

One Bromley Local Care Partnership Board

Date: Thursday 25 September 2025

Time: 9.30am – 11.30am

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

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 31 July 2025 For approval	Enc. 2	Chairmen	09:37
5.	Actions for the Board For approval	Enc. 3	Chairmen	09:42
6.	Homeless Service Update For information and noting	Verbal	Dr Hasib Ur-Rub David Ede Michael Cast	9.45
For Approval				
7.	Updates to the Bromley NHS Act 2006 s.75 Agreement for 2025-26 For approval	Enc. 4	Sean Rafferty Kelly Sylvester	10.05
For Information and Noting				
8.	One Bromley Winter Plan 2025-26 For information and noting	Enc. 5	Jodie Adkin	10:15

9.	Care Home Programme Successes For information and noting	Enc. 6	Sara Quirke	10:35
10.	Partnership Report For information and noting	Enc. 7	Dr Angela Bhan	10:55
11.	Finance Month 4 Update For information and noting	Enc. 8	David Harris	11:05
Reports from Key Sub-Committees for Noting				
12.	Primary Care Group Report For information and noting	Enc. 9	Harvey Guntrip	11:15
13.	Procurement and Contracts Group Report For information and noting	Enc. 10	Sean Rafferty	11:18
14.	Performance, Quality and Safeguarding Group For information and noting	Enc. 11	Harvey Guntrip	11:21
Closing Business				
15.	Any Other Business	Verbal	All	11:25
Appendices				
16.	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 27 November 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 September 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	01/07/2022	

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

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

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

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 September 2025**

			Indirect Interest	Former spouse is employee of Bromley Y which provides tier 2 CAMHS in Bromley.	01/07/2022	
Angela Helleur	King's College Hospital NHS Foundation Trust	Chief Delivery Officer	Financial Interest	Works as an expert witness in midwifery claims – legacy cases only	01/08/2024	
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			

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

Dr Nada Lemic	London Borough of Bromley	Director of Public Health	No interests declared			
David Walker	Bromley Third Sector Enterprise	Chief Executive Officer	Indirect Interest	Wife is Business Manager of a medical software company that supplies PROMs to NHS.	03/01/2023	
			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			
Harvey Guntrip	South East London ICB	Lay Member for Bromley	No interests declared			
Dr Ruth Tinson	Bromley LMC	Chair	No interests declared			
Dr Hannah Josty	Bromley LMC	Vice Chair	No interests declared			

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

Christine Harris	South East London ICB	PA/ Business Support- Bromley	No interests declared			
Gemma Alborough	South East London ICB	Business Support Lead – Bromley	No interests declared			
Dr Claire Riley	Orpington PCN	Orpington PCN Clinical Director, 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	

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

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	
Steve Smith	Chief Executive	St Christopher's Hospice	No interests declared			

One Bromley Local Care Partnership Board
Minutes of the meeting on 31 July 2025
Held in The Council Chamber,
Bromley Civic Centre

Present:

Name	Title and organisation	[Initials]
Members (Voting):		
Dr Andrew Parson	One Bromley Senior Clinical Director (Co-Chairman), South East London ICB	AP
Cllr Colin Smith	Leader of the Council (Co-Chairman), London Borough of Bromley	CS
Fiona Christie	Executive Chief Nurse, Bromley Healthcare	FC
Dr Angela Bhan	Place Executive Lead – Bromley, NHS South East London	AB
Iain Dimond	Chief Operating Officer, Oxleas NHS Foundation Trust	ID
Donna Glover	Director of Adult Social Services, London Borough of Bromley	DG
Harvey Guntrip	Bromley Borough Lay Member, NHS South East London	HG
Angela Helleur	Chief Delivery Officer, King's College Hospital NHS Foundation Trust	AH
Dr Nada Lemic	Director of Public Health, London Borough of Bromley	NL
Dr Claire Riley	Clinical Director, Orpington Primary Care Network and One Bromley PCN Clinical Lead Strategy, Interface and Neighbourhoods	CR
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
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, NHS South East London	GA
Charlotte Bradford	Operations Coordinator, Healthwatch Bromley	CB
Christine Harris	PA/Business Support – Bromley, NHS South East London	CH
James Postgate (Part)	Associate Director, Integrated Commissioning, London Borough of Bromley and NHS South East London	JPo
Victoria Purser (Part)	Head of Service for Complex and Long-Term Commissioning, London Borough of Bromley	VP
Observing		
Elizabeth Howe (Part)	Corporate Governance Lead, NHS South East London	EH
Apologies		
David Harris	Associate Director of Finance, NHS South East London	DH
Dr Bridget Hopkins	Clinical Director, Five Elms PCN and One Bromley PCN Clinical Lead Strategy, Interface and Neighbourhoods	BH
Helen Norris	Chair, Healthwatch Bromley	HN
Jacqui Scott	Chief Executive Officer, Bromley Healthcare	JS

		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 meeting.	
1.2	Apologies for absence were noted as recorded above.	
2.	Declarations of Interest	
2.1	The declarations of interest register was noted; there were no additional declarations made in relation to items on the agenda.	
3.	Public Questions	
3.1	<p>Two public questions had been received:</p> <p><i>What are the greatest health inequalities facing BAME communities in the borough at present?</i></p> <p>Response:</p> <p>This is a complex issue as the information we have is based on different datasets/indicators that report health inequality by geography and deprivation, but not always by ethnic group.</p> <p>The key areas that can be identified from the data we have for Bromley are as follows:</p> <p>1. Hypertension</p> <p>Hypertension is the most prevalent of the cardiovascular diseases and a detailed analysis of Bromley's hypertension data in August 2024 revealed that hypertension is more prevalent in younger age groups in Asian and African Black communities, as compared with White communities and is also less well controlled.</p> <p>There are various programmes in place to address CVD risks, such as NHS Health Checks provided by Bromley GP practices and the Vital 5 Checks at the One Bromley Wellbeing Hub and in some community pharmacies.</p> <p>The audit of NHS Health Checks did not identify any inequalities in terms of access to this service.</p> <p>2. Diabetes</p> <p>Black and Asian population have higher prevalence of diabetes than white population.</p> <p>Diabetes in pregnancy (Gestational diabetes) is high blood sugar (glucose) that develops during pregnancy and usually disappears after giving birth. Asian women are more likely to experience gestational diabetes than the whole population of pregnant women booking for antenatal care at the PRUH.</p> <p>3. Covid Vaccination</p> <p>Another area where health inequalities have been identified is in Covid vaccination uptake. Studies and data from various sources, including the UK government's Race Disparity Unit, have shown that some ethnic minorities</p>	

experienced higher infection and mortality rates during the pandemic. This disparity is likely due to a combination of factors, including socioeconomic inequalities, pre-existing health conditions, and increased exposure to the virus due to occupational and living circumstances. It is therefore, particularly important that vaccination uptake is high in these groups. However, local and national data have highlighted low uptake in those of Black Caribbean and Black African ethnicity.

In Bromley work has continued since the introduction of the vaccination to understand vaccine hesitancy and promote opportunities for vaccination in these communities, with healthcare staff being trained in improving vaccine conversation techniques.

4. Joint Strategic Needs Assessment (JSNA) Data

The Bromley Joint Strategic Needs Assessment is an important source of information on health inequalities. Summarising the information from different chapters of the JSNA reveals the following in relation to ethnicity:

- The number of new STIs in Black ethnic minority groups are growing at a faster rate than others, in particular Black Africans. This is of special importance in sexual health services because of the high proportion of newly diagnosed HIV infections occurring in this group, of whom 41% are diagnosed late.
- Children from Black and Asian groups and those from more deprived neighbourhoods have higher levels of obesity.
- White and Black Caribbean ethnic groups are overrepresented within Bromley Drug and Alcohol Service, but some groups are underrepresented (i.e., Indian).

Moving forwards, the neighbourhood health service will further support the mitigation of health inequalities in Bromley. This work is outlined in the *One Bromley Local Care Partnership Strategy* and the recent *Fit for the Future: 10-Year Health Plan for England*.

There is evidence that hospital waiting lists are increasing, especially for elective care.

Given that many people have private health care insurance and that low income people can't afford this, what is being done to reduce waiting lists?

Response:

Thank you for your question. Reducing NHS waiting lists for elective care is a top priority both nationally and here in South East London. We fully understand the anxiety and frustration that long waits can cause, and we want to reassure you that this issue is being addressed with urgency and sustained focus.

Across our system there are a wide range of measures in place to reduce waiting times, improve access, and ensure care is delivered fairly to all patients. These include:

- Running additional clinics, diagnostics and operations, including during evenings and weekends.

	<ul style="list-style-type: none"> Improving referral pathways, including: <ul style="list-style-type: none"> Advice and Guidance, where GPs can get direct input from specialists and potentially avoiding the need to refer a patient for a hospital appointment. Referral triage and straight-to-test pathways, allowing patients to go directly for diagnostic tests without unnecessary delays and be seen in the right place first time. Transforming outpatient care, including greater use of virtual appointments and more efficient follow-up systems, so that face-to-face appointments are prioritised for those who need them most. Partnering with independent sector providers to deliver NHS-funded care, free at the point of use, to increase capacity and speed up access. Establishing surgical hubs to focus on high-volume, low-complexity procedures, helping us treat more people faster. Expanding Community Diagnostic Centres, making it easier and quicker for people to access tests and investigations closer to home. Validating waiting lists, so we can confirm whether patients still need or want treatment, which helps ensure that waiting lists are accurate and that capacity is used efficiently. <p>All of this work is underpinned by our commitment to treating patients in order of clinical need and to reducing health inequalities wherever they exist.</p> <p>We're already seeing progress in reducing the number of people waiting the longest, including an 84% decrease in the number of patients waiting over 52 weeks, and the volume of patients currently waiting over 18weeks has fallen by 23% on the same period in 2024. But we know there is much more to do, and reducing waiting times remains one of the NHS's highest priorities — nationally and locally.</p>	
4.	Minutes of the One Bromley Local Care Partnership Board Meeting 19 June 2025	
4.1	The minutes were APPROVED as an accurate record of the meeting.	
5.	Actions for the Board	
5.1	The action log was reviewed; all actions were complete.	
5.2	The Board NOTED the action log.	
6.	Bromley Learning Disabilities Strategy (2025-30)	
6.1	Victoria Purser presented the Bromley Learning Disabilities Strategy which had been co-produced with people with learning disabilities living in Bromley. This sets out plans for the next five years, co-production groups are working to develop twelve-month action plans and longer-term ambitions for the theme areas outlined in the strategy. Comments and questions were welcomed.	
6.2	<p>In considering the item, Board members had the following comments:</p> <ul style="list-style-type: none"> Dr Parson noted that this item had been to other committees, so a short summary had been given. 	

	<ul style="list-style-type: none"> • Harvey Guntrip had been involved in work experience and long term employment for adults with learning disability, there is often an issue with the length and amount of support available for employers to enable these kinds of jobs. It was asked what could be done to support employers to offer job opportunities. • Victoria Purser noted that there is a theme around work and long term learning and volunteering in the strategy. This also links into the Connector Work Programme, which will focus on supporting people with learning disabilities into employment along with those employing them. It was important to ensure support continued in these placements and beyond. • Sean Rafferty noted that there has been an employment service in place within Bromley for a number of years, provided by Mencap. Around twenty people with learning disabilities are supported each year. From next year the council will be establishing a new service called Connect to Work which will pick up a range of programmes for adults with learning disabilities. It was hoped that more people could be supported through that workstream. • Dr Hasib Ur- Rub asked about engagement with homeless people with learning disabilities. This can often be a factor in this cohort becoming homeless. It was asked how we might bring them into our communities, improve their health, and give them hope. • Victoria Purser thanked Dr Ur-Rub for the insight and noted that the team are lacking some data on this cohort, making engagement difficult. The work undertaken with Bromley Together and with the Ideas Alliance had helped to fill in some of those gaps. The intention is to identify a broader cohort for coproduction groups including those from harder to reach people. • Dr Ur-Rub offered to speak with Victoria Purser about this, to help identify some data and information to share. This is a small but important group of people who are becoming increasingly marginalised. • Dr Parson noted that there is a learning disabilities tool to identify and register patients. It was asked if this is used within the Homeless Service. • Dr Ur-Rub responded that it is, but that the data is not held on that system. When the person goes back to their practice it is dependent on their GP noting that they have a learning disability on their health record. • Iain Dimond noted that there is a lot in the strategy around what can be done outside of hospital to prevent early deaths in this patient cohort. It was asked if there had been any consideration of how to support colleagues in an acute setting to engage with people with a learning disability. Oxleas is a specialist learning disability health provider and Iain Dimond made the offer to work together to help to improve this within Bromley. • Victoria Purser noted that there is a patient passporting scheme to make sure information is available for people providing care. These suggestions had been noted and would be sent to the relevant leads. • Paulette Coogan noted that it may be helpful to come to the One Bromley Workforce Group, which has representation from health and care employer HR leads as a way of gaining support for this work. The One Bromley Cadet Programme also offers an opportunity to set up placements for young people. • Dr Parson gave thanks for the presentation and all the hard work on the strategy. 	
6.3	<p>Per the recommendations of the paper, the Board:</p> <ul style="list-style-type: none"> • AGREED and SUPPORTED the Learning Disabilities Strategy 2025-30. • SUPPORTED the development of an action plan to deliver the strategy over the next five years. 	

7.	Bromley Mental Health and Wellbeing Strategy (2025-30)	
7.1	James Postgate presented the strategy, noting that this had been shared at several other meetings and committees including for agreement by the council's Executive Committee. This is a new five-year strategy which builds on what we had before and is for all ages, with a focus on the transition between child and adult services. If approved, an action plan would be finalised and enacted to take this forward.	
7.2	<p>In considering the item, Board members had the following comments and questions:</p> <ul style="list-style-type: none"> • Dr Claire Riley noted it was positive to see the focus on mental health for patients. It was asked what involvement schools have in creating more joined up care for children between social care, education, and health services. Sometimes a patient may go to school in a different area to where their care is provided, so it was important to create links. • James Postgate responded that every Bromley school has a representative on the Bromley Mental Health Network. Mental health support teams are also in all schools and a workstream is underway to better join up services and schools following some safeguarding work. The query around locating children who are out of borough but utilising our services would need to be taken forward. • Harvey Guntrip noted that there are a number of children in the grammar school sector who suffer from early onset mental health issues. • Angela Helleur asked about the close link between mental and physical health and how the acute sector can better work with colleagues to address these challenges. • James Postgate replied that it is helpful that the A&E Delivery Board included adult and child mental health as one of their priorities. An update on this strategy would be brought to that meeting in September. SMI Health Checks are also a key part of this work. • David Walker was pleased to see the recognition of carers within the strategy. Bromley Well has a number of services which support people with mental ill health. There is also a mental health carers service provided by SEL Mind. A lot of carers are supporting siblings or parents, the importance of aiding young carers as they become adults was also important. • James Postgate noted that there is some work to be done around transitions and that this would include carers. The team had met with young carers who had raised concerns about how things may change for themselves and their families after they became an adult. • Dr Ur-Rub asked if there was more that could be done to better link the Learning Disabilities and Mental Health and Wellbeing Strategies. There are patients who have both learning disabilities and mental ill health and connecting up care can be difficult. • James Postgate replied that the two strategies were written in parallel with a needs assessment undertaken in tandem. We also have a dynamic support register and home treatment reviews which help to identify this patient cohort. • Iain Dimond highlighted that Oxleas provides specialist mental health services for people with learning disabilities, with a strict referral criteria. The issue over the years has been how you create the circumstances in general secondary mental health services to understand their role in providing mental health care to this patient cohort. If there are examples where we are not getting that interface right, it was asked that colleagues raise this with Oxleas. 	

	<ul style="list-style-type: none"> Dr Parson noted that those with a learning disability and mental ill health are often disproportionately affected by physical ill health. Thanks were given for the hard work on the strategy. 	
7.3	<p>Per the recommendations of the paper, the Board:</p> <ul style="list-style-type: none"> APPROVED the Bromley Mental Health and Wellbeing Strategy - 2025-30. 	
8.	One Bromley Partnership Integrator Proposal	
8.1	<p>Dr Angela Bhan introduced the item, noting that this was discussed at the last confidential Part 2 meeting. The development of neighbourhoods is part of a national direction within the ten-year plan to improve health within the United Kingdom. One of the required elements is to work as a partnership, something which Bromley has done for many years, having delivered a number of excellent services and improvements for the health and wellbeing of residents. We are now looking at a set of arrangements where we are splitting the ICB into two parts, one being a strategic commissioning function and the other part supporting the partnership of providers to deliver improved care and services to our population. This paper takes this work forward in development of the Integrated Neighbourhood Team approach and introduces some thoughts on how the governance might shift slightly to enable this, to include the role of the Integrator and Integrator Host.</p> <p>Mark Cheung highlighted a few key points, with the following noted:</p> <ul style="list-style-type: none"> The Integrator role is set out in 'The Target Operating Model for Neighbourhood Services in London.' The Integrator will sit at Place and enable the development of the local neighbourhood health service and integrated neighbourhood teams. The Integrator will host the identified integration functions required to enable primary, community, mental health, acute, specialist, local authority, VCFSE and other partners to work together effectively at neighbourhood level. The Integrator will be vital to ensuring the effective delivery of INTs working within place partnerships, operating at a level of scale to allow sufficient organisational resources, capacity, and capabilities to be available across all associated neighbourhood teams, whilst drawing on the local knowledge, experience and relationships from local professionals and communities. It may be a single or collaborative arrangements amongst local partners and must maintain clear accountability to the place partnership. In Bromley it is proposed that we continue to develop what we have at the moment and that the One Bromley Partnership becomes the Integrator. The One Bromley Partnership will form an Integrator Board established as a Neighbourhood Provider Collaborative, made up of the provider partners of One Bromley. The focus of this will be delivery of integrated neighbourhood care. It is also proposed that King's College Hospital NHS Foundation Trust support the One Bromley Partnership as the Integrator Host. There is a requirement to have sufficient scale and maturity within the Integrator Host organisation. From discussion held here and at the One Bromley Executive, King's are felt to be the most suited partner to undertake this role. <p>Updated proposed Bromley Place governance structure details were shared onscreen. This would include:</p>	

	<ul style="list-style-type: none"> • One Bromley Local Care Partnership Board – Setting the Bromley strategic objectives and agreeing strategic commissioning. Will hold the Integrator Board to account for delivery. • Integrator Board – A neighbourhood provider collaborative responsible for delivery of the One Bromley strategic objectives and implementing neighbourhood care delivery. Accountable to the One Bromley Local Care partnership for delivery and for decisions to resolve issues. • Integrator Host – Will support the Partnership Integrator Board to deliver its objectives and neighbourhood care. Will host programmes of work, staff, and support services for the integrator. This will be accountable to the Integrator Board for delivery. <p>The functions of the Integrator were clear and specific including:</p> <ul style="list-style-type: none"> • Strategic commissioners to review population health management data and commission the Bromley Integrator to deliver improved outcomes within resources available. • Will take the lead in redesigning care pathways to refocus on prevention and coordination of care. • Leadership to bring providers together to understand their population and design new services. • Requires a series of enablers to put these into action. <p>The functions of the Integrator Host were also clearly delineated as noted:</p> <ul style="list-style-type: none"> • To support the Integrator, working with all partners to deliver the work programmes and infrastructure to support neighbourhood care. • To host functions, resources and provide infrastructure support, working with and drawing in support from partners. • Accountable to the Integrator and will be required to report in a transparent manner on the use of resources and delivery of outcomes. <p>The initial priorities set out in the local strategy and aligned with the national programme were noted as per the slide pack, to include initial focus populations, Bromley INT intervention models and localisation in each INT. Development of the long-term conditions model is underway.</p> <p>Dr Bhan noted that it was not proposed that any organisation changes its governance arrangements and that there would not be a transfer of resource between organisations unless agreed. The resources which Dr Bhan is responsible for will continue to come down to Bromley through the ICB and these responsibilities will still be discharged through this committee. There may be a further dialogue about the membership of this meeting, however it is hoped that a partnership structure can be retained within this. Further development of governance will take place in collaboration with partners.</p>	
8.2	<p>In considering the item, Board members had the following comments and questions:</p> <ul style="list-style-type: none"> • Dr Parson gave thanks for the detailed information provided, noting that this is for agreement to go to the South East London ICB Chief Executive Officer and Chair and on to the SEL ICB Board for approval. The membership of the Partnership included the same partner members as the One Bromley Executive. • Councillor Colin Smith was uncomfortable with the proposal and objected to change for change's sake, but would not block the approach. Councillor Smith would be watching this work closely to ensure transparency, particularly around resources and their use. 	

- Dr Bhan noted that some discussion had taken place outside this meeting and that it was important to be aware of the anxieties expressed and confirmed that the overview and oversight of what happens next is important. The Integrator will likely not exist in the longer term as services evolve and develop. There is a lot of strength in what we have undertaken jointly already in Bromley. Dr Bhan was keen for the system to use the policy direction and guidance from the ten year plan to further develop things for Bromley in the right way. The ongoing oversight of this committee (the Local Care Partnership Board) would be essential and would also provide direction. The monies linked with establishing this approach would help support development of infrastructure and delivery of further services to support health and wellbeing. Dr Bhan accepted and recognised the reservations and concerns expressed but noted the importance of moving forward to make this the best of the changes proposed for Bromley.
- Dr Parson asked if there is a plan around governance approaches yet.
- Dr Bhan suggested that the next four to six weeks be spent in starting to develop governance arrangements as a partnership, under Mark Cheung's leadership, ensuring we continue to share progress this with senior members of this committee.
- Mark Cheung noted that next steps would include developing a Memorandum of Understanding; to set out what governance would look like across One Bromley. The paper circulated also set out the underlying principles including parity of voice and transparency of reporting outcomes and use of resource.
- Dr Claire Riley noted that transparency, governance, and accountability would be very important. The relationship between the Integrator Board and the One Bromley Local Care Partnership Board was queried, at the moment they are almost the same thing, it was asked how we ensure challenge and accountability.
- Dr Parson noted that we are seeing a split of the system into a strategic commissioning organisation, partnering with a collaborative of providers.
- Dr Bhan responded that all organisations have their own accountabilities and that her accountability would not change in near future, and neither would there be changes within other organisations. This board will continue to have oversight of this work, set direction and support delivery of services. It will not be possible or practical for all services to be delivered through neighbourhoods, some services will need to be organised differently.
- Harvey Guntrip noted that we have one pot of NHS money and asked where any issues or arbitration could take place were there any queries over monies.
- Dr Bhan was not sure this approach would be able to sort out everything. The new arrangements could support arbitration, but it was also important to resolve issues at an early stage. Due to independent governance arrangements in each organisation, we must work as a partnership. Joint working will be central to this.
- Dr Ruth Tinson wondered where the Local Medical Committee would sit within the new governance structure and how this would be included in the integrator role.
- Dr Bhan responded that we will also need to think about how we bring local dental and ophthalmic services into this. The LMC have a non-voting role on this committee, and it was understood that the Bromley GP Alliance, Bromley PCNs, and the LMC were exploring forming a sub alliance of primary care. This would give a stronger voice to general practice and help to shape services for our population.

- Dr Parson noted that the Local Pharmaceutical Committee have a slightly different role as a commercial provider organisations. There are many individual contract holders in primary care who may look to the LMC for advice and direction. There is a lot of work underway on engaging with primary care which would strengthen any future partnership.
- Dr Tinson clarified she was not equating the LPC with the LMC.
- Dr Hasib Ur-Rub was keen for there to be a unified voice for general practice, felt important that the LMC remain connected. Dr Ur-Rub gave thanks to Dr Bhan, for the comment that not everything can and should be delivered in neighbourhoods as it is not appropriate for everything. We do not want to remove the good that already exists within the system or decrease the equality or standard of care. Whilst there are clear benefits to working in neighbourhoods, there are also disadvantages, and we must take a pragmatic approach. There is importance in making sure that every resident in Bromley has access to the same level of care moving forward.
- David Walker echoed Dr Ur-Rub's point about being pragmatic and appreciated the fact of all voices having an equal say within this new body. Governance is extremely important, but the focus has to be on what we are trying to achieve. A lot of what is delivered is not pure healthcare, we have to be mindful that other voices including the third sector are heard. The structures and governance are a way of us delivering for our residents.
- Dr Parson was impressed by the passion and defence of our partnership, which highlights that we believe this is a way to get the best for our population. We need to ensure that this good work continues. Dr Parson noted that there is a responsibility for King's College Hospital NHS Foundation Trust as the Integrator Host to continue this and enable ongoing collaboration and delivery of integrated care.
- Angela Helleur noted that there is recognition at King's that the power is in the partnership. King's cannot deliver the care required alone and there are real capacity challenges. The King's Board are very supportive and want to engage in this.
- Dr Riley noted that we have had some important discussions about governance and partnership working. It was asked how we are going to maintain a patient voice, particularly in light of the changes to Healthwatch.
- Dr Bhan noted the importance of keeping the patient voice through engagement and our work with patients and members of the public. We would have to think about how we will include patients and replace the functions delivered by Healthwatch in the longer term. The capacity for undertaking patient engagement in the ICB will inevitably decrease in light of the required ICB Change Programme cost reductions.
- Paulette Coogan noted that we are looking to generate a set of principles that we will work to as a partnership in all health and care services. We need to ensure that any engagement is genuine and that we reach the right cohorts of patients. There have been good relationships built between partner members of the One Bromley Communications and Engagement Group, and it was hoped we could build on that and work together further without losing best practice.
- Donna Glover agreed, noting that this would be a good 'wicked' issue to take through that group. An active piece of work is happening at the moment to engage with residents who wish to express their views on how services are delivered.
- Charlotte Bradford noted that media reports suggest that following the closure of Healthwatch, statutory functions will transfer to the Department of Health and Social Care. This legislative change would need to go through parliament and there is a lot of uncertainty about the timeframe for

	<p>these changes. Healthwatch's work continues, and the organisation wants to be involved in conversations around patient engagement and are still delivering the contract set for this year. Healthwatch want to continue to be involved in conversations around supporting work undertaken on patient engagement within the borough.</p> <ul style="list-style-type: none"> • Dr Parson thanked Charlotte Bradford for this update. This is a big opportunity for us to bring the partnership together and move forward on neighbourhood working and development. Dr Parson noted Councillor Colin Smith's concerns and caveats and asked the Board if we can approve that this is the plan to be put forward for One Bromley. • Dr Bhan noted that the discussions held, and concerns put forward around oversight and the role of the partnership and this committee have helped to strengthen what we are going to do. The challenges have been constructive and helpful. The next step would be to submit this to the Chief Executive of the ICB for onward consideration by the ICB Board for approval. We will work further on the governance and how to use the resources available and make services better for our residents. • Dr Parson noted that this board will continue to be able to scrutinise governance plans and feedback. Dr Parson thanked colleagues for the helpful conversation and that we as ever continue to work practically to move this approach forward. 	
8.3	The Board APPROVED this proposal for submission to the SEL ICB Chief Executive and Board.	
9.	SEL Ageing Well Strategy	
9.1	<p>Mark Cheung gave a brief introduction on the SEL Ageing Well Framework and One Bromley Frailty Strategy. The paper puts forward detail of the ongoing work underway across South East London to develop an Ageing Well Framework. The Executive Summary has been shared, with discussions undertaken at a range of meetings in Bromley, including the Clinical and Professional Advisory Group.</p> <p>Input has been sought from many providers and sectors to consider how we should approach services for our ageing population. The framework is based around three key areas:</p> <ul style="list-style-type: none"> • Promoting independence and wellbeing • Proactive community care via Integrated Neighbourhood Teams • Holistic and person-centred urgent response, immediate care and frailty attuned hospital care. <p>The SEL Ageing Framework diagram was noted. We already have a lot of these elements in place in Bromley, however there is still more to build on as part of development of neighbourhood working. We have undertaken something similar when refreshing the Bromley frailty strategy.</p> <p>Four key recommendations for immediate action were noted:</p> <ol style="list-style-type: none"> 1. Service landscape map for clinicians across Bromley to understand frailty pathway services open to their patients'. 2. Coordination of providers to use the same frailty recognition test. 3. Develop and implement a health promotion message for frailty prevention and improved health span. 4. Align provider organisations in developing a frailty competent workforce. <p>In the medium term the ambition was to develop a model for Frailty integrated</p>	

	<p>neighbourhood team with a single point of access and teams of teams responding to urgent needs (reactive care pathway such as community-based Frailty Same Day Emergency Care) and supporting independent living through comprehensive geriatric assessment and advance care planning.</p> <p>The initial approach to aligning the SEL Ageing Well and local Frailty Strategy were noted:</p> <ul style="list-style-type: none"> • Health Promotion – Role of frailty strategy to ensure the wider benefits of the frailty services are known. • Proactive Care – Transitioning ICN into proactive care pathway inclusive of the frailty INT work. • Frailty Competent Workforce – Delivering Comprehensive Geriatric Assessment (CGA) and Universal Care Plans (UCPs). <p>A diagram of Bromley Frailty Services was created and circulated to practices, secondary care and other community services.</p>	
9.2	<p>In considering the item, Board members had the following comments and questions:</p> <ul style="list-style-type: none"> • Dr Parson noted that frailty can sometimes be difficult for patients to think about. The frailty score is not always a useful tool to discuss with members of the public. There is an issue with how we record frailty and how people observe their own frailty. Communication with the public would be crucial to developing this work. • Donna Glover noted the potential for predictive analytics in this space. The local authority is looking into this in order to help predict frailty and how to support residents. Working together as a system would maximise this learning. • Dr Riley highlighted that frailty is not a popular word with patients, patient engagement and the naming and terminology used for this work was key. There was a lack of reference to general practice or primary care in the document, PCNs undertake a lot of work in promoting the independence and wellbeing of our elderly population through cafes and other approaches. • David Walker appreciated the paper, noting that if anything this underestimates everything we do. A reference to carers would be good. There is much wider work happening across the borough including the Dementia Hub and as part of the local authority Loneliness Strategy. Churches and faith groups also undertake a huge amount of work on this agenda too. • Angela Helleur noted the modelled 20% increase of older people within our demographic in the next twenty years, and that this paper was timely. • Mark Cheung noted that this is a priority in the national framework and in the One Bromley Strategy. There are a number of people who could be assisted by the approach. Regarding AI, conversations around this continue alongside the use of remote monitoring. • Dr Parson gave thanks for the presentation. 	
9.3	<p>The Board NOTED the alignment between the SEL Ageing Well Framework and the One Bromley Frailty Strategy and PROVIDED FEEDBACK on identified gaps and proposed next steps.</p>	
10.	Partnership Report	
10.1	<p>Dr Angela Bhan took the report as read and invited Sean Rafferty to give an update on the equipment issues recently mentioned in the news.</p>	

	<p>Sean Rafferty highlighted that our current community equipment provider NRS had notified commissioners that they would stop delivering services from the end of this month. Twenty-one London boroughs are affected by this. There had since been an update that the provider may continue to provide the service temporarily, contingent on the understanding that they would be supporting the transition of their service to replacement local providers. The Inspire Community Trust have been appointed as the new provider for Bromley. Inspire have been providing community equipment services in Bexley and have also provided support during periods when the current Bromley provider could not deliver the level of service required. Inspire would be able to meet at least a third of demand from tomorrow but would not be at full capacity to fully provide services until October. Risk stratification had been undertaken to identify priority criteria around equipment. There is work underway to ensure all prescribers in the borough are moved across to the new system. It is suggested that requests go to NRS in the first instance, but where they cannot provide equipment, requests would be sent on to Inspire. Alternative provision is also being worked through to take us through the transition period.</p> <p>Similar challenges were faced last spring for around three months, when Inspire provided support. If it is possible, there may be transfer of staff from NRS to Inspire. Further clarity on the NRS arrangements will be received in the latter half of next week.</p> <p>Sean Rafferty is working closely with his counterparts across South East London. Bromley is in a good place compared to many other parts of London. The next few weeks will be challenging, with a need to prioritise as best we can.</p> <p>Harvey Guntrip asked if the equipment supplied by NRS is owned by places. Sean Rafferty noted that colleagues are looking to understand who owns the equipment supplies, however it is likely that the liquidation rules may mean we do not have access. The hope was to get as much of equipment owned by us back into the community as soon as possible. Dr Parson gave thanks for the update.</p> <p>Donna Glover updated that the local authority is having its onsite inspection of adult social care services the week beginning 12th September. Many partners will be approached to speak about this.</p> <p>Angela Helleur noted that King's has its Well Led inspection on 22nd and 23rd of September.</p>	
10.2	There were no comments or questions raised.	
10.3	The Board NOTED the Partnership Report.	
11.	Month 2 SEL ICB Finance Report	
11.1	Mark Cheung presented the report, noting that initial forecasting was currently predicting that financial targets will be met for this year. There are however cost pressures in mental health placement and continuing healthcare budgets. The impact of the NRS issue will also need to be factored in. Prescribing budgets were currently showing as within budget, along with primary care.	
11.2	There were no comments or questions raised.	
11.3	The Board NOTED the Month 2 Finance Update.	
12.	Primary Care Group Report	
12.1	Harvey Guntrip took the report as read and welcomed any questions.	

	There were no questions or comments raised.	
12.2	The Board NOTED the Primary Care Group Report.	
13.	Contracts and Procurement Group Report	
13.1	Sean Rafferty took the report as read. Fiona Christie asked when the wheelchair service contact changes were expected. Sean Rafferty responded that he would email Jacqui Scott directly about this.	
13.2	The Board NOTED the Contracts and Procurement Group Report.	
14.	Any Other Business	
14.1	There was none raised. Dr Andrew Parson formally closed the public meeting.	
15.	Appendix 1: Glossary of Terms	
15.1	The glossary of terms was noted.	
	Date of Next Meeting: Thursday 25 th September 2025 at 09.30am	

One Bromley Local Care Partnership Board – Action Log

Log no.	Action point	Date raised	Responsible	Due Date	Status	Comments
There are no open actions for the Board as of September 2025.						

One Bromley Local Care Partnership Board

DATE: Thursday 25 September 2025

Title	Updates to the Bromley NHS Act 2006 s.75 Agreement for 2025-26
This paper is for approval	
Executive Summary	<ul style="list-style-type: none">• The formal partnership agreements made between the London Borough of Bromley and Bromley ICB to facilitate the joint commissioning and delivery of services have all been legally underpinned by a Section 75 (s75) Agreement in accordance with the National Health Service Act 2006.• Since 2014 a single s75 agreement has been in operation to support allied working across social care and health. The s75 will run continuously until it is formally stopped. This report details the current range of services included in the s75 agreement (Appendix A).• Following the approval of the s75 in 2014, the core agreement remains unchanged, however officers are required to annually update the list of funding commitments.• From a local authority perspective, there is the requirement that the Leader and Portfolio Holder for Adult Care and Health are given notice of any new agreement(s) or amendment(s) to existing agreements under the overarching s75 agreement. The ICB Place Executive Lead is delegated to make this decision on behalf of the SELICB. In order to align the approvals mechanism and ensure an optimised integrated approach, the s75 updates are presented to the One Bromley Local Care Partnership Board.• Additionally, individual agreements will be subject to the LBB standard financial and contract regulations based on the level of funding involved e.g. if the Variation to funding was over £100k or if a new agreement involves funding contributions of over £1m, permission to vary/commence will be taken first through Executive for a decision.
Recommended action for the Committee	<p>The Partnership Board is recommended to approve:</p> <ul style="list-style-type: none">• the current 2025/26 arrangements including the new schemes that weren't previously presented due to the late allocation of the funds by central government.

Potential Conflicts of Interest	No conflicts of interest have been identified in the writing of this report.	
Impacts of this proposal	Key risks & mitigations	The oversight and risk management of the s75 agreement is managed by the officer led Integrated Commissioning Board. Additionally, Better Care Fund performance is reported to the Health and Wellbeing Board.
	Equality impact	The s75 agreement funds a wide range of health and care services with a focus on vulnerable Bromley residents including adults and children with disabilities and older frail residents. Equality Impact Assessments are undertaken at the individual project/service level.
	Financial impact	The 2025/26 budget has already been agreed. Where new projects have been initiated approval to spend has been sought in as detailed in 3.2 below. The schedule attached has been prepared by LBB Finance and agreed by the ICB Finance lead.
Wider support for this proposal	Public Engagement	No public engagement has taken place with respect to this report. Public engagements and work with patients, service users and carers takes place when developing individual schemes and programmes covered by the agreement.
	Other Committee Discussion/Internal Engagement	Better Care Fund performance is reported to the Health and Wellbeing Board
Author:	Kelly Sylvester – Head of Community Commissioning (LBB)	
Clinical lead:	Dr Andrew Parson	
Executive sponsor:	Cllr Diane Smith	

1. REASON FOR REPORT

- 1.1 Section 75 (s75) of the NHS Act 2006 allows partners (NHS bodies and councils) to contribute to a common fund which can be used to commission health or social care related services. This power allows a local authority to commission health services and NHS commissioners to commission social care. It encourages joint commissioning and the commissioning of integrated services.
- 1.2 The report provides a brief insight into the original development of the s75 (see section 3 below). The report also provides confirmation of the services currently incorporated in the s75 (see Appendix A). These services range from projects that

were included in the original s75 to services that have been included since the initiation.

2. RECOMMENDATIONS

2.1 The Partnership Board is recommended to **approve**:

- the current 2025/26 arrangements (Appendix A).
- that where new projects are to be included permission to Vary the s75 as and when new projects emerge, permission will be sought in the first instance by the Bromley ICB (group), and then via the Leader, Portfolio Holder and ICB Borough Director and where appropriate presented to a LBB Committee.

3. COMMENTARY

- 3.1 On the 16th July 2014 Bromley Council Executive approved the adoption of the s75 Agreement in order to enable the pooling of funds where payments may be made towards expenditure incurred in the exercise of any NHS or 'health-related' local authority functions. The s75 conditions (NHS Act 2006) also enable one partner to take the lead in commissioning services on the behalf of the other (lead commissioning) and for partners to combine resources, staff and management structures to help integrate service provision, commonly known as 'Health Act Flexibilities'. Here staff can be seconded/transferred and managed by another organisation's personnel. (s113 of the Local Government Act allows staff to be available to 'non-employing' partner organisations). The Act also makes provision for the functions (statutory powers or duties) to be delivered on a daily basis by another partner, subject to the agreed terms of delegation. This legislation only applies to local authority and health partners.
- 3.2 LBB Executive agreed that any new individual agreements proposed by the Joint Integrated Commissioning Executive (renamed the Integrated Commissioning Board) would be covered under a deed of variation, which is subject to the standard financial and contract regulations based on the level of funding involved. For example, if a new agreement involves funding contributions of over £1m it will be taken through Executive for a decision first.
- 3.3 From the local authority perspective, there is the requirement that the Leader and Portfolio Holder for Adult Care and Health are given notice of any new agreement(s) or amendment(s) to existing agreements under the overarching s75 agreement; and where no objection is received by officers from the Leader or Portfolio Holder for Care Services within five days of providing notice, this is to be taken as authority to proceed with the new agreement(s) or amendment(s). This process is facilitated by the One Bromley Local Care Partnership Board.
- 3.4 From the Bromley ICB perspective, the ICB Place Executive Lead has the delegated authority to approve any new agreements/amendments to the s75.

3.5 The services that are currently included in the s75 for 2025/26 are included in Appendix A.

4. FINANCIAL CONSIDERATIONS

4.1 A summary of the services included in the s75 agreement and split of funding between the Council and ICB is shown in Appendix A. There are no financial implications for the Council arising from this, as the various amounts are included in the 2025/26 budget.

5. LEGAL CONSIDERATIONS

5.2 The One Bromley Local Care Partnership committee is established as a committee of the South East London Integrated Care Board and Bromley Council and its executive powers are those specifically delegated in its Terms of Reference. This Partnership committee has responsibility for the planning, monitoring and delivery of local services, as part of the overall strategic and operational plans of the Integrated Care Board. These services include Primary care services; Community services; Client Group services; Medicines Optimisation related to community based care and Continuing Healthcare

5.3 The Partnership Board has adopted terms of reference which sets out the extent of its role, responsibilities, membership. Reporting, decision-making and governance. The recommendations to this report fall within the Terms of Reference. In particular the Terms of Reference say that as far as it is possible, it is the intention that decisions relating to Bromley will be made locally by the One Bromley Local Care Partnership. Furthermore the Executive of the London Borough of Bromley (Executive Decision CS14048) has resolved that, "the Leader and Portfolio Holder for Care Services be given notice of any new agreement(s) or amendment(s) to existing agreements under the overarching Section 75 agreement; and where no objection is received by officers from the Leader or Portfolio Holder for Care Services within five days of providing notice, this is to be taken as authority to proceed with the new agreement(s) or amendment(s).

Appendix A.

NO.	Services/ arrangement	Delegations Functions	Designated Lead Commissioner/ contact	Supplier	South East London ICB Bromley Funding (24/25) £'000	Authority Funding (24/25) £'000	Total Funding (24/25) £'000	South East London ICB Bromley Funding (25/26) £'000	Authority Funding (25/26) £'000	Total Funding (25/26) £'000
2	Short Breaks Service for Children - Hollybank	Delivery of short breaks service to children with special needs	South East London ICB Bromley hold contract - Associate Director of Contracting - Michael Johnston	Bromley Health Care	1,049	468	1,517	1,049	468	1,517
3	PSIS (excluding BCF Contribution)	To establish effective self management programmes and improve joint IAG arrangements	Authority hold the contract- Sean Rafferty, Assistant Director of Integrated Commissioning	3rd Sector	239	713	952	239	893	1,132
4	Community Equipment	Provision of all Community Equipment	Authority hold the contract- Sean Rafferty, Assistant Director of Integrated Commissioning	ICES (NRS)	600	624	1,224	720	504	1,224
5	Speech and Language Therapy for Children and Young People	Commissioning speech and language therapy and occupational therapy for pupils in special schools and for pupils in schools with unit provision and for the Inclusion Support Service (ISS)	South East London ICB Bromley hold contract	Bromley Health Care	1,943	147	2,090	1,943	147	2,090
6	Mental Health (Edward Road)	Accommodation support for people with MH needs	Authority - Donna Glover - Director Care Services	Ambient Support	118		118	124		124

7	Mental Health community contract	Early intervention and prevention services for people with mental ill health (Employment Services)	South East London ICB Bromley hold contract - James Postgate - Associate Director of Integrated Commissioning	Bromley & Lewisham Mind	414	100	514	414	100	514
8	Contribution to Commissioning Posts	Agreement to jointly or wholly fund commissioning posts	The Local Authority hold the employment contracts (except MH Project Manager)	Associate Director Children and Young People Commissioning	289	0	289	289		289
				Children's Commissioner	70	38	108	70	38	108
				MH accommodation and support Project manager	121	0	121	121		121
				Lead Commissioner for the integrated contract for mental health support at home	0	0	0		76	76
				Integrated Community Equipment Lead OT	0	0	0	39	39	78
9	Integrated care and health programme	Joint LBB / South East London ICB Bromley into shared Integrated Care fund to support joint work on integration in health and social care with invest to save and transformation schemes	Health & Wellbeing Board - Bromley into shared Integrated Commissioning Board. Funding released through report to Local Authority Executive	n/a	0	9,626	9,626		5,626	5,626

14	BCF - Transformation Reserve	One off BCF underspent from 2015/21 to pump prime transformation projects and support savings	Health & Wellbeing Board - Directors through IHSCB. Funding released through report to Authority Executive when appropriate	n/a	0	3,157	3,157		1,479	1,479
15	BCF - Protecting Social care/ Care Act	Funds moved by the South East London ICB Bromley from acute into Community - specifically to protect social care services. DoH Grant £4,494k	Authority - Donna Glover - Director Care Services	Multiple Residential nursing and dom care providers	275	14,661	14,936	275	15,109	15,384
16	BCF – South East London ICB Bromley Previous Existing Grants – subsumed into BCF	Reablement grant Carers grant	South East London ICB Bromley -Mark Cheung - Programme Director - Integrated Care Systems	Multiple including Authority	1,746	356	2,102	1,746	380	2,126
17	Winter pressures - clinical support	Clinical support into discharge activity	South East London ICB Bromley -Mark Cheung - Programme Director - Integrated Care Systems	Oxleas/ BHC	763	0	763	763	0	763
18	Winter pressures - Social Care Support	Social Care support into discharge activity	Authority - Donna Glover - Director Care Services	Authority/ Dom Care Agencies	0	1,303	1,303	0	1,514	1,514
19	BCF - At risk funds against acute spend/community investment	Held at risk - invested in community to manage acute risk	South East London ICB Bromley -Mark Cheung - Programme Director - Integrated Care Systems	n/a	1,591	0	1,591	1,591	0	1,591

20	BCF - Dementia Clinical diagnosis	To increase diagnosis rates and build capacity at the Memory Clinic	South East London ICB Bromley -Mark Cheung - Programme Director - Integrated Care Systems	Oxleas	733	0	733	733	0	733
21	BCF - Dementia - Non clinical post diagnosis	New universal post diagnosis service	Authority - Sean Rafferty, Assistant Director of Integrated Commissioning	3rd Sector	0	612	612	0	633	633
22	BCF - Self-Management and information, advice and guidance - PSIS Contract	To establish effective self management programmes and improve joint IAG arrangements	Joint - to align with ICNs	3rd Sector/ PH self management projects	0	1,977	1,977	0	2,044	2,044
23	BCF - Reablement (additional capacity)	To increase capacity up to 900 reablement packages per year	Authority - Donna Glover - Director Care Services	Authority	0	1,017	1,017	0	1,041	1,041
24	BCF - Discharge Team	Go live of new integrated discharge team at the PRU	South East London ICB Bromley - Angela Bhan - Chief Officer	Multi- agency	666	0	666	666	0	666
25	BCF - Discharge Team	Go live of new integrated discharge team at the PRU - staffing contribution	Authority - Donna Glover - Director Care Services	Authority	0	58	58	0	60	60
26	BCF- Community Equipment (additional capacity)	Additional funding on top of historic sum to balance total budget of £1.5m	Authority - Donna Glover - Director Care Services	NRS	630	497	1,127	652	514	1,166
27	BCF - Integrated Care Record	To create a web platform to view shared data records across primary, community and secondary care	South East London ICB Bromley -Mark Cheung - Programme Director - Integrated Care Systems	EMIS/ Kings/ OLM	446	0	446	446	0	446

28	BCF - Integrated Care Record	To create a web platform to view shared data records across primary, community and secondary care. Staffing contribution to LBB	Authority - Donna Glover - Director Care Services	LBB	0	63	63	0	65	65
29	BCF - Intermediate care costs	Some shared intermediate care costs moved into BCF	South East London ICB Bromley -Mark Cheung - Programme Director - Integrated Care Systems	BHC	739	0	739	739	0	739
30	BCF - Health support into care homes and extra care housing	To increase the clinical support into local care homes	South East London ICB Bromley -Mark Cheung - Programme Director - Integrated Care Systems	GPs/ BHC/ Oxleas	371	492	863	371	508	879
31	BCF - Intermediate care costs	Contract reduction funded through BCF	Authority - Donna Glover - Director Care Services	Bromley Healthcare		176	176		182	182
32	BCF - BCF Post - Programmes Team	Contribution to Programmes Team - LBB Post	Authority - Sean Rafferty, Assistant Director of Integrated Commissioning	LBB		45	45		46	46
33	BCF - LD Strategic Board Support	LBB post	Authority - Sean Rafferty, Assistant Director of Integrated Commissioning	LBB		28	28		29	29
34	BCF - Development of joint initiatives	Enablers for Integration – Discharge Therapies Support	Authority - Sean Rafferty, Assistant Director of Integrated Commissioning	LBB/South East London ICB Bromley	1,131	0	1,131	1,131	0	1,131
35	BCF - D2A		Authority - Donna Glover - Director Care Services	LBB		727	727		1,036	1,036

36	BCF - ICB staffing contribution		South East London ICB Bromley -Mark Cheung - Programme Director - Integrated Care Systems	ICB	208		208	208		208
37	Winter Pressures - D2A staffing	Other interventions to minimise delayed discharges, implement good practise on discharge and discharge planning	Authority - Donna Glover - Director of Adult Social Care	LBB	0	95	95		95	95
38	Winter Pressures - Equipment	Improved equipment services to speed up turnaround times	Authority - Donna Glover - Director of Adult Social Care	LBB	0	214	214		214	214
39	Winter Pressures - DomCare	Additional domiciliary care packages	Authority - Donna Glover - Director of Adult Social Care	LBB	0	72	72		72	72
40	Winter Pressures - Placements	Specialist placements .e.g. dementia, mental health and learning disabilities	Authority - Donna Glover - Director of Adult Social Care	LBB	0	405	405		405	405
41	Winter Pressures - D2A Placements	Specialist placements to support Discharge to Assess	Authority - Donna Glover - Director of Adult Social Care	LBB	0	83	83		83	83
42	Winter Pressures - D2A DomCare	Dedicated discharge teams embedded in domiciliary care providers	Authority - Donna Glover - Director of Adult Social Care	LBB	0	321	321		321	321
43	IBCF - Offsetting growth	Managing demand across the services	Authority - Donna Glover - Director of Adult Social Care	LBB	0	4,636	4,636		4,636	4,636

44	IBCF - Whole system reserve	To avoid any crisis in the joint health and social care systems e.g. utilising resources to aid hospital discharge when the clients still have complex needs. This effectively provides an expansion of winter pressures funding but will be used in other times of the year.	Authority - Donna Glover - Director of Adult Social Care	LBB	0	1,904	1,904		1,904	1,904
45	Joint Assistant Director of Integrated Commissioning post		Authority - Donna Glover - Director of Adult Social Care	LBB/South East London ICB Bromley	80	80	160	87	87	174
46	Family Support	Family support	Authority - Jared Nehra - Director of Education	Mencap	21	21	42	21	21	42
47	Winter Pressures Funding	Winter pressures funding to enable timely enhanced winter capacity to be put in place	Authority - Donna Glover - Director of Adult Social Care	LBB	0	0	0	0	0	0
49	LD/Autism Funding		Authority - Sean Rafferty, Assistant Director of Integrated Commissioning		0	30	30	0	30	30
50	Discharge Transformation Funding		Authority - Sean Rafferty, Assistant Director of Integrated Commissioning		256	0	256	256	0	256
52	Community Discharge Grant	Non-recurrent grant funding from the ICB (s256)	Authority - Sean Rafferty, Assistant Director of Integrated Commissioning		119	0	119	60	0	60
53	Bromley Mental Health and Wellbeing 2023-24	Non-recurrent grant funding from the ICB (s256)	Authority - Sean Rafferty, Assistant Director of Integrated Commissioning		0	388	388	0	388	388

54	Investment for a system-level staff health and wellbeing referral/ signposting service	Non-recurrent grant funding from the ICB (s256)	Authority - Donna Glover - Director of Adult Social Care		0	108	108	0	108	108
55	OT EHCNA (assessments)		Authority - Jared Nehra - Director of Education		0	0	0	80	80	160
56	Child Death Overview Panel		Authority - Jared Nehra - Director of Education		0	0	0	44	21	65
56	Mental Health Flexible Support		Authority - Sean Rafferty, Assistant Director of Integrated Commissioning		0	0	0	1,330	1,368	2,698
57	Merina Coil							40	0	40
NEW - 58	Bromley Mental Health and Wellbeing 2024-25 (to be included in the 25/26 section of Schedule 2)	Non-recurrent grant funding from the ICB (s256)	Authority - Sean Rafferty, Assistant Director of Integrated Commissioning					459		459

One Bromley Local Care Partnership Board

DATE: Thursday 25 September 2025

Title	One Bromley Winter Plan 2025-26
This paper is for information	
Executive Summary	<p>The One Bromley Winter Plan 2025/26 builds on strong foundations of previous winter delivery, responding to the continuing growth and aging of our local population. The Plan takes into account changes in local infrastructure and service delivery since last year. It responds to the winter planning requirements as laid out by NHSE in the Urgent and emergency Care Plan 2025/26. A completed Board Assurance Framework was completed by the A&E Delivery Board, for the Winter Plan, Equality and Quality Impact Assessment and submitted to NHS England on the 2nd September 2025.</p> <p>A regional stress test of the Plan will be undertaken on the 16th September. Any feedback from which, will be built in to a final iteration of the Winter Plan, that is to be complete by the end of September 2025.</p> <p>This winter, the system-wide focus is on delivering care in the most appropriate setting, improving patient outcomes, and supporting the workforce to provide the safe, dignified care they want to give.</p> <p>Aligned with national priorities, the system Winter Plan Commits to:</p> <ul style="list-style-type: none"> • Deliver a resilient 24/7 primary care offer with increased face to face same day care provision • Strategic placement of Senior Clinical Decision Making (SCDM) to increase the use of alternative care pathways and out of hospital care especially for older adults • Sustaining discharge planning and flow and improving discharge quality • Delivering effective communication campaigns focusing on prevention, self-care and appropriate use of services • Admission avoidance provision for children and adults with mental ill-health • Stronger focus on staff vaccination.
Recommended action for the Committee	<ul style="list-style-type: none"> • Acknowledge the One Bromley Winter Plan - endorsing the system-wide commitment to collaborative delivery across organisations to manage winter pressures and whole system risk.

	<ul style="list-style-type: none"> Note the seven key performance indicators (KPIs) set by NHS England (NHSE) and expected performance. Note that the Board Assurance Framework for the system Winter Plan has been approved by the A&E Delivery Board alongside the Trust Assurance Frameworks approved by the Trust Executive. All have been submitted to NHSE. Note some changes may be made to the plan following the NHSE Winter Stress test on Tuesday 16 September. 	
Potential Conflicts of Interest	Potential conflicts of interest due to winter services being commissioned from BGPA, BHC and Kings.	
Impacts of this proposal	Key risks & mitigations	See Quality Impact Assessment which identifies risk and mitigations for patient/staff safety, clinical effectiveness, and patient experience.
	Equality impact	An Equality Impact Assessment and Quality Impact Assessment have been completed and approved as part of the Board Assurance Framework Process – both documents available on request.
	Financial impact	All new investment is within winter budget allocation. There is a risk of negative financial impact to all organisations should winter demand exceed system capacity and additional provision need to be added.
Wider support for this proposal	Public Engagement	Not applicable
	Other Committee Discussion/Internal Engagement	<p>The Bromley A&E Delivery Board have approved the draft Winter Plan, Quality Impact Assessment and Equality Impact Assessment, submitting the Board Assurance Report to NHSE as per national requirements.</p> <p>CPAG reviewed the winter plan on 11 September 2025, requesting:</p> <ul style="list-style-type: none"> ➤ Further emphasis be placed on improving quality and timeliness of discharge information. A form of words have been added to the plan and this piece of work included in the winter delivery work. ➤ Consideration to be made for a more robust Delirium pathway – discussions have been initiated on this.

		➤ One Bromley Executive reviewed the Winter Plan on 18 th September.
Author:	Jodie Adkin, Deputy Director UEC Improvement, SEL ICB (Bromley)	
Clinical lead:	Dr Puja Patel, Joesph Hague	
Executive sponsor:	Dr Angela Bhan, Bromley Place Executive Lead	

Bromley System Winter Plan 2025/26

Executive Summary

The One Bromley Winter Plan 2025/26 builds on strong foundations of previous winter delivery, responding to the continuing growth and aging of our local population. The Plan takes into account significant changes in local infrastructure and service delivery since last year, and looks to reduce unintended impact of those planned this coming winter.

Even with the continued improvement in performance and variation, our system continues to face challenges. High demand in the system is creating a significant bottle neck in the Emergency Department with corridor care and ambulance offloading delays resulting in sub-optimal patient and staff experience. This plan sets out a bold and collaborative approach to sustain same day, urgent and emergency care across Bromley for Winter 2025/26.

Aligned with national priorities, we will:

- **Deliver a resilient 24/7 primary care offer** through a partnership between PCNs and the GP Alliance, increasing same day face-to-face capacity, supporting primary care as well as reducing UTC and ED referrals from 111 OOH
- Strategic placement of **Senior Clinical Decision Making (SCDM)** to increase the use of alternative care pathways and out of hospital care
 - Pre-conveyance for all older adults complimented by a new Geriatric emergency Medicine Team in hospital - changing the way older adults are managed during their acute episode, with more supported in the community.
 - In ED for children with consistently available advice and guidance for GPs and UTC to manage children's attendances.
- **Sustaining discharge planning and flow**, increasing discharge pathway capacity in line with demand and capacity modelling and an increased focus on weekend discharges and discharge quality.
- **Effective communication campaigns focusing on prevention, self-care and appropriate use of services**, with targeted communications on high-presentation symptoms and behavioural change, use of community pharmacy and self-referral services: freeing up resource in primary care and Urgent Treatment Centers.
- **Admission avoidance provision for children and adults with mental ill-health** through continued delivery of strong home treatment teams, as well as refreshed escalation protocols between CAMHS and social care to ensure children and young people do not remain in an Emergency Department unnecessarily
- **Stronger focus on staff vaccination** with dedicated roving vaccinators and clinics at the acute and community health providers alongside targeted promotion and training around vaccination hesitancy

This winter, our system-wide focus is on delivering care in the most appropriate setting, improving patient outcomes, and supporting our workforce to provide the safe, dignified care they want to give.

7 priorities

The Urgent and Emergency Care Plan describes 7 priorities that will give the biggest impact

UEC Priority	2024/25 performance	Requirement to meet target per day
Category 2 receive an ambulance within 30 minutes		
>45 minutes LAS handover time	2,093 ambulance handover delays at PRUH of over 45 minutes	+5.7 per day off loaded within 45 minutes
78% treated within 4 hours	128,225 A&E attendances, of which 85,823 were seen within 4 hours – 67%	+39 per day treated within 4 hours
>10% of patients waiting over 12 hours	14,892 patients waited over 12 hours, 11.6%	+5.7 per day leave ED within 12 hours
24 hour ED waits for MH patients		
21 days over their discharge-ready-date	Average of 13 per month	+2.5 LLOS patients MFFD discharged quicker
More children seen within 4 hours	13,202 paed's A&E attendances of which 8,244 were seen within 4 hours – 62.4%	+5.6 per day within 4 hours

From Treatment to Prevention - Vaccinations



Public



Vulnerable groups



Workforce



Providers

Actively tackling health inequalities in vaccination focusing on staff training to support more effective conversations

Localised advertising and targeted engagement sessions

Accessible via a wide range of access points in the local community

Vaccination pop-up at the One Bromley Wellbeing Hub targeting 16-64 years at risk groups

Year-round work continues with vaccination in reach to maternity clinics.

A full vaccination offer to all housebound patients is permanently in place with GP practices and Bromley Healthcare working collaboratively.

The uptake for flu and covid booster in care homes was 77% & 74.4% respectively in 2024/25 with the dedicated care home GP practice continuing this work this year alongside the new addition of all care home residents being vaccinated by the hospital before discharge

Health and care Staff – Following a low staff vaccination year last year, a concerted system wide effort is being stepped up this year to significantly increase staff vaccination take up.

BHC will build on successful initiatives including roving vaccinators with Kings introducing roving vaccinators and onsite walk-in clinics from October.

Promote of the vaccination to staff through tailored promotional materials, focused webinars aimed at under-served groups

All staff can access any local or national vaccination clinic and be reimbursed for their vaccination.

Public Health provide training to all adult social care providers in Infection Prevention and control

Timely advice on individual IPC management particular with patients being discharged from hospital.

Hospital to Community (primary Care)

At least 1 in 5 people who attend the emergency department don't need urgent or emergency care. An even larger number of attendees could be more efficiently managed by growing community capacity.

Existing provision

- Bromley commissions substantial community **diagnostic** services covering cardiology and respiratory testing, ultrasounds, and blood tests helping avoid thousands of hospital visits and significantly reduces referrals to secondary care.
- During 2024/25 5,121 active signposting for patient **redirection and self-referral** referrals were recorded with the MSK, audiology, and podiatry and addiction services being the most common.
- **Pharmacy First** is now a well embed pathway from primary care with a steady increase in self-presentations
- **Additional appointments during December and January** in Enhanced Access alongside an exponential increase in virtual contacts through a full total triage model being adopted.

For Winter 2025/26

- As with previous winters there will be a significant focus on increasing the volume of appointments and contacts in primary care including
 - 10,560 additional GP contacts, 8,160 of which are face to face **GP appointments**. Provided through PCN and BGPA collaborative the primary care Winter Illness offer spans a 24/7 period supporting primary care overflow and 111 primary care dispositions, reducing the volumes of patients attending UTC unnecessarily or becoming more unwell

- The Active Signposting group is reconvening in preparation for winter with the aim of increasing this type of referral alongside **training for UTC staff on redirection** to deliver a consistent, system wide approach to ensuring patients are seen in the least restrictive setting
- All Bromley practices are either already operating or preparing to operate a **total triage** model by 1st October. Effective roll out will be supported by:
 - A strong comms campaign using community champions to support patient education on access.
 - Training for UTCs to provide a consistent message with primary care with a strong focus on redirection for pharmacy First conditions and self referral services
 - Additional face to face capacity will be provided during this period and throughout high-pressure points during winter through a PCN and P Alliance partnership providing a significant increase in, in and out of hours support during this time.

Hospital to Community (admission avoidance)

Existing provision

- Integrated Care Networks continue to offer proactive care planning for c. 103 patients per month
- **Urgent Community Response** service continues to see c. 473 patients per month requiring an urgent response with 79% of them avoiding an admission, receiving a high volume of referrals from primary care, as well as offering a 100%, 2 second pick up rate for all LAS referrals

At least 1 in 5 people who attend the emergency department don't need urgent or emergency care. An even larger number of attendees could be more efficiently managed by growing community capacity.

For Winter 2025/26

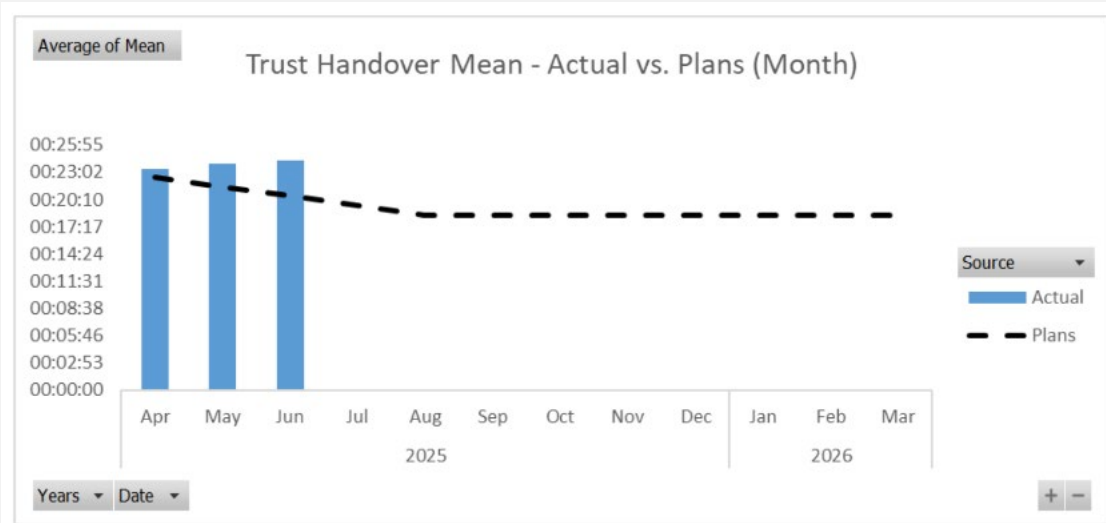
- Redistribute and invest in the **Urgent Community Response** structure to enable patients to be onboarded to hospital @home via UCR enabling same day access
- Establishing alternative care pathways for older adults through a **newly established Single Point of Access (SPoA) and community SDEC** that will receive all patients, over 65 who would have otherwise been directed to, or conveyed to hospital. This will include those who have fallen and care home residents, as well as care pathways for high presentation symptoms (shortness of breath and chest pain)
- Increase capacity in **Children's Hospital @Home** expanding direct access form UTC and able to take an increase in referrals from ED to prevent admission
- Additional UCPs will be completed through a GP incentive scheme for patients at high risk of hospital attendance
- A **case management pilot** is underway to proactively identify vulnerable patients including high-users of healthcare and vulnerable patients. A case management team ensures that actions are followed up from a holistic review and kept on a Community Matron caseload for up to 10 weeks.

High Quality Emergency Care

Existing provision

- **Direct to SDEC** pathways for UTC and LAS, avoiding ED

King's have committed to a steady 1 minute month on month improvement in ambulance hand over time.



For Winter 2025/26

- For patients who self present, or require hospital based care, a newly establishing **Geriatric Emergency Medicine team**, will co-ordinate all care for patients presenting who are frail.
- All ED clinicians trained in **Criteria to Admit (CTA)** to deliver consistent decision making and reduce avoidable admissions.
- **Medical model** implemented that supports delivery of LoS <72 hours AMU and reduced LOS by 1 day on medical wards, improving flow through ED and reducing the number of DTAs waiting in the department
- Refresh and monitor adherence to **inter professional standards**
- Review of the **Escalation and Full Capacity Protocol** which will provide better early indication of department congestion with clear action cards mobilised to mitigate rising risk

Whole System Approach to Improving Patient Discharge

Existing provision

The PURH delivers a **strong discharge system** with c. 80% of patients no longer meeting the criteria to reside discharged.

The health and care **community provision** in Bromley, also delivers consistently against the discharge standards for pathways 1 and 2, with better than average delivery against pathways 3 with an average LOS of 9 days.

Demand has fell within predicted and manageable levels for hospital discharge over the last 2 winters with minimal avoidable delays. The **Single Point of Access** (SPA) effectively oversees discharge profiling and uses shared resources across health and social care effectively to meet need.

Further more the large and responsive **domiciliary care market** continues to be the safeguard of the whole system able to respond to any request within 2 hours

The local authority and Continuing Health Care continue to offer a full **Home First and Discharge to Assess model** including an effective delirium pathway to support admission avoidance

Long Length of stay Process embedded to support reduction in number of stranded patients in line with benchmarked data

Discharge standards

Pathway 1 & 2 (home) – 24 hours

Pathway 3 (placement) – 5 days

For Winter 2025/26

- Bromley Health Care and the Local authorities Reablement Service, will work flexibly throughout winter to meet presenting need sustain full access throughout winter to all discharge pathways with a strong bank model to increase capacity when needed
- BHC have a strong track record of **using capacity flexibly** to meet demand with potential variation to bed based rehab to intermediate care utilising side rooms for **IPC cohorting** where required. This is done flexibly based on clinical presentation managed through effective oversight of hospital discharge profiles through the SPA
- Achieve **targets set for daily/weekend discharges** = 80 discharges per day Mon-Fri and 90 discharges per weekend. 30% of patient discharges completed by 1pm with the Discharge Lounge is run at 80% capacity daily with a target of 10 patients transferred to the lounge by 10am each morning.

Trust/Site	Non CTR not Discharged - weekly	Non CTR not Discharged - daily	% Discharged
GSTT	737	105	47.9%
KCH – DH	638	91	38.5%
KCH – PRUH	95	13	79.9%
LGT – QEH	432	62	43.8%
LGT – UHL	536	77	37.2%

Mental Health Teams leading from the Front



- Delivery of community outreach and crisis intervention teams by Oxleas as part of targeted work to reduce emergency department admissions. Strengthened through a review of crisis patients experience
- Improved early intervention work centered on the Bromley Mental Health Hub, a joint service delivered by Oxleas and South-East London Mind. Further developments will take place with the joining-up of pathways of the Hub and Talking Therapies.
- Development of improved housing with care options for people with long-term mental health needs including MH UEC action cards.
- Reduce number of patients in out of area placements (OAPs) through targeted work by Oxleas and the new Bromley MH community "step down" team.

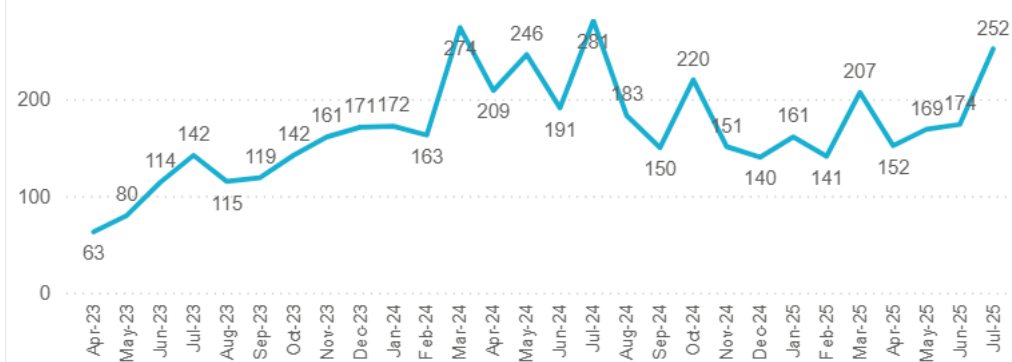


- The Oxleas Children's and Adolescents Mental Health Service (CAMHS) crisis and new Home Treatment Team (HTT) will ensure that children and young people are able to access mental health treatment and help at home, away from hospital, and for those in hospital to access timely support to enable a safe discharge into a community setting, with ongoing specialist help as required.
- A refreshed CAMHS/children's social care joint ways of working for rapid safety planning and decision-making for higher risk children and young people at home and those in the Emergency Department.
- Improved flow through MH, LD and ASD crisis cases through the delivery of dynamic support registers (DSRs) and care, education and treatment reviews (CETRs) for children and young people at risk of an admission/or who have been admitted to a hospital setting.

▪ New **Bromley Mental Health and Wellbeing Strategy (2025-30)** sets out the borough's approach to reducing inappropriate A&E mental health attendances for children, young people and adults, to provide specialist multi-agency interventions and speedy discharges from hospital into community settings .

From Analogue to Digital

3. UCPs Created by Month

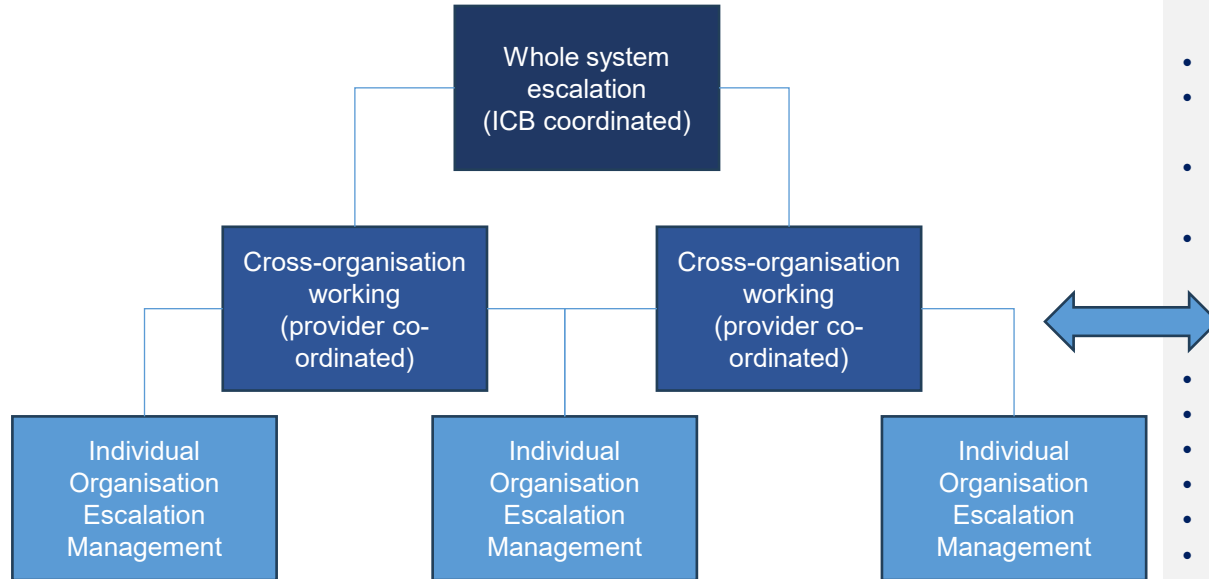


- The use of **UCPs** continues to be driven with a steady incase in UCPs month on month with a . Notably, there has been a considerably improvement in the number of UCPs for care home residents with 68% of residents as of July 2025 with an active UCP. Furthermore 70% of care settings are signed up to the London Care Record
- 70% if Bromley residents have downloaded the **NHS app**
- The Local authority are now offering **Intelligent Lilli** as an alternative to restrictive care, as well as the long standing Carelink service offering assisted technology for people at risk of falls.

For winter 2025/26:

- Targeted work through GPs to complete **UCPs** for high risk residents
- **UTC fully interoperable** with the local system able to make direct referrals into primary care and community pharmacy
- Embedding changed to the primary care contract with **digital access** on during all open hours increasing patient access

Escalation



SEL System Co-ordination Centre

- Operates under NHS England's Required Operational Standards (v3.0, Feb 2025)
- 24/7 Operational Coverage via standing daily meetings with providers including weekends and on-call team for overnight.
- Monitoring via enhanced national Operational Pressures Escalation Level (OPEL) framework including Acute, Mental Health and Community providers.
- Integrated data use with the team having access to real-time dashboards for urgent and emergency care metrics – UEC-RAIDR – OPEL, Emergency Department and Capacity related operational information, LAS system monitoring ambulance arrivals and calls awaiting response.
- Focus on improving mental health flow across acute and community settings
- Management of tertiary repatriation escalations
- Daily regional operational reporting, including 72-hour waits in EDs across SEL
- Ability to access other SCC across England
- Coordination across system partners for escalation, mutual aid, and performance oversight
- Daily Situation Reports, weekly reviews, and post-winter debriefs for continuous improvement

For winter 2025/26:

- Refresh the **CAMHS/social care escalation protocol** so children do not inappropriately attend or remain in hospital (local)
- Mental Health and Acute trust action cards developed in conjunction with provider leads and CCPL to improve escalations around delays and emerging issues across SEL.
- Develop the use of RAIDAR including all 7 priority areas for winter

UEC-RAIDR

Service Overview

Surge Overview

System Overview

Dashboards

Map

Logout

SEL Dashboard

2

Integrated OPEL

3

Acute

2

Mental Health

1

Community

ACROSS ICB

95

Current number of unplanned OPELs

288

Number of patients in ED

114

Ambulance conveyances (since midnight)

5

Awaiting handover (> 15 mins)

AMBULANCE

SLAM

ORLES

OPEL

96.58%

93.17%

Bed Occupancy

0

0

Completed Discharges

0

0

ACUTE

UNIVERSITY HOSPITAL

OPEL

Number of patients in ED

Patients in ED over 12 hours (%)

Current number of unplanned OPELs

Longest wait to be seen by 1st clinician (hours)

Current number of empty beds available

Awaiting handover (> 15 mins)

Awaiting handover (> 45 mins)

Bed predictor (worst case) & Bed predictor (best case)

43

45%

22

2

4

0

0

0

-95 to -48

3

10%

9

8.5

39

0

0

0

12 to 50

4

12%

9

29

29

1

0

0

-55 to -17

3

33.33%

27

6

9

3

1

0

-104 to -63

3

30.4%

28

3.8

3.8

3

0

0

-75 to 35

COMMUNITY

BROMLEY

OPEL

Virtual Ward occupancy

3

62%

2

55.56%

3

625%

1

56.16%

UNIVERSITY HOSPITAL THOMAS

OPEL

4

55.56%

6

625%

QUEEN ELIZABETH HOSPITAL

OPEL

3

625%

1

56.16%

KING'S COLLEGE HOSPITAL (DENHAM HILL)

OPEL

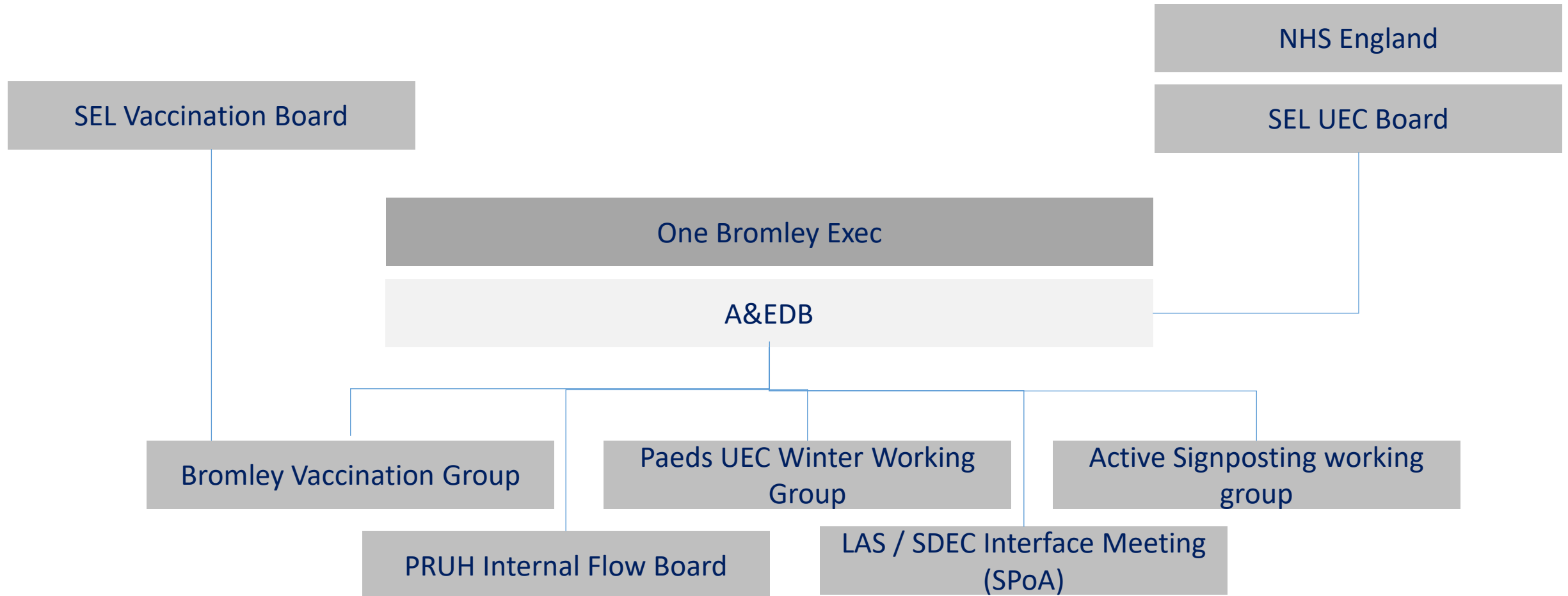
3

56.16%

0

****Nonline by association****

Escalation and oversight



Escalation and oversight

Management of Winter demand through a system wide scorecard

Winter dashboard 25/26 outline			
7 key priorities			
Cat 2 ambulance time	45 min ambulance handover	4-hour performance	12 hour trolley waits
MH waits >24 hours in ED	21+day DRD	children seen within 4 hours	
Public health			
Flu prevalence	RSV prevalence	Covid prevalence	
Flu vaccine rates: 65+, 18-64, <18	Staff vaccine rate?	Childhood RSV vaccine? Or Flu vaccine on discharge to care home/	
Primary Care			
Total GP appointments	Same day GP appointments	? No. hub appointments	? Something about total triage
UCR		Consultant Connect	
UCR activity	H@H occupancy	% discharged to H@H	Condensed chart on CC activity/answer rate
MH		LBB	
Out of area placements	?% MH crisis readmissions	? Should we have something for LBB/social care	? Should we have something for LBB/social care

Winter dashboard 25/26 outline			
111			
in hours calls	OOH calls	final disposition	? Something on calls relating to pharmacy first conditions
UTC			
Total attends	%streamed/referred	? Something on redirection volumes or %streamed to SDEC/redirected to pharmacy first	
LAS			
Total attends, incl %see and treat and %hear and treat	LAS incidents at care homes	Ambulance arrivals at PRUH-split by SDEC, UTC, ED, other	? Consultant connect calls from LAS
A&E			
Total attends	T1 attends	T3 attends	Conversion rate - emergency admissions/T1 attends
Flow			
Long staypatients	Discharge before noon	%patients no CIR	Pathway0 discharges
intermediate care bed discharges			

Communications & Engagement

COHORT FOCUS

HIGH: families, over 65, frailty
MEDIUM: Staff, under 65, care homes
LOW: Pregnancy & 2-3 years

MESSAGING FOCUS

Selfcare & winter wellness
Vaccinations
Direction & redirection

UTILISING NATIONAL CAMPAIGNS

- **Stop the spread**
- **Why we get vaccinated**
- **Where to get vaccinated**
- **Pharmacy First**

CREATING LOCALISED MATERIALS

- **What to do when you are unwell** (repeat from 24/25)
- **‘Family’ winter guide** printed and widely distributed
- **Real voices video** campaign – all topics

OUTREACH & COMMUNITY ENGAGEMENT

- **Working with PCNs & primary care team on outreach opportunities in the community – day centres, fairs, libraries**

Leadership

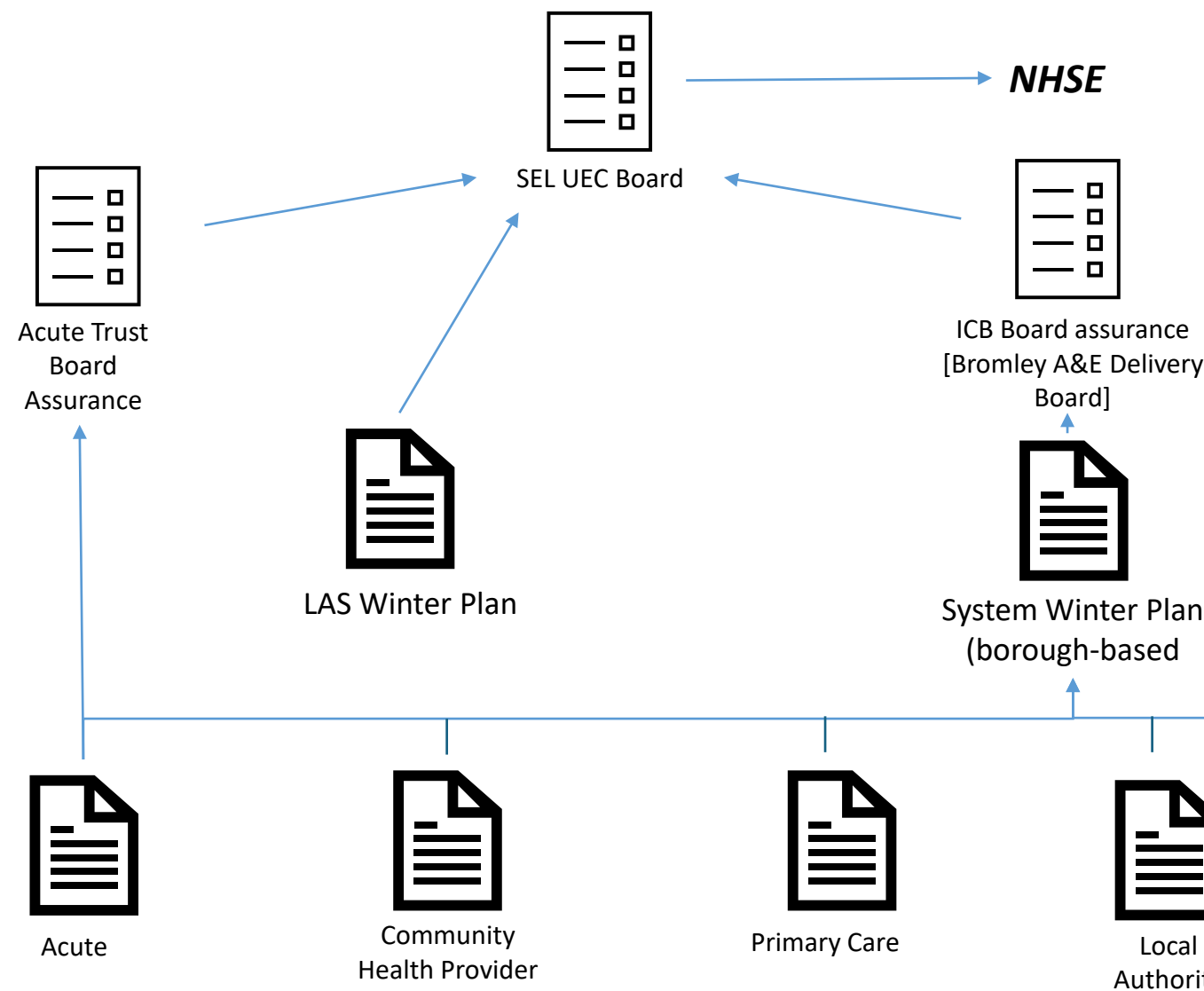
Acknowledging and delivering against NHSE leadership requirements:

- Leadership is the single most crucial factor that will determine our success this winter.
- Every leader must ensure that both within their organisation and across their system everything possible is being done to improve care.
- Where this was most effective last winter, chief executives, chief nursing officers and medical directors regularly worked from the emergency department to support staff on the frontline.

At its heart, this challenge is all about leadership.



Organisation Governance and Sign Off



- 30th July** - Initial headlines by organization provided to ICB for inclusion in System Winter Plan (requests have gone out with KLOE included)
- 5th August** - Initial System Winter Plan plan to Bromley A&E Delivery Board
- End August** – Final System Plan and individual organisaion Plans completed and shared with local Board (circulated virtually)
- September** – regional stress test
- 24th September** Final Plans and Board Assurance Frameworks submitted to SEL UEC Board (*note UEC Board is 15th September so date to be checked*)

One Bromley Local Care Partnership Board

DATE: Thursday 25 September 2025

Title	Care Home Programme Successes
This paper is for information	
Executive Summary	<p>Bromley Care Settings Bromley has 50 Care Settings comprising residential care homes and care homes with nursing for older people, Extra Care Housing (ECH) and care homes for people with learning disabilities, mental health and physical disabilities, mostly caring for working age adults. The Joint Care Home Programme supports all three types of setting.</p> <p>The local system works hard in providing increasingly integrated support to all care settings.</p> <p>High quality care settings & integrated quality support 90% of Bromley care settings are rated ‘Good’ or better by CQC. LBB’s Quality and Provider Relations Team and the ICB’s Care Home Quality Liaison Nurse work closely to support care settings and improve provider quality. This is through shared intelligence and implementation of provider Service Improvement Plans (SIPs) for providers with a CQC rating below ‘Good’, to consistently raise the quality.</p> <p>The Enhanced Health in Care Homes (EHCH) Programme NHS England published the Enhanced Health in Care Homes (EHCH) Framework (Version 3) in November 2023. It sets out the principles for delivering proactive, personalised care for people living in care homes and underpins Bromley’s EHCH Programme which has gone from strength to strength.</p> <p>The 2025/26 EHCH workplan was co-produced with care home managers at an engagement event in February 2025. The workstreams and priorities reflect what is most important to care homes locally. The current focus is on falls prevention and falls management via the falls campaign, a Razer Chair pilot and upcoming Go Decaf pilot.</p> <p>The One Bromley Frailty Collaborative has strategic oversight of the EHCH programme and supports its implementation.</p> <p>Bromley EHCH Programme Successes There have been a number of recent successes:</p>

	<p>1) London Ambulance Service (LAS) Activity: LAS activity is a good proxy indicator for managing the health of care home residents. In 2024/25, across London and Southeast London care homes there was an increase in LAS callouts and conveyances to hospital. This is not unexpected given the increasing frailty and complexity of the care home population. In Bromley, the rate of increase in LAS activity was half that of London and SEL, indicating that the local system-wide care and support is having a positive impact on the health of our residents.</p> <p>2) Care Homes MDT Intervention: In Winter 2023/24, a One Bromley care home multidisciplinary team (MDT) intervention was implemented to support care closer to home and to achieve purposeful collaboration across the system. 69 of the most complex and multi-morbid residents received the intervention with long lasting impact including increased Universal Care Plans, reduced LAS activity and polypharmacy. The team were awarded a One Bromley Recognition Award and learnings were shared nationally via a successful poster submission at the British Geriatrics Society's 2024 Autumn Conference.</p> <p>3) RESTORE2™: RESTORE2™ is a structured tool to help care home and ECH staff recognise and respond to residents' physical deterioration. A refresher training programme was commissioned in September 2024 (following initial training in 2022). Feedback from learners and care home staff using the tool has been extremely positive – it has hugely increased confidence and skill levels and enables quicker escalation of deterioration so care home residents receive the right care at the right time. Due to its success, the South East London Workforce Development Hub will be including RESTORE2 in their training offer from October and opening the opportunity to all SEL care homes.</p> <p>4) Universal Care Plan (UCP) and London Care Record (LCR): The UCP is a digital personalised care and support plan that enables every Londoner to share 'what matters to them' with all professionals involved in their care. 71% of Older Peoples Care Home and ECH residents now have an active UCP, a 28% increase within a year. This has been the result of the huge effort from health services to increase UCPs for care home residents. 92% of all care homes and ECH have been onboarded onto the UCP system with dedicated support locally, enabling staff to have direct access.</p> <p>The LCR is a digital shared care record solution, which enables health and care staff to have one secure view of a person's relevant health and care information. Care home staff in London are now able to access the LCR for their residents. 76% of eligible care homes in Bromley have been successfully onboarded onto the</p>
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	<p>LCR system. This supports the homes to provide safer and more effective care, streamlining access to hospital discharge summaries, medications, test results etc.</p> <p>5) Digitising Care Homes: Since 2021, the SEL Adult Social Care Digital Team have been delivering DHSC's and NHSE's Digitising Social Care (DISC) programme to increase the digital maturity of care homes across Southeast London.</p> <p>Locally in Bromley, the Care Home Quality Liaison Nurse provides complementary support. Bromley's care homes are the most digitally mature compared to other SEL boroughs (Bromley's Digital maturity score is 3.8/5.0 vs. 3.0/5.0 for SEL on average). This is testament to the willingness and enthusiasm of the care home managers to engage in the programme and embrace the SEL and local support provided.</p> <p>The paper attached provides further detail on the outcome and impact of the programme successes.</p>	
Recommended action for the Committee	The Local Care Partnership Board is asked to note the current Enhanced Health in Care Homes (EHCH) programme workplan and priorities, and the recent successes of the programme.	
Potential Conflicts of Interest	None identified	
Impacts of this proposal	Key risks & mitigations	Not applicable
	Equality impact	One of the aims of the EHCH programme is to provide proactive personalised care, caring for care home residents in line with their wishes and what is important to them as individuals. This is being enhanced through the roll out of the Universal Care Plan workstream. The wide-ranging support from health and care services is ensuring care home residents have equitable access to health and care as those in the community.
	Financial impact	Other aims of the EHCH programme are to provide preventative, proactive care and bring care closer to home to enable residents to avoid unnecessary hospital attendances and admissions, reducing the need for more expensive episodes of care.
Wider support for this proposal	Public Engagement	A care home engagement event was held in February 2025 to coproduce the 2025/26 programme workplan, to ensure the workstreams and priorities are aligned. Managers are regularly engaged with regarding

		progress and to gain feedback for continuous improvement in the care provided to care home residents. Further engagement visits to care home residents, families and care home staff have taken place for the falls campaign work, to receive feedback and identify areas of need for improvement.
	Other Committee Discussion/ Internal Engagement	In August 2025, a similar update on the care home programme successes was presented at the A&E Delivery Board, for noting.
Author:	Joint Care Home Programme Lead	
Clinical lead:	Clinical, Care & Professional Leads for Frailty & Older People, One Bromley	
Executive sponsor:	Assistant Director for Integrated Commissioning	

Care Home Programme Successes

Sara Quirke, Joint Care Home Programme Lead (SEL ICB (Bromley)/LBB)

Contents

- Bromley Care Homes Market & Supporting Services
- The Enhanced Health in Care Homes (EHCH) Framework
- Bromley EHCH Programme
 - One Bromley Frailty Collaborative
 - Care Home Programme Priorities
 - Programme successes

Bromley Care Home Market & Supporting Services



Bromley Care Settings

Bromley has 50 Care Settings comprising residential care homes and care homes with nursing for older people, Extra Care Housing and care homes for people with learning disabilities, mental health and physical disabilities, mostly caring for working age adults. **The Joint Care Home Programme supports all three types of setting.**



Older Peoples Care Homes (65yr+)



33 homes



1,502 beds



88% rated 'Good' or better



Extra Care Housing (55yr+)



5 schemes (2 care providers)



226 units



100% rated 'Good'



Learning Disability/ Mental Health/ Physical disability care homes



12 homes



130 beds

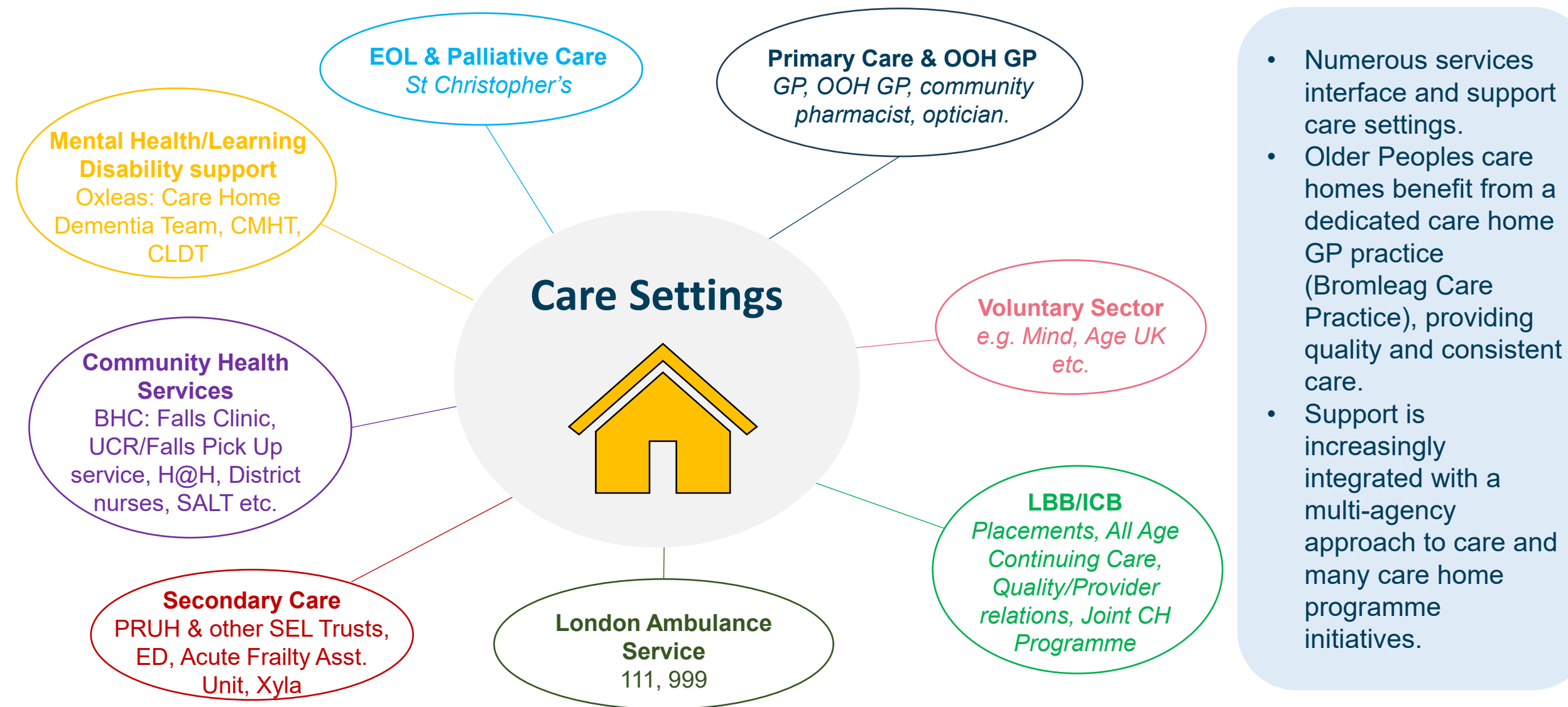


100% rated 'Good'

- Bromley borough has the largest population of older people in London (census 2021). The older population is expected to grow to 88,000 residents 65+ by 2038.
- As a result, the majority of Bromley care settings care for older adults and the borough has the most care settings for older people in Southeast London.
- Often people are entering care homes later in life (avg. age on admission is 86) and with high acuity. Most residents are frail and many are severely frail.

Increasing resident numbers with high complexity creates extra demand on care setting staff and local health and care services. The local system works hard to support all care settings in providing high quality care.

Health & Care Support to Care Settings



ONE BROMLEY
WORKING TOGETHER TO IMPROVE HEALTH AND CARE

01 August 2025

The Friday News

To minimise the number of emails you receive, we will send all non-urgent communications to you via The Friday News, published monthly on the first Friday of the month.

The frequency will however be reviewed and adjusted if required.

This is the Social Care Newsletter for:

- Adult Social Care Providers in Bromley


Contents

Confirmation of CQC Local Authority Inspection Notification
Expression of Interest – Day Opportunities for Non-Resident Care Homes
Notice of Tender: Provision of Care and Support Services in Care Housing Schemes
TJAP Bromley Welcoming Report – I just want to be able to attend Sessions run by St. Christopher's
PAN London-Care Home Guidance & Guidance for Accession for Care Homes
Reminder: Preventing and managing falls
Closure of the Social Care Workers Visa Route

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- ## Examples of joint QI support:
- 1) Jointly supported the smooth transition of a home from nursing to residential care through a series of MDT meetings.
 - 2) In two homes with suspended placements due to quality concerns, implementation of SIPs resulted in a significant improvement in quality and a subsequent lifting of the suspensions, both within 3 months.

90% of care settings are CQC rated 'Good' or better

The CQC logo, featuring a stylized 'Q' inside a circle, with the text 'Care Quality Commission' below it.

Bromley Enhanced Health in Care Homes (EHCH) Programme

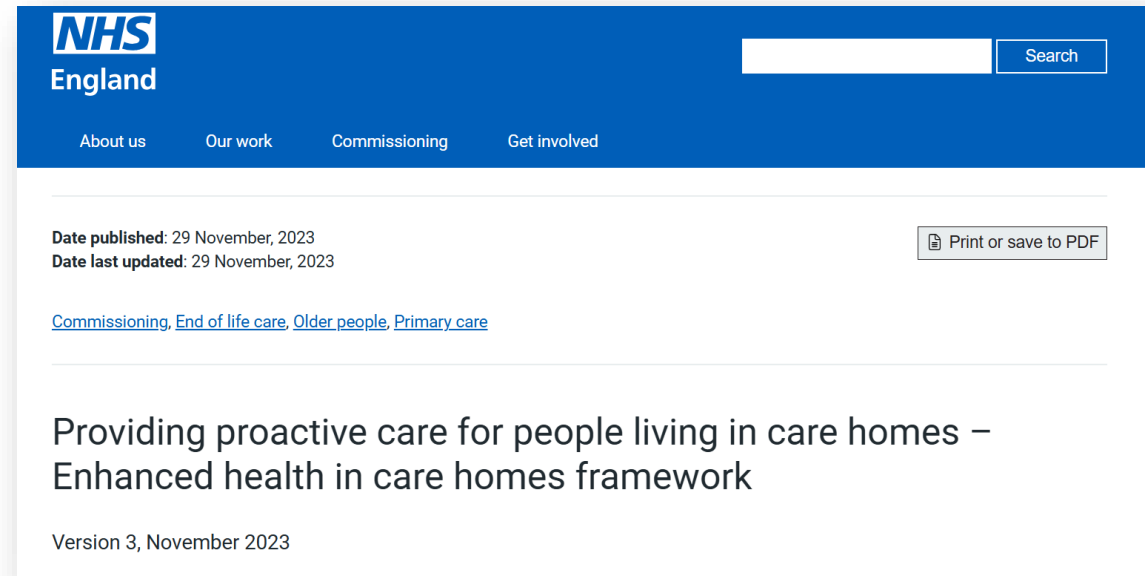
The EHCH Framework Version 3 (Nov 23)

NHS England’s Enhanced Health in Care Homes (EHCH) Framework V3 sets out the principles for delivering **proactive, personalised care for people living in care homes**.

It reflects **best practice and new ways of working** since the COVID-19 pandemic, including the use of **digital technology** to improve integrated working and information sharing across health and social care teams.

It guides the commissioning of and delivery arrangements for health and social care services in collaboration with care homes, so that the entire system works together to:

- provide **personalised care**,
- **improve outcomes**, and
- **promote independence** for people living in care.



**The EHCH Framework underpins
Bromley’s EHCH Programme**

To note, the EHCH framework applies to registered care homes only – but in Bromley, ECH are included as we realise the importance these schemes play in supporting vulnerable residents of Bromley.

One Bromley Frailty Collaborative

- The One Bromley Frailty Collaborative was established in June 2025 with agreed ToR and governance.
- The group was established to provide **strategic oversight**, **operational delivery** and **share best practice** of cross-organisational work on the following areas, rotating monthly:
 - 1) Develop and implement a system wide strategic approach to frailty using Integrated Neighbourhood Teams (INTs)
 - 2) Care Homes Medicine
 - 3) Palliative and End of Life (EoL) care
- The Collaborative has strategic oversight of the Enhanced Health in Care Homes (EHCH) programme and supports the implementation of the programme workstreams.

Inaugural Care Home-focussed meeting (22 July 2025)

- All care settings were invited – 2x ECH providers attended
- **Key discussion themes/outcomes:**
 - Understanding reasons for conveyance to hospital
 - Need to ensure community pathways e.g. Urgent Community Response and Hospital at Home are fully utilised.
 - UCP quality/upskilling staff as a priority
 - Action:Falls campaign system alignment – Acute Frailty Assessment Unit supporting its implementation through deprescribing, UCPs, onward referral to falls prevention service, using Falls Prevention Bundle across all of ED/acute – not just for care home/ECH patients.



The 2025/26 EHCH workplan and priorities are informed by care home feedback

Transformative / Quality Improvement priorities

Falls prevention & management (current focus)

Universal Care Plan (UCP) quality (Winter 2025/26 focus)

Dementia (Early 2026 focus)

Comms & engagement requirements (BAU)

UCP access (including via LCR)

RESTORE2 (including training)

Digital (DSPT, NHSmail, Proxy access, DSCR, LCR, Sensor-based falls prevention tech)

Progress status:

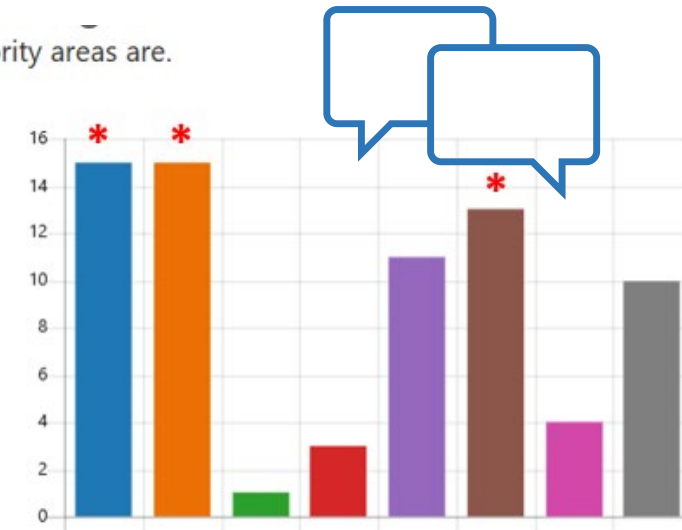
Not
progressed

Early progress

Advanced
progress

In February 2025, an in-person EHCH engagement event was held with care homes and local health services to understand the priority areas for care homes where additional support from the system is required. The 25/26 programme workplan and priorities therefore reflect the feedback and it is progressing well across the workstreams.

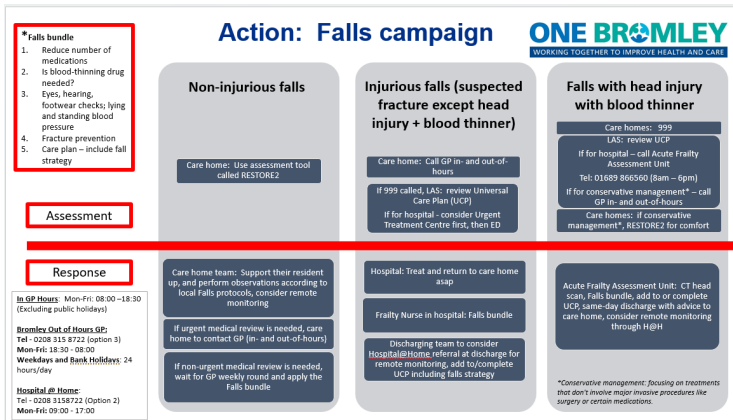
3. Please let us know what your three priority areas are.



<https://www.selondonics.org/icb/healthcare-professionals/enhanced-health-in-care-homes-bromley/>

Current focus: Falls prevention & Falls management

1) Bromley Action: Falls Campaign (March 2025)



Falls are the main reason care home residents in Bromley are conveyed to hospital. Falls prevention and management is currently the main priority.

In March 2025, we launched a **One Bromley falls campaign** in care homes and Extra Care Housing to help care home staff and supporting health services better assess and respond to different categories of falls, with a streamlined pathway to the PRUH's Acute Frailty Assessment Unit (AFAU). The aim is to **reduce the time in hospital for care home residents** when it is required. A multi-pronged **Falls Prevention Bundle** is also being implemented to reduce residents' falls risk.

2) Raizer Chair Pilot (June 2025)



King's Hospital Trust are investing in the community, funding a pilot via their Innovation Fund. 4 care homes and 1 ECH scheme have been provided a **Raizer Emergency Lifting Chair** for their staff to help lift uninjured residents who have fallen in a safe and dignified way. Evaluation is due March 2026.

3) Go Decaf! (November 2025)



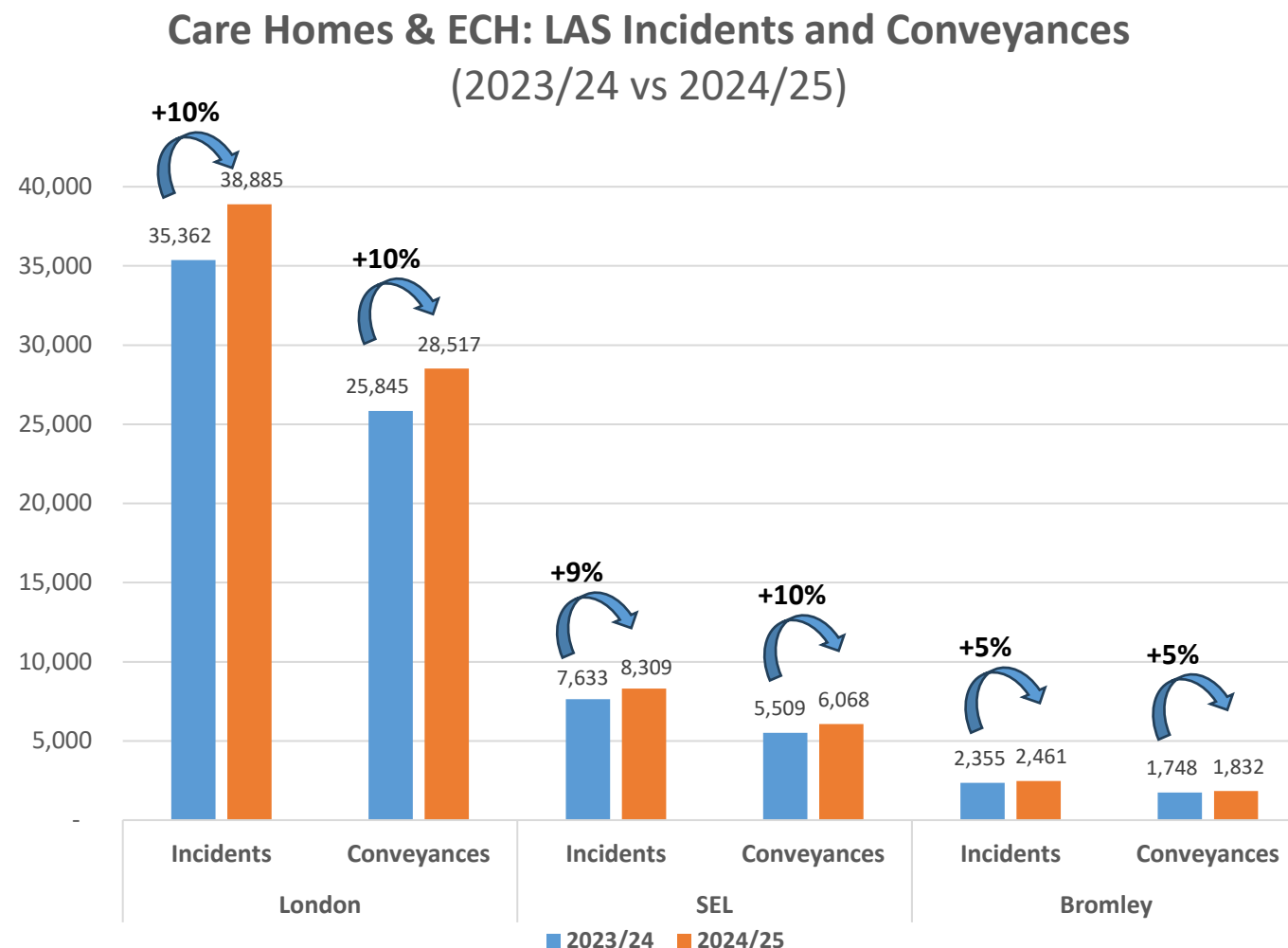
Learning from Northumbria and Leicestershire ICBs, **switching to decaffeinated drinks in care homes and hospitals has led to a reduction in falls**. This will be piloted in some Bromley care homes and 3x PRUH from Nov 25 for a 3-month period.

Bromley EHCH Programme Successes



Care Homes & ECH: London Ambulance Service (LAS) Activity

- **LAS activity is a proxy indicator for managing the health of care home residents**
- In 2024/25, in London and Southeast London care homes there was an increase in LAS activity. Across London and SEL care homes, there was a 10% increase in conveyances
- Despite efforts to bring care closer to home, an increase in activity is not unexpected as a result of the increasingly frail and complex care home population.
- **In Bromley, the rate of increase in conveyances was only half that of London/SEL, at 5%. This demonstrates the local system-wide care and support is having a positive impact on the health of our residents.**



Source: LAS Care Home Report

Care Homes MDT Intervention

In Winter 23/24, a **One Bromley care home multidisciplinary team (MDT) intervention** was implemented to **support care closer to home** and to achieve **purposeful collaboration** with people, patients, care homes teams and healthcare professionals across the system. **69 of the most complex and multi-morbid residents received the intervention** (the MDT patient cohort).

This truly integrated approach had a **significant impact which has been long lasting** and was a **catalyst for further One Bromley initiatives** such as the Action: Falls campaign in care settings.

Impact of the MDT intervention:

Universal Care Plans (UCPs)

- ✓ 100% of the MDT patient cohort had a UCP post-intervention for better personalised care and support.
- ✓ A three-fold increase in the number of newly created UCPs across all care settings – the intervention drove a wider change in practice.
- ✓ A 39% increase in number of patients dying with a UCP in place, with preferred place of death achieved for 80% of those patients.

London Ambulance Service (LAS) activity

- ✓ Reduction in 999 calls for 54% of MDT patients (across 8 settings).
- ✓ 24% fewer 999 calls and conveyances to hospital across the wider patient group in all MDT care settings.

Polypharmacy

- ✓ An average of 1.2 medicines appropriately deprescribed per patient.

Professionals feedback

- ✓ MDT professionals and care home staff reported high satisfaction and valued shared learning, experience and clinical decisions.

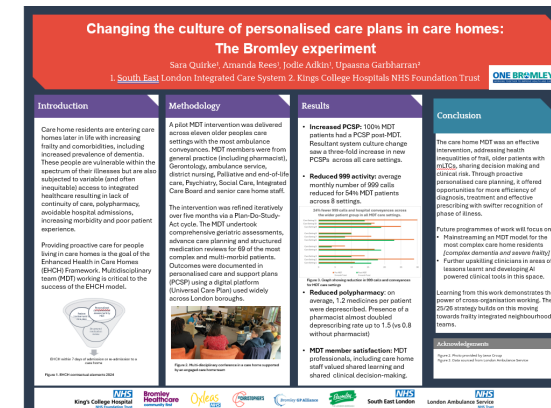
The team were awarded a One Bromley Recognition Award (2024)!



The Care Home MDT meeting taking place in a care home



The Care Home MDT



The learnings of the intervention were shared nationally via a poster at the British Geriatrics Society's (BGS) 2024 Autumn Meeting

RESTORE2 TRAINING

What is RESTORE2™?

It is a structured tool to help care home and ECH staff recognise and respond to residents' physical deterioration. It involves **identifying subtle changes** in behavior or appearance, **taking physiological observations** to quantify the person's condition, and **applying a communication tool** to confidently and effectively escalate concerns to healthcare professionals.

The goal is to get residents the **right care at the right time** to prevent conditions from worsening.



Bromley's RESTORE2™ Train-the-trainer programme

RESTORE2™ training for care home and ECH staff was initially commissioned in February 2022. During the year, **95% of care settings took up the training offer** and the tool was becoming well embedded.

In September 2024, a need for a refresher programme was identified and a further year-long train-the-trainer programme was commissioned, delivered by Bromley Education & Training Hub (BETH) (part of the SEL Workforce Development Hub (SEL WDH)):

- **22 care settings engaged**
- **74 staff were trained**
- **Learners rated all training elements 4-5 out of 5**

Due to its success **SEL WDH are continuing the training, opening the opportunity to all SEL care homes.**

Care setting staff feedback on training:

*"I gained new **knowledge** on this training; it's built up my **confidence** and ways to **communicate** with professionals."*

*"I enjoyed every part of the training from the training down to the assessment. It made me feel more **confident** in myself as a carer and am ready to **pass the knowledge down** to other people"*

*"I came in having little understanding of the use of Restore2, but now I am **very confident** in using the **NEWS2** and **SBARD**, thanks to the team."*

Experience using RESTORE2 in practice:

*"I am pleased that our care home is supported by highly efficient staff who pay close attention to even the smallest changes in residents' conditions and escalate concerns appropriately, with the aid of the RESTORE2™ framework. As a team, we collaborated effectively and were able to escalate several issues at early stages, ensuring timely and appropriate Interventions". **Health Care Assistant, Residential Care Home***

Universal Care Plan & London Care Record



What is the Universal Care Plan (UCP)?

The UCP is a digital personalised care and support plan that enables every Londoner to share 'what matters to them' with all professionals involved in their care so that care is person-centred, compassionate and in line with the individual's wishes. This is particularly important at times of crisis or at end of life.

UCP activity has steadily increased

In September 2025, the percentage of **Bromleag Care Practice's (BCP) registered population* with an active UCP increased from 56% to 71% within a year.** This has been the result of the huge effort from health services to increase UCPs for care home residents.

UCP rollout to care settings

92% of all care homes and ECH have been onboarded onto the UCP system with dedicated support from the ICB's Care Home Quality Liaison Nurse. 200+ registered staff in these settings can now access their residents' UCPs as well as create and edit plans. Work continues to increase the number of staff registered to enable access 24/7.

** BCP registered population includes all but one Older Peoples care homes + ECH schemes*



What is the London Care Record (LCR)?

The LCR is a digital shared care record solution, which enables health and care staff to have **one secure view of a person's relevant health and care information.** It was formerly known as "Connect Care".

With the LCR, information is transferred securely, via a health information exchange system – this enables **more effective care** by care professionals at the first point of contact.

LCR rollout to care homes

Care home staff in London are now able to access the LCR for their residents, in line with other health and care organisations involved in the individual's care

In Bromley, the Care Home Quality Liaison Nurse has been working closely with the SEL Adult Social Care Digital Team to onboard eligible care homes. Within a year, **76% of eligible** care homes in Bromley have been successfully onboarded onto the LCR system.** This is supporting these homes to provide safer and more effective care streamlining access to hospital discharge summaries, medications, test results etc.

*** eligible care homes are homes who use a Digital Social Care Record System (DSCR) that is compatible for LCR access.*

Digitising Care Homes



Since 2021, the SEL Adult Social Care Digital Team have been delivering DHSC’s and NHSE’s **Digitising Social Care (DISC) programme to increase the digital maturity of care homes** across Southeast London. CQC supports the programme, recognising the importance of digital maturity in the provision of safe, effective and high-quality care.

Locally in Bromley, the **Care Home Quality Liaison Nurse provides complementary support** and consistently promotes the benefits of digital.

To further support the embedding of digital initiatives such as NHSmail and Universal Care Plan, **LBB’s Quality and Provider Relations Team has incorporated them into their Quality Assurance Framework (QAF)** which is improving compliance.

Bromley’s care homes are the most digitally mature compared to all other SEL boroughs. This is testament to the willingness and enthusiasm of the care home managers to engage in the programme and embrace the SEL and local support provided.

96%

of care homes are Data Security and Protection Toolkit (DSPT) compliant for 2024/25 – this means are providers have demonstrated that they are compliant with data protection legislation, the health and social care data security standards, and good practice.

88%

of care homes are using NHSmail ensuring personal information is shared in a secure and compliant way. It improves communication with health services and homes get access to collaborative tools like Microsoft Teams.

76%

of care homes are using proxy access to order medications in a more streamlined way, saving administration time, reducing medication errors etc.

86%

of care homes are using digital social care records (DSCR) over paper-based systems for more efficient capture and sharing of information and reporting.

4

care homes were funded in 24/25 to upgrade wifi to improve the efficiency of digital solutions and communications.

3.8/5.0

Bromley’s Overall Digital Maturity Score

8

Care homes received or are in the process of receiving funding for sensor-based falls technology to support falls prevention.

One Bromley Local Care Partnership Board

DATE: Thursday 25 September 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 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 – September 2025

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1. One Bromley Local Care Partnership Programmes

2025 Winter Vaccination Campaign

The 2025 Winter Vaccination Campaign is due to commence on 1st September with Flu vaccinations for children and pregnant patients. The adult Flu and Covid campaigns will commence on 1st October.

Whilst eligibility for the flu vaccine remains unchanged from last winter, Covid vaccination eligibility is limited to over 75s, severely immunosuppressed individuals and residents of care homes for older adults.

Flu cohorts	Covid cohorts
<ul style="list-style-type: none"> • pregnant women • all children aged 2 or 3 years on 31 August 2025 • school aged children (from Reception to Year 11) • all in clinical risk groups aged from 6 months to under 65 (as defined by the Green Book, Influenza chapter 19) • those aged 65 years and over • those in residential care homes 	<ul style="list-style-type: none"> • those aged 75 years and over • those in residential care homes • those aged 6 months to under 65 years in clinical risk groups (as defined by the Green Book, Influenza chapter 19)

<ul style="list-style-type: none"> • carers and close contacts of immunocompromised individuals • frontline HSCW 	
--	--

Provision of winter vaccinations is spread across a number of GP practices and 30 Community Pharmacies in the Borough, with Bromley Healthcare delivering both flu and Covid vaccinations to Housebound patients.

We continue to work closely with our One Bromley partners, and a comprehensive Winter Plan has been produced that includes a programme of education and outreach, supported by local and social media. This includes a community engagement event, aligning cohorts with appropriate charities to address health inequalities and support partners to promote Staff Flu vaccinations.

Integrated Neighbourhoods Update – Integrator and Governance Development

On 21st July, the One Bromley Local Care Partnership Board approved the Borough arrangements for the Integrator.

The One Bromley Partnership, set up as a neighbourhood provider group with members from the One Bromley Executive, will serve as the integrator for Bromley Place. King's College Hospital NHS Foundation Trust will host the arrangement.

Integrators are organisations within each borough that will provide the core infrastructure to support effective integrated neighbourhood team working as it develops, ensuring services are tailored to meet local community needs and operate smoothly across organisational boundaries. Their role is crucial in creating cohesive, proactive, targeted and sustainable services that place individuals and communities at the centre.

The integrator will:

- Host the identified integration functions required to enable primary, community, mental health, acute specialist, local authority, voluntary and third sector and other partners to work together effectively at neighbourhood level.
- Ensure the effective delivery of INTs working within place partnerships, operating at a level of scale to allow sufficient organisational resources, capacity and capabilities to be available across all associated neighbourhood teams, whilst drawing on the local knowledge, experience and relationships from local professionals and communities.

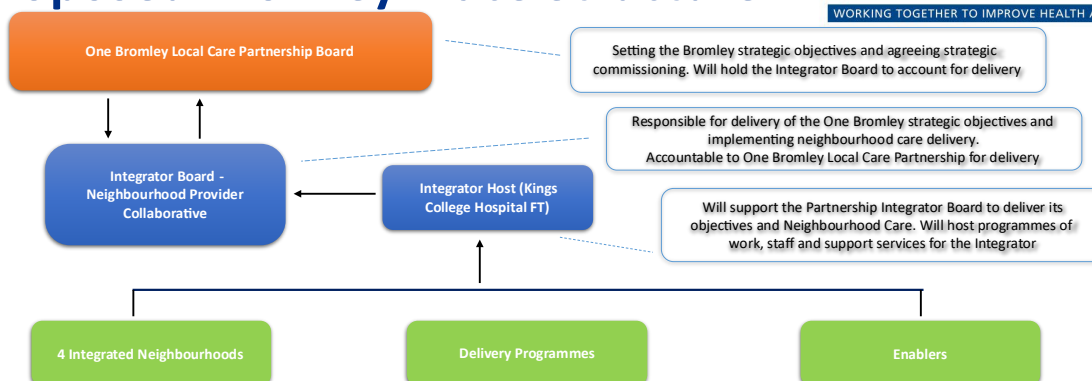
These proposed arrangements were subsequently approved by the South East London Integrated Commissioning Board and announced on 21st August by the ICB.

The next steps for the partnership will be to further develop the governance arrangements supporting the proposed place structure as set out below.

This will include:

- Development of a Memorandum of Understanding and an Alliance Agreement, updating the existing agreements to reflect the proposed arrangements for the Bromley Integrator.
- Assessment of the local integrator arrangements against the SEL Maturity Framework to feed into a development plan for the partnership, supported by non-recurrent funding from SEL.

Proposed Bromley Place Structure



- The Partnership Integrator Board will be directly accountable to strategic commissioners within the One Bromley Local Care Partnership Board, which shapes the services to be provided
- The Integrator Host, with the delivery teams, will be accountable to the Integrator Board for delivery.
- The Integrator Board will report back to the One Bromley Local Care Partnership Board on delivery and for decisions to resolve issues

The One Bromley Partnership continues to progress on the three key areas of Integrated Neighbourhood Development set out by South-East London as the neighbourhood care priority population groups – multiple long terms conditions, frailty and children and young people.

Integrated pathways are currently live for Frailty (through the Integrated Care Networks pro-active pathway) and Children and Young People (through the BCHIP service), and these are being further developed to align further with integrated neighbourhood team working.

The development of the multiple long-term conditions management programme is progressing well with services planned to be live within the Borough by the end of 2025/26.

2. Princess Royal University Hospital and South Sites

Finance

Current deficit position

The current financial year runs from April 2025 until March 2026. At the end of July this year, we recorded a year-to-date deficit of £1.5 million.

This is £800k worse than the plan we set ourselves at the start of the year, and is driven by a number of factors, including areas of overspend on bank and agency staff, patient transport and pathology; additionally, lower levels of elective (planned) activity delivered than intended.

Cost-improvement plans

We need to deliver cost-savings worth a total of £82.4 million during current financial year (April 2025 – March 2026).

A total of £60.7 million worth of cost-saving initiatives have been worked up and agreed so far.

Work is ongoing to identify the additional cost-savings we have committed to delivering.

Referral to treatment – Elective Care – Trust Wide

Incomplete performance has also been impacted, and the Trust continues to participate in the national Referral to Treatment (RTT) sprint validation of work in Q1-2.

RTT performance dipped slightly, with 60.71% of patients waiting under 18 weeks in July which is slightly below the target of 61.69% for the month.

The total Patient Treatment List (PTL) has been reducing since February 2025 and is now at 81,930 for July which is over 9.5k below the operating plan target of 91,249.

The number of patients waiting over 65 weeks increased from 162 patients at the end of May to 265 for July, which is predominantly driven by long wait patients at Denmark Hill particularly Bariatric Surgery but also in Ophthalmology across sites.

Emergency Performance – PRUH and South Sites

4 Hour All Types performance decreased slightly from 74.06% in April, to 72% in July.

Ambulance arrivals remain high with average daily volumes at 74. Despite this, a consistent improvement trend has been maintained in respect of the London rankings for total time lost over 30 minutes to handover delays.

The site has however continued to experience ongoing pressure with an increase in stroke activity and mental health delays in the wider system, together with ongoing delays for Length of Stay over 14 days for those requiring care homes as well as homelessness. The average daily discharge profile was maintained at 55 per day due to 50% reduction at weekends. Average admissions continued to surpass daily bed capacity by an average of 20 beds a day

Cancer

28 day Faster Diagnostic Standard (FDS) performance is displaying common cause variation and is not changing significantly.

Performance for June was 75.8% after a non-compliant position for May (74.2%).

62 day cancer performance is displaying common cause variation and is not changing significantly.

Performance improved from 65.1% in May to 69.1% in June, with breaches mainly in breast, colorectal, Hepato-Pancreato-Biliary (HPB) and urology. Specific cancer action plans are in place for these services.

31 day performance reduced in April and May due to ongoing Denmark Hill breast workforce issues and Demark Hill HPB theatre capacity. However, performance for June was 93.4% against a target of 94%.

Diagnostic Performance

Special cause variation concern with a consecutive run of DM01 performance above the mean for over 7 months from July 2024.

DM01 performance worsened from 49.19% reported in May to 49.79% in July and not achieving the national target of 5%.

Apollo/EPIC

Staff across all KCH hospitals and locations continue to work from one integrated patient record, Epic. 713,284 patients have registered for MyChart across King's and GSTT with 261,181 of these at King's. Patients using MyChart are less likely to miss (DNA) their appointments, with DNA rates at 5.0% rather than 10.5% for non MyChart patients.

Both King's and Guy's and St Thomas' are expanding the uptake of automated scheduling features enabling patient choice of appointments and providing opportunities to be seen sooner where possible.

Last month, patients self-scheduled 346 appointments, saving 10 minutes each- freeing up staff to focus on high priority tasks such as call handling and complex pathway management. Work is ongoing to scale this across another 83 services at King's.

Estates

Our capital programme continues.

Endoscopy Unit

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

Radiology Upgrades

Mammography replacement remains under review.

Flow upgrades and other developments

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.

3. St Christopher's Hospice

New Chief Executive Officer

We welcomed our new Chief Executive Officer at the end of June. He is spending his first 90 days understanding the environment in which we work and the service offer from St Christopher's. In addition, he is planning engagement with stakeholders around the development of a new Strategy for the organisation.

Frailty Offer

Work continues on developing a clear frailty offer ensuring it aligns with the draft South East London Frailty work. This work should be completed over the coming months and will allow us to have clarity around our care offer to those living with frailty. One of our Clinical Team Leads has been researching the use of IPOS Dem. IPOS Dem is a proxy completed measure for people with dementia. It is derived from IPOS and developed for use by unqualified care staff working in care home settings. It is designed to support systematic assessment of people living with dementia and incorporates common symptoms and problems experienced by this population. As a result, our use of frailty scores across our population aged 65 and over has increased from 65% to 74%.

Cardiovascular Disease Work

In order to progress our work around cardiovascular disease, in particular heart failure, the senior clinical team with the support of the Trusts Manager, have now progressed to the third round of funding applications for up to £500k from the Sir Jules Thorn fund. The final bid was submitted in the middle of August. The team from the St Jules Thorn Fund are booked to visit St Christopher's in early September and we will hear if we have been successful at the end of November. This is an exciting opportunity for us to ensure equitable access to all people living with heart failure, reaching the end of life across our five boroughs.

Candle Service Offer

Work continues to identify external funding to support our Candle Service offer. The Candle Team held a summer party for service users in early July. The lead for the service wrote the following reflection:

'Thirty children, young people and their adult carers came together on the afternoon of Saturday 5th July for an afternoon of connection and fun hosted by a team of candle staff and volunteers. This included a light rain shower, ice cream and sprinkles, giant connect four, hook a duck and tears and laughter! The families really engaged with the stone painting activity which allowed them both to remember their loved person and to have some fun. This special and moving afternoon culminated in everyone coming together at the site of the third space for Candle (a log cabin to be built using a specific bequest from the estate of Elizabeth Earnshaw-Smith, a St Christopher's social worker who went on to become the first Chair of the Association of Palliative Care Social Workers) around a lit candle for a collective moment of remembrance. Those who wished could leave their painted stones which will be used to decorate the cabin once it is built.'

Caseloads Update

The number of people on our caseloads appears to be reducing slightly, however significant work has been undertaken to assist with this, including teams having a deeper focus on who perhaps does not need our care and support and therefore can be discharged (people are always welcome to re refer themselves if their symptoms deteriorate). However, it is important to note that caseloads remain broadly the same when compared to the end of March 2024. If you exclude 2021-2022 (Covid) our referrals have increased by 32% since 2020.

Ward Refurbishment Project

The Ward Refurbishment Project started in early April and is progressing well and within the agreed timeline to complete in mid-December. We are communicating progress with our stakeholders. It is pleasing to understand that despite moving to only 26 beds (from 32) our occupancy for the quarter has increased to 86% (up from 77% in Q1 2024). Our team received 265 referrals Q1 this year when compared to 235 last year in the same period, representing a 12% increase in referrals to our inpatient unit. With 32 beds open last year we admitted 161 people in Q1 against 177 this quarter. This has been possible through reviewing and updating our admissions process.

Hospice Doula

Hospice Doula is now a permanent position, and we are looking at engaging volunteers to support in this important offer.

Assisted Dying

Prior to the final vote in the House of Commons, a report was sent to all MP's which highlighted the themes from our Community Research and our recommendations for the Call for Evidence that had not been addressed to date.

A communication was sent to all staff and volunteers on the day of the 3rd reading and vote on Friday 20th June, explaining the amends that were agreed and the next steps for the Bill.

The Assisted Dying Group is considering different scenarios from the outcome of the bill and implications for the organisation.

We are continuing to look at opportunities to influence those in the Lords.

We will continue to engage and support staff and volunteers as the Bill progresses

Assisted Dying was discussed at a recent Away Day with our Trustees.

Community Teams

The Community Teams are almost fully staffed and this is very positive news. As a result of the Ward Refurbishment Project, we temporarily halted recruitment to our inpatient unit, however this has restarted in earnest, and we are almost fully recruited with people being ready to start as we reopen.

The Community Action Team has four areas of focus, below is a brief description of the work of each area and its activity in Q1.

Community Support

- Outcome: Providing free to access informal support
- We saw 1,023 attendances at 111 support sessions offered in the quarter
- Of those people, 76 were new to us in the quarter.

Community Outreach and Engagement

- Outcome: Meeting 100 people new to the hospice
- 22 workshops were provided in the quarter
- Activities including hospice visits and hospice awareness, death literacy session, and school visits
- Outreach in Southwark and Croydon has led to 40 new community members signing up to SLICE, our community engagement and learning project about faith and end of life beliefs launching properly in Q2.

Community Learning

- Outcome: Helping people learn about end of life or helping develop important skills
- 9 sessions were delivered for volunteers and carers
- In this quarter, a key part of the teams' time was based on a collaboration with the Southwark Day Centre for Asylum Seekers.

Coproduction and Influencing

- We published a report on community viewpoints on assisted dying including policy asks
- We made a conference presentation to 200 professionals and academics on this topic.
- We made a conference presentation to 100 professionals and academics on the importance of consulting people on death literacy.

4. Bromley Healthcare

Our Quality Account 2024-25

We have published our latest Quality Account, which sets out how we have continued to improve the safety, effectiveness, and experience of care across Bromley Healthcare.

This year's report highlights our work to strengthen patient voice, improve access and reduce health inequalities, alongside key achievements in service transformation, staff development, and patient safety.

The Quality Account also sets out our priorities for the year ahead, shaped by feedback from patients, staff and partners. These include enhancing lived experience involvement, improving digital access, and continuing to embed learning from feedback and incidents.

Read our Quality Account here: [Quality Accounts - Bromley Healthcare](#)

New service in Bromley to support people living with multiple long-term symptoms

We have launched a new pilot to support Bromley residents living with multiple long-term symptoms, such as fatigue, pain, brain fog or breathlessness, which may have developed after Covid, another illness or as part of a long-term condition.

The service offers personalised, holistic support to help people manage their symptoms and improve their quality of life. It is open to adults with three or more symptoms lasting more than 12 weeks and builds on learning from Bromley's Post-Covid Service.

Referrals can be made by GPs or hospital consultants.

Find out more: [Post COVID Syndrome Community Pathway - Bromley Healthcare](#)

Bromley Integrated Therapies team shortlisted for national Greener NHS Award

Our Integrated Therapies team has been shortlisted for a national Greener NHS Award for their work to make therapy care more sustainable and accessible.

The Therapies team has developed a new hybrid model that combines secure online assessments with in-person visits when clinically needed. This approach has saved over 1,400 miles of travel and 85 hours of travel time since launching earlier this year, helping to cut carbon emissions while making it easier for patients to get the care they need, when and where they need it.

Waiting times for occupational therapy have reduced by more than half, and feedback from patients has been very positive. People have described the virtual sessions as practical, convenient and a good use of time, especially for those juggling work or caring responsibilities.

The model also supports smarter use of clinical time and is now being extended to other services, including physiotherapy, falls prevention and neuro rehabilitation.

Find out more: [Bromley Integrated Therapies team nominated for national Greener NHS award - Bromley Healthcare](#)



Rapid Response Team featured on local podcast

Yoven Soobramaney, our Rapid Response Team Lead, was recently interviewed on the Home Circle Bromley podcast, discussing how the service supports housebound patients across the borough. The conversation also explored mental health and the importance of tackling isolation as part of holistic care.

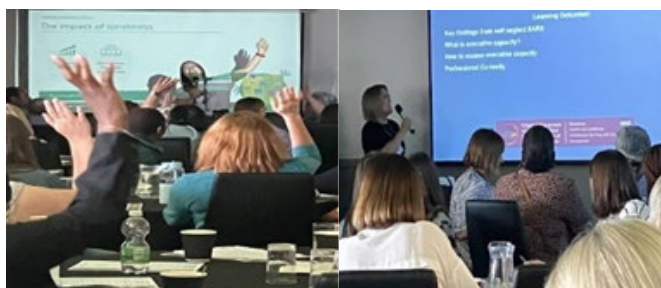
Watch here: [At home, not alone with the Rapid Response team in Bromley](#)



Safeguarding Workshop brings together health and care professionals

In July, we co-hosted a Safeguarding Workshop for Practitioners with the Bromley Safeguarding Adults Board and London Borough of Bromley.

The event focused on safeguarding leadership, learning from Safeguarding Adults Reviews, and the impact of loneliness on adult safeguarding. Colleagues reflected on good practice and challenges across areas including the Mental Capacity Act, professional curiosity and complex case pathways.



School nurses support Year 6 pupils at Junior Citizen Scheme

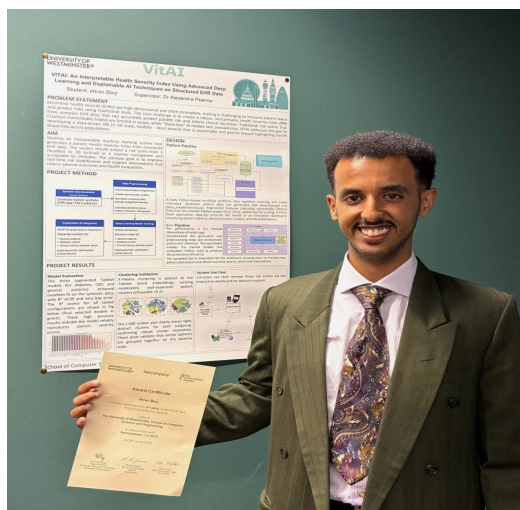
The Bromley school nursing team recently took part in the Junior Citizen Scheme, a police-led initiative that brings together local services to support Year 6 pupils as they prepare for the move to secondary school. This is the second year we have been involved, delivering sessions on personal hygiene and self-care. These conversations play an important role in supporting young people's health, confidence and wellbeing as they transition into adolescence.



Colleague Learning and Development Achievements

We are proud to highlight recent achievements from colleagues who are helping shape the future of healthcare both locally and nationally:

Victoria Facey, a member of our Speech and Language Therapy Team, recently completed the Royal College of Speech and Language Therapists' national Inspire Leadership Programme, one of just 18 professionals chosen from over 100 applicants across the UK.



Imran Faisal (pictured left), a member of our Information Team, who recently graduated with First Class Honours in Computer Science, received national recognition for an AI-powered project development during placement with Bromley Healthcare. The tool helps clinicians interpret electronic health records to support decision-making and was awarded second place at a national showcase.

Kavita Trevena, Engagement Manager, has secured a place on the first pan-London BME Career Development Programme, following a highly competitive process across all five Integrated Care Boards (ICBs). We are so proud to support our colleagues, both in their personal development, and in bringing new skills and perspectives back into our services for the benefit of our patients and workforce

5. Oxleas

1) Quality improvement projects in Bromley

There are a range of quality improvement projects taking place in Bromley aiming to improve services to local residents. Supported by Oxleas Quality Team, these include:

Planned Projects

- Reducing DNA rates in Bromley Hub.
- Improving women's health education for people with learning disabilities.

Active Projects

- Improving the completion of outcome measures for adults with learning disabilities.
- Improving the prevention, identification and access to treatment of metabolic syndrome and its components in people with learning disabilities on long-term psychotropic medication,

- Prompt medication prescribing in Dementia by improving ECG process for Bromley Memory Service. The team are currently reviewing the patient journey through the system to understand where improvement can be made.
- Developing Social Inclusion Group in Bromley Early Intervention in Psychosis service. Creating a co-produced social inclusion group to improve attendance at group interventions. Focus groups taken place to understand barriers to attendance.
- Effective Care Project for neurodiverse clients in Bromley Early Intervention in Psychosis service. To provide better, more effective and more tailored care to the clients we see who are neurodiverse or show neurodiverse traits. Screening tool being developed.
- Gloves Off – Reducing use of disposable gloves to reduce environmental impact and costs.

2) Child and Adolescent Mental Health Services

The waiting time for initial assessment by Bromley CAMHS continues to reduce in line with national targets. Oxleas are publishing monthly average assessment waiting times for Bromley CAMHS on our website: [Our Services | Oxleas NHS Foundation Trust](#)

In August 2025, our average waiting times per care pathway were:

- Adolescent: 3 weeks
- Generic: 13 weeks
- Looked After and Adopted Children: 7 weeks
- Neurodevelopmental and Learning Disability: 14weeks.

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

We continue to work actively with system partners to improve the broader service offer for children and young people in the borough, ensuring that services are aligned to the national recognised THRIVE framework. As part of this, we continue to deliver an integrated Single Point of Access (iSPA) with our partners at Bromley Y. This service is the front door through which children; young people and their families access mental health and wellbeing services in Bromley.

3) Looking for PLACE inspection volunteers

We are looking for volunteers to take part in this years [NHS PLACE inspections](#) across our sites in September and October. PLACE stands for Patient Led Assessment of the Care Environment. It is a national initiative where people who use NHS services help assess the spaces where care is delivered. That includes everything from signage and car parks to the cleanliness of wards and the food we serve. The feedback helps us make real improvements to the quality of our inpatient environments. Volunteers join a small team for a day at one of our sites. We will visit different areas, score the environment and make sure any improvements are followed up.

Anyone who uses our services can take part, including current patients, carers family members, visitors, patient advocates, patient council members and Oxleas' governors.

The next inspection dates are:

- Oxleas House – Wednesday 24 September
- Bracton Centre – Friday 26 September
- Goldie Leigh – Friday 10 October
- Memorial Hospital Units – Friday 17 October

Anyone who would like to volunteer or find out more, please email: oxl-tr.estatesadmin@nhs.net or call 01322 625743.

4) Community Mental Health

Promoting service user involvement

We now have in post an Older Peoples Involvement Lead and a Peer Engagement Facilitator who are working on a number of projects to promote involvement of service users and carers across Bromley.

The DASH (Dementia Assisting (Self-Help) Group is a service user group for people with dementia. They meet fortnightly and currently run a number of projects. The Group has registered with DEEP (Dementia Empowerment and Engagement Project) run by Exeter University. This group has already contributed to interview panels and to a Service User Listening Event as well as creating a blog [Dementia Assisting Self Help Group Blog!](#)

Sharing information and resources

Several community engagement projects have been undertaken by our psychology trainees to develop resources including a dementia perceptions leaflet focusing on the 65-75 year old group, aiming to create a directory of services to engage those who would be less likely to attend traditional services, in collaboration with service users and carers. Resources have also been created for professionals and carers to promote greater understanding and awareness of dementia. Our Mental Health Wellbeing Practitioner from our Older Peoples Community Team has also developed a blog as an informal resource hub to support patients and carers: [Bridgeways Bromley OP CMHT and Memory Service](#)

6. 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 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. We realised over £4.75m in benefits and grants for residents in 2024-25, with over £2m from our Forms Completion Service.

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 Navigators made 318 (Q4 270) Referrals, and the Post Discharge Settling Service received 134 (Q4 96) referrals. This is a 40% increase and the highest ever number the service has received. Over 700 contacts were made with clients demonstrating the value and impact of the service. Our Take Home and Settle Service had 517 referrals – a 25% increase on the previous quarter.

Handy Person Service received 295 (Q3 343) referrals. Setting clear referral guidelines from April 2025 appears to have reduced demand, though still almost double the Key Performance Indicator (KPI) of 150.

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, with 128 Learning Disabilities referrals and 140 Physical Disabilities Referrals. 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.

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 106 clients between April and June, demonstrating consistent demand. The information and advice offer on Wednesdays is the only drop-in advice service in central Bromley.

Campaigns

We will be leading on the sixth Bromley Self Care Week, 17-23 November.

7. Primary Care Networks (PCN)

Planning for winter pressures

Bromley Primary Care Networks (PCNs) is working alongside the Bromley GP Alliance (BGPA) to design a bespoke out of hours and in hours service which aims to support increased demand in primary care over the winter period and reduce pressures on A&E and Urgent Treatment Centre. The newly formed Winter Access Collaboration service will offer:

- An in hours service provided by Bromley PCNs, enabling practices to book into additional GP appointments made available across multiple practice sites in their PCN. These appointments will be additional to the Enhanced Access appointments already offered.
- An out of hours Clinical Assessment Service (CAS) provided by BGPA, allowing NHS 111 to book directly into BGPA triage service offering virtual and face to face GP appointments.

The Bromley PCNs' in hour winter service plan centres around a collaborative approach to improve same day access to primary care enabling patients to be seen closer to home, utilise a triage system already in place and have flexibility to cope with surges in demand.

New Bromley Primary Care Collaborative

A Bromley Primary Care Collaborative has been established to create a unified voice for general practice, providing a framework for Bromley PCNs and Bromley GP Alliance to work together to make decisions in relation to delivering integrated primary care, physical health and supporting deliver of integrated neighbourhood teams.

Supported by Londonwide and Bromley Local Medical Committee (LMC), the Collaborative will meet regularly to help drive a common approach. The Collaborative will be committed to working together to find patient-centred system solutions, jointly explore development of population-based models of care and innovate in the delivery of services that improve the health and wellbeing of local people.

PCN Showcase

MDC PCN	
Total list size	35,954
Member practices	Links Medical Practice, The Chislehurst Partnership
PCN base	145 White Horse Hill, Chislehurst, Kent, BR7 6DH
PCN infrastructure	<p>MDC PCN Health is a limited company.</p> <ul style="list-style-type: none"> 2 Clinical Directors 1 Network Manager 1 Digital Transformation Lead 1 Operations & Finance Manager 1 PCN Supervisor
ARRS staff	<ul style="list-style-type: none"> 4 Care Coordinators 3 Social Prescriber Link Workers 1 Paramedic 2 Mental Health Practitioners 1 First Contact Physio 2 Physician Associates 2 Clinical Pharmacists
Population health data highlights	<p>One of our two practices (The Chislehurst Partnership) has a higher proportion of patients with 5+ Long Term Conditions (LTCs) than the Bromley average. Our PCNs most common LTCs are hypertension, diabetes, chronic kidney disease (CKD), and obesity with a large prevalence of hypertension in both practices. Our practices have a lower proportion of patients with an active Universal Care Plan (UCP) than the Bromley average. The Chislehurst Partnership is above the Bromley average for NHS health checks and the data shows that the Links Medical Practice is below the local average.</p>

	Links Medical Practice has a relatively high level of deprivation, with a third of its patients being in the Core20 population. 10.8% of the patients from the practice are living in the most deprived 10% (deprivation decile). The Chislehurst Partnership has a relatively low deprivation score.
Hub services	Our PCN operates a hub model for GP appointments (Enhanced Access Service) every evening and all day on Saturday; and daily hub triaging and actioning of eConsults for the PCN. We also run a pathology hub every Saturday for the patients of our own PCN.
Health Inequality project	Our Mums' Hub launched in 2023 in Mottingham and runs on the last Friday of each month. We have since introduced the Happiness Project, where ARRs staff visit housebound patients weekly for hour-long appointments. Additionally, our Health and Wellbeing Café operates every other Friday, open to anyone over 65 registered with our GP surgeries.
Capacity and Access improvement initiative	Both practices now operate a total triage system using online consultation tools. The PCN Care Coordinator runs NHS App 'clinic' every week where patients receive a self-booking link from the PCN and they can book themselves in at the most convenient time. Both practices have telephone lines available for their patients with the call-back option switched on.
Flagship service	<ol style="list-style-type: none"> 1. Health and Wellbeing Café – For all our patients from 65 years onwards. 2. Happiness Project – For all the housebound patients registered with PCN practices. 3. Mums' Hub – Information for mums of babies and children up to 3 years of age. 4. Multi-Morbidity Model of Care – Kidney Health Clinic and finger prick blood testing service for patients diagnosed with CKD level 3 or 4. 5. Enhanced Access Service – For all the patients of our PCN. 6. BCHIP – Collaborative working with community nursing team, general paediatricians and general practitioner for any paediatric queries before referring to secondary care services (for patients under 16 years of age). 7. BP@Home – Weekly clinic to check blood pressure of patients who are over 40 and not had their BP checked within 5 years. After the initial check, patients are asked to send BP readings to make sure BP is healthy, and if so, they get discharged or referred to the GP/pharmacist review if not. 8. NHS App Clinic (digital inclusion) – Helping patients to download and understand the NHS App functions and the importance of having the app.

Future plans	<ol style="list-style-type: none"> 1. Men's Health Event – Cancer awareness working together with secondary care and third sector colleagues. 2. Group Consultations – Fibromyalgia group discussions. 3. Remote Monitoring of Asthma – Including weekly FeNO testing by PCN Care Coordinator and bi-weekly Spirometry service by the respiratory nurse. 4. Developing Integrated Neighbourhood Team (INT) to improve collaborative working, together with our Bromley Connect PCN colleagues. 5. Winter Access Hub – Working together with our PCN and BGPA colleagues.
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8. Bromley Public Health

Collaborative Planning to Improve Sexual Health

Introduction

On 16 July 2025, a workshop on sexually transmitted infections (STIs) in Bromley brought together health partners from King's College Hospital NHS Foundation Trust and the London Borough of Bromley. The session focused on how we, as a partnership, can strengthen STI testing and prevention strategies, particularly for those who have the highest burden and may be underserved across the borough.

Aim and Purpose

The workshop aimed to foster open dialogue between partners, share insights, and develop potential solutions to the barriers affecting STI testing and treatment. We explored what is currently known and being done to meet the needs of higher burden and underrepresented populations and identified ways we could work together to improve awareness, accessibility and engagement.

Updates and Progress

Discussions highlighted several challenges, including limited visibility of services, resource constraints and mistrust in services. However, promising opportunities emerged, such as expanding mobile clinics, enhancing outreach efforts and deepening collaboration with community leaders and primary care networks.

Impact and Outcomes

The workshop resulted in a set of breakthrough initiatives we could take together, including the re-establishment of a Bromley-wide sexual health network, increased access to testing and targeted training for wider stakeholders. These actions are designed to improve service delivery and reduce STI transmission rates, particularly among underserved groups.

Next Seps

Dedicated workstreams will be established to drive forward the agreed priorities, with shared ownership across health partners. LBB Public Health will coordinate progress and facilitate regular check-ins over the next 12 months. Continued input from community representatives

and primary care will be vital to achieving our goals, especially in expanding access to testing and fostering collaborative working.



9. Bromley GP Alliance (BGPA)

Bromley Primary Care Winter Access Collaborative

BGPA, in collaboration with Bromley Primary Care Networks, (BPCNs), has submitted a proposal for a Primary Care Winter Access Collaborative to increase clinical capacity during the high-demand winter months.

Under this model:

- BPCNs will deliver additional in-hours capacity, while
- BGPA will lead the Out of Hours (OOH) Clinical Assessment Service (CAS) element.

BGPA Out of Hours Clinical Assessment Service

The BGPA OOH CAS will provide a direct booking pathway from NHS 111 into BGPA. It will operate from 7pm on Friday through to 8am on Monday, covering the entire weekend period. The service will be delivered through a blended model, offering both virtual and face-to-face appointments, depending on patient needs.

We anticipate the CAS will resolve 80% of cases, with the remaining 20% redirected as follows:

- Into PCN Enhanced Access Services
- Into practice-based NHS 111 appointment slots on Monday
- Any unutilised capacity will be made available to Urgent Treatment Centres (UTCs), PCNs or practices.

Key Service Features:

- Eligibility: NHS 111 non-clinically triaged patients

- Scope: Delivered at scale to ensure effective, consistent and equitable access to primary care for all Bromley residents during out-of-hours periods
- Collaboration: By aligning BGPA and PCN services, this model provides a bespoke, GP-led access solution for primary care across Bromley.

Bromley GP Alliance Community Dermatology Service

Further to the update provided in July, the Community Dermatology Service continues to manage sustained increases in referral volumes.

To support the stabilisation of waiting times, BGPA has increased service capacity from September 2025 through March 2026. This forms part of a broader collaboration with King's, aligning ongoing improvement plans.

Our Demand and Capacity model projects a 4% year-on-year growth in referrals. Using this model enables us to stabilise current wait times and supports strategic planning beyond 2026/27 to meet future demand.

Bromley GP Alliance Community Headache Service

In conjunction with the SEL ICB and Medicines Management team, BGPA have secured a prescribing budget for the Community Headache Service. This will enable the doctors working within the service to initiate medication for a maximum of two weeks and thereafter, upon receipt of the clinic letter, the patients GP will be able to prescribe as recommended. It also removes any previous prescribing issues with two amber classified drugs, Lamotrigine and Topiramate, providing much improved care for patients of the service.



Administrators: Caelan Cordonnier, Charlie Freeman,
Franklin Nwachukwu, Nick Barthram and
(centre) Helen Magee-Brown, Service Manager

Bromleag Care Practice

Introducing our Service Development Improvement Plans for 25/26

At Bromleag Care Practice, we are committed to continually developing and improving the care we provide to our patients. One of the ways we do this is through our Service Development Improvement Plans (SDIPs) – a framework that helps us identify priority areas for improvement each year and set clear goals for positive change.

The key focus areas for this year have now been confirmed, and will guide our work throughout 2025 (and in future years):

- **Frailty** – Improving recognition and support for patients living with frailty.
- **Comprehensive Geriatric Assessment** – Ensuring patients receive holistic assessments that address medical, psychological, functional and social needs.
- **Universal Care Plans (UCPs)** – Continuing to expand person-centred, joined-up care planning across our patient population.
- **Proxy Access/Promoting the NHS App** – Helping patients and carers to access their health information more easily and engage with their care digitally.
- **Reducing Over-the-Counter Prescribing** – Promoting safe and cost-effective prescribing, while encouraging self-care where appropriate.

These key focus areas reflect our ongoing commitment to delivering high-quality, person-centred care for our patients, while working in partnership with families, carers and One Bromley partners.

One Bromley Local Care Partnership Board

DATE: Thursday 25 September 2025

Title	Month 4 2025/26 SEL ICB Finance Report	
This paper is for information .		
Executive Summary	<ul style="list-style-type: none">The SEL ICB financial allocation at month 4 is £5,766,781k.At month 4, the ICB is reporting a year to date (YTD) and forecast out-turn (FOT) break-even position against its revenue resource limit (RRL)In reporting this month 4 position, the ICB has delivered the following financial duties:<ul style="list-style-type: none">Minor underspend of £117k YTD against its management costs allocation, with the monthly cost of displaced staff being charged against the provision. The forecast outturn position on running costs is break-even.Delivering all targets under the Better Practice Payments code;Subject to the usual annual review, delivered its commitments under the Mental Health Investment Standard; andDelivered the month-end cash position, well within the target cash balance.The 2025/26 Bromley ICB/LCP place budget at month 4 is £275,142k.The Bromley ICB/LCP place year end forecast position is £35k underspent.	
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

25 September 2025

Month 4 2025/26, SEL ICB Finance Report

Contents

1. Key highlights – SEL ICB & Bromley ICB/LCP
2. Bromley ICB/LCP - Month 4 Financial Position

Appendix 1 – M4 SEL ICB Finance Report

1. Key Highlights

- The SEL ICB financial allocation at month 4 is **£5,766,781k**.
- At month 4, the ICB is reporting a year to date (YTD) and forecast out-turn (FOT) **break-even position** against its revenue resource limit (RRL)
- In reporting this month 4 position, the ICB has delivered the following financial duties:
 - Minor underspend of **£117k YTD** against its management costs allocation, with the monthly cost of displaced staff being charged against the provision. The forecast outturn position on running costs is break-even.
 - Delivering all targets under the **Better Practice Payments code**;
 - Subject to the usual annual review, delivered its commitments under the **Mental Health Investment Standard**; and
 - Delivered the **month-end cash position**, well within the target cash balance.
- The 2025/26 Bromley ICB/LCP place budget at month 4 is **£275,142k**.
- The Bromley ICB/LCP place year end forecast position is **£35k** underspent.

2. Month 4 Bromley ICB/LCP Financial Position

- The borough is reporting an underspend of £243k at month 4 and is forecasting an underspend of £35k at year end.
- The Community budget is forecasting a £316k underspend. Within this position approx. £500k of un-committed budget has been factored into the position, a forecast overspend of £169k relating to the audiology contract, has been reported based upon current performance, and the community equipment forecast position has been reported as breakeven while the cost of the new arrangements are calculated and these will be built into next month's reporting position.
- The Mental Health budget is forecasting a £713k overspend due to pressures on diagnostic assessments and cost per case budgets. The former is forecasting a £560k overspend due to the exponential year on year growth in expenditure and the latter by £155k due to activity exceeding budgeted levels.
- The Continuing Healthcare budget is £318k overspent year to date and the forecast is £863k overspent. This is due to a continuation of the increase in adult CHC and FNC client numbers in recent years.
- The Prescribing budget is forecasting a £1,807k underspend. This is an estimated position based upon an adjusted rolling average of PPA data. At the start of the 2024/25 financial year the forecast was a significant underspend which by the end of the year had reduced to breakeven therefore an adjustment of £690k has been included in the current position to mitigate against this.
- The Delegated Primary Care Services is £342k underspent year to date and will be reviewed each month and be adjusted for quarterly list size changes. The forecast position is breakeven as this is a ringfenced allocation which is managed on an ICB wide basis.
- The Corporate budget is £150k underspent year to date due to vacancies and the forecast is breakeven.
- The 2025/26 borough savings requirement is £13,130k. At month 4 the borough is on track to achieve these savings and is reporting full delivery of the target.

	Year to date Budget £'000s	Year to date Actual £'000s	Year to date Variance £'000s	ICB Budget £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Acute Services	2,706	2,693	13	8,119	7,940	179
Community Health Services	31,611	31,506	105	94,834	94,518	316
Mental Health Services	4,974	5,623	(649)	14,898	15,611	(713)
Continuing Care Services	9,379	9,697	(318)	28,137	29,000	(863)
Prescribing	17,433	16,833	600	52,642	50,835	1,807
Prescribing - Reserves	-	-	0	-	690	(690)
Other Primary Care Services	675	675	0	2,026	2,026	(0)
Delegated Primary Care Services	23,659	23,317	342	70,978	70,978	0
Corporate Budgets	1,170	1,020	150	3,509	3,509	0
Total	91,608	91,365	243	275,142	275,107	35

Appendix 1

SEL ICB Finance Report

Month 4 2025/26

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2. Executive Summary
3. Revenue Resource Limit (RRL)
4. Budget Overview
5. Prescribing
6. Dental, Optometry and Community Pharmacy
7. NHS Continuing Healthcare
8. Provider Position
9. ICB Efficiency Schemes
10. Corporate Costs
11. Cash Position
12. Metrics Report
13. MHIS performance

1. Key Financial Indicators

- The below table sets out the ICB's performance against its main financial duties on both a year to date (YTD) and forecast basis.
- As at month 4, the ICB is reporting a year to date (YTD) and forecast out-turn (FOT) **break-even position** against its revenue resource limit (RRL) and financial plan. Within this reporting, the ICB has delivered £19,300k of savings YTD compared to the plan value of £18,700k.
- All boroughs are reporting that they will deliver a minimum of financial balance at the year-end after the "equalisation" (implementation of the risk-share) of the delegated primary care budgets.**
- The ICB is showing a YTD underspend of **£117k** against the running cost budget with a forecast out-turn position of breakeven against the running cost allowance.
- All other financial duties have been delivered for the year to month 4 period.

Key Indicator Performance					
	Year to Date		Forecast		
	Target	Actual	Target	Actual	
	£'000s	£'000s	£'000s	£'000s	
Expenditure not to exceed income	1,934,298	1,934,298	5,766,781	5,766,781	
Operating Under Resource Revenue Limit	1,934,298	1,934,298	5,766,781	5,766,781	
Not to exceed Running Cost Allowance	10,334	10,217	31,001	31,001	
Month End Cash Position (expected to be below target)	5,563	1,665			
Operating under Capital Resource Limit	n/a	n/a	n/a	n/a	
95% of NHS creditor payments within 30 days	95.0%	100.0%			
95% of non-NHS creditor payments within 30 days	95.0%	97.4%			
Mental Health Investment Standard (Annual)			537,494	546,155	

2. Executive Summary

- This report sets out the month 4 financial position of the ICB. The financial reporting is based upon the final plan submission. This included a **planned break-even position** for the ICB.
- The ICB's financial allocation as at month 4 is **£5,766,781k**. In month, the ICB has received an additional **£47,326k** of allocations. These are as detailed on the following slide. As at month 4, the ICB is reporting a year to date (YTD) **break-even** position. Within this reporting, the ICB has delivered **£19,300k of savings YTD** compared to the plan value of £18,700k.
- Due to the usual time lag, the ICB has received two months of 2526 prescribing data. This indicated a circa **£828k overspend YTD across PPA and non PPA** budgets, but its impact was very variable across the Places. This month actual Place positions have been reflected in the reporting.
- The continuing care financial position is **£713k overspent** at month 4, which is a deterioration on last month. The boroughs which are most impacted with overspends are Lewisham, Bromley and Greenwich which is a continuation of the trend from last year. Southwark and Bexley have small underspends, with Lambeth reporting a break-even position.
- The YTD position for **Mental Health services** is an overall **overspend** of **£3,213k**. The pressures on cost per case services are differential across boroughs with Bromley, Greenwich, Lambeth, Lewisham and Southwark being the most impacted. **ADHD and ASD assessments** are a significant pressure in all boroughs, with both activity and costs increased significantly in the early part of this financial year. Places will also be impacted by the current contractual difficulties in the **community home equipment contract**, led by the London consortium. The cost pressure is still to be quantified but will likely impact from August.
- The ICB is continuing to incur pay costs for the remaining displaced staff following the original MCR process. All associated costs are charged to the balance sheet provision which was set up for this purpose. Some staff left the ICB in June, which leaves a small number of impacted staff who remain at the ICB.
- Two places are reporting overspends YTD at month 4 – **Greenwich (£803k) and Lambeth (£663k)**. A break-even position is forecast for all places. Places have recently met with the CFO and Deputy CEO to review financial positions. All places were tasked to identify additional mitigations to offset financial risks, to ensure delivery of their financial plans. Detail regarding the individual place financial positions is provided later in this report.
- In reporting this month 4 position, the ICB has delivered the following financial duties:
 - Minor underspend of **£117k YTD** against its management costs allocation, with the monthly cost of displaced staff being charged against the provision. The forecast outturn position on running costs is break-even.
 - Delivering all targets under the **Better Practice Payments code**;
 - Subject to the usual annual review, delivered its commitments under the **Mental Health Investment Standard**; and
 - Delivered the **month-end cash position**, well within the target cash balance.
- As at month 4 the ICB is reporting an overall **forecast break-even position** against its financial plan. More detail on the wider ICS financial position is set out the equivalent ICS Finance Report.

3. Revenue Resource Limit (RRL)

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL ICB
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
ICB Start Budget	161,660	273,947	194,703	237,803	189,711	187,894	4,395,891	5,641,609
M2 internal adjustments	-	-	-	-	47	-	(47)	-
M2 Allocations	-	-	-	-	-	-	51,058	51,058
M2 Budget	161,660	273,947	194,703	237,803	189,758	187,894	4,446,902	5,692,667
M3 Internal Adjustments	261	396	300	599	136	149	(1,840)	0
M3 Allocations	-	-	-	-	-	-	26,788	26,788
M3 Budget	161,921	274,343	195,003	238,402	189,894	188,043	4,471,850	5,719,455
M4 Internal Adjustments								
Delegated Primary Care	478	668	628	857	678	705	(4,013)	-
M4 Allocations								
Running Costs Allowance Pay Award Impact	-	-	-	-	-	-	218	218
Secondary Care Dental - Pay Award Impact	-	-	-	-	-	-	360	360
Specialised - Pay Award Impact	-	-	-	-	-	-	5,221	5,221
ICB programme funded expenditure - Pay Award Impact	-	-	-	-	-	-	21,360	21,360
Transfers from Service Development Fund - Pay Award Impact	-	-	-	-	-	-	416	416
Elective Recovery Funding: Core - Pay Award Impact	-	-	-	-	-	-	618	618
Elective Recovery Funding: Additional - Pay Award Impact	-	-	-	-	-	-	375	375
Discharge - Pay Award Impact	-	-	-	-	-	-	108	108
Non-recurrent support NHS providers (host basis) - Pay Award Impact	-	-	-	-	-	-	2,745	2,745
To support additional mid year 2025/26 GP practice contract changes	-	-	-	-	-	-	4,014	4,014
ED Bypass Accelerators-Lewisham and Greenwich Hospital	-	-	-	-	-	-	537	537
DoS & MiDoS Costs 2025/26.	-	-	-	-	-	-	255	255
PCT Fellowships M04 Initial estimate 6 month allocations	-	-	-	-	-	-	613	613
Elective - Validation sprint 1	-	-	-	-	-	-	424	424
DWP - NHS Talking Therapies - M04	112	131	-	-	-	-	502	745
Additional Core allocation - CPCF contract	-	-	-	-	-	-	2,776	2,776
Additional POD allocation - CPCF contract	-	-	-	-	-	-	7,503	7,503
WEMSS	-	-	-	-	-	-	784	784
Month 04 depreciation adjustments	-	-	-	-	-	-	(3,169)	(3,169)
Out of London Delegated Hospital's.	-	-	-	-	-	-	1,117	1,117
Various Minor Allocations	-	-	-	-	-	-	306	306
M4 Budget	162,510	275,142	195,631	239,259	190,571	188,748	4,514,920	5,766,781

- The table sets out the Revenue Resource Limit (RRL) at month 4.
- The start allocation of **£5,641,609k** is consistent with the Operating Plan submissions.
- During month 4, **£4,013k** of internal adjustments were actioned in relation to Delegated Primary Care.
- In month, the ICB has received an additional **£47,326k** of allocations, giving the ICB a total allocation of **£5,766,781k** at month 4. The additional allocations received in month 4 included adjustments for the pay award impact totalling **£31,660k**, community pharmacy contractual framework (CPCF) adjustments totalling **£10,279k**, funding to support additional GP practice contract changes **£4,014k**, funding allocation for Out of London Delegated Hospitals **£1,117k**, Women's medium secure services (WEMSS) funding **£784k**, Talking Therapies funding of **£745k** and other allocation adjustments of under £700k totalling **£1,896k**. These additional allocations are offset by a negative depreciation adjustment of **(£3,169k)**.
- Further allocations both recurrent and non-recurrent will be received as per normal throughout the year each month.

4. Budget Overview

	M04 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	1,699	2,706	2,304	163	453	32	1,102,982	1,110,339
Community Health Services	8,489	31,611	13,499	9,993	11,380	12,619	94,641	182,233
Mental Health Services	3,633	4,974	2,980	8,075	2,677	3,574	213,792	239,705
Continuing Care Services	8,903	9,379	10,102	11,970	8,473	6,839	-	55,666
Prescribing	12,960	17,433	12,735	14,570	14,546	11,991	(144)	84,089
Other Primary Care Services	500	675	643	1,319	681	334	5,861	10,013
Other Programme Services	408	-	598	-	-	251	8,131	9,389
Programme Wide Projects	-	-	-	-	9	86	2,315	2,410
Delegated Primary Care Services	16,518	23,659	21,137	32,085	24,159	25,802	(460)	142,901
Delegated Primary Care Services DPO	-	-	-	-	-	-	76,991	76,991
Corporate Budgets - staff at Risk	-	-	-	-	-	-	-	-
Corporate Budgets	982	1,170	1,154	1,515	1,074	1,334	13,332	20,561
Total Year to Date Budget	54,091	91,608	65,152	79,690	63,452	62,863	1,517,442	1,934,298
	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	1,701	2,693	2,357	163	474	39	1,102,983	1,110,409
Community Health Services	8,486	31,506	13,446	9,993	9,642	12,168	94,715	179,957
Mental Health Services	3,635	5,623	3,711	8,660	3,225	4,272	213,792	242,918
Continuing Care Services	8,799	9,697	10,310	11,970	9,158	6,444	-	56,379
Prescribing	13,043	16,833	13,044	14,570	15,145	12,426	(144)	84,917
Other Primary Care Services	500	675	596	1,319	681	334	5,946	10,051
Other Programme Services	408	-	-	-	(0)	-	7,032	7,440
Programme Wide Projects	-	-	-	-	9	72	2,323	2,403
Delegated Primary Care Services	16,462	23,317	21,314	32,205	24,086	25,816	(244)	142,954
Delegated Primary Care Services DPO	-	-	-	-	-	-	76,991	76,991
Corporate Budgets - staff at Risk	-	-	-	-	-	-	-	-
Corporate Budgets	896	1,020	1,178	1,474	1,032	1,264	13,014	19,877
Total Year to Date Actual	53,931	91,365	65,955	80,352	63,452	62,833	1,516,409	1,934,298
	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	(3)	13	(53)	0	(21)	(7)	(0)	(70)
Community Health Services	3	105	54	(0)	1,738	451	(75)	2,276
Mental Health Services	(3)	(649)	(731)	(585)	(548)	(698)	(0)	(3,213)
Continuing Care Services	104	(318)	(208)	0	(686)	395	-	(713)
Prescribing	(83)	600	(309)	0	(600)	(435)	0	(828)
Other Primary Care Services	0	0	47	(0)	0	0	(85)	(38)
Other Programme Services	(0)	-	598	-	0	251	1,099	1,949
Programme Wide Projects	-	-	-	-	-	15	(8)	7
Delegated Primary Care Services	56	342	(177)	(119)	74	(13)	(215)	(53)
Delegated Primary Care Services DPO	-	-	-	-	-	-	(0)	(0)
Corporate Budgets - staff at Risk	-	-	-	-	-	-	-	-
Corporate Budgets	86	150	(24)	41	43	70	318	684
Total Year to Date Variance	160	243	(803)	(663)	0	30	1,033	(0)

- As at month 4, the ICB is reporting a YTD **break-even position**, albeit with **emerging pressures in specific budgets**. Key area of financial pressure are in **mental health services and prescribing**.
- Due to the usual time lag, the ICB has now received two months of 2526 prescribing data. This indicated a circa **£828k** overspend but is variable across the Places. This month the actual performance for each Place has been reflected in the reporting both for YTD and FOT.
- The CHC financial position is **£713k overspent** at month 4, a significant deterioration on last month's reported numbers. The boroughs which are most impacted are Lewisham, Bromley and Greenwich which is a continuation of the trend from last year. The Greenwich position has deteriorated from last month; the Bromley position has also deteriorated but the run rate for Lewisham has improved.
- The YTD position for Mental Health services is an overall **overspend of £3,213k**. The pressures on cost per case services are differential across boroughs with all (except Bexley) being significantly impacted. **ADHD and ASD assessments** are a significant pressure in all boroughs with activity and costs increasing significantly in the early part of this financial year.
- The ICB is continuing to incur pay costs for the remaining displaced staff following the original MCR process. All associated costs are charged to the balance sheet provision which was set up for this purpose. Some staff left the ICB in June, which still leaves a small number of impacted staff who remain at the ICB.
- Two places are reporting overspends YTD at month 4 – **Greenwich (£803k) and Lambeth (£663k)**. However, a **year-end break-even position is forecast for all places** after adjusting for the impact of under/overspends on the delegated primary care budget – thereby managing this budget on a pan ICB basis.
- More detail regarding the individual place financial positions is provided later in this report.

5. Prescribing

- The table below presents the month 4 PPA Prescribing Position showing a YTD overspend of **£1,023k** and FOT overspend of **£3,228k**. The YTD position is calculated on 2 months of actual PPA data and 2 months of accruals which are estimated based on a 6-month average of previous data and multiplied by the number of dispensing days.
- The non-PPA prescribing budgets underspend by **£195k** YTD – generating an overall prescribing position of an overspend of **£828k YTD** at month 4.

M04 Prescribing	Total PMD (Excluding Cat M& NCSO)	Central Drugs	Flu Income	Q4 24/25 Flu (Benefit)/Cost pressure	Public Health Drug Recharge	Total 24/25 PPASpend	M04 YTD Budget	YTD Variance - (over)/under	YTD Adjustment	Revised YTD Variance - (over)/under
BEXLEY	12,613,607	416,249	(100,195)	(28,749)	(31,333)	12,869,579	12,858,718	(10,861)	0	(10,861)
BROMLEY	16,353,545	539,667	(136,955)	(3,940)	(19,581)	16,732,735	17,332,479	599,744	0	599,744
GREENWICH	12,862,876	424,475	(43,800)	(86,423)	0	13,157,128	12,637,855	(519,273)	0	(519,273)
LAMBETH	14,040,057	463,322	(50,945)	(60,319)	0	14,392,114	14,543,930	151,815	0	151,815
LEWISHAM	14,735,730	486,279	(43,192)	(49,435)	(106,853)	15,022,529	14,212,990	(809,539)	0	(809,539)
SOUTHWARK	12,070,255	398,318	(97,628)	(30,609)	0	12,340,337	11,905,158	(435,179)	0	(435,179)
SOUTH EAST LONDON	0	0	0	0	0	52,405	0	0	(52,405)	0
Grand Total	82,676,070	2,728,310	(472,714)	(259,476)	(157,768)	84,566,828	83,491,129	(1,023,294)	(52,405)	(1,023,294)

Prescribing Comparison of April to May 2025 v April to May 2024					
	2024/25 April to May	2025/26 April to May	Change £	Change %	
South East London ICB:					
Expenditure (£'000)	40,608	41,191	583	1.4%	
Number of Items ('000)	4,454	4,518	63	1.4%	
£/Item	9.12	9.12	0.00	0.0%	
London ICBs:					
Expenditure (£'000)	205,449	211,259	5,811	2.8%	
Number of Items ('000)	25,276	25,990	713	2.8%	
£/Item	8.13	8.13	0.00	0.0%	
All England ICBs:					
Expenditure (£'000)	1,683,686	1,697,433	13,748	0.8%	
Number of Items ('000)	207,532	208,925	1,393	0.7%	
£/Item	8.11	8.12	0.01	0.1%	

- The table to the left compares April to May prescribing data for 2024/25 and 2025/26. The headlines are that the trend in expenditure in the ICB is higher than nationally (**an increase of 1.4%**) and lower than the London average (**an increase of 2.8%**). This is driven primarily by a lower increase in the number of items (**1.4%**) – compared to an **increase of 2.8%** across London.

6. Dental, Optometry and Community Pharmacy

- In April 2023, ophthalmic, community pharmacy and dental services were delegated to ICBs from NHS England. The table below sets out the financial position of these budgets on both a month 4 YTD and forecast basis.

Service	YTD Budget £'000s	YTD Actual £'000s	YTD Variance - (over)/under £'000s	Annual Budget £'000s	Forecast £'000s	FOT Variance - (over)/under £'000s
Delegated Primary Dental	36,815	36,815	0	110,446	110,446	(0)
Delegated Community Dental	2,799	2,799	0	8,397	8,397	0
Delegated Secondary Dental	17,923	17,923	(0)	53,769	53,769	(0)
Total Dental	57,537	57,537	(0)	172,612	172,612	(0)
Dental Ring Fence	57,402	57,402	0	172,207	172,207	0
Dental Non Ring Fence	135	135	(0)	405	405	(0)
Total Dental	57,537	57,537	(0)	172,612	172,612	(0)
Delegated Ophthalmic	5,877	5,877	(0)	17,630	17,630	0
Delegated Pharmacy	13,329	13,329	0	39,989	39,989	0
Delegated Property Costs	247	247	0	742	742	0
Total Delegated DOPs	76,991	76,991	(0)	230,973	230,973	(0)

a) Delegated Dental

- Due to information being time delayed, the ICB has reported a break-even position for the year-to-date and the full year. **The dental ringfence of £172,207k is expected to be delivered in 2526.** As per last year, the monthly accrual will be based on the dental report downloaded from the national e-Den system. The delegated property costs relate to where the primary care dentists are working either in NHS PS or CHP sites, and rent is charged.

b) Delegated Ophthalmic

- Due to the time delay in receiving information, the ICB has reported a break-even position for the year-to-date and the full year. The majority of the spend relates to Optician Sight Tests and Vouchers submitted by high street opticians within the SEL geography regardless of where the patient resides – claims are based upon location of provider not client/patient. The claims are as per a national framework arrangement, under which the ICB has a requirement to pay.

c) Delegated Community Pharmacy

- Due to lack of available information, the ICB has reported a break-even position for the year-to-date and the full year. Information is generally received 2 months in arrears with an accrual then based upon the months average using the number of Prescribing days. Pharmacy First will be fully funded by non-recurrent allocations from NHS England which are received in arrears.

7. NHS Continuing Healthcare

- As of Month 4, the CHC budget reflects an overall **overspend** of **£713k**. Cost pressures vary across boroughs: **Lewisham, Bromley, and Greenwich** are reporting overspends, while **Bexley and Southwark** are **underspent by £104k** and **£395k** respectively, with **Lambeth** reporting a break-even position.
- **Lewisham** is the largest contributor to the overspend at **£686k**, primarily driven by high costs among palliative care clients. The reported figure includes **£325k** for anticipated provider price increases.
- **Bromley** is reporting an **£318k overspend**, largely due to increases in FNC provision and palliative care; this also includes a provision of **£223k** for potential future price increases agreed with providers.
- **Greenwich** has an overspend of **£208k**, mainly attributed to an increase in the cost of children's CHC.
- To manage provider price uplifts, an **ICB panel** has been established to review all price increase requests exceeding **1.5%**, meeting weekly to ensure consistency across the ICB, and to contain cost escalation. All borough financial positions include a provision for a **4% inflationary uplift** where uplifts have not been specifically agreed.
- On savings delivery, all boroughs have identified and made progress against their CHC savings plans. **Greenwich** are reporting an **under delivery of £250k** and **Lewisham** are currently **exceeding** their target by **£419k**. However, increasing levels of activity and the prevalence of high-cost patients continue to create ongoing financial pressures on the CHC budget.

8. Provider Position

Overview:

- This is the most material area of ICB spend and relates to contractual expenditure with NHS and Non-NHS acute, community and mental health providers, much of which is within block contracts.
- In year, the ICB is forecasting to spend circa **£4,309,332k** of its total allocation on NHS block contracts, with payments to our local providers as follows:

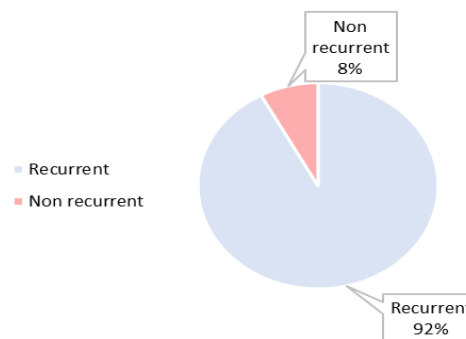
• Guys and St Thomas	£1,088,344k
• Kings College Hospital	£1,166,991k
• Lewisham and Greenwich	£750,477k
• South London and the Maudsley	£366,094k
• Oxleas	£326,220k
- In month, the ICB position is showing a break-even position on these NHS services, and a break-even position has also been reflected as the forecast year-end position.

9. ICB Efficiency Schemes at as Month 4

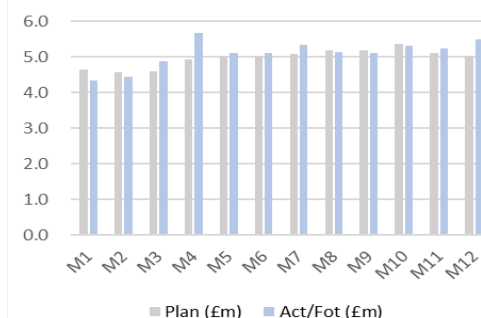
- The 6 places within the ICB have a total savings plan for 2025/26 of **£59,700k**. In common with the previous financial year, the key elements of the savings plans are in Primary Care, Continuing healthcare and Community healthcare.
- The table to the right sets out the YTD and forecast status of the ICB's efficiency scheme as at month 4.
- As at month 4, overall, the ICB is reporting actual delivery ahead of plan (**£600k**) with **£19,300k** savings delivered against a plan of **£18,700k**. At this stage in the financial year, the annual forecast is to exceed the efficiency plan by £1,500k, albeit with a significant degree of risk.
- The current risk rating of the efficiency plan is reported. At this stage in the year, **£4,200k** of the forecast outturn of has been assessed by the places as **high risk**.
- Most of the savings (**92%**) are forecast to be delivered on a recurrent basis.

	Year-to-Date			Forecast			Forecast - Risk		
	Plan	Actual	Variance	Plan	Forecast	Variance	Low	Medium	High
Boroughs	£m	£m	£m	£m	£m	£m	£m	£m	£m
Bromley	4.3	4.3	0.0	13.1	13.1	0.0	8.6	3.9	0.6
Greenwich	2.8	3.2	0.3	8.4	9.5	1.0	7.2	1.3	1.0
Lambeth	3.6	3.7	0.1	12.6	12.6	0.0	1.0	9.1	2.4
Lewisham	3.0	3.2	0.3	9.0	9.4	0.4	3.0	6.4	0.0
Southwark	2.4	2.4	(0.0)	8.9	8.9	(0.0)	7.7	1.0	0.2
SEL ICB Total	18.7	19.3	0.6	59.7	61.2	1.5	33.4	23.6	4.2

Forecast efficiencies by recurrence



Monthly phasing of efficiencies



10. Corporate Costs – Programme and Running Costs

Area	Annual Budget	Year to Date		
		Budget	Actual	Variance
Boroughs	£	£	£	£
Bexley	2,690,709	896,903	810,734	86,168
Bromley	3,343,200	1,114,400	964,271	150,129
Greenwich	3,179,603	1,059,868	1,083,684	(23,816)
Lambeth	4,189,976	1,396,659	1,355,314	41,345
Lewisham	3,007,448	1,002,482	942,128	60,355
Southwark	3,758,559	1,252,853	1,182,611	70,242
Subtotal	20,169,495	6,723,165	6,338,742	384,423
Central				
CESEL	461,543	153,848	131,214	22,634
Chief of Staff	3,252,466	1,084,155	1,043,058	41,097
Comms & Engagement	1,702,148	567,383	522,901	44,482
Digital	1,696,449	565,483	505,949	59,534
Digital - IM&T	3,251,039	1,083,680	1,053,460	30,219
Estates	670,163	223,388	292,910	(69,522)
Executive Team/GB	2,516,029	838,676	751,914	86,762
Finance	2,844,256	948,085	832,047	116,039
General Reserves	-	-	-	-
London ICS Network	-	-	-	-
Medical Director - CCPL	1,613,413	537,804	497,214	40,590
Medical Director - ICS	278,282	92,761	75,142	17,618
Medicines Optimisation	4,583,281	1,527,760	1,342,738	185,023
Planning & Commissioning	8,555,671	2,825,224	2,440,223	385,001
Quality & Nursing	1,990,734	663,578	562,153	101,425
SEL Other	-	-	(33,248)	33,248
South East London	-	-	73,303	(73,303)
Subtotal	33,415,473	11,111,824	10,090,978	1,020,846
Grand Total	53,584,968	17,834,989	16,429,720	1,405,269

- The table shows the YTD month 4 position on programme and running cost corporate budgets.
- The ICB is continuing to incur the pay costs for staff at risk from the original MCR process, but these costs are not included in the table opposite as the costs are being charged to the provision made for the final pay costs and redundancy costs for this group of staff.
- The process of issuing notices to at risk staff has largely been completed with most of redundancy payments now having been made. Some staff left the ICB in June, which leaves just a small number of people who remain but have been displaced through this process.
- Work is ongoing to comply with latest request to restructure the ICB as per the NHSE blueprint document. The impact of this work will be seen via this report later in the year.
- **Overall, the ICB is reporting an overall YTD underspend on its corporate costs of circa £1,405k**, which is largely a result of vacant posts.
- As highlighted in earlier slides, the ICB is **underspending £117k YTD** against its **management (running) costs** allocation of **£31,101k**, however a year end break-even position is being forecast as it is anticipated that any year-end underspend will need to contribute to redundancy costs arising from the latest management cost review.

11. Cash Position

- The Maximum Cash Drawdown (MCD) as at month 4 was **£5,765,947k**. The MCD available as at month 4, after accounting for payments made on behalf of the ICB by the NHS Business Authority (largely relating to prescribing, community pharmacy and primary care dental expenditure) was **£3,840,869k**.
- As at month 4 the ICB had drawn-down 33.4% of the available cash compared to the budget cash figure of 33.3%. In month 4, the ICB did not need to request a supplementary cash drawdown, nor has it in August. A supplementary cash drawdown was requested for April 2025, to clear old year creditors.
- The cash key performance indicator (KPI) has been achieved in all months so far this year, showing continued successful management of the cash position by the ICB's Finance team. The actual cash balance at the end of Month 4 was **£1,665k**, well within the target set by NHSE (**£5,563k**). **The ICB expects to utilise its cash limit in full by the year end.**
- ICBs are expected to pay 95% of all creditors within 30 days of the receipt of invoices. To date the ICB has met the BPPC targets each month, and it is expected that these targets will be met in full both each month and cumulatively at the end of the financial year.

ICB	2025/26 April-July 25	2025/26 April-June2025	2025/26 Month on month movement	Cash Drawdown	Monthly Main Draw down £000s	Supplementary Draw down £000s	Cumulative Draw down £000s	Proportion of ICB ACDR cumulative %	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 2025/26	£000s	£000s	£000s								
ICB ACDR	5,765,947	5,718,621	47,326	Apr-25	435,000	20,000	455,000	8.70%	5,438	50	0.01%
Capital allocation	0	0	0	May-25	455,000	0	910,000	17.10%	5,688	2,164	0.48%
Less:				Jun-25	440,000	0	1,350,000	25.70%	5,500	2,178	0.49%
Cash drawn down	(1,795,000)	(1,350,000)	(445,000)	Jul-25	445,000	0	1,795,000	33.39%	5,563	1,665	0.37%
Dental	(32,810)	(24,833)	(7,977)	Aug-25	458,000		2,253,000		5,725		
HOT	(810)	(618)	(191)	Sep-25							
Prescription Pricing Authority	(96,459)	(72,238)	(24,221)	Oct-25							
Pay Award charges			0	Nov-25							
PCSE POD charges adjustments			0	Dec-25							
Pension Uplift			0	Jan-26							
				Feb-26							
				Mar-26							
Remaining Cash limit	3,840,869	4,270,931	(430,063)		2,233,000	20,000					

12. Metrics Report

- The ICB receives a metrics report from NHS England every month which is compiled from information from our ledger and nationally collated by SBS. **This ranks all ICBs against a set of national key financial metrics.**
- The report below relates to June 2025 as the July report will not be received until the end of August which is too late for this reporting cycle.
- In terms of performance, **SE London ICB has achieved 1st in the country again this month which is very positive.** The metric scores below shows that although we have no scores of the maximum 5, we have one score at 4.29, one at 4.0 and all other scores above 3, with the overall score now 19.29 out of a possible 25.
- Each score shown on this dashboard has several metrics sitting behind it, which relate to good financial practice. The ICB is currently scoring especially well in two areas (scores of 4.29 and 4.00) which are a) Accounts Receivable, showing the work undertaken in this area to reduce and manage debt and b) GL and VAT where all balance sheet reconciliations are up to date with limited reconciling items. The finance team are continuing to strive to improve the scores in the 3 other areas, especially given the pending implementation of ISFE2.
- Further work is ongoing to establish how further improvements can be made.

Organisation Name	NHS South East London ICB			
Organisation Code	QKK	Period	Jun-25	
Region	London	Peer Rank	1 / 42 ICB	
	Apr-25	May-25	Jun-25	3 month average
Overall Score (max 25)	19.46	19.92	18.48	19.29
	Apr-25	May-25	Jun-25	3 month average
Accounts Payable - NHS	3.42	3.68	3.74	3.61
Accounts Payable - Non NHS	2.94	3.33	2.83	3.03
Accounts Receivable	4.41	4.29	4.29	4.33
General Accounts	3.69	3.62	3.62	3.64
GL and VAT	5	5	4	4.67

13. Mental Health Investment Standard (MHIS) – 2025/26

Summary

- SEL ICB is required to deliver the Mental Health Investment Standard (MHIS) by increasing spend over 2024/25 outturn by a **minimum of the growth uplift of 4.93%, a target of £537,494k. These figures have been updated this month to allow for the current year pay awards.** This spend is subject to the usual annual independent review.
- There are two changes in the MHIS target for 2025/26:
 - the MHIS target now includes £42,754k of Service Development Funding (SDF) transferred into the ICB baseline.
 - there is now a separate MHIS target for Delegated Specialised Commissioning of £89,325k where responsibility has been transferred to the ICB from NHSE for services delivered through contracts managed by the South London Partnership (the Mental Health Provider Collaborative).
- MHIS excludes:
 - spending on Learning Disabilities and Autism (LDA) and Dementia (Non MHIS eligible).
 - out of scope areas include ADHD and the physical health elements of continuing healthcare/S117 placements.
 - spend on SDF and other non-recurrent allocations, noting that the majority of SDF funding has been transferred into the ICB baseline.
- The 2025/26 planned spend exceeds the MHIS target as result of funding to support financial recovery and further investment in areas formerly funded through SDF and forming part of ICB core allocations.
- Slide 3 in this section summarises the 2025/26 SEL ICB MHIS Plan. As at Month 4 we are forecasting MHIS delivery of **£546,155k**, exceeding the target by **£8,661k** (1.59%). This is made up of planned over-delivery as described above. Slide 4 in this section sets out the position by ICB budget area.

13. Mental Health Investment Standard (MHIS) – 2025/26

Risks and Mitigations

- We continue to see growth in mental health cost per case spend, in terms of client numbers, cost and complexity, for example on S117 placements. Mitigating actions include ensuring that timely client reviews are undertaken, reviewing and strengthening joint funding panel arrangements and developing new services and pathways. For Lambeth, Southwark and Lewisham (LSL) clients in particular, work is being undertaken collaboratively with SLaM and SLP to review the complex care client cohort.
- Learning disability placements costs continue to grow in some boroughs, with an increase in the complexity of some care packages being seen. Mitigating actions include reviewing LD cost per case activity across health and social care to understand care package costs, planning for future patient discharges to agree funding approaches, developing new services to prevent admissions and seeking to implement risk share agreements.
- ADHD is outside the MHIS definition and is therefore excluded from this reported position. There is, however, significant and increasing independent sector spend on both ADHD and ASD services, with a spend exceeding £4.5m across a growing number of independent sector providers for Right to Choose referrals.

The following actions are being taken:

- increasing local provider capacity to reduce waiting times.
- working with local providers across adult and CYP ADHD services to review and transform care pathways to create sustainable services.
- undertaking an accreditation process to ensure the quality and VFM of independent sector providers.
- working to agree contracts with high value independent sector providers to attempt to mitigate financial risk and ensure quality.

13. Summary MHIS Position – Month 4 (July) 2025/26

Mental Health Spend By Category		Total Mental Health Plan 31/03/2025 Year Ending £'000	Mental Health - NHS Actual 31/05/2025 YTD £'000	Mental Health - Non-NHS Actual 31/05/2025 YTD £'000	Total Mental Health Actual 31/05/2025 YTD £'000	Mental Health - NHS Forecast 31/03/2026 Year Ending £'000	Mental Health - Non-NHS Forecast 31/03/2026 Year Ending £'000	Total Mental Health Forecast 31/03/2026 Year Ending £'000	Total Mental Health Variance 31/03/2026 Year Ending £'000
Category									
Children & Young People's Mental Health (excluding LD)	1	54,741	15,961	2,165	18,126	47,884	6,530	54,414	327
Children & Young People's Eating Disorders	2	3,632	1,211	0	1,211	3,632	0	3,632	0
Mental Health Support Teams in Schools	21	9,779	2,231	1,028	3,259	6,694	3,085	9,779	0
Perinatal Mental Health (Community)	3	9,834	3,278	0	3,278	9,834	0	9,834	0
NHS Talking Therapies, for anxiety and depression	4	37,007	10,023	2,319	12,342	30,068	6,956	37,024	(17)
A and E and Ward Liaison mental health services (adult and older adult)	5	19,597	6,532	0	6,532	19,597	0	19,597	0
Early intervention in psychosis 'EIP' team (14 - 65yrs)	6	13,337	4,446	0	4,446	13,337	0	13,337	0
Adult community-based mental health crisis care (adult and older adult)	7	43,005	14,190	146	14,336	42,569	439	43,008	(3)
Ambulance response services	8	1,211	404	0	404	1,211	0	1,211	0
Community A – community services that are not bed-based / not placements	9a	140,738	40,787	5,924	46,711	122,361	17,894	140,255	483
Community B – supported housing services that fit in the community model, that are not delivered in hospitals	9b	32,371	7,559	3,397	10,956	22,676	10,226	32,902	(531)
Mental Health Placements in Hospitals	20	7,928	2,310	354	2,664	6,931	1,560	8,491	(563)
Mental Health Act	10	6,405	0	2,962	2,962	0	8,473	8,473	(2,068)
SMI Physical health checks	11	831	237	41	278	712	122	834	(3)
Suicide Prevention	12	486	162	0	162	486	0	486	0
Local NHS commissioned acute mental health and rehabilitation inpatient services (adult and older adult)	13	142,443	47,481	0	47,481	142,443	0	142,443	0
Adult and older adult acute mental health out of area placements	14	9,680	3,196	8	3,204	9,587	8	9,595	85
Sub-total MHIS (exc. CHC, prescribing, LD & dementia)		533,025	160,008	18,344	178,352	480,022	55,293	535,315	(2,290)
Mental health prescribing	16	10,533	0	3,511	3,511	0	10,533	10,533	0
Mental health in continuing care (CHC)	17	242	0	102	102	0	307	307	(65)
Sub-total - MHIS (inc CHC, Prescribing)		543,800	160,008	21,957	181,965	480,022	66,133	546,155	(2,355)
Learning Disability	18a	14,641	3,957	1,731	5,688	11,871	4,432	16,303	(1,662)
Autism	18b	4,367	1,423	43	1,466	4,269	129	4,398	(31)
Learning Disability & Autism - not separately identified	18c	47,723	2,846	13,830	16,676	8,539	40,849	49,388	(1,665)
Sub-total - LD&A (not included in MHIS)		66,731	8,226	15,604	23,830	24,679	45,410	70,089	(3,358)
Dementia	19	15,225	4,500	577	5,077	13,501	1,730	15,231	(6)
Sub-total - Dementia (not included in MHIS)		15,225	4,500	577	5,077	13,501	1,730	15,231	(6)
Total - Mental Health Services		625,756	172,734	38,138	210,872	518,202	113,273	631,475	(5,719)
Delegated Mental Health Commissioning Services									
(Specialised Commissioning MHIS categories):									
Specialised Mental Health (excluding Adult Eating Disorders)	22	195	65	0	65	196	0	196	(1)
Adult Eating Disorders	23	3,114	1,038	0	1,038	3,114	0	3,114	0
Adult Secure (excluding High Secure)	24	69,965	23,322	0	23,322	69,965	0	69,965	0
CAMHS and Low Secure CAMHS	25	14,510	4,837	0	4,837	14,510	0	14,510	0
Other CAMHS (excl T4 and Low Secure)	26	0	0	0	0	0	0	0	0
Perinatal (Mother and Baby Units)	27	1,850	617	0	617	1,850	0	1,850	0
Sub-total - Delegated Mental Health Commissioning Services (SC MHIS)		89,634	29,879	0	29,879	89,635	0	89,635	(1)
Total - Mental Health Services		715,390	202,613	38,138	240,751	607,837	113,273	721,110	(5,720)

One Bromley Local Care Partnership Board

DATE: Thursday 25 September 2025

Title	Bromley Primary Care Group: September 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 September 2025 meeting of this group:</p> <p>a) Bromley Practice Resilience Programme</p> <p>PCG received a presentation from GP Supporters, outlining their approach as part of the Bromley commissioned resilience and improvement support for practices. This offer is provided in a targeted manner to ensure overall resilience across the borough.</p> <p>PCG discussed some of the common themes and commended the work in train.</p> <p>b) G84027 Boundary Change Application</p> <p>PCG was asked to approve the contractual change request by practice G84027 (Elm House Surgery) to alter its patient boundary. This change would align Elm House Surgery's boundary to Cator Medical Centre's current boundary. The intention is to support the smooth transition and streamline registration processes ahead of the combining of practice lists scheduled from 1 January 2026.</p> <p>PCG approved this application.</p> <p>c) Medicines Optimisation Plan for 2025/26</p> <p>PCG was asked to endorse the 2025/26 Medicines Optimisation Plan (MOP), previously known as the Prescribing Incentive Scheme. This scheme has been introduced as a consistent design across south east London. The scheme will invest £347,640 into Bromley GP practices,</p>

focusing on improving the quality and safety of prescribing whilst reducing waste. The scheme has three priority areas:

- Reducing overprescribing
- Achieving medicines value
- Improving medicines safety (including antimicrobial stewardship).

PCG welcomed the publication of the MOP and endorsed the scheme for issue.

d) Outline intentions for 2026/27 Local Schemes

PCG was advised of the work underway to refresh and update the GP Premium and Local Enhanced Services for 2026/27, with a more detailed review of the following areas:

- End of Life care
- Integrated Case Management (frailty pathway)
- Post-operative wound care
- Shared care drugs (ADHD, DMARDS, Gender Dysphoria, Gonadorelin analogue).

The review aims to benefit from increased consistency and a common approach across SEL and to ensure continued focus on improving care and patient outcomes through this investment.

PCG noted the report and welcomed the proposals in due course.

e) Briefing on the National GP Dashboard

PCG was advised about development work underway by NHS England on a new General Practice dashboard, known as the Commissioning and Transformation Support (CATS) dashboard. This national dashboard will contain metrics to provide a multi-faceted overview of practice performance, across the following domains: GP access and experience, GP workforce, clinical outcomes and care quality, vaccinations and screening, and medicines management.

PCG noted that there are currently extensive programmes of work in train across each of these domains. PCG welcomed the future publication of the dashboard to further assess and benchmark Bromley achievement and then target improvement support. PCG noted that there is a national group convened by NHSE to oversee the development of the dashboard and that its date of publication is yet to be confirmed.

	<p>f) 2025 GP Patient Survey</p> <p>PCG received a summary of the Bromley results from the GP Patient Survey conducted in Spring 2025. Bromley's average score for 'overall experience of your GP practice' is at 73%, and increase from 72% in 2024. Whilst the improvements in ratings are modest, they remain consistent with SEL and national scores, most likely reflecting the pressures on primary care services and the significant changes underway in how GP practices are accessed. PCG was advised that the ICB priority is to focus on the variation in patient satisfaction across practices and PCNs in the borough, in order to help practices address and improve these aspects for patients.</p> <p>g) Pharmacy First Update</p> <p>PCG was briefed on the uptake and utilisation of the Pharmacy First offer in the borough. There have been nearly 23,000 Pharmacy First consultations between February 2024-July 2025, with a steady rise in use. PCG was advised that work is in train to improve the referrals process, system interfaces and patient awareness of this offer. Pharmacy First is expected to play an important role in mitigating winter pressures by providing timely, high quality patient care.</p> <p>h) Healthwatch Q1 (2025/26) Report</p> <p>Bromley Healthwatch presented the Quarter 1 Healthwatch report with the summary feedback from members of the public. It was noted that patients are broadly positive about the quality of treatment and staff attitudes, with some improvement in feedback about telephone appointments. However there is a mixed experience about getting through to the practice on the telephone and the ease of booking an appointment.</p> <p>PCG thanked Healthwatch for the report.</p> <p>i) Other Items</p> <p>PCG received the July 2025 Medicines Implementation Group minutes, the GP Premium dashboard for 2024/25 and a summary of the 2024 eDeclaration report, the contractual monitoring returns submitted by Bromley GP practices.</p>
<p>Recommended action for the Committee</p>	<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.

	<ul style="list-style-type: none"> The approval of the boundary change for G84027 (Elm House Surgery) and endorsement of the 2025/26 Medicines Optimisation Plan and associated investment. 	
Potential Conflicts of Interest	Some members of the LCP and its sub-groups are providers of primary care services and potential recipients of funding streams (namely, the MOP). The development of the MOP and associated investment has been undertaken separately by the ICB and was not influenced by PCG.	
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 & GP Clinical Lead	
Executive sponsor:	Harvey Guntrip, Bromley Lay Member, NHS SEL ICB	

One Bromley Local Care Partnership Board

DATE: Thursday 25 September 2025

Title	Bromley Procurement & Contracts Group – July / August 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 30th July and 27th August 2025.</p> <p><u>Contract Award</u></p> <p>No contracts were awarded during this reporting period.</p> <p><u>Contract Extensions</u></p> <p>No contracts were extended during this reporting period.</p> <p><u>Contract Variations</u></p> <p>Bromley Healthcare – contract modification notices covering</p> <ul style="list-style-type: none"> Contract varied to include Bexley Dietetics service Contract varied to remove CYP Audiology <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. Four providers have expressed an interest. Assessment weightings and questions have been created and are due to be published. Following assessment, if it is not possible to identify the Most Suitable Provider, then a Competitive process may need to be followed. Falls Pilot – Kings College Hospital are undertaking a pilot and have provided the ICB with some funding for specialist equipment (Raizer chairs) to go into Care Homes. The Committee agreed to seek a quote in line with the ICB's Schedule of Matters Delegated to Officers for low value goods. Sexual Health – Gynae coil fits are undertaken for the ICB as part of a service commissioned by Public Health. The committee agreed to formalise this arrangement via the section 75 agreement. Cardiac Rehab Service – The Committee ratified the Direct Award C assessment of MyTime Active for the HeartSmart element of the service, a standstill period will now be observed prior to awarding the contract. Referrals to the Freshstart service will stop on the 31st of December, MyTime Active will be continuing this service outside of the contract going forwards.

	<p><u>Other key areas of discussion to note</u></p> <p>Contracts Pipeline – Contracts due to expire between September 25 – October 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 Board	
Executive sponsor:	Dr Angela Bhan, Place Executive Lead - Bromley	

Appendix A	Service	Current End Date	Type	Status
	Community Phlebotomy	31/03/2020		Intention to use Most Suitable Provider route
	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	Intention to use the Competitive route
	Cardiac Diagnostics & Exercise on Referral Programme	30/09/2025	Active - Renewal in Progress	Intention to use Direct Award C
	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
	IRIS & Domestic Abuse GP Clinical Lead	31/03/2026	Active	Option to extend contract to be considered by Procurement and Contract Committee
	Bromley Tailored Dispensing Service	31/03/2026	Active	Option to extend contract to be considered by Procurement and Contract Committee

One Bromley Local Care Partnership Board

DATE: Thursday 25 September 2025

Title	One Bromley Performance, Quality and Safeguarding Group: September 2025 Report
This paper is for information	
Executive Summary	<p>August Meeting Update</p> <p><u>Improving Care Leavers' Access to Primary Care</u></p> <p>The meeting of the One Bromley Performance, Quality and Safeguarding Group held on the 14 August focussed on an in-depth update and discussion of improving care leavers' access to primary care.</p> <p>A number of areas of focus for future work were identified:</p> <ul style="list-style-type: none"> • Keeping barriers faced by care leavers in mind • The need to improve transition to adult services • Training of staff • Raising awareness of care leavers. <p>The following key barriers to access for care leavers and project work planned to address this included:</p> <ul style="list-style-type: none"> • Not identifying Care Leavers cohort in patient population, not aware of health inequalities faced and local health/supportive services - EMIS coding/prompts/alerts to be created for clinicians to encourage continuity of care, offer physical and mental health checks and free prescription entitlement. Link to be provided to GP leaflet. • Lack of awareness of local health services for care leavers – Care leavers referral pathway for primary care document created. • Care leavers have had negative/difficult experiences when engaging with Primary Care – Meeting held with care leavers in May to discuss their experiences and what good health means to them. The voices of care leavers were captured for future training (voice notes and quotes). • Issues with mental health provision and transition of care – Meetings had been held with the Leaving Care/Team Mental Health Practitioner, Bromley Y, CAMHS and Adult Services. Bromley CAMHS and Oxleas project was underway with a Specialist Transition Worker. <p>Further work and recommendations were highlighted and noted.</p>

	<p><u>Quarter 1 2025/26 Quality Summary - Bromley</u></p> <p>Topics discussed included Colposcopy Services, the Patient Safety Incident Response Framework (PSIRF), Quality Alert themes for Bromley and the termination of pregnancy service.</p> <p><u>Bromley Healthcare Quality Update</u></p> <p>An update was given on PSIRF Implementation at Bromley Healthcare (BHC). PSIRF Plan priorities were identified using incidents complaints and risks and are as follows:</p> <ul style="list-style-type: none"> • Communication • Pressure Ulcers • Patient Accidents – Falls • Patient deterioration • Medication • Discharge transfer failure <p>Bromley Healthcare are using Swarms, After Action Reviews (AARs) and Multidisciplinary Team meetings (MDTs) as learning response tools.</p> <p><u>One Bromley Performance Report</u></p> <p>The latest performance reports were circulated and noted. Key updates included improvements in CHC and IAPT performance against target and cancer screening and immunisations being on an improvement trajectory.</p> <p><u>Bromley Risk Register</u></p> <p>Two new risks had been added:</p> <ul style="list-style-type: none"> • Talking Therapies • Decreased uptake in flu vaccinations <p>New risks would be added relating to:</p> <ul style="list-style-type: none"> • Integrated Neighbourhood Team Delivery to include infrastructure such as estates. • ICB Change Programme – Bromley specific risks are to be identified as required. <p>The next PQS meeting is scheduled for Thursday 9th October.</p>
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
Author:	Mark Cheung, One Bromley Programme Director Harvey Guntrip, Bromley Lay Member, NHS SEL ICB	
Clinical lead:	Dr Andrew Parson, Co-Chair, One Bromley Local Care Partnership Board & Senior Clinical Director	
Executive sponsor:	Mark Cheung, One Bromley Programme Director Harvey Guntrip, Bromley Lay Member, NHS SEL ICB	

Appendix 1: Glossary of Terms

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

Appendix 1: Glossary of Terms

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