director on 1 May 2025. Martin has more than 38 years' experience in the health sector including 20 years in executive board positions. This includes commissioning, policy and strategy, clinical leadership and transformation at local, regional and national levels. He retired from his role as Director of Improvement, Transformation and Partnerships NHS London in 2024.

Also, Non-Executive Director Suzanne Shale became Oxleas Senior Independent Director from 1 May 2025.

7. Bromley Third Sector Enterprise (BTSE)

BTSE/Bromley Well

The Bromley Well Service has continued to deliver high quality and consistent services receiving almost 17,000 referrals and supporting over 12,000 clients in 2024/25 a 20% increase on 2023/24.

Demand for support with 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 have also seen an increase in demand for our Older People's Information and Advice Services including pensions and benefits checks. We receive referrals across the adult age range, however our largest is those aged 55-64.

Our Hospital Aftercare services continue to perform effectively. This is in significant part due to the work of care navigators at the PRUH. The Frailty Care Navigator made 270 Referrals and Post Discharge Settling Service received 96 referrals. Handy Person Service received 343 (Q3

361) referrals. We are setting clear referral guidelines from April 2025 as the service is beyond capacity against a KPI of 150.

Long Term Health Conditions (LTHC) delivered 31 peer support groups (Fibromyalgia and general health and wellbeing) and 21 Health and Wellbeing Workshops as part of our 8-week Health and Wellbeing programme.

Adult Carers has held 20 peer support groups, an increase from last quarter due to new venues being used.

Service Issues

Cost of Living issues continue to be significant across pathways, notably for those with disabilities, particularly concerns about proposed changes to benefits, as well as a further increase in demand for foodbank vouchers and advice on housing.

We have seen a notable increase in those accessing our disability support services. Learning Difficulties 128 new referrals and Physical Disabilities 137. Both pathways have a KPI of 60 per quarter. This quarter, a notable number of these referrals involved clients whose primary condition is autism which is proving particularly challenging for both teams.

Accessibility

One of the main drivers behind the introduction of the website online referral forms in June 2023 was to reduce resource intensive email traffic.

Evidence shows this has been extremely effective. Emails received are down by 28% from last quarter and 62% from the same quarter in 2024.

We have been looking at the accessibility of all our communications. We have:

- sourced and launched a website translator function.
- conducted accessibility checks on our website, checking for screen reader access on a page-by-page basis.
- recruited 2 volunteer residents who have visual impairments to further check our website.
- ongoing work with the Long-Term Health Conditions Team to create accessible health factsheets in html as well as the downloadable pdf versions.

One Bromley Wellbeing Hub

The One Bromley Wellbeing Hub in the Glades has seen significant Information and Advice client numbers in recent months after a quieter January and February. We saw 105 clients Jan-March with 68 dedicated Cost of Living appointments showing the value of the additional support for the Hub from Jan-March 2025.

The Hub has been extended to March 2026 and the drop -in information and advice offer on Wednesdays will continue. This is the only drop-in advice service in central Bromley.

Carers – One Year of the One Bromley Carers Charter: Progress and Impact

It has been one year since we launched the One Bromley Carers Charter, a shared commitment across our health and care organisations to better identify, value, and support unpaid carers. And we are pleased to report progress one year on:

- 14% increase in carers registered with their GP since June 2024—ensuring more carers are recognised and supported within primary care.
- Carer Champions have been identified across One Bromley organisations, helping to embed a “Carer Aware” culture in our everyday work.
- The Bromley Well and Bromley Council websites have been refreshed and aligned, making it easier than ever for carers to find the information and support they need.

For Carers Week 9-15 June 2025 Bromley Well have invited Carers of all ages to join us for some well-deserved “me time” with an Adult Carers Party and a Young Carers Extravaganza!

Volunteers Week

We are celebrating National Volunteers Week 2025, Monday 2 – Sunday 8 June 2025

Over the past year, Bromley Well volunteers have contributed over 37,500 hours.

Between January - March 2025, 16 Volunteers worked alongside our 2.6 FTE paid staff in our frontline Contact Centre, helping residents use Bromley Well’s services. Between them, they answered over 2080 calls during these 3 months.

137 official forms were completed with the help of our Volunteers who visit or call vulnerable and isolated residents helping them complete often lengthy, complex forms.

50 Volunteers helped over 300 residents with their benefits, housing, debt and employment issues.

8. Primary Care Networks (PCN)

Bromley PCNs 2024/25 Annual Report

The Bromley PCNs 2024/25 Annual Report is published and available to read here:

[Bromley PCNs Annual Report 2024/25](#)

The Report provides an overview of the PCN leadership teams, services, key performance areas, activities for improving health outcomes, collaborative work and priorities for strategic development. Also showcased are illustrations of innovation at each PCN delivering healthcare at scale working to meet the specific health needs of their population.

PCN Learning Disabilities Champions success in 2024/25

The Bromley PCNs Learning Disabilities (LD) Champion team helped Bromley to become the highest achieving borough in South East London for annual health checks for patients on the learning disabilities register in 2024/25, reaching a record total of just over 87%.

Annual Health checks completed in Bromley		
2021/22	834	66.8%
2022/23	872	69.0%
2023/24	1,012	76.1%
2024/25	1,092	87.1%

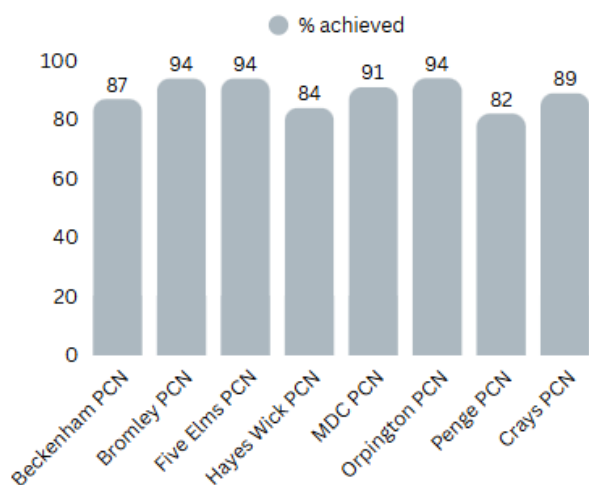
Developed using ICB funding, the LD Champion role was introduced in each PCN to support the time-consuming process of contacting often difficult to reach patients or their carers, offering reassurance and reasonable adjustments where appropriate and booking their health check appointments, thereby reducing workload on practices and improving the health outcomes of this vulnerable cohort. Continued funding this year is enabling the PCN LD Champion casework to expand to include encouraging eligible referrals to the specialist weight management service, improving flu and covid vaccination take up rates and increasing attendance to cancer screening appointments.

Bromley PCNs exceed targets for Impact and Investment Fund

All PCNs successfully exceeded their targets for both indicators within the Impact and Investment Fund (IIF) incentive scheme in 2024/25. The first incentivised PCNs to ensure those on the learning disability register have a recording of their ethnicity, an annual health check and a health action plan to help improve healthcare and reduce the number of avoidable deaths in this cohort. The second indicator encouraged clinicians to ensure patients being referred for lower gastrointestinal two week wait appointments have a faecal immunochemical test completed 21 days prior. Bromley PCNs continue to work on the IIF indicators which have both remained in place in the new fiscal year.

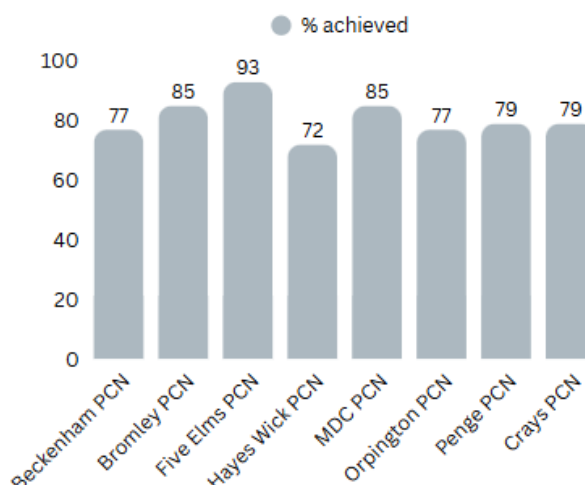
Learning Disabilities annual health checks

Lower target 60%, upper target 80%



Lower GI 2WW referral 2024-25 with FIT 21 days before referral

Lower target 65%, upper target 80%



Integrated Neighbourhood Team Planning

Bromley PCNs are taking a key role in the planning and implementation of the four Bromley Integrated Neighbourhood Teams (INTs). By representing general practice within the larger integrated care system and providing a link between primary care and other health and social care providers, Bromley PCN Clinical Directors, led by the PCN Neighbourhood Leads, Drs Bridget Hopkins and Claire Riley, are actively contributing to discussions to develop service delivery and support the development of integrated care models. The South West INT, comprising of Five Elms PCN and Hayes Wick PCN, is the first INT going live in Bromley and

these PCN teams are focussed on working with the ICB and system partners to understand and resolve the challenges around governance, staffing, interoperability, funding and data sharing.

Ambitions set high for Capacity and Access Improvement

PCNs continue to work hard to support practices in their transition to a new way of working to improve patient access. By March 2025, seven of the eight Bromley PCNs confirmed all three components of the Modern General Practice Access model required by NHS England are being delivered by their practices, namely a) consistent care navigation and triage, b) improved digital telephony, and c) simpler online requests. The largest PCN has committed to implementing the total triage model across all its member practices before it becomes mandatory in October 2025.

This represents an ambitious programme of transformation of the general practice model across Bromley, particularly in relation to managing the demand created by the online consultation service which must remain open 8am – 6.30pm from 1st October this year.

Primary and Secondary Care Interface Update



A third Round Table event was held in April at the PRUH which brought together the senior leadership teams from primary and secondary care including consultants and PCN Clinical Directors. Updates were provided on the key areas of work that continue to be driven by the monthly Bromley Interface Task and Finish Group, with round table discussions focussing on interface issues impacting patients and staff, particularly onward referrals, discharge summaries, call and recall and clear points of contact.

Two Primary Care Liaison Leads have been appointed by the PRUH, a role which is expected to work closely with the Bromley PCN Interface Leads to progress the improvement work across the primary and secondary care interface.

The analysis of a recent Onward Referrals survey of primary and secondary care colleagues has strongly demonstrated that there is an opportunity for learning and development in the hospital clinical system, Epic, to support consultants referring from one department to another

rather than requesting the GP to undertake onward referrals to create a smoother pathway for patients.

New Bromley PCNs website launched

www.bromleypcns.nhs.uk

Bromley PCNs has developed a new website to serve as a central information portal to communicate our mission, engage with stakeholders, provide an overview of the eight Bromley PCNs and direct links to more information, the leadership team, services, workforce and recruitment, access, healthcare guidance and ongoing developments in neighbourhood working. Developed in recognition of Bromley PCNs' key role as a One Bromley partner, any feedback would be welcomed from stakeholders.

PCN Showcase

The Crays Collaborative PCN	
Total list size	36, 029
Member practices	Broomwood Health Centre, Crescent Surgery, Derry Downs Surgery, Gillman's Road Surgery, Poverest Medical Centre, St Mary Cray Practice
PCN base	Broomwood Health Centre BR5 2JP & Temple URC Hall BR5 4AX
PCN infrastructure/ management team	2 Co-Clinical Directors 1 PCN Network Manager 1 Digital & Transformation Lead
ARRS staff	4 Clinical Pharmacists 2 Pharmacy Technicians 1 First Contact Physiotherapist 1 Paramedic 1 Enhanced Nurse 2 Care Co-ordinators 2 Social Prescribing Link Workers 2 Mental Health Practitioners 1 Health and Wellbeing Coach 1 Trainee Nursing Associate 1 Digital Transformation Lead 1 PCN educator
Population health data highlights	There is a high prevalence of long-term conditions, chiefly cardiovascular disease, respiratory disease, diabetes and CKD. There is low uptake of early cancer screening for breast, cervical, bowel and prostate cancer. Data from June 2024 revealed a high level of deprivation, low digital literacy and over 40% of the population listed as unemployed.
Hub services	Our Enhanced access service is run by BGPA and takes place Mon-Friday 4pm-8pm at Poverest Medical Centre and Saturdays 9am-5pm at Broomwood Health Centre.
Health Inequality project	<ul style="list-style-type: none"> Our wellbeing Cafe was launched in December 2023 at Temple URC Hall, BR5 4AX. Initially patients aged 65+ were

	<p>invited to a 2-hour session for talks from health and social care professionals, exercise classes, games and general socialising with other patients. The café is now advertised to all suffering social isolation and wanting support with digital tools. The Café is led by ARRS staff, predominately our Social Prescribers, Health & Wellbeing coaches, DTL & Network manager.</p> <ul style="list-style-type: none"> • Due to the systems development fund, we will be launching a Healthier Living café on 27th May 2025 which will offer support patients coded as carers, LD and fibromyalgia. The café will offer mindfulness & meditation sessions, fitness with the physio, refreshments of teas, coffee and cakes, arts & crafts, BP readings and lifestyle advice. • Working collaboratively as an integrated neighbourhood team, Orpington PCN, The Crays PCN and Bromley Healthcare (BHC) implemented the Anticipatory Care Team (ACT). Patients who are identified as having an unmet need will be holistically assessed in either a clinic setting, at the wellbeing cafes or at home. The ACT is responsible for supporting people at risk of their condition worsening, ensuring that patients identified: have a comprehensive initial assessment with various health checks.
Capacity and Access improvement initiative	<ul style="list-style-type: none"> • The PCN has previously distributed a percentage of CAIP (Capacity and Access Improvement Payment) funding to practices, allowing them to increase capacity via locums, additional practice staff or funding overtime for current staff to meet patient demand. • A small percentage of CAIP has also been used to fund the wellbeing café and allow the use of Temple URC Hall to facilitate PCN projects such as remote BP monitoring, group physio exercise sessions, health education seminars and goal setting sessions with the health & wellbeing coach. Use of CAIP 2025 is currently being explored by the PCN and likely to tackle online consultations.
Flagship services	<ul style="list-style-type: none"> • Wellbeing & digital café • Healthier Living café • The Anticipatory Care Team • BCHIP (Bromley Children's Integrated Health Partnership). Along with Beckenham, we were one of the first PCNs to pilot this service. The BCHIP team now consists of a Lead GP, Consultant Paediatrician, Paediatric nurse and Care coordinators.
Future plans	<ul style="list-style-type: none"> • Development of a PCN hub model, potentially for diabetes. Remote asthma monitoring • PCN incorporation • Group consultations- focus may be on CVD (cholesterol, BP).

9. Bromley Public Health

Update on weight management programmes commissioned by Public Health

Obesity continues to be a risk factor for ill health. This is recognised in the Bromley Health and Wellbeing strategy 2024-29, which includes the following related priorities and desired outcomes:

Priority 1 – Improving health and wellbeing of young people

- Reduce the prevalence of overweight and obesity in children and young people

Priority 2 – Improving health and wellbeing of adults including:

- Reduce the prevalence of overweight and obesity in adults
- Raise awareness on the links to obesity, diabetes and hypertension

Priority 3 – Disease prevention and helping people to stay well

- Long term conditions are improved and further complications prevented with a focus on the vital 5 (smoking, obesity, hypertension, alcohol and mental health.)

Public Health continues to work with partners across Bromley and the South East London ICS to review and develop pathways of care in the prevention and management of obesity, in line with the availability of new treatments and national guidance. This report however will focus and update on those services that are commissioned by Public Health.

Weight management for Children and Young People – New Service

Obesity rates in year 6 children in Bromley increased during the pandemic and have remained higher than the pre-pandemic level. Rates are highest in the Cray Valley West and Mottingham in Year R (age 4-5) and in Cray Valley West, Mottingham and Penge in year 6 (age 10-11).

A new weight management service for children and young people was commissioned in March 2025. There are two strands to this service:

Schools based healthy habits programme and a Tier 2 service for CYP

This service is being delivered by DDM (advertised as ‘Gro Health’) and is a pilot for 2 years to understand what will work for Bromley residents. Key stakeholders have been engaged to promote and refer into the service. The Tier 2 service is available to refer via the Referral Optimisation Process on EMIS for all surgeries. The age criteria is 2-18 years and will involve the whole family where possible. Schools have been signing up already and have made plans to embed the programme into their curriculum. Digital access is a key part of the service for both elements and families will have access to information via this channel indefinitely.

Tier 2 weight management for Adults with Learning Disabilities – New Service

Adults with Learning Disabilities (LD) have higher rates of obesity than the general population but are less likely to access established weight management programmes. In recognition of this funding from the SEL ICS Vital 5 Programme was made available for Bromley, Bexley and Greenwich boroughs to jointly commission a specialist Tier 2 Weight Management Service for residents who are over 18 with a mild/moderate learning disability. The contract is for 2 +1 years

and commenced on 31st March 2025. The service is being delivered by our partners at Enable and aims to promote healthier lifestyles by providing a supportive, accessible and inclusive environment tailored to the participants, to achieve their weight management goals, have fun, and improve their overall wellbeing.

Summary of outcomes for commissioned Slimming World service Oct 2023 - April 2025

Approximately one third of adults who have an NHS Health Checks are identified as obese with a Body Mass Index > 30. This equated to just under 3000 people in 2023-24. To support those individuals with achieving a healthy weight, Public Health have been commissioning Slimming World since October 2023.

Since the launch of the Slimming World referral scheme in Bromley in October 2023, there has been strong engagement and positive weight loss outcomes. A total of 2,629 applications were received, of those 2297 were eligible and issued with a voucher. 2,004 vouchers were activated, resulting in a 90% conversion rate. There was uptake across ethnicities and levels of deprivation.

Weight loss programmes (unless men only) are more popular with females. Notably, 14% of all activations were by male participants, which indicates positive engagement with males in this programme, when compared with self-funding male members which is typically 5%.

Of those who activated their vouchers, 61.1% completed the programme by attending at least 9 out of 12 sessions (60% female and 68% male). Weight loss outcomes were particularly encouraging: 85.2% of completers achieved at least 3% weight loss, 65.6% reached 5%, and 15.4% lost 10% of their body weight. Slimming World has the added benefit of being widely accessible in all areas of the borough.

Wider obesity support for adults

Other services not commissioned by public health are available to support weight management for those with specific disease conditions or more severe levels of obesity. These are included in an infographic for Bromley (Appendix 1.)

Further information can be found at: <https://www.bromley.gov.uk/HealthyWeight>

Or please do not hesitate to contact; Gillian Fiumicelli, Head of Disease Prevention, Public Health. Gillian.fiumicelli@bromley.gov.uk, 0208 461 7789. or Fahmida Din, Programme Lead for 0-19, Fahmida.din@bromley.gov.uk

Appendix 1 - Bromley Infographic Weight Management Services - May 2025



ADULT Bromley Diabetes and Weight Management Services



Programmes for patients with pre-Diabetes or Type 2 Diabetes

All newly diagnosed T2 diabetes & prediabetes pts must be referred to the following programmes below in the first instance including any pts who have not yet attended Diabetes Structured Education or NDPP



National Diabetes Prevention Programme

- Pre-diabetes or a previous gestational diabetes diagnosis
- No BMI specification

Diabetes Book & Learn- Type 2 Education

- Diabetes diagnosis- Access to diabetes courses in south London
- Referrals can be made by all healthcare professionals



Local Sports and Leisure Services

MyTime Active: for a variety of sport and leisure activities and venues*

Healthy lifestyle schemes in parks and open spaces

Free Outdoor Gyms-Located in Betts Park, Anerley and Farnborough Recreation Ground: Free access to the public.

Penge Green Gym: Winsford Gardens, Garden Road, London, SE20 7RN every Wednesday 11am-2pm. www.pengegreengym.org.uk

Bromley Green Gym: This meets at College Green and Slip, West Street, Bromley, BR1 1PA every Friday 11am-2pm. www.tcv.org.uk/BromleyGreenGym | TCV

Referral schemes: (free 12 sessions, if meeting eligibility criteria)

Fresh Start - for people with a wide range of medical conditions, from arthritis and diabetes, to depression, obesity and cancer, to name a few.

Heart Smart - for people who have Coronary Heart Disease (CHD)

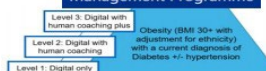
For more information: www.mytimeactive.co.uk Telephone: 0208 290 4000

Please see here for the most up to date information

NHS Digital Weight Management Programme

- BMI ≥ 30 (with adjustment for ethnicity)
- Current diagnosis of diabetes (type 1 or 2) and/or hypertension
- NHS England » The NHS Digital Weight Management Programme
- **NOTE:** Patients will only be able to access this programme if they have a smartphone or computer with internet access.

The NHS Digital Weight Management Programme



Tier 2/3 Weight Management Services



12-week free weight management programme

- BMI ≥ 30 (≥ 27.5 for Black Caribbean, Black African and Asian ethnicities)
- Resident of /Registered with a Bromley GP
- self-referral
- You are not eligible for the free service if you are pregnant, have a diagnosed eating disorder, or have been a paid member of a weight management organisation in the last 6 months.

Referrals - Self Referrals

○ Tel: 01773 483253

<https://www.slimmingworld.co.uk/>

To make referrals: to Tier 2/3 weight management using the Referrals Optimisation Programme (ROP) for Weight Management within the EMIS system

Enable - Weight Management Service for Adults with Learning Disabilities

- Adults over 18 years old with a learning disability
- Resident of, or registered with a GP in, Bexley, Bromley or Greenwich
- Can attend a programme either alone or supported by a carer or support worker
- Has the capability, opportunity and motivation to make behaviour change
- BMI 30+ (or 27.5+ for BAME groups)
- Not pregnant
- A diagnosed eating disorder

Referrals -

○ GP Direct Referrals via DXS

○ [Self Referrals](#)

○ Tel: 0203 959 0030 EXT 157 or 735

Web: <https://enablelc.org/ld-weight-management>

Tier 3 Healthy Weight Management Programme (GSTT)

- BMI >40 or BMI 35 with type 2 Diabetes
- Support patients with complex needs associated with severe obesity
- Over 18s
- 12 months programme of group sessions (currently online)

Online Resources and Apps

- [Diabetes NHS](#)
- [NHS Weight Loss App](#)
- [Get running with Couch to 5K - Better Health - NHS](#)
- [NHS LiveWell : Healthy Weight & Exercise](#)
- [NHS Better Health](#)
- [Low Carb Programme App](#) *

○ *Charge applicable



Other Fitness Opportunities

- [Park Run Bromley](#)
- [Primetime](#)*
- [Silverfit](#)*
- [Get Active](#) Activity finder
- [Palace for life Foundation](#)
- [Walking for health – Relaunch due in Jan 2022](#)



10. Bromley GP Alliance (BGPA)

Bromley GP Alliance (BGPA) Winter Illness Hubs

The BGPA Winter Illness Hubs ran for 23 weeks (11.11.2024 - 22.04.2025), on average offering an additional 450 GP appointments per week. The service was tweaked to take into account learning from previous years. As per previous years, the Hubs offered same-day GP appointments for patients who were triaged as having an urgent medical need and who met the inclusion and exclusion criteria.

Following last year's successful service, we increased the number of sites across the borough to offer patients improved access to appointments.

In addition to GP practices having direct booking facility, some appointments were made available to the Urgent Treatment Centres (UTC) at the Princess Royal University Hospital and at Beckenham Beacon.

BGPA held regular meetings with UTC & NHS111 services to promote the service, understand any challenges, and to resolve any issues.

BGPA would like to thank practices for their support with the service.

Here are some of the headlines:

- More than **10,000** patients seen.
- **95%** of service users would recommend the service to Friends and Family.
- **94%** of appointments were utilised.
- **90%** of patients believed their medical problem required a face-to-face assessment.
- **7,792 (76%)** of doctor-patient consultations were completely managed during the consultation by listening to and examining the patient and with no need for any further tests or referrals.
- **9%** of patients needed an investigation.
- **Less than 2%** were referred for further assessment.
- **Less than 1%** were referred back to their GP.
- **56%** of patients who attended an appointment stated that if they were not able to get a GP appointment, they would have called 111 or attended UTC or A&E.

Successes

- There was a consistent and reliable workforce who knew the service and the processes well to ensure the Winter Illness Hubs ran smoothly. There was an ability to call on staff at short notice to cover sickness.
- Flexibility for the service to move sessions due to issues arising on the day (i.e. IT/EMIS system issues).

Recommendations for Next Winter

- To offer additional appointments in the week prior to Christmas to support General Practice and the wider system with capacity.

- To consider offering Hub appointments earlier in the day to support the more vulnerable groups of patients, such as young children and older adults who could need the offer of an assessment and management plan early in the day, thereby preventing UTC and hospital attendances.



(From left to right) - Carly Bone, Tiana Lawrence, Xavier Noel, Meg Merah

BGPA Bromley Homeless Health Project

People experiencing homelessness (PEH):

- is increasing,
- are among the most marginalised group in our society,
- face many health problems and have a significantly lower life expectancy,
- face many barriers in accessing health care,
- are repeatedly forgotten in health care strategies.

This One Bromley service has led the way in trying to address some of the challenges, particularly the frequent barriers to accessing mainstream healthcare due to, among other things, a lack of a fixed address, mental health challenges, stigma and logistic difficulties. For these reasons, patients delay or avoid seeking care, causing a further deterioration of their health, and therefore leading to an increased use of the urgent treatment centres and A&E.

The Homeless Health Project is in its third year and is demonstrating many benefits to the patient and the One Bromley health system.

In our evaluation of the last 226 patients seen within the service, we have demonstrated the critical importance of this service.

In brief, of the 226 patients seen in the service,

- 116 (51%) needed same-day assessment. This consisted of those indicating that they would have gone to A&E as well as those who, after assessment in the homeless service, were thought to have warranted same-day assessment. Some of these included possible fracture, mental health crisis and sickle cell crisis.

- Of the 116, 103 were managed entirely within the homeless service.

Of the remaining:

- 40 patients stated that they would not have done anything, of these at least 5 needed urgent assessment on the same day.
- 37 had indicated that they were uncertain about what they would do, 1 needed urgent psychiatric assessment and safeguarding and 1 had a possible fractured ankle.

What was sad to hear verbalised was patients saying that they would have panicked, suffered in pain, become confused or died.

The service is having a big and beneficial impact on the wider healthcare system by reducing hospital attendances and removing the challenge of assessing and managing these often very complex patients, as well as giving them hope.



Sarah Jackson (Nurse Practitioner)

One Bromley Local Care Partnership Board

DATE: Thursday 19 June 2025

Title	Month 12 2024/25 SEL ICB Finance Report
This paper is for information .	
Executive Summary	<ul style="list-style-type: none"> The SEL ICB financial allocation at month 12 was £4,885,531k. At month 12 the SEL ICB reported an £87k surplus position against its revenue resource limit (RRL). In reporting this month 12 position, the ICB has delivered the following financial duties: <ul style="list-style-type: none"> Underspend of £87k against the revenue resource limit (RRL). Underspend of £4,158k against its management costs allocation (£35,908k), with the monthly cost of staff at risk being charged against programme costs in line with the relevant definitions; Delivering all targets under the Better Practice Payments code; Delivery of spend in line with the capital resource limit (£554k); Subject to the usual annual review, delivered its commitments (exceeded the target by £1,717k) 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 £834k, against a target of £4,963k. The 2024/25 Bromley ICB/LCP place budget at month 12 was £263,331k. The Bromley ICB/LCP place year end position was £6k under-spent.
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:	David Harris, Associate Director of Finance (Bromley), NHS South East London ICB	
Clinical lead:	N/A	
Executive sponsor:	David Maloney, Director of Corporate Finance, NHS South East London ICB	

One Bromley Local Care Partnership Board

19 June 2025

Month 12 2024/25, SEL ICB Finance Report

1. Key highlights – SEL ICB & Bromley ICB/LCP
2. Bromley ICB/LCP - Month 12 Financial Position
3. Bromley ICB/LCP – 2025/26 Budget Setting & CIP update

Appendix 1 – M12 SEL ICB Finance Report

1. Key Highlights

- The SEL ICB financial allocation at month 12 was £4,885,531k.
- At month 12 the SEL ICB reported an £87k surplus position against its revenue resource limit (RRL).
- In reporting this month 12 position, the ICB has delivered the following financial duties:
 - Underspend of £87k against the revenue resource limit (RRL).
 - Underspend of £4,158k against its management costs allocation (£35,908k), with the monthly cost of staff at risk being charged against programme costs in line with the relevant definitions;
 - Delivering all targets under the Better Practice Payments code;
 - Delivery of spend in line with the capital resource limit (£554k);
 - Subject to the usual annual review, delivered its commitments (exceeded the target by £1,717k) 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 £834k, against a target of £4,963k.
- The 2024/25 Bromley ICB/LCP place budget at month 12 was £263,331k.
- The Bromley ICB/LCP place year end position was £6k under-spent.

2. Month 12 Bromley ICB/LCP Financial Position

	2024/25 Budget	2024/25 Outturn	2024/25 Variance
	£'000s	£'000s	£'000s
Acute Services	7,559	7,355	204
Community Health Services	91,350	90,094	1,256
Mental Health Services	14,862	15,655	(793)
Continuing Care Services	27,128	27,965	(837)
Prescribing	51,047	51,353	(306)
Other Primary Care Services	2,390	2,280	109
Delegated Primary Care Services	65,515	65,525	(10)
Corporate Budgets	3,480	3,097	383
Total	263,331	263,325	6

- The borough reported an underspend of £6k for the financial year 2024/25.
- The Community budget underspent by £1,256k. The underspend was due to non-recurrent in year benefits, delaying the release of new allocations including inequalities funding, contractual underperformance in relation to some of the smaller community contracts and release of contingency.
- The Mental Health budget overspent by £793k. The cost per case (inc. S117) budget overspent by £437k and the volume of diagnostic assessments continued to increase, the final spend was £368k which represents an overspend of £265k.
- The Continuing Healthcare budget overspent by £837k. The increase in care home providers in the borough has created extra capacity in the local system and has led to an increase in activity. This trend is likely to continue over the next two years as capacity increases resulting in additional expenditure.
- The prescribing budget overspent by £306k. The forecast underspend position which had been reported up until February had been reducing for most of the year and in Month 12 the position moved to an overspend as set out in the variance table, below.

	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
FOT Variance - underspend	1,362	695	601	630	603	580	421	535	246	-306
Change - month on month		-667	-94	29	-27	-23	-159	114	-289	-552
Change - last quarter							-209			-727

- The Corporate budget underspent by £383k due to vacancies within the Commissioning and Continuing Healthcare teams.
- The 2024/25 borough savings target was £6,426k and was delivered in full.

3. Bromley ICB/LCP 2025/26 Budget Setting & CIP update

- The final 2025/26 start budget was signed off by the Bromley Place Executive lead on the 16th May 2025 and totals £273,923k as per the table below

25/26 BROMLEY START BUDGET	25/26 Budget Total £'000
Acute Services - Local	8,119
Community Health Services - Local	94,496
Mental Health Services - Local	14,577
Continuing Care Services	28,867
Prescribing	52,642
Primary Care Services	2,026
Other Commissioned Services	1,063
Primary Care Co-Commissioning	70,310
Running Costs	1,825
	273,923

- The cost improvement plan (CIP) totalling £13,130k, has been developed and is summarised, by Directorate, in the table below. The Bromley Savings Group meets fortnightly to discuss progress against the plan and to develop plans for future years. The meeting is chaired by the One Bromley Programme Director.

Directorate Savings %	Savings			
	Tariff efficiency	Convergence	Other	Total
Acute Services - Local	158	41	432	631
Community Health Services - Local	1,800	475	2,301	4,576
Mental Health Services - Local	218	57	566	841
Continuing Care Services	557	147	1,112	1,816
Prescribing	1,021	268	1,722	3,011
Primary Care Services	26	7	300	333
Other Commissioned Services	21	6	50	77
Primary Care Co-Commissioning	1,252	323	50	1,625
Running Costs	0	0	220	220
	5,053	1,324	6,753	13,130

SEL ICB Finance Report

Month 12 2024/25

Contents

1. Key Financial Indicators
2. Executive Summary
3. Budget Overview
4. Prescribing
5. NHS Continuing Healthcare
6. Corporate Costs
7. Cash Position
8. MHIS performance

1. Key Financial Indicators

- The below table sets out the ICB’s performance against its key financial duties as at the end of 2024/25. As highlighted below in the Executive Summary, the ICB is reporting an overspend against plan of £38,871k which represents an overall **£87k 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 2024/25.**
- The draft annual accounts for 2024/25 are now subject to the usual external audit process.

	Target	Actual		
	April 24 to March 25 (£'000's)	April 24 to March 25 (£'000's)		
Agreed Surplus	-	87		Achieved
Expenditure not to exceed income	4,947,140	4,947,053		Achieved
Operate Under Resource Revenue Limit	4,885,531	4,885,444		Achieved
Not to exceed Running Cost Allowance	35,908	31,750		Achieved
Operate under Capital Resource Limit	554	554		Achieved
95% of NHS creditor payments within 30 days	95.00%	100.00%		Achieved
95% of non-NHS creditor payments within 30 days	95.00%	99.10%		Achieved
Mental Health Investment Standard	469,778	471,495		Achieved

2. Executive Summary

- This report sets out the month 12 financial position of the ICB. The financial reporting is based upon the final June plan submission. This included a **planned surplus of £40,769k** for the ICB which was adjusted due to the impact of the deficit support funding by £1,811k, to give a revised surplus of **£38,958k**.
- The ICB's final financial allocation as at month 12 is **£4,885,531k**. In month, the ICB received an additional **£50,756k** of allocations. These related mainly to the following - £43,286k for system pressures and support funding, £3,635k depreciation funding, £1,094k public dividend capital (PDC) for GSTT, plus other minor allocations.
- As at month 12, the ICB is reporting an **£87k surplus position against its revenue resource limit (RRL)**. This represents an overspend of **£38,871k** against the ICB's planned surplus. Agreement was reached across all NHS organisations in SEL regarding the achievement of the 2024/25 ICS control total, and the month 12 position of each organisation, including the ICB, reflects this. The ICB delivered in full its annual savings requirement.
- 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 **£5,233k** which was an adverse movement in-month for all boroughs. Details of the drivers and actions are set out later in the report.
- The expenditure run-rate for continuing healthcare (CHC) services is above budget (**£3,376k**), a deterioration from last month. Lewisham (**£4,028k**), Bromley (**£837k**) and Greenwich (**£49k**) boroughs are particularly impacted, with the other boroughs reporting small 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 **£87k** against the revenue resource limit (RRL).
 - Underspend of **£4,158k** against its management costs allocation (**£35,908k**), with the monthly cost of staff at risk being charged against programme costs in line with the relevant definitions;
 - Delivering all targets under the **Better Practice Payments code**;
 - Delivery of spend in line with the capital resource limit (**£554k**);
 - Subject to the usual annual review, delivered its commitments (**exceeded the target by £1,717k**) 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 £834k, against a target of £4,963k**.

3. Budget Overview

	M12 YTD							
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCG
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Budget								
Acute Services	4,893	7,559	7,220	1,188	1,322	85	2,504,585	2,526,853
Community Health Services	22,678	91,350	39,125	28,230	29,343	36,424	262,486	509,638
Mental Health Services	10,660	14,862	8,593	23,166	7,696	10,257	547,968	623,201
Continuing Care Services	26,139	27,128	29,220	34,616	23,056	19,760	-	159,919
Prescribing	37,448	51,047	37,290	42,666	42,599	35,112	1,837	247,998
Other Primary Care Services	3,439	2,390	2,364	4,141	2,468	1,462	19,730	35,995
Other Programme Services	1,199	-	1,000	-	3,329	796	38,509	44,833
Programme Wide Projects	-	-	-	-	26	259	12,750	13,034
Delegated Primary Care Services	45,720	65,515	58,167	89,271	67,006	71,460	(2,446)	394,692
Delegated Primary Care Services DPO	-	-	-	-	-	-	222,706	222,706
Corporate Budgets - staff at Risk	-	-	-	-	-	-	-	-
Corporate Budgets	3,037	3,480	3,503	4,012	3,146	3,480	47,045	67,704
Total Year to Date Budget	155,213	263,331	186,482	227,291	179,990	179,096	3,655,170	4,846,573
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCG
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Actual								
Acute Services	4,886	7,355	7,230	978	775	93	2,505,063	2,526,379
Community Health Services	22,527	90,094	37,697	28,702	27,874	34,750	262,986	504,631
Mental Health Services	10,462	15,655	9,545	23,911	7,135	12,204	547,335	626,247
Continuing Care Services	25,680	27,965	29,269	33,579	27,084	19,196	522	163,295
Prescribing	38,433	51,353	38,887	42,602	44,342	36,411	1,203	253,231
Other Primary Care Services	3,482	2,280	2,248	3,730	2,017	1,446	19,911	35,114
Other Programme Services	1,199	-	-	-	0	-	19,892	21,091
Programme Wide Projects	-	-	(7)	-	757	325	72,082	73,157
Delegated Primary Care Services	45,757	65,525	58,316	90,094	67,018	71,477	(3,139)	395,049
Delegated Primary Care Services DPO	-	-	-	-	-	-	221,754	221,754
Corporate Budgets - staff at Risk	-	-	-	-	-	-	4,825	4,825
Corporate Budgets	2,756	3,097	3,289	3,682	2,983	3,151	41,712	60,670
Total Year to Date Actual	155,182	263,325	186,475	227,278	179,985	179,053	3,694,146	4,885,444
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCG
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Variance								
Acute Services	7	204	(10)	210	547	(7)	(478)	473
Community Health Services	151	1,256	1,428	(471)	1,469	1,674	(500)	5,007
Mental Health Services	198	(793)	(953)	(745)	561	(1,947)	632	(3,047)
Continuing Care Services	458	(837)	(49)	1,037	(4,028)	565	(522)	(3,376)
Prescribing	(985)	(306)	(1,597)	64	(1,744)	(1,299)	634	(5,233)
Other Primary Care Services	(42)	109	116	412	452	15	(181)	881
Other Programme Services	-	-	1,000	-	3,329	796	18,617	23,742
Programme Wide Projects	-	-	7	-	(731)	(66)	(59,332)	(60,123)
Delegated Primary Care Services	(38)	(10)	(149)	(823)	(13)	(17)	693	(357)
Delegated Primary Care Services DPO	-	-	-	-	-	-	952	952
Corporate Budgets - staff at Risk	-	-	-	-	-	-	(4,825)	(4,825)
Corporate Budgets	281	383	214	330	163	329	5,334	7,034
Total Year to Date Variance	31	6	7	12	5	44	(38,976)	(38,871)

- At month 12, the ICB is reporting an overspend against plan of £38,871k and a **£87k surplus against the RRL**. This position reflects prescribing and continuing care overspends, with offsetting underspends in other budgets.
- The ICB is reporting a **£5,233k overspend** against its **prescribing position**. This is based on ten months actual data. Savings schemes have mitigated the growth, but there continued to be pressures, the impact of which was differential across boroughs. This is detailed in the next slide.
- Overall Mental Health budgets were underspent by **£3,047k** at year-end. The main area of financial pressure has been in cost per case activity, where the overspending was differential across boroughs - with Bromley, Greenwich, Lambeth and Southwark being the most impacted. Right To Choose ASD and ADHD assessments have also seen significant increases in activity across all boroughs.
- The final **continuing care** financial position was an overall **£3,376k overspend**. Underlying pressures were variable across the boroughs with Lambeth, Southwark and Bexley showing underspends whilst Bromley, Lewisham and Greenwich reported overspends - which are explained on slide 6.
- As described previously, the ICB is continuing to incur pay costs for staff at risk following the consultation process to deliver the required 30% reduction in management costs. The ICB's business case no longer requires DHSC approval and the ICB has issued notice and has now made most of the redundancy payments. The additional cost in-year was £4,836k.
- As at month 12, all boroughs delivered final year-end financial positions in line with their agreed targets of breaking even.

4. Prescribing – Overview

- The month 12 prescribing position was based upon month 10 2024/25 data (as the information is provided two months in arrears) plus an estimate for February and March. **In month, the rate of overspend increased and all boroughs were adversely impacted despite the impact of the ongoing savings programme.** The ICB is reporting a PPA prescribing position of a **£7,093k overspend**. In addition, the non PPA budgets were underspent by **£1,860k** giving an **overall year-end overspend of £5,233k**.

M12 Prescribing	Total PMD (Excluding Cat M & NCSO)	Cat M & NCSO	Central Drugs	Flu Income	Independent Prescribing Pathfinder	Cat M Clawback	Total 24/25 PPA Spend	M12 YTD Budget	YTD Variance - (over)/under	Annual Budget
	£	£	£	£	£	£	£	£	£	£
BEXLEY	37,258,988	213,608	1,242,414	(310,420)	(7,059)		38,397,531	37,205,018	(1,192,513)	37,205,018
BROMLEY	49,802,163	348,397	1,659,388	(579,084)	(9,438)		51,221,426	50,804,582	(416,843)	50,804,582
GREENWICH	37,473,741	261,747	1,249,915	(192,302)	(7,159)		38,785,942	37,000,001	(1,785,941)	37,000,001
LAMBETH	41,274,852	376,237	1,377,244	(315,103)	(7,889)		42,705,341	42,588,181	(117,160)	42,588,181
LEWISHAM	42,298,204	479,009	1,418,683	(265,695)	(8,152)		43,922,049	41,913,282	(2,008,767)	41,913,282
SOUTHWARK	35,022,366	351,140	1,173,153	(347,223)	(6,718)		36,192,718	34,752,075	(1,440,643)	34,752,075
SOUTH EAST LONDON						251,464	251,464	120,000.00	(131,464)	120,000
Grand Total	243,130,314	2,030,137	8,120,797	(2,009,826)	(46,416)	251,464	251,476,471	244,383,140	(7,093,331)	244,383,139

- The table above shows that of the overspend, approximately **£2,030k** is related to Cat M and NCSO (no cheaper stock) pressures. An additional **£3,303k** relates to a local growth in prescribing.
- The growth has been identified as partly relating to NICE recommendations for new and existing drugs, which are mandatory for the NHS. Specifically, key elements of the growth relate to hormone replacement therapy, medicines for attention deficit hyperactivity disorder, melatonin (sleep disorder), antibiotics, catheters, wound care, and promethazine. The chapters which are the largest drivers of increased costs in 2024/25 are Infections, CVD, CNS, Respiratory and Endocrine which correlate with the key elements of growth highlighted above.
- There has also been a higher number of repeat prescriptions being issued which is impacting both activity and costs.
- The financial position is differential per borough and is in part determined by local demographics and prescribing patterns.

5. NHS Continuing Healthcare

- **As of Month 12**, the Continuing Healthcare (CHC) financial position reflects a **£3,376k overspend**, showing a **£970k deterioration** from the previous month, the drivers of which include updating the year end provision for retrospective claims, together with increased activity and costs. Cost pressures remain uneven across boroughs, with **Lewisham, Bromley, and Greenwich reporting overspends**, while the **other three boroughs** collectively show an **underspend of £2,060k**.
- **Lewisham (£4,028k overspend)** remains the largest contributor, primarily due to the full-year impact of late 2023 activity pressures (£1,445k), particularly among Learning Disability (LD) clients. Actions to address this include weekly meetings led by the Place Executive Lead to monitor savings plans and an ongoing client database review, which has improved the underlying monthly run rate during the year. However, at month 12 the costs increased due to additional clients being included in the database which totalled circa £396k.
- **Bromley (£837k overspend)** continues to face financial pressure due to expanded bed capacity, higher staff costs from new contracting arrangements, and settlements for retrospective cases, which are under review to assess why Bromley remains an outlier compared to other local boroughs.
- **Greenwich (£49k overspend)** has maintained the improved position, primarily due to database updates and regular client reviews by CHC teams, bringing the borough close to break-even. Additionally, all funds allocated for inflationary pressures have been released in year, further supporting financial improvement. Other boroughs have strengthened their financial positions through ongoing service and database reviews.
- **To address provider price increases**, an ICB panel has met during the year to review requests exceeding 1.8%, meeting weekly to maintain consistency across SE London and mitigate significant cost escalations. Boroughs initially budgeted for a 4% inflationary uplift, and reserves were released in Month 7 where agreements were below budget. At month 12, all reserves in respect of inflationary uplifts were released as agreements with almost all providers have now been reached and are included in the costs being reported in financial positions.
- **On savings initiatives**, all boroughs have made progress on CHC savings plans, with three exceeding their targets. However, rising activity levels and high-cost patients continue to exert financial pressure on the CHC budget.

6. Corporate Costs – Programme and Running Costs

Area	Annual Budget	Year to Date		
		Budget	Actual	Variance
	£	£	£	£
<u>Boroughs</u>				
Bexley	2,629,810	2,629,813	2,365,565	264,248
Bromley	3,314,269	3,314,270	2,872,299	441,971
Greenwich	3,221,499	3,221,498	3,066,907	154,591
Lambeth	3,737,440	3,737,439	3,441,721	295,718
Lewisham	2,930,436	2,930,436	2,778,067	152,369
Southwark	3,320,399	3,320,396	3,074,411	245,985
Subtotal	19,153,853	19,153,852	17,598,971	1,554,881
<u>Central</u>				
CESEL	461,544	461,543	442,545	18,998
Chief of Staff	3,141,259	3,141,260	2,924,270	216,991
Comms & Engagement	1,677,650	1,677,649	1,409,073	268,576
Digital	1,688,342	1,688,342	1,278,463	409,879
Digital - IM&T	3,163,430	3,163,428	3,006,594	156,834
Estates	649,177	649,176	847,329	(198,153)
Executive Team/GB	2,387,601	2,387,602	2,501,717	(114,115)
Finance	3,099,563	3,099,563	2,875,956	223,607
Staff at Risk Costs	0	-	4,836,276	(4,836,276)
London ICS Network	(1)	0	-	0
Medical Director - CCPL	1,604,413	1,604,413	1,551,843	52,570
Medical Director - ICS	271,387	271,386	227,746	43,640
Medicines Optimisation	4,353,888	4,353,886	3,656,521	697,365
Planning & Commissioning	8,402,233	8,554,230	7,552,479	1,001,751
Quality & Nursing	1,937,472	1,937,468	1,807,069	130,399
SEL Other	152,000	-	(258)	258
South East London	0	-	218,497	(218,497)
Subtotal	32,989,958	32,989,947	35,136,121	(2,146,173)
Grand Total	52,143,811	52,143,799	52,735,091	(591,292)

- The table shows the YTD month 12 position on programme and running cost corporate budgets.
- As described earlier in the report, the ICB is continuing to incur the pay costs for staff at risk following the consultation process to deliver the required 30% reduction in management costs.
- The process of issuing notices to at risk staff has largely been completed with most of redundancy payments now having been made. The delay has generated additional costs for the ICB both in respect of the ongoing cost (**circa £4,836k**) together with the impact upon the final redundancy payments, given longer employment periods etc. The monthly costs have seen a significant reduction since December. The actual redundancy costs are not included in this table as they have been charged against the provision made at the end of the last financial year.
- Overall, the ICB is reporting an overspend on its corporate costs of circa £591k**, a deterioration in-month, which is a result of vacant posts being recruited into and the final running cost/programme classification being enacted.
- As highlighted in earlier slides, the ICB **underspent (£4,158k)** against its annual **management (running) costs** allocation.

7. Cash Position

- The ICB's cash limit as at month 12 was **£4,844,574k** - with an **additional £50,756k** of allocations received in month, the majority of which were transferred to NHS provider partner organisations.
- As at month 12, the ICB had essentially drawn down **100.0%** of its available cash limit. Actual cash drawings were **£1,210k (0.02%)** under the cash limit which was mainly due to the late notification of an allocation plus the usual allowances needed for flexibility to manage the top sliced elements such as prescribing, dental, and community pharmacy. A supplementary cash drawdown was used in March so that final allocations could be paid to providers and to ensure the maximum cash utilisation.
- The cash key performance indicator (KPI) was achieved in each month during the year, showing continued successful management of the cash position by the ICB's Finance team. The actual closing cash balance at the end of Month 12 was **£834k**, well within the target set by NHSE (**£4,963k**).
- ICBs are expected to pay 95% of all creditors within 30 days of the receipt of invoices. The ICB had met the BPPC targets in full both each month and cumulatively at the end of the financial year.

ICB	2024/25 AP12 - MAR 25	2024/25 AP11 - FEB 25	2024/25 Month on month movement	Cash Drawdown	Monthly Main Draw down £000s	Supplementary Draw down £000s	Cumulative Draw down £000s	Proportion of ICB ACDR %	KPI - 1.25% or less of main drawdown £000s	Month end bank balance £000s	Percentage of cash balance to main draw
Annual Cash Drawdown Requirement for 2023/24	£000s	£000s	£000s								
ICB ACDR	4,844,574	4,793,818	50,756	Apr-24	340,000	0	340,000	8.30%	4,250	3,101	0.91%
Capital allocation	0	0	0	May-24	325,000	0	665,000	16.30%	4,063	237	0.07%
Less:				Jun-24	365,000	0	1,030,000	25.27%	4,563	3,114	0.85%
Cash drawn down	(4,461,086)	(3,998,000)	(463,086)	Jul-24	350,000	0	1,380,000	33.70%	4,375	2,608	0.75%
Prescription Pricing Authority	(279,773)	(257,273)	(22,500)	Aug-24	320,000	0	1,700,000	41.57%	4,000	661	0.21%
HOT	(2,287)	(2,085)	(202)	Sep-24	360,000	0	2,060,000	49.00%	4,500	3,744	1.04%
POD	(96,569)	(84,234)	(12,335)	Oct-24	347,000	106,000	2,513,000	58.10%	4,338	3,419	0.99%
Pay Award charges			0	Nov-24	355,000	0	2,868,000	65.90%	4,438	224	0.06%
PCSE POD charges adjustments	83	43	39	Dec-24	365,000	25,000	3,258,000	74.70%	4,563	3,286	0.90%
Pension Uplift	(3,731)	(3,731)	0	Jan-25	380,000	0	3,638,000	82.80%	4,750	3,036	0.80%
				Feb-25	360,000	0	3,998,000	90.60%	4,500	1,261	0.35%
				Mar-25	397,000	66,086	4,461,086	100.00%	4,963	834	0.21%
Remaining Cash limit	1,210	452,269	(447,328)		4,264,000	197,086					

8. Summary MHIS Position – Month 12 (March) 2024/25

Mental Health Spend By Category		Total Mental Health Plan 31/03/2025 Year Ending £'000	Mental Health - NHS Outturn 31/03/2025 Year Ending £'000	Mental Health - Non-NHS Outturn 31/03/2025 Year Ending £'000	Total Mental Health Outturn 31/03/2025 Year Ending £'000	Total Mental Health Outturn 31/03/2025 Year Ending £'000
	Category					
Children & Young People's Mental Health (excluding LD)	1	44,794	40,281	3,782	44,063	731
Children & Young People's Eating Disorders	2	2,841	2,841	0	2,841	0
Perinatal Mental Health (Community)	3	9,671	9,676	0	9,676	(5)
NHS Talking Therapies, for anxiety and depression	4	35,710	29,400	6,919	36,319	(609)
A and E and Ward Liaison mental health services (adult and older adult)	5	19,056	19,093	0	19,093	(37)
Early intervention in psychosis 'EIP' team (14 - 65yrs)	6	13,029	13,031	0	13,031	(2)
Adult community-based mental health crisis care (adult and older adult)	7	35,644	35,495	336	35,831	(187)
Ambulance response services	8	1,150	1,184	0	1,184	(34)
Community A – community services that are not bed-based / not placements	9a	120,942	109,784	10,229	120,013	929
Community B – supported housing services that fit in the community model, that are not delivered in hospitals	9b	25,758	14,576	10,416	24,992	766
Mental Health Placements in Hospitals	20	4,454	3,316	1,402	4,718	(264)
Mental Health Act	10	6,189	0	6,947	6,947	(758)
SMI Physical health checks	11	865	696	119	815	50
Suicide Prevention	12	0	0	0	0	0
Local NHS commissioned acute mental health and rehabilitation inpatient services (adult and older adult)	13	130,481	131,073	0	131,073	(592)
Adult and older adult acute mental health out of area placements	14	9,762	9,376	103	9,479	283
Sub-total MHIS (exc. CHC, prescribing, LD & dementia)		460,346	419,822	40,253	460,075	271
Mental health prescribing	16	9,190	0	11,132	11,132	(1,942)
Mental health in continuing care (CHC)	17	242	0	288	288	(46)
Sub-total - MHIS (inc CHC, Prescribing)		469,778	419,822	51,673	471,495	(1,717)
Learning Disability	18a	16,917	15,463	3,287	18,750	(1,833)
Autism	18b	3,837	2,917	49	2,966	871
Learning Disability & Autism - not separately identified	18c	48,399	4,832	48,216	53,048	(4,649)
Sub-total - LD&A (not included in MHIS)		69,153	23,212	51,552	74,764	(5,611)
Dementia	19	14,936	13,309	1,748	15,057	(121)
Sub-total - Dementia (not included in MHIS)		14,936	13,309	1,748	15,057	(121)
Total - Mental Health Services		553,867	456,343	104,973	561,316	(7,449)

Summary

- SEL ICB is required to deliver the Mental Health Investment Standard (MHIS) by increasing spend over 23/24 outturn by a **minimum of the growth uplift of 6.85% or £469,778k**. This spend is subject to annual independent review.
- MHIS excludes:
 - spending on LDA and Dementia (Non eligible).
 - out of scope areas such as ADHD and the physical health costs of CHC/S117 placements
 - spend on SDF and other non-recurrent allocations
- The ICB is reporting that it will deliver MHIS of **£471,495k** (£1,717k, 0.37% over delivery). This is attributable to prescribing spend exceeding the 2023/24 plan, additional spend on inpatient and mental health cost per case placements and increased spend over the original plan on an ICB external contract.
- For the continued pressure on S117 mental health and learning disability placements, mitigations include undertaking timely client reviews and developing new pathways.
- ADHD is excluded from MHIS, however there is increasing independent sector spend with approximately £4m in 2024/25. Reducing ADHD and ASD waits remains a priority for 2025/26, and we are working with local providers to review and transform care pathways.

One Bromley Local Care Partnership Board

DATE: Thursday 19 June 2025

Title	Bromley Primary Care Group: May 2025 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 2025 meeting of this group:</p> <p>a) Primary Care Sustainability Programme</p> <p>PCG was briefed on the establishment of a Bromley programme to oversee and coordinate the delivery of Primary Care sustainability, one of the five priorities of the One Bromley strategy. The programme has three core objectives. The first is to improve the inherent sustainability of primary care providers as a bedrock for change in our health and care system, undertaking assessment of operational and organisational resilience at practice and PCN level, followed by providing suitable implementation support in line with the providers’ needs. The second objective is to implement the Bromley strategic model for primary care, putting in place a model of high-quality primary care services and teams which reflects the growing and changing same day, acute, episodic, long-term care and universal needs of patients. The final objective is to develop at-scale leadership, culture and relationships, which will underpin the knowledge, understanding and ways of working for neighbourhood teams.</p> <p>PCG provided comments highlighting the widespread stakeholder engagement required to ensure this programme’s success and welcomed the briefing.</p> <p>b) Bromley Education & Training Hub: 24/25 year-end report and 25/26 plans</p> <p>Bromley Education & Training Hub (BETH) provided a report on the work undertaken by BETH to support the training needs of practices to maintain a qualified and effective workforce, support practices’ recruitment needs through a proactive pipeline of trainee and newly</p>

qualified staff as well as assist with retention of staff, through coaching, mentoring and career development programmes. The PCG learnt of strategic areas of work to develop a workforce and operational services fit for integrated neighbourhood working, including the assessment of needs, gaps and provision of organisational improvement support to enable well-functioning, efficient and effective providers of high-quality primary care services.

PCG welcomed the work of BETH to provide comprehensive operational and strategic development support to the primary care workforce and provider organisations.

c) Digital Change in Primary Care

The PCG was provided with a lessons learned report following the procurement and implementation of an online consultations system provider for general practice, led and funded through the SEL Digital Team. PCG gave feedback on further areas of improvement to be reflected in future primary care system changes, including to engage more comprehensively with GP clinical leaders and managers, to provide more lead-in time for engagement, user requirements gathering, training and implementation, and to work with borough teams, training hubs and local patient representatives through this process.

It was noted that practices and PCNs across SEL had very different needs from both a staff and patient perspective, and that a one-size fits all solution may not always be able to provide the desired service for all.

PCG was also advised that a SEL-wide procurement has been completed which will deploy Ardens Manager as a system for practice quality and care monitoring, a demand and capacity tool and as a medicines optimisation tool. This system is currently being implemented across all practices.

d) Healthwatch Q3 2024/25 report

PCG was provided with the Quarter 3 2024/25 report from Bromley Healthwatch and advised that the positive feedback received was broadly consistent across practices. This related mostly to staff attitudes and quality of treatment. Negative feedback related commonly to getting through on the telephone and booking appointments.

PCG asked whether the feedback could be broken down to ascertain whether particular patient cohorts are experiencing specific types of positive or negative experiences or any other correlations. PCG also requested whether Healthwatch could explore options to combine an element of qualitative analysis alongside the quantitative reports they

currently produce, in order to be able to take actions to improve following the reports.

e) G84027 & Y02811 Business Case (Combining Practice Patient Lists)

PCG received a report setting out the request from the contract holders of G84027 (Elm House Surgery) and Y02811 (Cator Medical Centre) to combine their practice lists. The practices have provided the ICB with a business case as part of their application, setting out the benefits for patients and the practices of combining the lists.

PCG was advised on the consultation conducted with key stakeholders, with patient representative groups and with patients directly in recent meetings led by the practices with support from the ICB's Communications lead. PCG was advised that the combining of lists under a single contract would have minimal change for patients and would significantly reduce the administrative burden on the GP partners currently responsible for two separate contracts.

PCG agreed that satisfactory assurance had been provided of the benefits, risks and mitigations in this proposal and considered the contractual advice on this decision.

PCG agreed the combining of the patient lists under Elm House Surgery was acceptable contractually and beneficial to patient access to primary care, and therefore endorsed the proposal. The ICB will work with the practices to combine the two patient lists under a single contract, aiming to be implemented with effect from 1 January 2026.

f) Special Allocation Service contract alignment

The Special Allocation Service was commissioned to provide general primary care services for SEL residents who have been excluded from their mainstream GP list, following any incident where a GP or member of staff has feared for their safety and the incident was reported to the police. The ICB is responsible for commissioning this service in order to ensure patients are not refused healthcare in such circumstances.

The SAS contract for SEL was originally commissioned by Bromley Clinical Commissioning Group (CCG), on behalf of the six CCGs in SEL. Following the merger of the CCGs and the subsequent transition into the ICB, the SAS service and patients have been associated with the Bromley patient list. The contract, however, is provided by a Lewisham provider and the contract management has been handled for some time by Lewisham's primary care team.

	<p>PCG was asked to endorse the intention to associate the patient list to Lewisham to simplify contract management and oversight. This intention has been supported by Lewisham's PCG and the other SEL borough heads of primary care. PCG gave support to the transfer within the ICB.</p> <p>g) Other matters</p> <p>PCG received copies of draft ICB policies for late claims and discretionary payments. No queries were raised and these will be enacted. PCG was also provided with a report on the 2024/25 funding released to practices and PCNs through the NHSE Transition & Transformation Fund and the national Capacity & Access Improvement programme respectively. PCG was provided with the minutes from the Bromley Medicines Implementation Group for information.</p>	
Recommended action for the Committee	<p>The Local Care Partnership Board is asked to note:</p> <ul style="list-style-type: none"> • The work undertaken by the Primary Care Group. • The contractual decision to approve the combining of patient lists for G84027 & Y02811 (Elm House and Cator Medical Centre). • The approval to transfer the practice list associated with the Special Allocation Service to Lewisham as the lead borough on behalf of the ICB. 	
Potential Conflicts of Interest	<p>Some members of the LCP and its sub-groups are providers of primary care services. On this occasion no members declared a potential conflict of interest relating to the discussions at the May 2025 Primary Care Group.</p>	
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.	

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

One Bromley Local Care Partnership Board

DATE: Thursday 19 June 2025

Title	Bromley Procurement & Contracts Group – March / April 2025 Update
This paper is for information	
Executive Summary	<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 15th April 2025.</p> <p><u>Contract Award</u></p> <ul style="list-style-type: none"> • Vasectomy, Headache & Talking Therapies – Direct Award C has been published for these services. All of them are now closed; no representations were made. A new contract will be issued for each service. • Hospice Contract – Direct Award A for St Christopher's Hospice has been published, and no representations have been made. A new contract will be issued. <p><u>Contract Extensions</u></p> <p>GP Enhanced Services – To inform on contract extension until 31st March 26 and revised specs.</p> <p><u>Contract Variations</u></p> <p>UTC Super March – Additional non-recurrent funding (£7k) for the month of March has been provided to the UTC service to look at patient flow through the urgent system and put in additional capacity.</p> <p>Anticoag – Anticoag contract has been uplifted by the CUF of the 2.15%.</p> <p><u>Procurements</u></p> <p>The following updates were noted: -</p> <ul style="list-style-type: none"> • Denosumab – Intention is to follow Most Suitable Provider route. Three providers have expressed an interest. Review process to take place under PSR regulations. <p><u>Other key areas of discussion to note</u></p> <p>Contracts Pipeline - Contracts due to expire between June 25 – July 26 - 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	
Clinical lead:	Dr Andrew Parson, Co-Chair One Bromley Local Care Partnership	
Executive sponsor:	Dr Angela Bhan, Place Executive Lead	

Appendix A	Service	Current End Date	Type	Status
	Community Phlebotomy	31/03/2020		Commissioners reviewing options
	Community Denosumab	30/03/2022		Intention to use Most Suitable Provider route
	Short term provision of beds and matrices (End of Life and Rehab)	31/03/2026	Active	Contract ending 31/03/2026 - commissioning reviewing options.
	Advocacy services	31/03/2026	Active	Contract ending 31/03/2026 - commissioning reviewing options.
	Cardiology Diagnostics	31/03/2026	Active	Service being reviewed by Commissioners - agreed to extend provision until 31/3/26
	Cardiac Diagnostics & Exercise on Referral Programme	30/09/2025	Active - Renewal in Progress	Service provision extended for a further 6 months whilst options reviewed
	Primary care enhanced services. Services: ADHD, DMARD, Phlebotomy, Gender Dysphoria, Gonadorelin, VMO, Safeguarding Adults and Children	31/03/2026	Active	Options to be reviewed in 2025
	BGPA Community Anticoagulation Service	31/05/2026	Active	Options to be reviewed in 2025

One Bromley Local Care Partnership Board

DATE: Thursday 19 June 2025

Title	One Bromley Performance, Quality and Safeguarding Group: June 2025 Report
This paper is for information	
Executive Summary	<p>April Meeting Update</p> <p><u>Bromley Integrated Community Equipment Service Update</u></p> <p>The meeting of the One Bromley Performance, Quality and Safeguarding Group held on the 10 April focussed on an in-depth update and discussion of the Bromley Integrated Community Equipment Service.</p> <p>Service performance has improved significantly, with KPIs for the contract being met. Delivery of equipment within required timeframes is at 95%.</p> <p>There is however a continued financial challenge, with overspend possible</p> <p>An action plan has been created and presented at the Joint Commissioning Board.</p> <p>The following key actions were noted:</p> <ul style="list-style-type: none">• Changing prescriber behaviour to ensure value for money – This includes working with the hospital discharge team to make sure that checklists are undertaken before prescribing certain items.• Audit of authorisations to be undertaken across all teams. <p>The items of equipment generating the highest spend are beds, chairs, pressure care mattresses, hoists and steadies.</p> <p>Key issues affecting Bromley included:</p> <ul style="list-style-type: none">• Suitable alternative equipment• Infection control and decontamination of equipment• Recycling of equipment <p>These issues are being addressed through weekly meetings with the provider, who are clear on suitable alternatives should stock for a specific item become unavailable. All items are deep cleaned at the central and local depots.</p>

There was discussion of governance processes, and it was confirmed that guidance was being drafted by the Occupational Therapy Lead and other colleagues. Once approved, this would be shared with all organisations using the service.

Further updates on performance would come back to this meeting later in the year.

PSIRF – SEL ICB Update

The Patient Safety Strategy for primary care was launched earlier in the year for rollout across all of general practice and community providers. It is based on secondary care and NHSE has drafted a strategy which includes onboarding primary care providers onto the Learning From Patient Safety Event (LFPSE) system so they can report incidents and change the methodology of how they will look at incidents, complaints and concerns, bringing this into the Patient Safety Incident Response Framework (PSIRF) model. This would look at themes, system issues and learning.

Assisting in the rollout, the Health Innovation Network (HIN) undertook a pilot across the South East to include GPs and look at how this would work in practice.

Following this it had been confirmed that further consideration was needed regarding how to implement this system across primary care, as the secondary care approach would not be suitable for these services. Further updates on progress would follow.

SEL System Quality Exception Report - Bromley

An exception report had been shared, with a more detailed update to come to the next meeting, aligning with the reporting cycle. Colleagues from the quality team had been working closely with the contracts team to look at the quality schedule for the Bromley Mental Health and Wellbeing Hub. Learnings from previous quality alerts were noted, along with an update on pregnancy services.

One Bromley Performance Report

The latest performance reports were circulated and noted. There was an action from the last meeting around IAPT. Bromley Healthcare are looking into the figures reported, as this is a new performance metric.

Risk Register

The report reflected the year end position in relation to risk. The GP Collective action risk had been closed. Colleagues will be reviewing and updating risks for this financial year.

June Meeting Update

One Bromley Performance Report

The meeting took place on Thursday 5th June with a focus on SMI Health Check Performance in Bromley. A detailed discussion took place. Performance against this metric is challenging across London. The key risks, challenges and dependencies were noted. Suggestions for longer term strategy and solutions to issues were noted and a proposed initial roadmap to delivery presented. General support was given from the meeting to begin work on progressing the SMI Health Checks approach for this year.

SEL System Quality Report – Bromley

Topics included the following:

Rollout of the Patient Safety Strategy in Primary Care - Following the completion of a pilot project by the Health Innovation Network (HIN). Practices had been invited to take part in the second phase. Two practices and two PCNs in Bromley had signed up.

Quality Alerts – Key themes for the last quarter were noted, these were:

1. Appointment/Referral Issues
2. Transfer of Care Issues
3. Discharge Issues
4. Poor Communication
5. Diagnostics

Patient Safety Incident Investigations - These form part of the Patient Safety Incident Response Framework and Strategy. Since October 2024, the number reported has steadily reduced as providers consider the proportionate response to incidents to ensure learning which includes consideration of different patient safety responses i.e. swarm huddles, after-action reviews and MDT reviews.

Other topics included:

- Bromley Quarter 4 CQC Outcomes
- SEL IB Quality Updates and Learning
- Quality Impact Assessments

Bromley Risk Register

The risk register was noted, with a comparative review undertaken across SEL boroughs by the Assurance team.

	Two risks had been closed, with new risks in the process of being added for the following areas: <ul style="list-style-type: none">• Finance• Integrated Neighbourhood Team Delivery• ICB Change Programme – Bromley specific risk(s) to be considered• Uptake of physical health checks for people with SMI• Vaccinations• IAPT Further updates would follow at the next PQS meeting, scheduled for Thursday 14 th August.	
Recommended action for the Committee	The One Bromley LCPB are asked to note this update.	
Potential Conflicts of Interest	None	
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
Wider support for this proposal	Public Engagement	Not applicable
	Other Committee Discussion/ Internal Engagement	Not applicable
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Appendix 1: Glossary of Terms

Acronyms and abbreviations	Term	Acronyms and abbreviations	Term
ACSC	Ambulatory Care Sensitive Conditions	JFP	Joint Forward Plan
ACP	Advance Care Plan	KPI	Key Performance Indicator
AHP	Allied Health Professional	KCH	Kings College Hospital
AHSN	Academic Health Science Network	LAS	London Ambulance Service
ASD	Autism Spectrum Disorder	LBB	London Borough of Bromley
AT	Assisted Technology	LCP	Local Care Partnership
AWOL	Absent Without Leave	LD	Learning Disability
BCF	Better Care Fund	LDAHC	Learning Disability Annual Health Check
B-CHIP	Bromley Children's Health Integrated Partnership	LGT	Lewisham & Greenwich (NHS) Trust
BGPA	Bromley General Practice Alliance	LMC	Local Medical Committees
BLG	Bromley, Lewisham and Greenwich (Mind)	LPC	Local Pharmaceutical Committee
BCP	Bromleag Care Practice	MDI	Metered Dose Inhalers
BSAB	Bromley Safeguarding Adults Board	MDT	Multi-Disciplinary Team
BTSE	Bromley Third Sector Enterprise	MASCC	Multinational Association of Supportive Care in Cancer
CAB	Citizens Advice Bromley	MHFA	Mental Health First Aiders
CAMHS	Child & Adolescent Mental Health Service	MHP	Mental Health Practitioners
CAS	Clinical Assessment Service	MRI	Magnetic Resonance Imaging
CC	Continuing Care	NCSO	No Cheaper Stock Obtainable
CCG	Clinical Commissioning Group	NICU	Neonatal Intensive Care Unit
CHC	Continuing Healthcare	NIHR	National Institute for Health and Care Research
CKD	Chronic Kidney Disease	NWCSP	National Wound Care Strategy Programme
COPD	Chronic Obstructive Pulmonary Disease	PEoLC	Palliative and End of Life Care
CPAG	Clinical & Professional Advisory Group	PPG	Patient Participant Group
CRM	Customer Relationship Management (system)	PREMS	Patient Reported Outcomes and Experiences Study
CYP	Children and Young Persons	PROFAIL	Patient Reported Outcomes for Frailty
DASS	Director of Adult Social Services	PROMS	Patient Reported Outcome Measures
DAWBA	Development and Well-Being Assessment	PCC	Palliative Care Congress
DES	Direct Enhanced Service	PCG	Primary Care Group (Bromley)
DM01	Diagnostics Waiting Times and Activity	PCN	Primary Care Network
DNA	Did Not Attend	PIP	Personal Independent Payment

Appendix 1: Glossary of Terms

DSPT	Data Security & Protection Toolkit	PPA	Prescription Pricing Authority
DSCR	Digital Social Care Record	PR	Pulmonary Rehabilitation
DTA/D2A	Discharge To Assess	PRUH	Princess Royal University Hospital
EAPC	European Association for Palliative Care	PSIS	Primary and Secondary Intervention Service
ECH	Extra Care Housing	QOF	Quality and Outcomes framework
ED	Emergency Department	RCN	Royal College of Nursing
EHCP	Education, Health and Care Plan	ROP	Referrals Optimisation Programme
ENT	Ear, Nose and Throat	RCPCH	Royal College of Paediatrics and Child Health
FFT	Friends and Family Test	SEL	South East London
FY	Financial Year	SELDOC	South East London Out of Hours Doctors Service
GP	General Practice	SCIE	Social Care Institute for Excellence
GSTT	Guys and St Thomas' Hospital	SDEC	Same Day Emergency Care
H1	Half 1 (first 6 months of the financial year, April - September)	SLAM	South London and Maudsley
H2	Half 2 (last 6 months of the financial year, October - March)	SPA	Single Point of Access
H@H	Hospital at Home	UCP	Universal Care Plan
HDU	High Dependency Unit	UTC	Urgent Treatment Centre
HIN	Health Improvement Network	VCS	Voluntary Community Sector
HWBC	Health & Wellbeing Centre	VCSE	Voluntary, Community & Social Enterprise
iESE	Improvement and Efficiency Social Enterprise	WCP	Winter Clinical Pathway
IAPT	Improving Access to Psychological Therapies (Programme)		
ICB	Integrated Care Board		
ICP	Integrated Care Partnership		
ICS	Integrated Care System		
ILAG	Information, Advice and Guidance		
INT	Integrated Neighbourhood Team		
IPOS	Integrated Palliative Care Outcome Scale		
IPU	Inpatient Unit		
IF	Innovation Fund		
IIF	Investment and Impact Fund		
INR	International Normalised Ratio (INR) blood test		
ITT	Invitation to Tender		
IUEC	Integrated Urgent and Emergency Care		