

One Bromley Local Care Partnership Board

Date: Thursday 26 March 2026

Time: 9.30am - 10.50am

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

Chairmen: Dr Andrew Parson and Councillor Colin Smith

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

AGENDA

No	Item	Enclosure	Presenter	Timing
Opening Business				
1.	Welcome, introductions to the One Bromley Local Care Partnership Board and apologies for absence	Verbal	Chairmen	9:30
2.	Declarations of interest	Enc. 1	Chairmen	9:32
3.	Public Questions received in advance of the meeting	Verbal	Chairmen	9:35
4.	Minutes of the meeting held on the 29 January 2026 For approval	Enc. 2	Chairmen	9:40
5.	Actions for the Board For approval	Enc. 3	Chairmen	9:45
For Information and Noting				
6.	Our Year 2025/26 For information	Enc. 4	Dr Angela Bhan	09:50
7.	Month 10 SEL ICB Finance Report For information	Enc. 5	David Harris	10:05
8.	Partnership Report For information	Enc. 6	Dr Angela Bhan	10:15
Reports from Key Sub-Committees for Noting				
9.	Bromley Primary Care Group Report For information and noting	Enc. 7	Harvey Guntrip	10:25

10.	Bromley Performance, Quality and Safeguarding Group Report For information and noting	Enc. 8	Harvey Guntrip	10:30
11.	Bromley Procurement & Contracts Group Report For information and noting	Enc. 9	Sean Rafferty	10:35
Closing Business				
12.	Any Other Business	Verbal	All	10:40
Appendices				
13.	Appendix 1: Glossary of Terms	Enc. 10	For information	
Next Meeting:				
14.	The next meeting of the One Bromley Local Care Partnership Board will be held on Thursday 18 June 2026 and will start at 9:30am in Bromley Civic Centre, the Council Chamber (Phase 1, Floor 0), Churchill Court, Westmoreland Road, Bromley, Kent, BR1 1DP.			

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

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

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

				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 March 2026

Dr Andrew Parson	South East London ICB	One Bromley Clinical Lead and Co-Chairman of One Bromley Local Care Partnership Board	Financial Interest	Retired from the partnership at The Chislehurst Partnership GP Practice on 30/11/2025. Leaseholder for the Chislehurst Medical Practice site and receive a share of the notional rent paid to the practice.	01/12/2025	
			Indirect Interest	Former spouse is employee of Bromley Y which provides tier 2 CAMHS in Bromley.	01/07/2022	
Angela Helleur	King's College Hospital NHS Foundation Trust	Chief Delivery Officer	Financial Interest	Works as an expert witness in midwifery claims – legacy cases only	01/08/2024	
Mark Cheung	South East London ICB	One Bromley Programme Director	No interests declared			

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

David Harris	South East London ICB	Associate Director of Finance - Bromley	No interests declared			
Iain Dimond	Oxleas NHS Foundation Trust	Mental Health Lead, South East London ICB Executive	Non-Financial Professional Interest	SRO for the Complex Care Mental Health Programme Group	01/10/2023	
Donna Glover	London Borough of Bromley	Director of Adult Services	No interests declared			
Dr Nada Lemic	London Borough of Bromley	Director of Public Health	No interests declared			
Helen Norris	Healthwatch	Chair – Healthwatch Bromley	No interests declared			
David Walker	Bromley Third Sector Enterprise	Chief Executive Officer	Indirect Interest	Wife is Business Manager of a medical software company that supplies PROMs to NHS.	03/01/2023	
			Non-Financial Professional Interest	Elected Councillor, London Borough of Lewisham	03/05/2024	

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

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

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

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

One Bromley Local Care Partnership Board
Minutes of the meeting on 29 January 2026
Held in The Council Chamber,
Bromley Civic Centre

Present:

Name	Title and organisation	[Initials]
Members (Voting):		
Dr Andrew Parson	One Bromley Senior Clinical Director (Co-Chairman), South East London ICB	AP
Cllr Colin Smith	Leader of the Council (Co-Chairman), London Borough of Bromley	CS
Dr Angela Bhan	Place Executive Lead – Bromley, NHS South East London	AB
Iain Dimond	Chief Operating Officer, Oxleas NHS Foundation Trust	ID
Donna Glover	Director of Adult Social Services, London Borough of Bromley	DG
Georgina Fekete	Non-Executive Director, NHS South East London	GF
Harvey Guntrip	Bromley Borough Lay Member, NHS South East London	HG
Dr Claire Riley	Clinical Director, Orpington Primary Care Network and One Bromley PCN Clinical Lead Strategy, Interface and Neighbourhoods	CR
Jacqui Scott	Chief Executive Officer, Bromley Healthcare	JS
Steve Smith	Chief Executive Officer, St Christopher's Hospice	SS
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
David Harris	Associate Director of Finance – Bromley, NHS South East London	
Sean Rafferty	Joint Assistant Director of Integrated Commissioning, NHS South East London and London Borough of Bromley	SR
Cllr Diane Smith	Portfolio Holder for Health and Care, London Borough of Bromley	DS
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 Co-ordinator, Bromley Healthwatch	CB
Georgina Fekete	Non-Executive Member, NHS South East London	GF
Christine Harris	PA/Business Support – Bromley, NHS South East London	CH
David Harris	Associate Director of Finance, NHS South East London	DH
Heather Sinclair-	Joint Care Homes Programme Lead, NHS South East London	HS-C
Constance (Item 7)	and London Borough of Bromley	
Elliott Ward (Item 6)	Associate Director, Strategy Development and Delivery, One Bromley	EW
Apologies:		
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
Helen Norris	Chair, Bromley Healthwatch	HN

Actioned by

1.	Welcome, Introductions to the One Bromley Local Care Partnership Board & Apologies for Absence	
1.1	Dr Andrew Parson 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	The following question was received in writing in advance of the meeting: <i>What do members think of plans to close the PRUH Chartwell Unit, as many concerned people took leaflets at a recent stall we organised in Orpington and people throughout Bromley Borough have signed the online petition opposing the closure?</i> Response King's College Hospital NHS Foundation Trust has confirmed that the Chartwell ward is not closing, but the way inpatient cancer care is delivered for haematology patients may change, following a review. Outpatient care for haematology patients is not subject to change. King's colleagues are now working up proposals and engaging with patients and their families, community organisations such as the Chartwell Cancer Trust and other stakeholders to support this process. The proposals, which also seek to enhance the day case care provided at PRUH, are intended to support equity of access to specialist haematology cancer care for all Bromley patients and provide faster access to cutting-edge treatments and the latest clinical trials. Changes in treatment options for patients with haematological cancer, including new drugs and the development of options such as CAR-T mean that fewer patients require inpatient admission and those that do are more likely to require the facilities of a tertiary centre. Full proposals are expected to be shared in the spring, following the engagement period the Trust is undertaking. Bromley Health Scrutiny Sub-Committee, within the local council, has discussed the Chartwell ward on several occasions and the Trust has committed to continue to update them.	
4.	Minutes of the One Bromley Local Care Partnership Board Meeting 27 November 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 Chapter of the Five Year Strategic Commissioning Plan	
6.1	Sean Rafferty introduced the item, noting that this is the final draft of the Five Year Commissioning Plan. This has been through various forms and governance processes. The planning process is a continuation of work undertaken over the last few years. Attention was drawn to the fact that existing	

	plans were confirmed to be aligned with the Five Year Plan. There is a strong focus on Integrated Neighbourhood Team working and delivery across agencies. This would go to the SEL ICB Board sign off in early February. Elliott Ward highlighted that one additional adjustment had been made since the papers were published, this related to a stronger line on digital inclusion. We are expecting to produce a further plan later in the year, which will have scope to include more detail around Neighbourhoods and the Better Care Fund. Guidance is awaited to support creation of this plan. Our ambition in all these plans is to push forward development of neighborhoods to maximise the benefit for residents and the efficiencies these have been shown to provide through national simulations and work undertaken in Bromley.	
6.2	The following comments and questions were raised: • David Walker noted that himself and other colleagues had been representing Bromley on various meetings regarding development of integrated neighbourhood teams. Using the community to support people with earlier intervention will be central to this approach. • Jacqui Scott noted that many iterations of the plan had been shared and views incorporated. It was asked how we are going to measure the plan and ensure success in terms of delivery. • Elliott Ward responded that this is essential, the next iteration of the planning process will take a more detailed approach, drawing out the outcomes measures we want to use as part of a framework. We are in phase one of development. • Sean Rafferty noted that the upcoming planning guidance would advise on an operational neighbourhood plan, to include key performance indicators. • Dr Hasib Ur-Rub asked about the homeless population and what specific conversations and consultation had taken place to develop this strategy for the homeless patient population of Bromley. • Elliott Ward noted that this is the helicopter view and that there will be variations for different parts of our population that we can apply the same type of analytical approach to. This plan does not attempt to do that for every subset of the population. Next steps would include looking at these in detail as plans develop. • Mark Cheung added that we are undertaking a lot of work around equity and wellbeing, including a dedicated meeting chaired by Dr Angela Bhan. The cohorts of our population who require extra support have been discussed, alongside work on the Population Health Management Strategy. We recognise the importance of the Homeless Service and are undertaking a procurement process at present. • Councillor Colin Smith gave thanks to colleagues for carrying this initiative forward and noted the upcoming local elections on Thursday 7th May. Councillor Smith asked colleagues to be mindful that the local authorities position may be slightly different depending on the outcome. • Dr Parson noted this as events that are outside of our control.	
6.3	The Board APPROVED the plan.	
7.	One Bromley Involvement Charter	
7.1	Donna Glover introduced the item, noting that there had been a lot of work undertaken by the local authority as part of transformation programmes to embed coproduction as services are designed and delivered. The council are keen to do lots more in that way and it was noted that partners were keen to join that journey. The Charter is the outcome of this work and Donna Glover gave thanks to Paulette Coogan, Kelly Scanlon, Helen Marsh and Christopher Evans, alongside signatories of the Charter for their input and support.	

	Heather Sinclair-Constance noted that the Involvement Charter sets out a shared commitment to involving residents and communities in shaping health and social care services across Bromley. The Charter recognises that meaningful involvement can take many forms, from informing and consulting to involving, co-designing and co-producing, and that different approaches are appropriate in different contexts. The aim is to build trust, transparency and shared purpose across the system, ensuring that the voices of residents who use services, carers, families, and communities, are heard and acted upon. One Bromley Local Care Partnership members are committed to working with residents as active partners. This charter is a shared promise to involve residents and communities meaningfully, whether seeking feedback, co-designing new approaches, or making important decisions. From the outset, it was agreed to be clear about how residents can get involved, what's being discussed, and how their views will influence outcomes. While each One Bromley organisation may have its own processes and priorities, the Partnership would collectively uphold the principles in the charter. This ensures consistency in values while allowing flexibility in how involvement is delivered. The One Bromley Involvement Charter will be reviewed every three to five years to ensure it remains relevant and effective. This will be coordinated by the One Bromley Communications and Engagement workstream, which includes engagement professionals. Oversight will be provided through the One Bromley Local Care Partnership. In addition, each One Bromley organisation will also review and report progress through its organisational structures. Progress will be monitored through feedback, case studies, and evidence of impact, and approaches adjusted based on what is learnt.	
7.2	The following comments and questions were noted: • Dr Parson noted that this is a very relevant topic following the discussion as part of the previous item. • Harvey Guntrip noted that whilst he had sometimes been a charter sceptic, he was not so in relation to Bromley due to knowing the people who were undertaking this work and all that has been achieved so far in partnership. • Iain Dimond noted that he is already a signatory to the Charter and suggested it would be helpful to check in consistently and constantly to ensure we are measuring ourselves against the charter and hold ourselves to account outside of the mentioned three to five year review. • Heather Sinclair-Constance responded that a report would come to this meeting, with the frequency of reporting to be confirmed. This would showcase learning, challenges and what we have done to mitigate these. • Paulette Coogan added that this has been discussed at the One Bromley Communications and Engagement Group. Currently an annual report comes to this meeting on engagement undertaken over the last year. However, there are challenges with capacity considering the upcoming ICB change programme. Therefore, it was important to be clear on priorities and what could be delivered by whom. • Dr Parson asked how we ensure this happens in practice, there are many partners involved and the support of teams will be important going forward.	

	It was asked how partners will be aware of what resources and guidance are available. • Heather Sinclair-Constance confirmed that a Bromley Adult Social Care Co-production Approach document and Bromley Adult Social Care Co-production Toolkit had gone to the Adult Care and Health Policy Development and Scrutiny Committee. These would be embedded across services and providers. Community Links Bromley would also be utilising this approach and feeding back outcomes. • Paulette Coogan confirmed that there are NHS guides which this work is based on. There has been discussion around how smaller organisations are supported, however the toolkit has been made available to all for reference. • David Walker supported the Charter and noted that a lot of the organisations that have signed this already have significant reporting mechanisms, a big part of this would be pulling the information together and avoiding adding any additional burden to ways of working. The caveat around resource was very important to consider and note.	
7.3	Per the recommendations of the paper, the Board: NOTED, COMMENTED UPON and AGREED the One Bromley Involvement Charter.	
8.	Month 8 SEL ICB Finance Report	
8.1	David Harris took the report as read, drawing the Board's attention to the following key updates: • Bromley ICB at place are forecasting a breakeven position, with overspends in mental health and continuing care budgets. This is being offset by underspend in other budgets. • A new financial system had recently been implemented from 1st October • In looking at 2026-27 budgets, place financial envelopes had been received with planning underway.	
8.2	The following comments and questions were raised: • Jacqui Scott noted the shift into community services and that there is an underspend of close to £1m. it was asked if there is an opportunity cost to not spending that money. • Mark Cheung responded that this forms part of the wider Bromley budget. For this year there are some non-recurrent services which are hoped to be made recurrent. Whilst practically and per the strategy there is a move towards care taking place within community services, practically this will take some time. • Dr Bhan added that it is becoming increasingly difficult to manage to undertake the things we want to within the budget available. There is a commitment that as we get more uplifts, a greater proportion of next year's budget would go into community services, prevention and digital amongst other areas as part of our strategy. It is important that as a system we come in on budget in order to allow us to continue to develop and transform programmes. • Councillor Colin Smith congratulated colleagues on remaining within budget in such a difficult financial climate.	
8.3	The Board NOTED the Month 8 Finance Report.	
9.	Partnership Report	
9.1	Dr Angela Bhan introduced the Partnership Report, taking this as read and welcomed any comments or questions.	
9.2	The following comments and questions were raised:	

	• Dr Bhan drew attention to the opening of the new Health and Wellbeing Centre and Hub which had moved from the Glades Shopping Centre into this new facility. • Dr Parson had visited the facility and noted how great this was. • It was suggested that a Board visit be organised after the official opening later in the year. • Harvey Guntrip noted that the centre facilities are fantastic and the hard work that had gone into this. • David Walker noted that the move of the Hub had been complex, and that Mark Cheung and his team had ensured very little disruption within tight timeframes. • Dr Bhan noted that the opening of the Health and Wellbeing Centre was another great example of partnership working and suggested that this should be submitted for an innovation award once up and running. • Dr Parson noted that a number of Bromley initiatives had been nominated or received awards, proof of what we can achieve together.	
9.3	The Board NOTED the Partnership Report.	
10.	Bromley Primary Care Group Report	
10.1	Harvey Guntrip took the report as read and highlighted a presentation from the Primary Care Support team at the last meeting, which had illustrated the amount of support available to GP practices and the good level of uptake.	
10.2	There were no comments or questions raised.	
10.3	The Board NOTED the Primary Care Group Report.	
11.	Bromley Procurement and Contracts Group Report	
11.1	Sean Rafferty took the report as read and updated that the GP Out of Hours contract had been coordinated alongside the 111 procurement, with the tender to go out at the end of February.	
11.2	Dr Parson gave thanks for the update.	
11.3	The Board NOTED the Procurement and Contracts Group Report.	
12.	Performance, Quality and Safeguarding Group Report	
12.1	Harvey Guntrip took the report as read and welcomed any questions. An update on Pharmacy First had been presented, with utilisation increasing despite continuing challenges with IT systems communicating with each other. Work continues to resolve this, and it was hoped that this service would help to avoid A&E attendances.	
12.2	The Board NOTED the Performance, Quality and Safety Group Report.	
13.	Any Other Business	
13.1	There was none raised.	
13.2	Dr Parson thanked colleagues for their input and attendance at the meeting.	
14.	Appendix 1: Glossary of Terms	
14.1	The glossary of terms was noted.	
	Date of Next Meeting: Thursday 26 March 2026 at 09.30am	

One Bromley Local Care Partnership Board – Action Log

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

One Bromley Local Care Partnership Board

DATE: Thursday 26 March 2026

Title	Our Year – 2025/2026
This paper is for <u>discussion</u>	
Executive Summary	The One Bromley Local Care Partnership has made significant progress in 2025/26, further strengthening neighbourhood working, improving access and outcomes, and delivering more care closer to home. This year represents the third year of the One Bromley 5-Year Strategy, with tangible impacts across prevention, long-term conditions, frailty, mental health, urgent and emergency care, inequalities, and medicines optimisation. Our 2025/6 annual review demonstrates improvements in quality, access, and patient experience, highlights system wide collaboration, and evidences the impact of neighbourhood-based models of care. It aims to reassure the Board on delivery against the strategy and outlines future priorities to continue improving health outcomes and reducing health inequalities. Headlines include: • Establishment and mobilisation of integrated neighbourhood teams (INTs). • Development and testing of proactive care models for people with multiple long-term conditions. • Expansion of frailty programmes, simulation training and collaborative system governance. • Continued improvements to primary care access, including 8am–6.30pm online consultation availability and high uptake of the NHS App. • Impactful work on reducing health inequalities, including delivery of the Wellbeing Hub and outreach vaccination programmes. • Strengthening urgent and emergency care pathways, reducing falls conveyances, increasing rehabilitation capacity and improving discharge performance. • Delivery of the new Bromley Mental Health and Wellbeing Strategy. • Broad progress in medicines optimisation, prevention, collaboration and safety. • Development of young people through the One Bromley Cadets programme. To note the next steps:

	- Continue INT development, spread learning from long-term conditions pilot and roll out new enablers. - Implement frailty neighbourhood model and expand universal care plan coverage. - Maintain focus on access improvement, prevention and delivery of the mental health strategy. - Strengthen winter and urgent care pathways in preparation for 2026/27. - Embed medicines optimisation priorities and prevention programmes at scale.	
Recommended action for the Committee	- To discuss and note the progress achieved in 2025/26 across all One Bromley priority areas. - To endorse the proposed next steps to continue embedding neighbourhood working and delivering the 5-Year Strategy. - To support ongoing system-wide collaboration required to deliver population health improvements and reduce health inequalities.	
Potential Conflicts of Interest	None	
Impacts of this proposal	Key risks & mitigations	<i>Risk:</i> Slower pace of delivery due to operational pressures. <i>Mitigation:</i> Shared system governance, dedicated programme structures and aligned resources. <i>Risk:</i> Variation in neighbourhood maturity. <i>Mitigation:</i> Consistent programme support, shared learning and integrator-led coordination
	Equality impact	The programmes actively target underserved communities, reduce inequalities in access (primary care, vaccination, mental health), and provide enhanced outreach and prevention. Equality considerations underpin the design and delivery of neighbourhood models, proactive care and public-facing campaigns.
	Financial impact	No new cost pressures identified within this paper. Many initiatives deliver efficiencies such as reduced conveyances, reduced admissions, improved prescribing, better prevention, reduced long waits. Any future financial implications will be worked through with finance as part of programme planning.
Wider support for this proposal	Public Engagement	Ongoing public engagement through the Wellbeing Hub, vaccination outreach, community events, health promotion campaigns and local information drives.

		Engagement with Patient Participation Groups, care leavers, residents and voluntary/community partners.
	Other Committee Discussion/ Internal Engagement	One Bromley Executive leads
Author:	Paulette Coogan and Helen Marsh	
Clinical lead:	Dr Andrew Parson	
Executive sponsor:	Dr Angela Bhan	

Our Year 2025/26

Working together to improve the health and wellbeing of Bromley people and communities

The One Bromley local care partnership has performed strongly over the past year, with more care being safely delivered outside of hospital, continued development of integrated neighbourhood services, and improved outcomes for Bromley residents.

Our programmes and priorities are designed to empower people to manage their own health, improve performance and outcomes, reduce hospital stays and ensure more people can receive care at home or in community settings. We continue to work collaboratively across the system to deliver proactive, personalised and integrated care that meets need, reduces inequalities and ensures people receive the right care in the right place.

During 2025/26 we made significant progress, further embedding neighbourhood health in line with the NHS 10-year Health Plan. We agreed four neighbourhoods for Bromley and confirmed Integrators to support delivery of neighbourhood care.

This year also marks completion of the third year of the One Bromley 5-Year Strategy, which sets out our ambition to improve the wellness of Bromley people and communities. Our focus remains on prevention, supporting people with long-term conditions, reducing the risk of emergency admissions, improving care for people living with frailty, and tackling health inequalities. Examples of progress across each priority area are set out in the following presentation.

The three key priority areas shaping future work remain unchanged:

- Improving population health and wellbeing through prevention and personalised care.
- High quality care closer to home delivered through neighbourhood services.
- Good access to urgent and unscheduled care and support.

Implementing neighbourhood working

Establishing infrastructure and INTs

INITIATIVE: Integrated neighbourhood teams (INTs) are a key delivery arm of neighbourhood health. We are initially building INTs in Bromley around core pathways for children and young people and adults.

ACTIVITY

- To establish the right infrastructure to deliver neighbourhood working, we have agreed and established the Bromley Integrator. This is a collaboration of the providers of the One Bromley Partnership, hosted by King's College Hospital Foundation Trust. The Integrator is focused on the practical delivery of the Bromley neighbourhood health service and our integrated neighbourhood teams
- Agreed our 5-year commissioning strategy that aligns our contracts and resources to our four neighbourhoods, reinforcing to providers our commitment to supporting independence and wellbeing by expanding proactive, preventative and care closer to home
- Recruited to leadership and project management roles for each Bromley INT and commenced alignment of multiple-long term conditions, frailty and hospital discharge pathways into our INTs.
- Held primary care academic half-days for each INT to enable staff to build connections and look to opportunities and challenges of working together in INTs.
- Commenced INT enabler infrastructure across electronic patient records, communication tools, population health management and staff training and development.

EMERGING IMPACT

- Increasing clarity between provider organisations of their role within INTs and neighbourhood health.
- Improved pace of development of INT working through new neighbourhood infrastructure.
- Community health contract aligned to INTs and being mobilised.
- Strengthened cross organisational staff relationships, including via multi-agency frailty training, enabling reduced referrals, more holistic care and improved staff experience.

Building and piloting our approach

INITIATIVE: To develop more joined up and preventative care for people with three or more long term conditions as part of our initial pathways within integrated neighbourhood teams (INTs).

ACTIVITY

- Worked closely with Bromley voluntary and third sector, health and care professionals and service users to localise the south east London model for identifying and supporting people with multiple long-term conditions.
- The model has been built to:
 - use data to proactively identify people who would benefit from the service, with the option for professionals to refer in where appropriate.
 - focus on understanding the needs of the person living with multiple long-term conditions and their priorities.
 - take a single multidisciplinary approach aligning medical, nursing, therapy, mental health and voluntary sector support to create one coordinated plan, with access to specialist input as required.
- We have put in place initial enablers to run a test of change of the new model in one Bromley INT from which learning will be spread. This includes testing new business intelligence tools, new electronic patient record and communication platforms which will inform wider INT development in Bromley.

IMPACT

- Service user engagement has led to adjustments to the model to better meet the expectations and needs of those who will use the service in Bromley.
- We are now testing the efficacy of the model in:
 - Reducing number of health appointments for residents
 - Linking people with services more relevant to important to them in managing their conditions
 - Improving care co-ordination
 - Reducing need for urgent care

Bringing neighbourhoods to life for colleagues

INITIATIVE: Promoting awareness and understanding of INTs through Primary Care academic half days (AHDs) and GP event.

ACTIVITY

- Facilitated INT academic half days (AHDs) for all primary care and primary care network (PCN) staff across the four neighbourhood footprints.
- Sessions introduced the concept of INTs, explained the national context and priorities and explored what this could mean for both staff and patients. They provided dedicated time for clinical and non-clinical staff to meet, build relationships, and strengthen neighbourhood collaboration.
- Provided an opportunity for colleagues to share ideas, highlight the benefits of INT working, and openly discuss concerns or potential barriers.
- A separate event for GPs was held on 5 November which offered an update on neighbourhood working in Bromley and gave GPs an opportunity to ask questions to the Integrator and One Bromley partners, share their views and participate in shaping the future of neighbourhood working.



IMPACT

- Increased understanding and buy-in around INTs.
- Identified priority areas, quick wins, and common challenges across PCNs.
- Improved relationships and confidence to work collaboratively supporting mobilisation.
- Themes were captured to help inform INT development plans.
- Some INTs proposed introducing INT champions to help strengthen and embed joint working going forward.

A focus on frailty

INITIATIVE: To set the strategic vision for frailty in Bromley and support delivery of frailty-attuned services with a focus on health promotion, prevention and care closer to home in line with neighbourhood health principles

ACTIVITY

- Developed a theory of change for frailty resulting in four strategic objectives
 - Agree a consistent, system-wide way to recognise frailty using the Clinical Frailty Scale
 - Explore the definition of a frailty-competent workforce
 - Understand effective health promotion messaging for the prevention of frailty and frailty progression
 - Develop a landscape map to communicate all frailty-attuned services
- Implemented monthly Frailty Collaborative meetings to provide structure and governance for health, social care and voluntary sector teams working in frailty, care homes, palliative and end-of-life care.
- Completed a review of Integrated Care Network performance, activity and outcomes. Performed a gap analysis against proactive care standards and developed a proposal for frailty neighbourhood care modelling.
- Proposed a Universal Care Plan facilitator role to be in general practice

IMPACT

- Clinical Frailty Scale has been agreed and is being used by all Bromley organisations as a common way of describing frailty.
- Frailty competency modules shared with all provider organisations and a frailty landscape map shared widely with all system partners.
- Well-attended monthly meetings with vibrant discussion raising the profile of frailty.
- Frailty neighbourhood model including predictive population health approaches defined
- Role being advertised with SMART objectives set (500 unique UCPs to be completed by the end of the programme)

Neighbourhood-based training roll out

INITIATIVE: Delivering in-person Frailty Simulation Training for qualified staff working with frail patients to support stronger out of hospital care and reduced escalation

ACTIVITY

- Two train-the-trainer sessions were held in December 2025 to prepare facilitators from multiple partner organisations to deliver the full-day programme.
- Two Frailty Simulation Training sessions were delivered in January and February 2026 to SW INT and SE INT staff, with additional training sessions scheduled for April and May 2026. Training has been attended by individuals from different organisations and professions.
- The training aims to strengthen healthcare professionals' ability to assess and manage frailty using structured tools and simulation-based learning, with a focus on real-world out of hospital clinical application.
- Participants are supported to apply the Clinical Frailty Scale (CFS), integrate Comprehensive Geriatric Assessment (CGA), recognise and manage frailty escalation, interpret the impact of cumulative deficit and contribute and collaborate effectively in multidisciplinary teams.

“Being in the training environment with healthcare professionals from a range of disciplines across the INT added so much value and offered a clearer understanding of how this works in practice”
- GP and PCN Clinical Director

IMPACT

- The training had very positive feedback from facilitators and participants. 100% of delegates either agreed or strongly agreed with the following statements:
 - The course was facilitated effectively, and they felt able to participate
 - Activities and exercises enhanced learning
 - The course had improved their knowledge and skills to deliver better patient care
 - They were satisfied with the overall quality of the course and would recommend it to others
- The training also fostered good relationships and sharing resources and knowledge across organisational boundaries.

Early support and prevention

INITIATIVE: Early help and support for children and families

ACTIVITY

Speech and language therapy (SALT) – full rollout

- The universal, targeted and specialist SALT model is now fully implemented across Bromley primary and secondary schools.
- All 98 schools have a named SALT professional, enabling early identification and consistent support for children.
- Group work and targeted sessions help children with similar needs, with specialists supporting more complex cases
- A full evaluation is planned for early 2026 to assess impact and next steps.

BCHIP borough wide model

- Delivered across all Bromley primary care networks with strong multidisciplinary engagement.
- Advice and guidance offer supporting GP decision making and more timely care.
- Aligned to the asthma pathway enabling joined up planning for CYP

IMPACT

- 61% of parents reported a significant improvement in their child's speech.
- Sessions helped children expand vocabulary and build social and emotional skills.
- 67% would recommend the sessions to another parent.
- The pilot reduced hours in EHCPs by around 24% through reviewing direct and indirect support
- Increased MDT participation across borough PCNs.
- 100% of cases reviewed within agreed timescales
- Clear referral pathways into community services
- Ongoing review to refine the model and strengthen system-wide working

Care closer to home for children and families

INITIATIVE: Hospital @ Home – expanded offer

ACTIVITY

- Service expanded to provide evening and weekend cover so more children can be supported at home
- New jaundice pathway introduced
- Supports children with respiratory conditions and reduces the need for IV antibiotics



IMPACT

- CYP bed base increased from 6 to 9, creating an extra 159 bed days.
- 1500+ home visits delivered across the year.
- Around 2,000 phone contacts.
- 0 days waiting for access to the service.

Reducing health inequalities

Improving access for all residents

INITIATIVE: Broadening access options for contacting your GP practice.

ACTIVITY

- Practices have now set up online consultation services from 8am-6.30pm, Monday-Friday.
- Through collaboration via working groups, learning sessions and sharing of resources, practices have designed procedures and systems for monitoring and clinically triaging queries received throughout the day, and assigned roles and responsibilities within the team to manage requests efficiently and safely.
- Practices provided information to patients about this new offer via practice websites, patient participation groups, patient events, local posters and leaflets, ahead of a national campaign.
- A record 75% of Bromley residents have now registered for the NHS App, an alternative to ringing the practice. Patients can use this to request repeat prescriptions, check their patient record, look up test results and receive messages from their GP practice.

IMPACT

- Improving the telephone experience: Patients don't have to call their practice at 8am if they need an appointment or advice. For those that prefer the phone, waiting times are reducing, with the option of a call back if there is a queue.
- Offering greater access via digital channels: Digital channels are now open for use every weekday, and practice websites are available 24/7.
- Creating more convenience for patients: Digital channels can often allow patients to get the care or advice they need without interrupting the working day or school day. Patients do not need to visit the GP surgery as regularly, and the need for repeat trips are reduced through telephone and online consultations.
- Maintaining traditional access channels for those who need them: Alongside modernising digital access channels, practices continue to provide the option to ring or visit the practice for those who prefer or need to use this route.

Reducing Health Inequalities

Ensuring all residents have access to the services they need

INITIATIVE: Serving residents at the One Bromley Wellbeing Hub

ACTIVITY

- The One Bromley Wellbeing Hub in the Glades shopping centre continued for a second year.
- Regular services include the Vital Checks, Bromley Well and Citizen's Advice, the Stop Smoking Service, maternity vaccinations and maternity stop smoking support, sickle cell community care.
- The Hub also hosted events for Stoptober, Sexual Health Week, Women's Aid, NHS App Awareness and Self Care Week.
- Winter Vaccination Pop Ups for the immunosuppressed have been popular.
- The Hub services moved from The Glades to the new Bromley Health and Wellbeing Centre in January 2026.



IMPACT

- Footfall of over 500 people per month.
- 359 Vital 5 Checks, of which 42% for those of non-white ethnicity
- Identified and offered brief advice and signposting for 96 people with high blood pressure, 29 smokers, 53 with increased risk alcohol consumption, 34 with mental health concerns, 242 with raised BMI.
- Bromley Well advice services supported 446 residents.

Offering better care for people experiencing homelessness in Bromley

INITIATIVE: Homeless Health Clinic and Homeless Dental Service

ACTIVITY

- The Bromley Homeless Health Clinic is co-located with Bromley Homeless Shelter and continues to operate led by an Advanced Nurse Practitioner working five days a week.
- Since May 2025, monthly oral health promotion sessions have been held at the Homeless Shelter, building trust and identifying people who need dental treatment, with the same team providing treatment at the dental clinic in Beckenham Beacon.
- Preventive, restorative, denture and screening care was delivered.
- Dental care is delivered by trauma-informed staff in safe, respectful and confidential environments with flexible appointments offered.

IMPACT

- 224 patients seen in the Homeless Health Clinic across 402 appointments.
- Referrals from A&E, UTC, Thames Reach, Mental Health, Homeless Shelter, as well as self referrals.
- 55 referrals to secondary care, mental health, physiotherapy, drug and alcohol team.
- 10 patients signposted to additional services.
- 82 patients issued prescriptions.
- 41 people seen for oral health promotion of whom 19 identified as requiring dental treatment.
- 9 people completed treatment so far requiring between 1 and 6 appointments each.
- Good completion rates and high levels of satisfaction.

Improving the health and wellbeing of Bromley patients

INITIATIVE: Developing and expanding PCN Health and Wellbeing Cafes across the borough of Bromley

ACTIVITY

- PCNs have established 16 Health and Wellbeing Cafes across the borough.
- Target population groups were identified using PCN data and practice insights to prioritise cohorts.
- Models were designed to include appropriate venues, frequency, equipment, staffing, activities, referral pathways, safeguarding and risk assessments.
- Additional Roles Reimbursement Scheme staff, PCN and practice staff were trained, together with activity facilitators, guest speakers and peer supporters.
- Promotional materials were produced and circulated and awareness raised with GP practice staff.

IMPACT

- Reduces loneliness and isolation, improves mental and emotional wellbeing via peer support, conversation, and engaging activities.
- Improves awareness and uptake of local services, including lifestyle support, finance advice.
- Reduces avoidable GP appointments by addressing needs outside clinical settings.
- Enhances the social prescribing offer, giving Link Workers a flexible space to provide light-touch support.
- Enables earlier identification of unmet needs, allowing timely referral or intervention.
- Improves partnership working across primary care, local authority, and community organisations.
- Supports prevention and early intervention, reducing long-term demand on health and care services.
- Provides intelligence for population health planning, highlighting local needs and trends.



Supporting residents to live well

Delivering services as a partnership

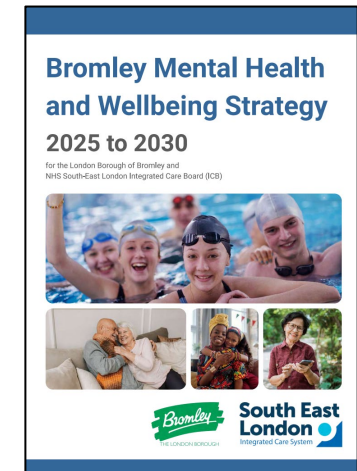
INITIATIVE: In July 2025, NHS South-East London Integrated Care Board and the London Borough of Bromley jointly agreed a new five-year mental health and wellbeing strategy. The strategy was co-designed with residents and sets out a plan to ensure improved outcomes for children, young people (CYP) and adults with mental health challenges in the borough.

ACTIVITY

- The roll-out of three mental health support teams (MHSTs) in Bromley schools, with a fourth planned for 2026.
- The launch of the Integrated Single Point of Access (iSPA) children and young persons (CYP) mental health services, bringing together Oxleas NHS FT and charity Bromley Y.
- A significant reduction in waiting times for Child and Adolescent Mental Health Services (CAMHS) through improved prevention and early intervention.
- The expansion of employment support services for adults with mental health challenges via the Bromley Mental Health and Wellbeing Hub.
- New independent living opportunities for people with 60 units of housing now in place for people with long-term mental health challenges.

IMPACT

- The MHSTs have delivered high-quality interventions and whole-school approaches to help pupils with MH.
- Delivered jointly by the NHS and voluntary sector, the iSPA ensures CYP can access the help they need.
- A 60% reduction in CYP waiting for Bromley CAMHS since 2022. No CYP waiting over 52 weeks since April 2024.
- A 97% increase in mental health employment support services in Bromley, with a new peer support offer in place.
- Ongoing step-down arrangements for people with mental health challenges who are recovering from a crisis and need ongoing housing and support.



Keeping residents well and out of hospital

INITIATIVE: working collaboratively with One Bromley partners to manage winter demands, keeping residents well and out of hospital and ensuring services are available when they need them.

ACTIVITY

- Robust planning, additional capacity, out of hospital services, clear escalation processes and the underpinning support of the responsive discharge system all helped to manage the additional pressures.
- Events were held for GPs and other community staff to encourage uptake of community based urgent and emergency care pathways and services, and new arrangements enabled direct GP referrals to a range of services that help avoid hospital admissions.
- Information on what to do when you are unwell and a detailed Family Winter Health Guide were published and widely circulated online and across community spaces.
- Advertisements were placed in local publications to support the campaign, and detailed winter health information featured on a local podcast.



EARLY IMPACT

- Winter Illness Hubs, provided in partnership between Primary care Networks and Bromley GP Alliance, offered 10,000 additional GP appointments during the winter months, alongside a considerable increase in same day care appointments in primary care.
- Increased home-based rehabilitation capacity by 33%.
- Consistent reduction in long waits in A&E this year compared to last with all but 3 weeks achieving the <10% target
- Although A&E attends were up this year compared to last, less patients were admitted to hospital with care provided closer to home.

Ensuring vulnerable people are protected

INITIATIVE: taking a strong partnership approach to ensure vaccinations are easily accessible to eligible residents, with a focus on those most at risk.

ACTIVITY

- Worked in partnership to embed COVID-19 and flu vaccination pop-up clinics as part of wider health initiatives being offered in areas of low uptake and within underserved communities.
- Targeted messaging towards under-represented groups via social media, advertorials, printed resources and podcasts.
- Held winter information events for patient participation groups (PPGs) and delivered Empathetic Refutational Interviewing (ERI) training to GP teams, care home staff and champions to enable confident conversations about vaccinations.
- GP practices issued invites to eligible patients using text messages, NHS app, telephone calls and letters
- Community champions attended local engagement events to provide feedback on reasons for vaccine hesitancy.

IMPACT

- Delivered eight outreach events, which offered booked or walk-in vaccinations and resulted in over 50 COVID-19 and over 100 flu vaccinations, and two events which offered space for vaccine hesitancy conversations.
- Initiatives offered convenient, accessible and inclusive opportunities for community engagement, providing opportunistic vaccination and building trust. Making Every Contact Count further supported access to vaccinations..
- Worked with Bromley Healthcare (BHC) to support uptake for housebound patients, delivering COVID-19 & flu vaccinations to over 1,500 residents (64% uptake for Covid-19 and 72.2% for flu).
- Overall, Bromley achieved the highest uptake across SEL, delivering over 25,000 COVID-19 (61.5% for over 75 years) and over 90,000 flu vaccinations (70.2% for over 65 years).

Urgent and Emergency Care and hospital discharge

Supporting better care at home for older residents

ACTIVITY

- Falls campaign delivered across care settings with targeted work in care homes with London Ambulance Service (LAS) conveyance due to falls including:
 - Falls Bundle to improve falls management and prevention
 - Raizer chairs provided to high conveyance homes
 - Go Decaf initiative
 - Fully functioning Acute Frailty Assessment Unit Mobilisation of Geriatric Emergency Medicine Team and pilot of Acute Geriatric Unit (AGU) to improve responsiveness and management of older adults requiring acute level care.
 - Significant increase in access to specialist Gerontology advice via Consultant Connect with over 80% pick up rate achieved and many patients remaining in the community to receive their care.
 - Targeted increase in delivery of high-quality Universal Care Plans (UCP) for people in care homes, as well as those leaving hospital.
 - Discharge to Assess and the integrated Single Point of Access has delivered ongoing timely discharge, now adopting a risk stratification approach for proactive identification and management of risk of readmission.
- ### IMPACT
- 11% year on year reduction in falls related conveyances (Mar25-Jan26) across all Older Peoples Care Homes and Extra Care Housing
 - 22% reduction in the intervention group (ie top 20% settings for falls-related LAS callouts) vs 3% in the non intervention group
 - Ambulance attendance was avoided for 93% of falls where a Raizer chair was used (Jul-Dec25)
 - Overall reduction in attendance and admissions of older adults against the opposite trend national with a 50% reduction in long waits for older adults this December compared to last.
 - The majority of patients are discharged in their discharge ready date or soon thereafter, the highest performing in SEL.
 - As of Feb 2026, 3,733 Bromley residents (1% of the GP registered Bromley population) had an active UCP – around 1,000 more than in February 2025.
 - Bromleag Care Practice, which covers the borough's care home population had 72.5% of its patients (1,061 people) with an active UCP in February 2026, up from 55% in February 2025.

Improving care leavers' access to primary care services

ACTIVITY

- Conducted a baseline survey of primary care clinicians, alongside coding searches across all Bromley practices, to assess awareness, identification, and support for care leavers. Findings showed low coding prevalence and limited clinician awareness of care leaver entitlements and associated health inequalities.
- Worked with the Bromley Healthcare IT team to implement clinical alerts linked to the care leaver code. These prompts encourage clinicians to prioritise continuity of care, offer physical and mental health reviews, and inform care leavers of their entitlement to free prescriptions. Targeted services were also integrated into coded medical records, signposting clinicians to designated services such as sexual health clinic appointments.
- Collaborated with Bromley Healthcare to establish a clear pathway linked to the Leaving Care Health Summary (LCHS), enabling practices to code for care leavers once informed consent has been obtained.
- Co-produced a digital resource, **“How Can GPs Support Care Leavers in Primary Care – A Guide for GPs”**, providing practical guidance for primary care teams from registration and coding through to proactive support and transition into adult services.
- Engaged directly with care leavers at their community house, through roundtable events, and via liaison with the Leaving Care team and partner professionals to better understand lived experiences and barriers to accessing and engaging with healthcare.

IMPACT

- Highlighted the potential vulnerabilities of care leavers, alongside gaps in training and access to services.
- Laid the foundations for a more equitable and proactive approach to improving access for care leavers. The work represents an important step towards reducing health inequalities and improving long-term outcomes by highlighting gaps in coding, introducing clinical alerts, and strengthening cross-sector collaboration.
- Raised the profile of Bromley care leavers and their health inequalities within Primary Care, Children Looked After, and safeguarding forums, incorporating lived experiences into presentations. The GP digital guide was also promoted through the Bromley Practice Bulletin to widen engagement.
- Strengthened partnership working with the Leaving Care team and wider professionals, creating a strong platform for future developments, including recommendations for a dedicated care leaver training package for primary care teams.

Supporting delivery in the community

INITIATIVE: supporting delivery and best practice at local prevention outreach opportunities.

ACTIVITY

- Supported delivery of the SEL Community Pharmacy Health and Wellbeing Service (Vital 5 checks), including engagement with Bromley providers and ensuring local delivery aligned with programme requirements. Shortlisted for the PrescQIPP and Chemist+Druggist annual awards 2025.
- Coordinated and delivered blood pressure checks for ICB and council staff during Know Your Numbers Week, providing advice, brief interventions and escalation where indicated.
- Conducted assurance visits for pop-up and outreach COVID-19 and flu vaccination sites in partnership with the primary care team.



IMPACT

- Improved cardiovascular risk awareness and early identification and escalation of raised blood pressure supporting prevention and timely intervention.
- Reinforced a positive wellbeing culture by demonstrating to staff that their health is valued and prioritised, contributing to strong engagement and visibility of the medicines optimisations team's preventative role.
- Improved public safety and access to care by ensuring pop-up and outreach vaccination sites operate to high clinical, operational and cold-chain standards, which helps enhance trust and reduce health inequalities.

INITIATIVE: working to continuously improve knowledge and best practice in medicines optimisation that improves patient outcomes.

ACTIVITY

- Delivered a Bromley Cross Sector Networking Event, bringing together colleagues from acute trusts, mental health trusts, community services, and general practice to share knowledge and strengthen collaboration.
- Provided medicines optimisation presence at the London Borough of Bromley Home Care Forum, working with forum leads and partners to align messages across Bromley Medicines Optimisation Service, community pharmacy and domiciliary care providers.

IMPACT

- Facilitated system-wide collaboration through shared learning discussions, peer-networking and interactive workshop sessions, fostering greater cross sector integration to improve care for Bromley residents.
- Improved shared understanding among domiciliary care providers of safe medicines management and roles/responsibilities across health and social care; promoted more consistent approaches to Medication Administration Records processes and appropriate use of original packs vs monitored dose systems, helping reduce medicines-related risk for people receiving care at home.



Optimising Medicines at a patient level

INITIATIVE: working to continuously improve knowledge and best practice in medicines optimisation that improves patient outcomes.

ACTIVITY

- Led targeted PCN practice visits to support alignment with the single South East London Medicines Optimisation Plan, implementing the Ardens Manager Medicines Optimisation Dashboard as a system-wide digital enabler for safe, cost-effective prescribing.
- Convened and coordinated the Bromley Primary Care and Secondary Care Medicines Interface task and finish group, bringing together acute, primary care, community pharmacy and system partners to review interface risks, prescribing responsibilities and local alignment with SEL principles.



IMPACT

- Enabled consistent GP alignment with the single South East London Medicines Optimisation Plan, strengthening system-wide use of digital tools to support safer, more cost-effective prescribing.
- This improved identification of prescribing variation, supported by population-level and patient specific interventions and contributed to more standardised, high-quality medicines optimisation across Bromley and South East London.
- Strengthened systemwide dialogue and consensus on medicines responsibilities across care settings, improving clarity and shared expectations.
- Drew on feedback from multiple sources to identify recurring interface issues, prioritise risks and agree action plans, establishing the governance and shared approach needed to deliver more consistent, risk-aware interface working in Bromley.

Helping residents reach the right help at the right time

INITIATIVE: working to increase the understanding, uptake and access of pharmacy services.

ACTIVITY

- Strengthened collaboration with the Community Pharmacy Neighbourhood Lead to optimise delivery of Pharmacy First, Community Pharmacy Hypertension Case-Finding Service and NHS Pharmacy Contraception Service, also supported the refreshed CPNL to build stronger relationships with GP practices and SEL ICB.
- Worked collaboratively with NHS 111 and GP practices to increase awareness of appropriate referrals to Pharmacy First, particularly promoting its use earlier within the triage pathway.
- Worked with the cardiovascular disease (CVD) task and finish group to promote implementation of the South East London lipid pathway across GP practices, clarifying the positioning of lipid-lowering therapies. Supported increased use of blood pressure monitoring and ABPM within community pharmacy to aid early CVD risk identification.
- Redesigned junior doctor and GP trainee training content and delivery model to ensure continuity across rotation cohorts, embedding core medicines optimisation principles relevant to 4-month GP placements.

IMPACT

- Improved integration between community pharmacy, general practice and the ICB, enhancing service uptake and patient access to care, including improved access for Pharmacy First clinical pathways via NHS111 and urgent treatment centres.
- Improved early redirection of suitable patients to community pharmacy, increasing timely access to care reducing avoidable escalation to general practice and urgent care service.
- Improved consistency in lipid optimisation and earlier detection of hypertension, reducing variation in CVD management and strengthening population-level cardiovascular risk reduction.
- Improved consistency of medicines optimisation knowledge among trainees despite frequent rotations; strengthened understanding of safe prescribing, deprescribing and interface considerations, supporting better integration into primary care teams

Continuation of the One Bromley Cadets programme

Inspiring our young people

INITIATIVE: Continuing to encourage our young people to explore careers in healthcare and offering real insights into working in health and care.

ACTIVITY

- The One Bromley Cadets programme is open to 16–19-year-olds who are local school students, care leavers, young carers, or home-schooled individuals.
- By the end of this financial year (2025/26), we will have delivered eight cohorts of the One Bromley Cadets programme.
- The sessions continue to provide immersive experiences across community, primary care, and hospital services, delivered over four after-school sessions.

IMPACT

- Feedback from teachers and students continues to be very positive.
- Data from one school shows that, of the 35 students who have participated across the 8 cohorts, 27 students have gone on to, or are about to, study healthcare-related subjects.
- These include pharmacy, dentistry, medicine, and biomedical science at universities including Oxford, Cambridge, University College London, Southampton, and the University of East Anglia.



Award wins and nominations



- The Orpington PCN Cancer Care Coordinators and One Bromley were both shortlisted in the 'Clinical Improvement in Public Health and Prevention' category at the National General Practice Awards for their work on improving uptake in screening.
- The Diabetes Service at the Princess Royal University Hospital was recognised as part of the Diabetes Care Accreditation Programme by the Royal College of Physicians.
- The Bromley Integrated Therapies team was nominated for national Greener NHS Award at the Chief Allied Health Professions Officer's (CAHPO) Awards 2025.
- The Medicines Optimisations team were shortlisted for the PrescQIPP Awards and Bromley Pharmacist Raj Matharu was shortlisted for the 'Community Pharmacist of the Year' at the Chemist + Druggist Awards 2025
- The Care Home Falls Campaign was selected as a successful abstract/poster submission for the World Falls Congress 2026 (hosted by British Geriatrics Society) and will be shared globally in June 26.

One Bromley Local Care Partnership Board

DATE: Thursday 26 March 2026

Title	Month 10 2025/26 SEL ICB Finance Report
This paper is for information .	
Executive Summary	- The SEL ICB financial allocation at month 10 is £5,887,195k. - At month 10, 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. - In reporting this month 10 position, the ICB has delivered the following financial duties: - Underspend of £6,999k YTD against its management costs allocation, due to the allocation in respect of redundancy all being badged as running costs (RCA) whereas some costs will be programme costs. The full anticipated impact of the redundancy programme has been included as provisions and accruals this month, as the allocation has now been received. - 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 10 is £277,259k. - The Bromley ICB/LCP place year end forecast position is break-even.
Recommended action for the Committee	The Board is asked to NOTE the financial position.
Potential Conflicts of Interest	N/A

Impacts of this proposal	Key risks & mitigations	N/A
	Equality impact	N/A
	Financial impact	N/A
Wider support for this proposal	Public Engagement	N/A
	Other Committee Discussion/ Internal Engagement	N/A
Author:	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

26 March 2026

Month 10 2025/26, SEL ICB Finance Report

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1. Key highlights – SEL ICB & Bromley ICB/LCP
2. Bromley ICB/LCP - Month 10 Financial Position
3. Bromley ICB/LCP 2026/27 Budget Setting & CIP update

Appendix 1 – M10 SEL ICB Finance Report

1. Key Highlights

- The SEL ICB financial allocation at month 10 is **£5,887,195k**.
- At month 10, 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.
- In reporting this month 10 position, the ICB has delivered the following financial duties:
 - Underspend of **£6,999k YTD** against its management costs allocation, due to the allocation in respect of redundancy all being badged as running costs (RCA) whereas some costs will be programme costs. The full anticipated impact of the redundancy programme has been included as provisions and accruals this month, as the allocation has now been received.
 - 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 10 is **£277,259k**.
- The Bromley ICB/LCP place year end forecast position is **break-even**.

2. Month 10 Bromley ICB/LCP Financial Position

	Year to date Budget	Year to date Actual	Year to date Variance	ICB Budget	Forecast Outturn	Forecast Variance
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Acute Services	6,953	6,540	413	8,344	7,875	468
Community Health Services	79,971	79,075	896	95,904	94,704	1,200
Mental Health Services	12,739	13,894	(1,155)	15,287	16,538	(1,251)
Continuing Care Services	23,447	24,604	(1,157)	28,137	29,575	(1,438)
Prescribing	44,011	43,759	252	52,642	52,046	595
Other Primary Care Services	1,691	1,524	167	2,029	1,829	200
Delegated Primary Care Services	59,277	59,277	0	71,132	71,132	0
Corporate Budgets	3,104	2,888	215	3,785	3,560	225
Total	231,193	231,562	(369)	277,259	277,259	0

- The borough is forecasting a breakeven position at year end.
- The Acute Services position is forecasting a £468k underspend due the release of un-committed budget and savings expected from non-Bromley UTC contracts.
- The Community budget is forecasting an £961k underspend. This position includes the release of un-committed budgets and non-recurrent savings.
- The Mental Health budget is forecasting a £1,251k overspend due to pressures on diagnostic assessments and cost per case budgets. The former is forecasting a £794k overspend due to the significant year on year growth in expenditure. The actual forecast spend for the year is £1m, two years ago (2023/24) it was less than £200k.
- The Continuing Healthcare budget is £1,157k overspent year to date and the forecast is £1,438k overspent. This is due to a continuation of the increase in adult CHC and FNC client numbers in recent years due to additional capacity within the borough, combined with price increases above budgeted levels.
- The Prescribing budget is forecasting an £595k underspend. This is an estimated position based upon eight months of PPA data. Based upon previous years trends the overspend may reduce in the final few months of the year.
- The Delegated Primary Care Services forecast is breakeven will be reviewed each month and be adjusted for quarterly list size changes. Variances in this area are not available to boroughs as this is currently a ringfenced allocation that is managed across the ICB.
- The 2025/26 borough savings requirement is £13,130k. At month 10 the borough is reporting an under delivery of £21k against plan and the year end forecast is breakeven.

3. Bromley ICB/LCP 2026/27 Budget Setting & CIP update

- 2026/27 financial planning guidance has been received, and financial envelopes (budgets) have been issued. The start budget is set out below.

Bromley	2026/27 budget £000s
Acute Services	7,753
Community Health Services	97,561
Mental Health Services	14,771
Continuing Care Services	28,806
Prescribing	52,675
Other Primary Care Services	2,036
Other Programme Services	6
Corporate Budgets	4,397
Total	208,005

- Within this budget Bromley have received adjustments relating to the following: tariff inflation (£4.1m), tariff efficiency (£-4.0m), growth uplift (£3.5m) & convergence adjustment (£-1.0m). The net tariff uplift is £0.1m.
- The Continuing Healthcare (CHC) and Mental Health budgets are expected to present the most significant financial pressures for Bromley ICB/LCP in 2026/27. CHC pressures will primarily arise from additional in-borough capacity, which will increase Funded Nursing Care (FNC) and CHC costs. Mental Health pressures are driven by increases in cost per case, rising client numbers, and continued growth in Right to Choose (RTC) diagnostic assessments in recent years.
- The cost improvement plan (CIP) target for 2026/27 is 5% (£10.4m) and work is underway to identify schemes to deliver this target. After tariff efficiency and convergence are offset against this target £5.2m remains and schemes will be identified to deliver this target in full.
- The 2026/27 budget-setting process is progressing well. Budget sign-off and submission of a fully developed CIP plan are expected by the end of March 2026.

SEL ICB Finance Report

Month 10 2025/26

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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 10, 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 **£50,700k** of savings YTD compared to the plan value of £49,600k.
- **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 and for 2 boroughs non-recurrent support in respect of the new ICES contracts.**
- The ICB is showing a YTD underspend of **£6,999k** and forecast out-turn position of underspend of **£7,164k** against the **running cost allowance (RCA)** due to the full allocation received from NHSE in respect of redundancy costs (**£12,486k**) being badged as RCA whereas some costs will be programme costs. The full anticipated impact of the ICB change programme on redundancy costs has been included in the month 10 accounts as either a provision or an accrual as per accounting rules.
- All financial duties have been delivered for the year to month 10 period.

Key Indicator Performance				
	Year to Date		Forecast	
	Target	Actual	Target	Actual
	£'000s	£'000s	£'000s	£'000s
Expenditure not to exceed income	4,905,320	4,905,320	5,887,195	5,887,195
Operating Under Resource Revenue Limit	4,905,320	4,905,320	5,887,195	5,887,195
Not to exceed Running Cost Allowance	40,210	33,211	47,184	40,020
Month End Cash Position (expected to be below target)	5,663	341		
Operating under Capital Resource Limit	n/a	n/a	n/a	n/a
95% of NHS creditor payments within 30 days	95.0%	99.9%		
95% of non-NHS creditor payments within 30 days	95.0%	98.7%		
Mental Health Investment Standard (Annual)			537,494	549,722

2. Executive Summary

- This report sets out the month 10 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 10 is **£5,887,195k**. In month, the ICB has received an additional **£66,001k** of allocations. These are as detailed on the following slide. **As at month 10, the ICB is reporting a year to date (YTD) break-even position.**
- Due to the routine time lag, the ICB has received eight months of 2526 prescribing data. After the usual accrual for two months of estimated prescribing expenditure, the ICB is reporting a **£3,734k overspend YTD across PPA and non PPA** budgets. The overspend continues to be variable across the Places.
- The continuing care financial position is **£259k overspent** at month 10, 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. The YTD position for **Mental Health services** is an overall **overspend of £8,698k** which is a deterioration on last month. This is generated by pressures on cost per case services with all boroughs impacted. **ADHD and ASD assessments** are also a significant financial pressure, with both activity and costs increased significantly in this financial year. The new referral centre arrangements for these assessments went live at the beginning of November but the impact is not yet known.
- Places are also being impacted by the current contractual difficulties in the **community home equipment contract**, led by the London consortium. A full year cost pressure of **circa £1,500k** has been included in financial positions. Contractual changes were implemented 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.
- One place is reporting a material overspend YTD at month 10 – **Bromley (£369k – driven by MH and CHC overspends), with a break-even or better position being forecast by all.** All places have been tasked to identify additional mitigations to offset financial risks, to ensure delivery of their financial plans. More detail regarding the individual place financial positions is provided later in this report.
- In reporting this month 10 position, the ICB has delivered the following financial duties:
 - Underspend of **£6,999k YTD** against its management costs allocation, due to the allocation in respect of redundancy all being badged as running costs (RCA) whereas some costs will be programme costs. The full anticipated impact of the redundancy programme has been included as provisions and accruals this month, as the allocation has now been received.
 - 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 10 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
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M2 internal adjustments

-	-	-	-	47	-	(47)	-
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M2 Allocations

-	-	-	-	-	-	51,058	51,058
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M2 Budget

161,660	273,947	194,703	237,803	189,758	187,894	4,446,902	5,692,667
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M3 Internal Adjustments

261	396	300	599	136	149	(1,840)	0
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M3 Allocations

-	-	-	-	-	-	26,788	26,788
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M3 Budget

161,921	274,343	195,003	238,402	189,894	188,043	4,471,850	5,719,455
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M4 Internal Adjustments

478	668	628	857	678	705	(4,013)	(0)
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M4 Allocations

112	131	-	-	-	-	47,083	47,326
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M4 Budget

162,510	275,142	195,631	239,259	190,571	188,748	4,514,920	5,766,781
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M5 Internal Adjustments

72	114	51	111	93	124	(565)	(0)
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M5 Allocations

-	-	-	-	-	-	5,044	5,044
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M5 Budget

162,582	275,257	195,682	239,371	190,664	188,871	4,519,399	5,771,825
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M6 Internal Adjustments

603	811	701	885	784	850	(4,634)	-
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M6 Allocations

-	-	-	-	-	-	21,961	21,961
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M6 Budget

163,185	276,068	196,383	240,256	191,448	189,721	4,536,726	5,793,786
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M7 Internal Adjustments

-	(25)	-	-	-	-	25	-
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M7 Allocations

-	-	-	-	-	-	-	-
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M7 Budget

163,185	276,043	196,383	240,256	191,448	189,721	4,536,751	5,793,786
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M8 Internal Adjustments

314	1,023	223	345	98	346	(2,348)	0
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M8 Allocations

-	-	-	-	-	-	1,091	1,091
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M8 Budget

163,498	277,066	196,605	240,600	191,546	190,068	4,535,494	5,794,877
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M9 Internal Adjustments

-	-	-	-	-	-	-	-
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M9 Allocations

-	-	-	-	-	-	26,317	26,317
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M9 Budget

163,498	277,066	196,605	240,600	191,546	190,068	4,561,811	5,821,194
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M10 Internal Adjustments

Planning Adjustments to boroughs

260	130	70	472	209	61	-1,203	-
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M10 Allocations

Winter Surge Funding

-	-	-	-	-	-	29,160	29,160
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Redundancy Funding

-	-	-	-	-	-	12,486	12,486
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Industrial Action Provider Funding (5 Intra system providers)

-	-	-	-	-	-	11,812	11,812
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Pension Costs 9.4%

-	-	-	-	-	-	3,952	3,952
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Month 10 depreciation adjustments

-	-	-	-	-	-	2,754	2,754
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Primary Care Transformation final 2025/26 funding

-	-	-	-	-	-	2,556	2,556
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Elective Sprint - 52 Week Wait/Outpatient

-	-	-	-	-	-	2,171	2,171
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Frontline Digitisation 25/26 Commercial Q2-4 LPP Funding

-	-	-	-	-	-	513	513
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Cancer performance improvement- National Cancer Programme

-	-	-	-	-	-	285	285
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Various minor allocations under £100K

-	63	-	-	-	-	249	312
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M10 Budget

163,759	277,259	196,675	241,072	191,755	190,129	4,626,546	5,887,195
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- The table sets out the Revenue Resource Limit (RRL) at month 10.
- The start allocation of **£5,641,609k** is consistent with the Operating Plan submissions.
- In month, the ICB has received an additional **£66,001k** of allocations, giving a total allocation of **£5,887,195k** at month 10.
- Included as part of the additional allocations was Redundancy Funding of **£12,486k**.
- Other additional allocations received in month 10 included Winter Surge funding of **£29,160k**, Industrial Action Provider Funding totalling **£11,812k**, Employer pension funding of **£3,952k**, a Depreciation adjustment of **£2,754k**, the Primary Care Transformation final 25/26 adjustment of **£2,556k**, Elective Sprint funding **£2,171k**, Frontline Digitisation funding of **£513k** and other smaller adjustments totalling **£597k**. Further allocations both recurrent and non-recurrent will be received as per normal throughout the year each month.

4. Budget Overview

	M10 YTD								
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	PCD Team	South East London	Total SEL CCG
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Budget									
Acute Services	4,413	6,953	5,909	539	735	201	2,790,598	-	2,809,348
Community Health Services	21,753	79,971	34,286	25,576	29,533	32,063	232,395	-	455,577
Mental Health Services	9,221	12,739	7,399	20,597	6,641	9,084	535,308	5,633	606,622
Continuing Care Services	22,258	23,447	25,256	29,925	21,182	17,098	-	-	139,166
Prescribing	32,718	44,011	32,149	36,785	36,718	30,272	-	1,940	214,594
Other Primary Care Services	1,278	1,691	1,608	3,324	1,784	789	-	14,771	25,244
Other Programme Services	1,021	-	1,496	-	-	727	16,460	3,738	23,441
Programme Wide Projects	(0)	-	-	-	21	216	-	8,911	9,149
Delegated Primary Care Services	41,386	59,277	52,962	80,379	60,530	64,641	-	(1,085)	358,090
Delegated Primary Care Services DPO	-	-	-	-	-	-	52,561	142,674	195,235
Corporate Budgets - staff at Risk	-	-	-	-	-	-	-	-	-
Corporate Budgets	2,524	3,104	2,935	3,889	2,771	3,450	-	50,183	68,855
Total Year to Date Budget	136,572	231,193	164,000	201,014	159,914	158,539	3,627,322	226,765	4,905,320
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	PCD Team	South East London	Total SEL CCG
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Actual									
Acute Services	4,344	6,540	5,923	539	761	236	2,793,391	-	2,811,733
Community Health Services	21,527	79,075	34,194	25,638	25,787	29,608	229,543	-	445,371
Mental Health Services	9,975	13,894	9,389	21,907	7,561	11,237	535,296	6,059	615,320
Continuing Care Services	21,663	24,604	25,322	28,464	22,860	16,512	-	-	139,425
Prescribing	33,550	43,759	33,359	37,272	38,115	31,972	-	300	218,328
Other Primary Care Services	1,308	1,524	1,470	2,726	1,577	764	-	14,682	24,052
Other Programme Services	500	-	-	-	-	-	16,460	14,232	31,192
Programme Wide Projects	-	-	(1,333)	-	22	216	-	8,676	7,580
Delegated Primary Care Services	41,179	58,426	53,379	80,573	60,283	64,596	-	(546)	357,889
Delegated Primary Care Services DPO	-	-	-	-	-	-	52,562	140,637	193,198
Corporate Budgets - staff at Risk	-	-	-	-	-	-	-	(675)	(675)
Corporate Budgets	2,303	2,888	2,753	3,865	2,702	3,234	70	44,092	61,907
Total Year to Date Actual	136,349	230,711	164,456	200,983	159,668	158,374	3,627,322	227,457	4,905,320
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	PCD Team	South East London	Total SEL CCG
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Variance									
Acute Services	69	413	(14)	0	(26)	(35)	(2,793)	-	(2,385)
Community Health Services	226	896	92	(61)	3,746	2,455	2,851	-	10,205
Mental Health Services	(754)	(1,155)	(1,990)	(1,310)	(921)	(2,154)	12	(426)	(8,698)
Continuing Care Services	595	(1,157)	(66)	1,461	(1,678)	585	-	-	(259)
Prescribing	(832)	252	(1,210)	(487)	(1,397)	(1,700)	-	1,640	(3,734)
Other Primary Care Services	(30)	167	137	598	207	25	-	89	1,193
Other Programme Services	521	-	1,496	-	-	727	0	(10,494)	(7,751)
Programme Wide Projects	(0)	-	1,333	-	(0)	-	-	235	1,568
Delegated Primary Care Services	208	851	(416)	(194)	246	45	-	(539)	201
Delegated Primary Care Services DPO	-	-	-	-	-	-	(0)	2,037	2,037
Corporate Budgets - staff at Risk	-	-	-	-	-	-	-	675	675
Corporate Budgets	221	215	182	24	69	216	(70)	6,091	6,948
Total Year to Date Variance	223	482	(456)	31	246	165	(0)	(691)	0
Delegated P/Care Equalisation	(208)	(851)	416	194	(246)	(45)	(0)	740	0
Revised YTD Variance	15	(369)	(40)	225	0	120	(0)	49	0

- As at month 10, the ICB is reporting a YTD **break-even position**, albeit with **pressures in specific budgets**. Key areas of financial pressure are in **mental health services, CHC for some Places and prescribing**.
- Due to the routine time lag, the ICB has received eight months of 2526 prescribing data. After the usual accrual for two months of estimated prescribing expenditure, the ICB is reporting a **£3,734k overspend YTD** across PPA and non PPA budgets. The overspend continues to be variable across the Places.
- The CHC financial position is **£259k overspent** at month 10, which is a 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 YTD position for Mental Health services is an overall **overspend of £8,698k** which is a deterioration on last month. This is generated by pressures on **cost per case services** with all boroughs impacted. **ADHD and ASD assessments** are also a significant financial pressure, with both activity and costs increased significantly in this financial year. The new referral centre arrangements for these assessments went live at the beginning of November but the impact of this is not yet known.
- 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.
- One place is reporting a material overspend YTD at month 10 – Bromley (£369k), **with a break-even or better position being forecast by all**. Places have been tasked to identify additional mitigations to offset financial risks, to ensure delivery of their financial plans. More detail regarding the individual place financial positions is provided later in this report.

5. Prescribing

- The table below presents the month 10 PPA Prescribing position and shows a YTD overspend of **£4,116k** and FOT overspend of **£4,902k**. The YTD position is calculated on 8 months of actual PPA data and 2 months of accruals which are estimated based upon a rolling average of data from previous months, multiplied by the number of dispensing days.
- The non-PPA prescribing budgets are underspent by **£382k YTD** – generating an overall prescribing position of an overspend of **£3,734k YTD** at month 10.

M10 Prescribing	Total PMD (Excluding Cat M & NCSO) £	Central Drugs £	Flu Income £	Q4 24/25 Flu (Benefit)/Cost pressure £	Public Health Drug Recharge £	IPP Pharmacy First £	Total 25/26 PPA	M10 YTD Budget £	YTD Variance - (over)/under £	Annual Budget £	Forecast Outturn £	FOT Variance - (over)/under £
								Spend £				
BEXLEY	32,530,084	1,073,493	(307,737)	(28,749)	(78,333)		33,188,758	32,465,856	(722,902)	38,831,403	39,465,566	(634,163)
BROMLEY	42,245,324	1,394,096	(443,173)	(3,940)	(48,953)		43,143,353	43,760,704	617,350	52,341,042	51,307,428	1,033,614
GREENWICH	32,749,415	1,080,731	(258,479)	(86,423)			33,485,243	31,907,457	(1,577,787)	38,163,821	40,017,509	(1,853,688)
LAMBETH	36,378,748	1,200,499	(292,352)	(60,319)			37,226,575	36,719,822	(506,752)	43,919,787	44,648,705	(728,917)
LEWISHAM	37,304,870	1,231,061	(216,957)	(49,435)	(375,465)		37,894,073	35,886,925	(2,007,147)	42,922,530	45,586,175	(2,663,645)
SOUTHWARK	30,806,857	1,016,626	(176,336)	(30,609)			31,616,538	30,057,577	(1,558,961)	35,951,219	37,950,267	(1,999,048)
SOUTH EAST LONDON						262,831	262,831	1,902,885	1,640,054	2,776,000	832,697	1,943,303
Grand Total	212,015,297	6,996,505	(1,695,035)	(259,476)	(502,752)	262,831	216,817,370	212,701,226	(4,116,144)	254,905,802	259,808,347	(4,902,545)

Prescribing Comparison of April to November 2025 v April to November 2024				
	2024/25		2025/26	
	April to November	April to November	Change £	Change %
South East London ICB:				
Expenditure (£'000)	163,556	170,029	6,472	4.0%
Number of Items ('000)	17,756	18,294	537	3.0%
£/Item	9.21	9.29	0.08	0.9%
London ICBs:				
Expenditure (£'000)	836,864	872,330	35,466	4.2%
Number of Items ('000)	101,445	105,189	3,744	3.7%
£/Item	8.25	8.29	0.04	0.5%
All England ICBs:				
Expenditure (£'000)	6,859,524	7,040,663	181,138	2.6%
Number of Items ('000)	829,762	845,012	15,250	1.8%
£/Item	8.27	8.33	0.07	0.8%

- Key areas of current pressures in the prescribing budget include endocrine systems, appliances and respiratory – reflecting the ICB's investment in the management of long-term conditions.
- The table to the left compares April to November 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 4.0%**) but lower than the London average (**an increase of 4.2%**). This is driven primarily by a lower increase in the number of items (**3.0%**) – compared to an **increase of 3.7%** across London ICBs.

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 9 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	92,072	92,072	(0)	110,486	110,486	0
Delegated Community Dental	7,229	7,229	(0)	8,675	8,675	0
Delegated Secondary Dental	45,332	45,332	(0)	54,398	54,398	0
Total Dental	144,633	144,633	(0)	173,560	173,560	0
Dental Ring Fence	144,596	144,596	0	173,515	173,515	0
Dental Non Ring Fence	38	38	(0)	45	45	0
Total Dental	144,633	144,633	(0)	173,560	173,560	0
Delegated Ophthalmic	14,692	14,692	0	17,630	17,630	0
Delegated Pharmacy	35,292	33,254	2,037	44,289	41,844	2,445
Delegated Property Costs	619	619	0	742	742	0
Total Delegated DOPs	195,235	193,198	2,037	236,221	233,776	2,445

a) Delegated Dental

- The ICB has reported a break-even position for the year-to-date and the full year. There is an underlying full year underspend of circa £2,000k which is an unintended consequence of commissioning more activity as patient charge revenue has also increased. **The dental ringfence of £173,515k is expected to be delivered.** As per last year, the monthly accrual is 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

- ICB has reported a break-even position for the year-to-date and the full year, with arrears on the annual price uplift due to be paid in February. The majority of the spend relates to Optician Sight Tests and Vouchers submitted by 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

- ICB has reported a **favourable £2,037k** variance for the **year-to-date** and **£2,445k** 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 10, the Continuing Healthcare (CHC) budget reflects an overall an **overspend of £259k YTD**, although cost pressures continue to vary across boroughs. **Lewisham and Bromley** are currently reporting material overspends.
- Lewisham** remains the largest contributor to the overall overspend, reporting a variance YTD of **£1,678k above budget and a forecast outturn of £1,998k**. This is primarily driven by high costs associated with **palliative care clients, PHB Clients** and includes a **£428k full year provision** for anticipated increases in provider prices. This position is significant improvement on the overspend reported in the same period in the prior year 2024/25 (Month 10 YTD £2,956k and actual outturn £3,553k). The borough is continuing to hold twice monthly financial recovery meetings with the CHC team ensuring good progress on reviews and strengthening further financial controls and database integrity. Whilst the overspends remain high, the benefit of this work is reflected in over achievement of the 5% savings target. **Bromley** is reporting an **overspend of £1,157k**, mainly due to Funded Nursing Care and palliative care costs, alongside a **£795k provision** for upcoming provider price uplifts.
- To support a consistent management of provider price uplifts, an ICB-wide panel has been established to review all requests exceeding 1.5%. Most providers have now agreed to the proposed uplift, with only a small number still to be finalised. As a result, the uplift panel, which initially met weekly, now convenes monthly. Lambeth and Lewisham have maintained a 4.0% contingency to manage inflationary pressures where uplifts have not yet been formally agreed, while Greenwich, Bromley, Southwark, and Bexley have reduced their contingency to 2.83% in line with current inflationary agreements.
- In terms of **savings delivery**, all boroughs have identified and are actively progressing against their CHC savings plans. **Bexley**, and most materially **Lewisham** are forecasting to exceed their targets. The **forecast over delivery of £792k** in Lewisham reflects the focussed work outlined above and partially accounts for the improved position in 2025/26 compared to the prior year. In contrast, **Greenwich** is reporting an **under-delivery of £110k**. Despite this progress on savings, rising activity levels and the growing number of **high-cost clients** continue to place upward pressure on the CHC budget.
- In summary, the ICB's CHC financial position has deteriorated in-month (**circa £400k overall**), driven primarily by rising client numbers and package costs in **Lewisham, Greenwich, and Bromley**, which remain the key areas of concern due to persistent **overspending and demand-led financial pressures**. **Positively, however, average client numbers** increased year-on-year by **40** between October 2022 and October 2024 but have subsequently **decreased by 24 this year**. This reduction demonstrates the boroughs' ongoing efforts to review and optimise clients' care packages to contain CHC expenditure within budget.

Overview:

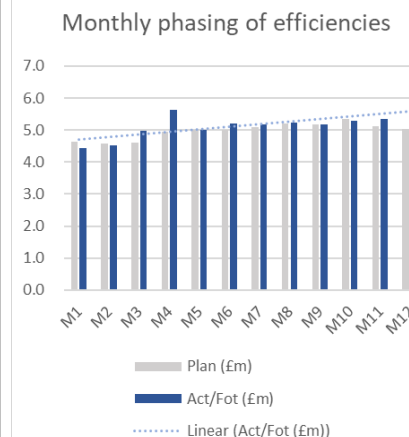
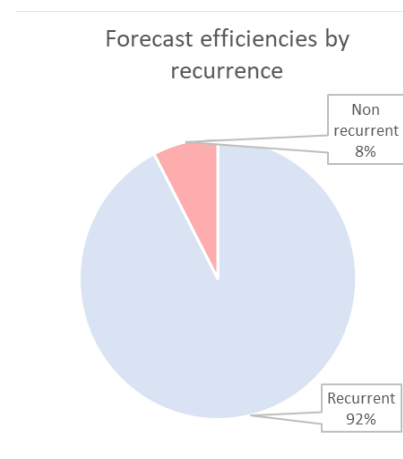
- This is the most material area of ICB spend and relates to contractual expenditure with NHS and Non-NHS acute, community and mental health providers, much of which is within block contracts.
- In year, the ICB is forecasting to spend circa **£4,352,786k** of its total allocation on NHS block contracts, with payments to our local providers as follows:

• Guys and St Thomas	£1,114,123k
• Kings College Hospital	£1,184,837k
• Lewisham and Greenwich	£759,816k
• South London and the Maudsley	£370,690k
• Oxleas	£330,442k
- 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 10

	Year-to-Date			Forecast			Forecast (Risk)			Forecast (Recurrence)		Forecast (cash releasing)		Forecast
	Plan	Actual	Variance	Plan	Forecast	Variance	Low	Medium	High	Recurrent	Non-recurrent	Cash Releasing	Non-cash Releasing	FYE
Providers	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Bexley	6.4	6.6	0.2	7.7	7.9	0.2	7.9	0.0	0.0	7.9	0.0	4.8	3.1	7.9
Bromley	10.9	10.9	(0.0)	13.1	13.1	0.0	8.6	3.9	0.6	11.6	1.5	12.5	0.6	11.6
Greenwich	7.0	7.9	0.9	8.4	9.6	1.1	7.4	1.2	1.0	7.7	1.9	2.3	7.3	7.7
Lambeth	10.5	9.8	(0.7)	12.6	12.5	(0.0)	0.9	9.2	2.4	11.5	1.1	4.7	7.8	11.5
Lewisham	7.5	8.2	0.8	9.0	9.8	0.8	3.0	6.7	0.0	9.8	0.0	9.8	0.0	9.8
Southwark	7.2	7.2	(0.0)	8.9	8.9	0.0	8.0	0.6	0.2	8.6	0.2	8.6	0.3	8.6
SEL ICB Total	49.6	50.7	1.1	59.7	61.8	2.1	35.9	21.7	4.2	57.1	4.7	42.7	19.1	57.1

- 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 above sets out the YTD and forecast status of the ICB's efficiency scheme as at month 10.
- As at month 10, the ICB is reporting actual delivery of £50,700k which is ahead of plan (£1,100k).** The forecast is to deliver annual savings of **£61,800k** and exceed the efficiency plan by **£2.1m**.
- The current risk rating of the efficiency plan is also reported. At this stage in the year, **£4.2m** 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.



10. Corporate Costs – Programme and Running Costs

	Annual Budget	Year to Date		
		Budget	Actual	Variance
Boroughs	£			
Bexley	3,028,897	2,524,079	2,303,079	221,000
Bromley	3,785,075	3,105,025	2,890,025	215,000
Greenwich	3,522,109	2,935,089	2,753,090	182,000
Lambeth	4,666,340	3,888,617	3,864,617	24,000
Lewisham	3,325,012	2,770,841	2,701,841	69,000
Southwark	4,139,792	3,449,827	3,233,826	216,000
Subtotal	22,467,225	18,673,479	17,746,478	927,001
Central				
CESEL	483,829	403,192	344,333	58,860
Chief of Staff	3,376,578	2,813,814	2,651,831	161,983
Comms & Engagement	1,755,377	1,462,813	1,483,044	(20,231)
Digital	1,751,562	1,459,635	1,079,881	379,755
Digital - IM&T	3,362,066	2,801,723	2,684,002	117,721
Estates	698,304	581,920	740,406	(158,486)
Executive Team/GB	2,617,895	2,181,580	2,039,505	142,075
Finance	2,940,949	2,450,790	2,151,845	298,946
General Reserves	0	0	0	0
London ICS Network	0	0	0	0
Medical Director - CCPL	1,651,050	1,375,876	1,226,068	149,807
Medical Director - ICS	288,359	240,299	175,958	64,341
Medicines Optimisation	4,723,418	3,936,182	3,341,948	594,233
Planning & Commissioning	8,929,703	7,441,419	6,545,908	895,511
Quality & Nursing	2,058,615	1,715,514	1,635,604	79,910
SEL Other	0	0	32,802	(32,802)
Other Corporate Budgets inc Non Pay	4,349,984	3,624,987	3,791,147	(166,160)
Subtotal	38,987,689	32,489,744	29,924,281	2,565,462
Grand Total	61,454,914	51,163,222	47,670,759	3,492,463

- The table shows the YTD month 10 position on programme and running cost corporate budgets.
- Overall, the ICB is reporting an overall YTD underspend on its corporate costs of circa £3,492k. This is largely a result of vacant posts.** Recruitment to vacant posts is being considered on a case-by-case basis. Overall, the estates budget is in balance with offsetting pay and non-pay over and underspends.
- As highlighted in earlier slides, the ICB is **underspending £6,999k YTD and £7,164 FOT** against its management (running) costs allocation of £47,184k. The allocation having increased in-month for redundancy costs, and pension contribution funding.
- The ICB is continuing to incur the pay costs for some staff at risk from the original MCR process. These costs are excluded from the table opposite, as expenditure is being charged to the provision made for the final pay and redundancy costs for these 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. Consultation is expected to begin in early March. The **FA12** outcome of the blind voluntary redundancy scheme is now known and an accrual made. The month 10 accounts included the total estimated provision for redundancy costs and notice periods.

11. Cash Position

- The Maximum Cash Drawdown (MCD) as at month 10 was **£5,886,361k**. The MCD available as at month 10, 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 **£1,052,723k**.
- As at month 10 the ICB had drawn-down 82.1% of the available cash compared to the budget cash figure of 83.3%. In month 10, the ICB did not need to request a supplementary cash drawdown, nor has it in February. 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 10 was **£341k**, well within the target set by NHSE (**£5,663k**). **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	2025/26	2025/26								
Annual Cash Drawdown Requirement for	AP10 - JAN 26	AP9 - DEC 25	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
	£000s	£000s	£000s								
ICB ACDR	5,886,361	5,820,360	66,001	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	(4,489,000)	(4,036,000)	(453,000)	Jul-25	445,000	0	1,795,000	33.39%	5,563	1,665	0.37%
Dental	(85,275)	(75,832)	(9,443)	Aug-25	458,000	0	2,253,000	41.90%	5,725	1,317	0.29%
HOT	(1,782)	(1,670)	(112)	Sep-25	460,000	0	2,713,000	50.30%	5,750	577	0.13%
Prescription Pricing	(253,631)	(225,086)	(28,545)	Oct-25	435,000	0	3,148,000	58.37%	5,438	5,135	1.18%
Pay Award charges			0	Nov-25	448,000	0	3,596,000	66.70%	5,600	2,958	0.66%
PCSE POD charges			0	Dec-25	440,000	0	4,036,000	74.54%	5,500	3,285	0.75%
Pension Uplift	(3,952)		(3,952)	Jan-26	453,000	0	4,489,000	82.12%	5,663	341	0.08%
				Feb-26	470,000	0	4,959,000		5,875		
				Mar-26							
Remaining Cash limit	1,052,723	1,481,773	(429,050)		4,939,000	20,000					

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

Mental Health Investment Standard (excluding LD and Dementia) and delegated Specialised Commissioning Mental Health Investment Standard:		Expected Sign	2_1Achieve01	2_1PLAN01	2_1AuditedPY	2_1TARGET01	2_1ACT02	2_1VAR01	2_1VAR02	2_1Achieve02	2_1POP01	2_1Achieve03	2_1SCMHSAuditedPY	2_1TARGET02	2_1ACT03	2_1SCMHSAVAR01
			MHIS Achieved per plans submitted 09/05/2025	2025/26 allocation growth	2024/25 Outturn	Target MHIS spend 2025/26	FOT 2025/26	Excess/Shortfall in 2025/26 MHIS Delivery %	Excess/Shortfall in 2025/26 MHIS Delivery	MHIS Achieved in 2025/26?	Projected Population 2025/26	SCMHIS Achieved per plans submitted 09/05/2025	2024/25 SCMHIS Outturn	Target SCMHIS spend 2025/26	SCMHIS FOT 2025/26	Excess/Shortfall in 2025/26 SCMHIS Delivery %
			Desc 31/03/2026	Plan 31/03/2026	Actual 31/03/2025	Target 31/03/2026	Forecast 31/03/2026	Actual 31/03/2026	Actual 31/03/2026	Desc 31/03/2026	YTD 31/03/2026	Desc 31/03/2026	Actual 31/03/2025	Target 31/03/2026	Forecast 31/03/2026	Actual 31/03/2026
			Year Ending TEXT	Year Ending %	Year Ending £'000	Year Ending £'000	Year Ending £'000	Year Ending %	Year Ending £'000	Year Ending TEXT	Year Ending Number	Year Ending TEXT	Year Ending £'000	Year Ending £'000	Year Ending £'000	Year Ending %
MHIS Achievement		+	-	Yes	4.93%	471,495	537,494	549,722	2.27%	12,228	Yes	2,755,228	Yes	89,920	91,032	1.24%

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 were updated in month 4 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.
- As at Month 10 we are forecasting MHIS delivery of £549,722k, exceeding the target by £12,228k (2.27%). This is consistent with the planned over-delivery as described above. This is summarised in the above table.**

12. 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 expenditure exceeding £4,500k 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.

One Bromley Local Care Partnership Board

DATE: Thursday 26 March 2026

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

Partnership Report – March 2026

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1. One Bromley Local Care Partnership Programmes

Bromley Winter Vaccinations Update

The winter vaccination campaign went live to all eligible adults from 1st October 2025. Eligibility criteria for Flu remained unchanged from previous years. People eligible for the flu vaccine included adults aged 65 years and over (including those who will be 65 by 31st March 2026), have certain long-term health conditions, are pregnant, live in a care home, are the main carer for an older or disabled person, or receive a carer's allowance, live with someone who has a weakened immune system and frontline health and social care workers. This year, the Covid vaccination eligibility criteria were not consistent with the flu cohorts. People eligible for the Covid vaccination included adults aged 75 years and over, residents in care homes for older adults and individuals who are immunosuppressed aged 6 months and over.

Vaccinations have been provided across the borough by GP Practices and Community Pharmacies. Vaccinations for Bromley's housebound population were conducted by Bromley Healthcare and GP practices, with over 1,600 vaccinations delivered at the time of writing.

Most recent data up to and including 31st January 2026, shows that:

- Over 22,000 COVID-19 booster doses have been given so far in Bromley. This has achieved an uptake of over 60% amongst those aged 75 years and older. Vaccination teams have been visiting housebound residents and those living in residential and nursing homes to ensure they are offered a vaccination. Over 75% of eligible care home residents have received their booster vaccination to date.

- For flu, an uptake of 70.5% for Bromley's over-65s population, with nearly 46,000 vaccinations delivered. The under-65s at risk population have received over 18,000 vaccines and uptake is currently at 40.6%.

Please see tables below showing vaccination uptake by cohort, as at 31 January 2026.

COVID-19 Vaccination Uptake by Cohort

Cohort	Uptake (%)
75 years and over (housebound)	63.8
75 years and over (not housebound)	61.4
Immunosuppressed 6 months + (housebound)	46.1
Immunosuppressed 6 months + (not housebound)	28.2

Flu Vaccination Uptake by Cohort

Cohort	Uptake (%)
65 years and over	70.5
Under 65 years (at risk)	40.6
Pregnancy	43.7
Care home residents	72.9

The ICB has been working closely with the communications and engagement team and One Bromley partners to promote the benefits of vaccination and co-develop outreach initiatives. This has achieved:

- Prominent advertising in The Glades Shopping Centre in central Bromley, publications in local newspapers and in the Our Bromley magazine.
- Six pop up vaccination clinics seeking to reach people who otherwise may not have taken up the vaccine offer, with over 100 people have been vaccinated for flu and over 50 for COVID-19.
- Events included one in Penge at the Kentwood Adult Community College, involving LBB Public Health providing health promotion advice on the day and an event targeting at-risk patients at the One Bromley Wellbeing Hub, offering both Flu and Covid vaccinations, along with floorwalkers on the day to explain the NHS App to visitors. Experience has indicated that using these events to provide other health information alongside vaccinations has been successful and well-received by patients.
- Maternity team from Kings College Trust offer of pregnancy vaccinations at the One Bromley Wellbeing Hub, providing flu, whooping cough and RSV vaccinations to this cohort. Flu vaccinations uptake for this cohort is currently at 43.7%.

CYP Audiology

The NHS South East London Integrated Care Board (SEL ICB) is transferring Bromley's Tier 2 paediatric audiology services from Bromley Healthcare to Evelina London Children's Hospital

from 1 April 2026. This decision follows a national NHS England Paediatric Hearing Services Improvement Programme, which highlighted challenges with both immediate and long-term delivery of the service in Bromley.

Evelina London has been selected as the provider for Tier 2 audiology across South East London, as it is the only service that is UKAS IQIPS-accredited and already responsible for all Tier 3 specialist services. Consolidating audiology provision aims to reduce variation, strengthen clinical governance, address workforce constraints, and ensure the long-term sustainability of the service.

From April 2026, Bromley children requiring routine audiology appointments will be seen at Evelina sites in Lambeth, Southwark, or Lewisham until a new Bexley–Bromley–Greenwich compliant site is established in 2026/27. While this may create short-term travel challenges for some families, mitigations such as the NHS Healthcare Travel Cost Scheme will be available.

A joint communications plan will ensure that families, referrers, and local stakeholders receive clear and timely information. The overall aim is to ensure Bromley children receive safe, high-quality, nationally compliant audiology care.

SEL Safeguarding Annual Report 2024-2025

The SEL ICB (Bromley) Safeguarding Team contributed to the SEL ICB Safeguarding Annual Report 2024–2025, which provides assurance that Bromley has met its statutory responsibilities to safeguard Adults at Risk, Children, and Young People.

This year's report confirms continued delivery of statutory safeguarding duties across children, young people, adults at risk, and Children Looked After, building on progress made in 2023/24. The report can be viewed in full [here](#).

It outlines the safeguarding workstreams and governance arrangements in place, highlights key activity undertaken in 2024–25, and reflects on both achievements and ongoing challenges.

2024-2025 Achievements

- Recommissioned the Bromley IRIS service which commenced service delivery in October 2024.
- Care Homes Quality Liaison Nurse collaborated with stakeholders to improve the quality of care to residents in Care Homes and Extra Care Housing.
- Contributed to the development of a Homelessness and Adult Safeguarding summit.
- Updated Bromley Child Sexual Abuse (CSA) Multi-Agency Pathway.
- Contributed to working groups for the Bromley Early Help strategy to address the key areas for priority.
- Contributed to the Bromley Suicide prevention plan which was launched by colleagues from Public Health.
- Worked with colleagues in Primary care to commence implementation of CP-IS 2.
- Supported work on 2 Child Safeguarding Practice reviews.

- Supported the completion of the health recommendations from the JTAI inspection in January 2025.

Bromley Winter Update

Overall system performance remained broadly stable during the winter period. The proportion of patients waiting over 12 hours in the Emergency Department remained variable, averaging 10.7% against the 10% national threshold, while ambulance handover performance improved intermittently, with periods where delays fell significantly. Community alternatives to admission supported system resilience, with Adult Hospital at Home maintaining strong utilisation, with occupancy ranging between 69% and 87%, peaking at 86.7% in November, and maintaining an average length of stay below the 7 day target. Work within the care home programme also supported system flow, with Bromley seeing a smaller increase in care home conveyances (around 5%) compared with approximately 10% across London and South East London, and more recent data indicating an 8% year-to-date reduction.

Clinical advice pathways also remained active, with Consultant Connect call volumes consistent with previous winters and strong answer rates for medical and frailty specialties, typically exceeding 80%, although variation in utilisation across specialties persists. Primary care access was further supported through the Winter Access Collaborative, which delivered 7,677 additional same-day GP appointments across 19 practices, with patient feedback suggesting 42.7% of respondents (approximately 3,023 patients) would otherwise have attended A&E or a UTC. Learning from the programme highlighted the need for improved interoperability to enable direct booking from UTC and community pharmacy services. Pharmacy First recorded 11,403 referrals, with most activity driven through patient self-referral (57.5%) and NHS111 triage (29.3%), meaning 86.8% of demand came through community access and urgent care triage routes, although there remains high utilisation for repeat medication requests via NHS111 and overall referral volumes remain relatively low compared with wider urgent care demand.

While overall urgent and emergency care performance remained broadly stable, paediatric 4-hour performance remained around the 60% level across the winter period, fluctuating between 52% and 63%, although there were periods of relative stability, particularly during December, and length of stay for children and young people remained relatively short at around two days. A full evaluation of winter schemes and system performance will be undertaken in March and reported in April, including an assessment of the impact of key interventions, system performance trends and areas for improvement ahead of winter 2026/27.

ICB Change Programme

On 5 March 2026, SEL ICB launched the staff consultation on proposed changes to the ICB organisational structures, including shared working with NHS South West London. This is following national requirements to reduce management costs for Integrated Care Boards. The consultation is with staff employed (or paid for by the ICB but may be employed by another organisation) and closes on Monday 20 April 2026. Once it concludes, responses will be carefully considered before final organisational structures are agreed, which is expected to be towards the end of May 2026.

The proposals set out plans for securing a high-quality strategic commissioning organisation, capable of meeting both national expectations and the local ambitions set for residents' health and wellbeing.

2. Princess Royal University Hospital and South Sites

Finance

Current deficit position

- The current financial year runs from April 2025 until March 2026. As of the end of December this year, we recorded a year-to-date surplus of £3.3 million. This represents a £2.6 million favourable variance to the April 2025 NHSE agreed plan.
- Excluding non-recurrent support, this results in an underlying deficit of £91.1m.
- The Trust is forecasting a breakeven position at year-end. However, existing remediation plans will result in a £11.7m risk assessed adverse variance against both the planned recurrent position and the Trust's Financial Strategy. Further action will be required in-year to close the recurrent gap.

Cost-improvement plans

- We need to deliver cost-savings worth a total of £82.4 million during the current financial year (April 2025-March 2026).
- Year to date the Trust has delivered £41.9m of savings against a plan of £51.6m, with the full year CIP target of £59.0m against £82.4m.

Referral to treatment – Elective Care – Trust Wide

- RTT performance improved to 63.94% of patients waiting under 18 weeks in December above the operational plan target of 63.87% for the month.
- The total PTL has increased and is now 88,038 for December, which is below the operating plan target of 90,672 although has increased since November.
- The number of patients waiting over 65 weeks reported in December was 131 above the operating plan target of 26 for the month.
- Of the 65 week wait patients there are 27 patients in General Surgery, 67 patients in other Surgical specialties and 12 in Ophthalmology.
- The number of patients waiting over 52 weeks is 1,628 (1.85%) in December, which is above the revised midyear forecast of 1592 (1.09%) for the month.

Emergency Performance – PRUH and South Sites

- 4 Hour All Types performance reduced to 70.29% for December which was below the operating plan target of 72.6%.
- The site has however continued to experience ongoing pressure with an increase in attendances continuing into December, with increased corridor congestion due to admitted demand and mental health delays in admissions remain a challenge. 12-Hour Decision to

Admit breach times remain a focus, however December saw a reduction with 18.4% of patients waiting over 12 hours in ED below the operating plan target of 20%.

- Future actions include review of care group improvement plans for 26-27 flow programme, revising specialty admission guidance as part of internal professional standards, implementation of acute medicine model with the aim of increasing continuity of physician and ongoing focus on increasing pathways out of ED into SDEC.

Cancer

- 28 day Faster Diagnosis Standard (FDS) performance remained under target at 72.7% in November, most breaches remain within urology, lower GI, breast and gynae tumour groups.
- 62 day performance was 60.4% in November, which is below the Operating Plan target of 73.8% for the month with breaches in urology, hepatobiliary, breast and lower GI.
- 31 day performance was 91.7% in November and achieving the target of 89.3% for the month.
- There is a comprehensive cancer action plan and we expect to get back to constitutional standards by March 27.

Diagnostic Performance

DM01 performance improved for the fourth consecutive month to 42.46% in November however it is above our operating plan target of 19%.

Apollo/EPIC

Staff across all KCH hospitals and locations continue to work from one integrated patient record, Epic. Nearly 855,000 patients have registered for MyChart across King's and GSTT with 293,396 of these at King's. This is the largest instance of MyChart in the UK. Patients using MyChart are less likely to miss (DNA) their appointments, and KCH patients DNA rate continues to be 5.0%.

Both King's and Guy's and St Thomas' continue to expand the use of patient self-scheduling features with over 1300 clinics now activated and over 12,000 patients engaging with them. Last month at King's, patients self-scheduled over 2,100 appointments, more than double the previous month, saving more than 120 admin and clerical hours.

Average time to booking appointments for patient-led bookings is currently at 2 days, and service-led bookings at 1 day (improvement from 40 days and 8 days respectively).

Work to integrate with the NHS App continues with a sustained focus on: 1) surfacing the appointments for adult patients in the NHS app from March 26; 2) enabling a 'jump through' to Epic from the NHS app from May 26 (post Epic upgrade) and 3) an initial pilot has been completed with Allergy and Restorative Dental services, where appointments are successfully surfacing in the NHS App for patients to book into.

Estates

Our capital programme continues.

Endoscopy Unit

Construction is complete and the Trust took ownership on 10th February 26, with the mobilisation of the unit aiming to be ready with the first patient being treated from May 26.

Local Neonatal Unit

The upgrade works have been completed the unit has been re-opened.

A range of other capital projects across the PRUH are being undertaken by the PFI including roof replacement work, nurse call replacement (to be completed in September 26), fire alarm replacement, street lighting replacement and generator panel upgrades.

3. London Borough of Bromley - Adult Social Care

Following the visit of the CQC Inspectors in September the outcome was published in January 2026. However, a request was made for the CQC to review the report due to some dissatisfaction regarding their response to challenging factual accuracy. The CQC had since acknowledged there was an issue with the accuracy of the version of the report published and it had been removed from the CQC website whilst this was resolved. The CQC are also considering the request for a formal review.

The outcome of the Government's review of funding has impacted negatively on Bromley Council as a whole, with subsequent impact on Adult Social Care. Therefore, it is even more imperative that we work to become more efficient and mitigate against the increasing cost of service provision.

As part of our Transformation and Improvement Programme we have seen the embedding of a number of pilots carried out last year:

- By February 2026, 93% of front line professionals are using the AI tool Magic Notes leading to higher productivity, reduced administration time and improved quality of conversations with residents.
- The Occupational Therapy led Front Door continues to bring positive outcomes for residents' needs with 74% of residents who had used the service to January 2026 either requiring no care or a short-term care intervention instead of long-term care. Feedback from residents is also positive: an initial feedback survey sought to capture real-time feedback from residents about their experience. 98% of residents report getting a quick, helpful and efficient response to their queries. This approach will be extended across the service from April 2026 with a follow-up survey to provide assurance that all residents' needs are being met.

The work on co-production has continued internally:

- Our Working Together Group, consisting of a wide range of residents with lived experience, unpaid carers and those who may experience future needs, has begun to meet to help shape how services are planned, delivered and reviewed. The Group has identified four

priorities to take forward: Improving Information, Advice and Guidance (IAG); Timeliness; No Wrong Door and Carers.

Our award-winning work on Tackling Loneliness was again celebrated with the granting of an MBE to our Loneliness Champion in the New Year Honour's List. Helayna Jenkins has worked tirelessly with partners to deliver our all-age strategy, work which has been recognised as best practice both nationally and internationally. She received this honour at the end of February.

4. St Christopher's Hospice

Ward Refurbishment Project

The Ward Refurbishment project came to an end in January 2026, and we are now open to 32 patients while continuing to care for 1900 people at home across the five boroughs we support.

St Christopher's Shops

St Christopher's have 24 shops currently with plans to open 3 more in the year ahead.

Digital Transformation Projects

Digital transformation projects are currently underway with the aim of increasing clinical and organisational efficiency (new intranet, SharePoint, MS Teams, CoPilot and OneDrive).

Updates – New Medical Lead in post and visits to St Christopher's

Dr Sara Robbins, new Medical Lead has been in post since December 2025.

Supported visits from Ellie Reeves, MP for Lewisham West and East Dulwich and the Right Honourable Wes Streeting, Secretary of State for Health and Social Care. Mel, ANP did an interview with Wes Streeting to talk about Capital Funding and how we used it for refurbishment and to discuss the care we provide at the hospice.

Service Updates

- In Quarter 3 the median length of stay on our In-Patient Unit was 9 days, with mean length of stay sitting at 12 days. This was an improvement on the same quarter last year where the mean length of stay was 15 days., however we achieved an 88% occupancy in Q3 with 21 beds open.
- Patient Safety Investigation Framework (PSIRF) Policy and Annual Plan updated.
- First Patient Safety Investigation Incident Report completed under PSIRF, reported to PaSUS and also reported externally.
- Continued work to review and improve staff confidence in MCA assessment – review of 10 cases from the past audit- continued discussion and support from social work team to improve practice and documentation.
- Secured a £400k appeal from the Sir Jules Thorn Foundation to deliver an innovative project to support people living with heart failure locally and nationally.
- Focused on a balanced budget with Trustees.

5. Bromley Healthcare

Strategy

Bromley Healthcare have been working closely as part of the One Bromley Partnership in order to support the development of Integrated Neighbourhood Teams across Bromley.

Performance

Within the Children and Young People's Directorate, Occupational therapy continues to see over 91% of children within 14 weeks for an initial assessment. This is a sustained reduction in waiting times. The balanced model has been implemented within Children's speech and language, however a reduction in waiting times has not yet been realised due to recent implementation. This is being monitored and a reduction is expected.

As advised previously, waiting times in children and young people services have been partly driven by the increased demand in Education, Health and Care Plans. The achievement of the 6 week completion of reports for Education, Health and Care Plans have significantly improved over the last quarter, with achievement being around 90% across December and January.

Community Paediatrics continues to face waiting time challenges, as is reflective of the national problem. This is being reviewed and a newer model of care is currently being trialled with the ambition of quicker assessments for children and young people.

Within the Adult and UCR Directorate, there has been a sustained reduction in Adult Occupational Therapy waiting times following a successful Quality Improvement initiative. The average waiting time reduced from 15.3 to 7.1 weeks, the maximum wait reduced from 53 to 22 weeks, and KPI performance improving to over 90% at its peak, with sustained compliance subsequently achieved.

There continues to be sustained improved waiting times in Adult Speech and Language.

Workforce, Learning and Development and Culture

Bromley Healthcare Staff Awards

We held our annual Staff Awards to recognise colleagues who have made an outstanding contribution to community services. This year, we received 159 nominations from across clinical and non-clinical teams. More than 170 colleagues attended the event, including members of our Lived Experience Advisory Group, who joined the judging panel, and presented the awards, alongside our Executive and Non-Executive Directors.

Award	Winner	Service
Outstanding Leader	Emma Herneman	Bromley 0 to 19 Service
	Heather Payne	Safeguarding

Belonging – Individual	Dr Rachael Jegede	Bromley Talking Therapies
Belonging – Team	Information Team	Information Services
Compassion in Action – Clinical (Individual)	Kimberley Bateman	Podiatry
Compassion in Action – Clinical (Team)	Wheelchair Service	Adult Therapies
Compassion in Action – Non-Clinical (Individual)	Beatriz Fuentes	Foxbury (Administration)
Compassion in Action – Non-Clinical (Team)	Finance Team	Finance
Health and Wellbeing	Margaret Jansz	Bromley 0 to 19 Service
Innovation – Individual	Ajay Haridas	Information Services
Innovation – Team	Children’s Speech and Language Transformation Team	Children’s Speech and Language Therapy
Integrated Care – Individual	Zoe Burridge	Adult Safeguarding
Integrated Care – Team	Community Adults and Children’s Dietetics Team	Adult and Children’s Dietetics
Learning and Development	Marie-Louise Muir	Clinical Education (Nursing)
Lived Experience Advisory Group Award – Individual	Charlotte George	Transformation
Lived Experience Advisory Group Award – Team	Children’s Bladder and Bowel Team	Children’s Bladder and Bowel Service
Quality Improvement – Individual	David Bennett	Information Governance & Cyber

Quality Improvement – Team	Perinatal Mental Health Team	Tri-Borough Health Visiting
Rising Star	Stephen Martin-Lawrence	Bromley 0 to 19 Service



Careers Fair Attendance

Bromley Healthcare attends careers fairs across the borough to help young people learn about community health careers and understand the skills needed to work in the NHS. We recently took part in the Langley Park School for Girls Careers Fair for the third year running. Students from Year 10 upwards spoke with our colleagues about roles in allied health professions and podiatry, with a Doppler ultrasound demonstration attracting particular interest. We also signposted students to the NHS careers questionnaire. Several shared positive feedback afterwards, describing how the event helped them explore future NHS career pathways:

“..the Bromley Healthcare CIC stall really caught my eye. It stood out because of the clear and interesting information sheets about the different roles within the healthcare sector. One highlight for me was having a Doppler Ultrasound performed on my wrist, which I found fascinating. The professional explained the science behind it, showing how sound waves are used to detect blood flow and measure your pulse without any invasive procedures. It was astonishing to see how much of a role technology plays in healthcare and how this continues to grow and develop over the years. Thank you Bromley Healthcare!”

"Bromley Healthcare CIC were able to guide me through different career paths with children which then sparked my interest in occupational therapy as to whether it is an option to look into in the future."

Associate Director of Transformation elected to NHS Benchmarking Network Steering Group

Our Associate Director of Transformation, Sam Tomlinson, has been elected to the NHS Benchmarking Network Steering Group. The group brings together representatives from member organisations across the country to oversee the Network's work, set strategic priorities and support the development of benchmarking projects that improve health and care services.

Members meet several times a year to review the annual work programme and contribute their experience to system wide improvement. Sam's involvement ensures that the Bromley is represented in national discussions and supports the flow of learning and insight back into our organisation and wider system.

Quality, Safety and Patient Experience

Domestic Abuse Quality Days (Safeguarding)

This year, our Safeguarding Service has delivered Domestic Abuse Quality Days for colleagues. These interactive sessions were designed to strengthen understanding of Domestic Abuse, including recognising controlling and coercive behaviour, understanding its impact on adults and children, and making effective referrals. Using case studies, colleagues explored how to identify indicators of abuse and how services can support both survivors and perpetrators. Feedback described the sessions as moving and thought provoking, with participants valuing the opportunity to reflect on real examples and strengthen their confidence in responding to Domestic Abuse. 58 colleagues have attended so far. This work supports safer care for individuals and families who may be affected by abuse, including those whose experiences are not immediately visible.

Lived Experience Advisory Group Update

We continue to support earlier identification and management of bladder and bowel needs for children and young people, including those with special educational needs and disabilities (SEND). This work focuses on improving understanding, confidence and consistency across services so that issues can be addressed earlier and escalation avoided.

Our children's bladder and bowel team was recently recognised at a SEND event hosted by London Borough of Bromley (pictured below), which highlighted the team's inclusive patient-centred approach and their work to support families and professionals. A key part of the approach is enabling colleagues across services to act as bladder and bowel champions, helping concerns to be identified and managed sooner.

Pet Therapy at Foxbury Rehabilitation Inpatient Unit

Foxbury inpatient unit has introduced pet therapy sessions in partnership with Therapy Dogs Nationwide to support wellbeing and recovery. During a recent visit, patients spent time with Atlas, a trained therapy dog, who provided comfort, calm interaction and a welcome focus away from clinical routines. Colleagues reported positive engagement, with patients describing the unit as a warm and supportive environment. The session was organised by the inpatient and patient experience teams, who are exploring how therapeutic activities can enhance mood, reduce anxiety and support rehabilitation. Further sessions are planned as part of efforts to improve experience and emotional wellbeing.

One patient said: *"It was a really lovely experience. I have had a stroke, so interacting with the dog gave me a sense of closeness and helped break down communication barriers. The staff here are so nice and very patient with me, and I would love for the dog to visit again."*



Find out more:

- [Supporting recovery through connection: Pet Therapy comes to Foxbury](#)
- [LinkedIn](#)
- [Instagram](#)

Service Improvement

District Nursing Sustainability Programme

Over the past year, we have been delivering a District Nursing Sustainability Programme to strengthen workforce stability and reduce reliance on temporary staffing. The programme was introduced in response to rising vacancies, absence and high agency use, which were affecting continuity of care. Early impact has been positive, with agency spending reduced by 53 percent between April and December and overall temporary staffing costs falling by 30 percent. Teams have welcomed new Healthcare Support Workers and expanded clinical education support. This work continues, with further recruitment and service improvements planned to build sustainable, high-quality community nursing services.

Implementation of Hybrid Mail

We are introducing a new hybrid mail system to improve how we send patient correspondence. Following a tender process, Xerox has been selected to replace the previous Synertec service used by Health Visiting teams. Hybrid mail allows staff to send letters electronically to an external provider, where they are printed, enclosed with any required inserts and passed to Royal Mail. This reduces local printing and postage costs and creates a more reliable and efficient process. The system has been successfully piloted in Greenwich Health Visiting and

will be rolled out across Bromley Healthcare over the next 12 weeks. The letter templates have been developed in partnership with the Lived Experience Advisory Group, and will include key access information and details:

- Image of the venue - Visuals of the location very useful and easy to find building/venue
- Information on accessible toilets
- What 3 words
- Information for buggy parking/ station for Children's appointments as well as the parking available for cars
- Arrows on maps for main road, closest stations (Station this way prompt).

6. Oxleas

Bromley Mental Health Hub Grants

Bromley Mental Health Hub, run in partnership between Oxleas and SE London MIND, has announced a series of grants to local grassroots organisations to tackle health inequalities. These cover a variety of activities including supporting 18–25 year olds who feel overwhelmed by the pressures of early adulthood, particularly around climate anxiety, and employment.

[Meet the winners: introducing this year's Equality Grants grantees | Oxleas NHS | Oxleas NHS Foundation Trust](#)

Raising awareness of children's mental health needs

During February, Oxleas supported Children's Mental Health Week 2026 by shining a spotlight on the importance of children and young people's mental health and wellbeing. The theme for this year's week of action was This is My Place, which aims to support the systems around children and young people to help them feel they belong.

More information is available at [Join us to support young people's mental health | Oxleas NHS | Oxleas NHS Foundation Trust](#)

Supporting and caring for those with young onset dementia

Whilst most people develop dementia in their older years, it can affect younger people too. At Oxleas, we are developing specialist, collaborative support for people living with young onset dementia and their families.

Leading this inspirational work is our award-winning Young Onset Dementia Nurse, **Kelly Mills**. Kelly was revealed as the winner of our Governors' Award at the Recognition Awards 2025 for her dedication, compassion and expertise in supporting patients and families, which has been transformative.

Kelly and her team estimate that around 200 people under the age of 65 have received a diagnosis of young onset dementia in Bexley, Bromley and Greenwich over the past five years.

To join the steering group or for more information about the project email: oxl-tr.yod.service@nhs.net

7. Bromley Third Sector Enterprise (BTSE)

BTSE/Bromley Well

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

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

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

Demand for support with food bank referrals, benefits, housing and cost of living remains high with increasing numbers of clients presenting with multiple, interlinked problems which require more intensive casework and cross-agency coordination. We receive referrals across the adult age range, however our largest is those aged 55-64. We realised over £4.75m in benefits and grants for residents in 2024-25, with over £2m from our Forms Completion Service. These levels of demand and outcomes have continued in recent months.

Our Hospital Aftercare services continue to perform effectively. This is in significant part due to the work of care navigators at the PRUH. Our Take Home and Settle service continues to have high demand receiving 449 referrals last quarter with 98% of patients picked up within 30 minutes of discharge. We received a further 164 referrals in January indicating continued high levels of demand. Our Post Discharge Settling Service saw 123 referrals last quarter, with high levels of service satisfaction reported.

Handy Person Service: Two new staff are now in post and service delivery is increasing with 239 completed referrals last quarter, well above our KPI of 150. A further 95 referrals were received in January.

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

We are pleased to be working in partnership with the London Borough of Bromley, who have allocated £110,000 from the Household Support Fund to support carers aged over 18 in crisis/facing hardship until the end of March 2026. This can include vouchers for food, energy costs, and household items requiring replacement or needed after discharge of the cared for person from hospital. Take up for this fund has been high.

Service Issues

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

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

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

One Bromley Wellbeing Hub

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

The information and advice offer on Wednesdays is the only drop-in advice service in central Bromley and we have added Tuesdays until the end of March. The Hub has now moved to the new Bromley Centre next to the Civic Centre.

Carers

David Walker CEO of BTSE appeared before the London Assembly Economy, Culture and Skills Committee on 12 January as part of their enquiry into Unpaid Carers in London.

He spoke about the Bromley Well Carers Service and highlighted the collective work Of One Bromley on the Carers Plan, Carers Charter and improving information and awareness. His evidence was included in a news article on BBC London.

<https://www.bromleywell.org.uk/news/london-s-unpaid-carers-bromle/>

<https://www.bbc.co.uk/news/articles/c2e1n3rddzro>

8. Primary Care Networks (PCN)

Winter Access Collaborative

Bromley PCNs, in collaboration with Bromley GP Alliance, successfully delivered more than 10,000 additional same day GP appointments over the winter period. Across 19 hub locations, PCNs provided an extra 1,500 hours of GP time on weekdays, achieving an impressive 92% utilisation rate and a 93% patient satisfaction score. Patient survey feedback indicates that this additional in hours capacity helped prevent up to 3,000 attendances at urgent and emergency care, clearly demonstrating the significant value the service provided to both the wider healthcare system and to patients by improving timely access to care and reducing pressure on emergency services.

A comprehensive service review and evaluation process is now underway between providers and commissioners to assess the impact and effectiveness of the winter capacity initiative to include detailed analysis of performance, patient survey data, activity trends, and operational feedback from practices and hub teams. Early findings are already identifying what worked well - such as effective use of existing triage pathways and efficient use of clinical hub staffing - as

ensuring that learnings are embedded in future delivery models to enhance patient experience, improve utilisation, and strengthen system resilience.

Interface Round Table event sets priorities for 2026



The latest Primary and Secondary Care Round Table evening brought together key colleagues from Bromley general practice, PCNs, the PRUH, the ICB and the LMC to discuss the interface improvement priorities for 2026:

- establishing clear points of contact (for primary care to contact acute clinicians and secondary care to contact practices)
- improving discharge summaries
- reducing inappropriate requests
- complete information on referrals
- advice and guidance
- improving patient experience with MyChart results communication

Chaired by the Bromley PCNs Interface leads, Drs Bridget Hopkins and Claire Riley, together with the PRUH Primary Care Liaison Leads, Christopher Lee and Laila Cunin, the event provided a valuable opportunity for colleagues to engage in honest, open conversations about the issues affecting patients and staff. Active engagement continues to be a vital driver in our shared commitment to improving the interface between primary and secondary care.

A brief video of the evening can be viewed here: <https://vimeo.com/1164627505?fl=tl&fe=ec>

INT Development

Bromley PCNs continue to play a central role in establishing the four neighbourhood teams across the borough. Our INT Clinical Director Lead, Claire Riley, is actively supporting Bromley's involvement in the Newton INT Community of Practice and contributing to the SEL Neighbourhood Health Integrator Partnerships Forum.

As neighbourhood plans progress, PCN Clinical Directors are working collaboratively to shape emerging INT leadership models, ensuring they are designed to support effective, integrated healthcare delivery across each neighbourhood.

Bromley General Practice Collaborative

Bromley PCNs, Bromley GP Alliance (BGPA) and the Local Medical Committee (LMC) continue to work together to develop proposals for a future focused structure for general practice in Bromley, aligned with the ambitions set out in the NHS Long Term Plan. A Collaborative would provide a vehicle for delivering at scale general practice services across the borough, drawing on shared expertise, operational strengths, and collective leadership to support the three national strategic shifts: from hospital based to community based care, from analogue to digital ways of working, and from treating illness to promoting prevention and proactive health management.

Bromley PCNs are currently engaging with practices and local stakeholders to lay the foundations for a stronger and more sustainable general practice model, ensuring Bromley is well placed to deliver high quality, neighbourhood level care for its population.

9. Bromley Public Health

Annual Public Health Report 2025

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

10. Bromley GP Alliance (BGPA)

BGPA Community Dermatology Service

BGPA has been working closely with the SEL ICB Cancer Team to develop a demand and capacity model for the Community Dermatology Service. Between September 2025 and March 2026, BGPA introduced additional capacity clinics within the service using non-recurrent funding provided by the SEL ICB Cancer Team.

This additional capacity, delivered by our existing workforce, has helped reduce average waiting times from 138 days to 122 days. In January, 72% of patients were seen within 6 weeks.

The SEL ICB Cancer Team has now confirmed further funding for Q1, Q2 and Q3 of the new financial year. This has allowed for



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

additional capacity which has already been incorporated into the system and patients have been rescheduled to earlier appointments where possible. The service is currently operating with a 99% utilisation rate for both first and follow-up appointments. This funding will further reduce wait times whilst BGPA continue to work closely with King's Dermatology Team to secure future recurrent funding from 2028 onwards.

BGPA LAS NHS111 Clinical Assessment Service

BGPA has recently begun supporting LAS NHS111 through the introduction of a dedicated Clinical Assessment Service, delivering timely GP consultations to patients across Bromley who have contacted NHS111.

This initiative is designed to enhance patient access to primary care, reduce pressure on urgent and emergency services and ensure that patients receive appropriate clinical input at the earliest opportunity.

The service formally commenced on Tuesday 17th February and has been established as a three-month pilot programme, currently scheduled to conclude in mid-May.

On a weekly basis, the service provides a substantial level of additional clinical capacity. BGPA delivers eight hours of dedicated GP support each weekday, alongside extended provision at weekends, comprising 19 hours on Saturdays and 17 hours on Sundays. This equates to a total of 76 hours of additional GP-led clinical support per week, significantly strengthening system resilience during periods of peak demand.

The service is currently staffed by three active GPs who are delivering regular clinical sessions, with a further two GPs progressing through induction to expand capacity even further.

As the team grows, we anticipate increased flexibility and sustainability within the rota, ensuring consistent, high-quality care for Bromley patients accessing NHS111.



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

BGPA Out-of-Hours NHS 1111 Winter Clinical Assessment Service

During Winter 2025/26, BGPA operated an Out-of-Hours Clinical Assessment Service from 18:30 on Friday evenings to 08:00 on Monday mornings. The service accepted non-clinically triaged direct referrals from NHS111, helping to reduce unnecessary attendance at local Urgent Care Centres.

A blended delivery model, offering both virtual and face-to-face appointments. The service was tailored to patient needs and was continuously reviewed and adapted to respond to the demands and pressures of the local healthcare system. Where appropriate, BGPA also ensured patients were signposted to relevant community services, including Pharmacy First.

Feedback from patients was strong, here are some statistics:

% of patients satisfied with telephone consultation: 89%

Selected comments:

“Excellent doctor and advice given.”

“Listen to my concerns and asked appropriate questions promptly made clinical decisions.”

“Very helpful, phoned on time. Explained everything and made it clear.”

% of patients satisfied with face-to-face consultation: 86%

Selected comments:

“Excellent service.”

“Lovely, informative, empathetic doctor.”

“Doctor I spoke to was very helpful.”

% of patients who felt their new medical problem was resolved: 80%

% of patients who would recommend: 86%

What patients would have done if they did not receive this appointment	
Contact GP practice	39%
Attend A&E	35%
Go to your local pharmacy	10%
Attend UTC	4%
Do nothing	1%
Other	12%

One Bromley Local Care Partnership Board

DATE: Thursday 26 March 2026

Title	Bromley Primary Care Group: March 2026 Report
This paper is for information	
Executive Summary	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. The following items were considered at the March 2026 meeting of this group: a) Progressing the improvement of primary care services for housebound residents PCG received a briefing on the work conducted to date to engage stakeholders and gather provider views on ways to improve the provision of primary care for housebound residents. PCG noted the positive work towards a case for change. PCG requested a further paper on the progress with developing a housebound model, noting the non-recurrent investment planned to support the development of a full business case for a long-term, cross-borough model of care. b) Primary Care access at scale PCG was provided with a report setting out the benefits and barriers to establishing at scale access at primary care, both for telephone calls and online consultations. This report set out where at scale working is already in place and where this could further benefit borough residents. PCG welcomed the intention to provide pump-priming monies towards establishing at-scale access solutions in primary care, noting the set-up costs these solutions typically entailed. PCG requested an update on progress with implementation to a future meeting.

c) G84011 Section 106 funding proposal

PCG endorsed the proposal to release Section 106 funds to Eden Park Surgery in order to undertake essential internal reconfiguration works, subject to lease agreement and signature. These works will create additional clinical rooms, improve accessibility through the installation of a lift and modernise patient and staff areas. The practice's Partners and the landlord of the premises will also contribute funds for premises improvement works, which will enable the longer-term security of safe and suitable primary care premises in the borough.

d) Final details of GP Premium and Local Enhanced Services for 2026/27

PCG was provided with the final details of the primary care incentive schemes for 2026/27, noting the engagement completed with key stakeholders through this process. Contractual documents will be enacted ahead of the 2026/27 financial year.

e) 2025/26 Capacity & Access Improvement Scheme

PCG received an update on the expected outturn from this national access improvement scheme, which is bringing a total investment to Bromley primary care of around £1.5million. PCG was advised that NHS England is diverting the scheme's funding for 2026/27 to increase the numbers of GPs in general practice. Details of this new scheme and plans for its implementation will be shared with PCG once available.

f) Medicines Optimisation Plan for 2026/27

PCG provided the formal approval for the plan for 2026/27, noting the aims of the scheme are to improve patient experience, improve patient outcomes and address health inequalities through reducing unwarranted variation in prescribing, reducing medicines wastage, improving medicines safety and optimising medicines value. It is a scheme which brings consistency of approach across all SEL boroughs.

g) Out of Hours Primary Care Home Visiting Procurement

PCG was advised that a Chair's action had been enacted to endorse proceeding to formal procurement of the borough's out of hours primary care home visiting service. This requirement has come about as a result of the new community health services contract for Bromley, commencing from 1 December 2026. This had been taken as a Chair's action in

	recognition of the potential conflicts of interest for some members of the full group. The Invitation to Tender is now live, and the aim is to award the contract for commencement from 1 December 2026.	
Recommended action for the Committee	The Local Care Partnership Board is asked to note: • The work undertaken by the Primary Care Group • The endorsements and approvals by the March 2026 meeting of the PCG.	
Potential Conflicts of Interest	Some members of the LCP and its sub-groups are providers of primary care services and potential recipients of investment by the ICB. The PCG noted and took action in recognition of these potential conflicts.	
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-Chairman, 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 26 March 2026

Title	One Bromley Performance, Quality and Safeguarding Group: March 2026 Report
This paper is for information	
Executive Summary	February Meeting Update The One Bromley Performance, Quality and Safeguarding Group meeting held on the 26th February focussed on discussion of the following topics. <u>Quality Improvement Approach: Tackling Falls in Care Homes</u> The Falls Campaign, clinically led by Dr Upaasna Garbharran and project managed by Sara Quirke as part of the Enhanced Health in Care Homes Programme, was prioritised following the identification of falls as the most common cause of hospital conveyance for Bromley care home residents. Launched in March last year using a collaborative One Bromley approach, the campaign focused on understanding frontline challenges and set out to reduce falls, improve proportionate responses to falls, and streamline hospital care via the Acute Frailty Assessment Unit, in line with national priorities. Between March 2025 and February 2026, falls-related LAS incidents and conveyances reduced compared with the previous year. Key interventions included implementation of a falls prevention bundle, risk-stratified response via an agreed algorithm, and direct access to frailty services, alongside targeted support for high-incident settings and system-wide communication. Conveyances across all Bromley care settings reduced by 11%, increasing to 22% in the intervention group, with a 34% reduction in falls-related LAS conveyances in sites consistently using Raizer II lifting chairs. The campaign attracted InSites funding and additional NHSE funding to extend the Raizer pilot, demonstrated strong learning around early engagement and clinical leadership, and has achieved national recognition through submission to the British Geriatric Society World Falls Congress 2026. <u>Bromley Quarter 3 Quality Report</u> Topics covered included: Quality Alerts There were 466 quality alerts reported across South East London, representing a slight decrease from the previous quarter. Quality alerts highlighted a lack of use of the LAS bypass line and inappropriate emergency calls, despite the line being established to enable clinician-to-clinician conversations between GPs and LAS prior to ambulance dispatch. This issue is being discussed with the LMC and LAS, and while the reasons for under-utilisation remain unclear, it has been identified as an issue across London.

	A webinar and supporting guidelines are available for GPs to support appropriate use of the bypass line. CQC in Bromley Services All recent reviews had been positive overall within the Borough, with SEL Mind achieving an outstanding rating. <u>Bromley Performance Report</u> Learning Disability Health Checks performance is on track and there is significant work underway on SMI Health Checks. It was noted that performance to the end of quarter 2 did not meet the 55% trajectory, however there has since been a slight up-tick of improvement, with performance at 57% up to the end of January and with February data expected shortly; it is hoped this improvement will continue through February and March. Year-to-date practice performance within the financial year is also being monitored, with the expectation of cumulative improvement. The rolling SMI Health Checks position remains at 57%, with 50% year to date, and there is confidence this will exceed last year's position, supported by ongoing work to improve performance in light of increased demand. It was also noted that although immunisations remain red-rated, performance is still the highest in South East London, with additional work underway following the measles outbreak in North London, including further guidance, communications, targeted outreach in areas of low uptake, and the arrangement of pop-up vaccination clinics. <u>Bromley Risk Register</u> No new risks had been added to the register; there had been a decrease in the scoring of the financial targets risk as it is looking likely that we will have a breakeven position for the Bromley LCP budget at year-end. The next PQS meeting is scheduled for Thursday 9th April.	
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:	Gemma Alborough, Business Support Lead - Bromley 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	

One Bromley Local Care Partnership Board

DATE: Thursday 26 March 2026

Title	Bromley Procurement & Contracts Committee – January / February 2026 Update
This paper is for information	
Executive Summary	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 21st January and 19th February 2026. <u>Contract Awards</u> Phlebotomy – A 2-year contract with the option to extend for a further 1-year was awarded following completion of a Most Suitable Provider process under the Provider Selection Regime. Non-Emergency Patient Transport Service (NEPTS) – Bromley are associate commissioners to the Kent and Medway ICB contract for NEPTS. Following conclusion of a Competitive Procurement process undertaken by Kent & Medway ICB a contract has been awarded for 5 years with the option to extend for a further 3 years. Marie Curie End of Life Planned Variable and Rapid Response – A 2-year contract with the option to extend for a further 1-year was awarded following completion of a Direct Award C process under the Provider Selection Regime. <u>Contract Extensions</u> None to report during January and February. <u>Contract Variations</u> ASD (BHC) – A contract variation for Bromley Healthcare was completed to provide appropriate assessment and diagnosis for children with suspected autism and to liaise with multi-agency panels as required. <u>Procurements</u> The following updates were noted: - • Homeless Service – A notice of intention to use the Most Suitable Provider (MSP) route under the Provider Selection Regime has been published, only one expression of interest was received. MSP evaluation process is to being completed prior to contract award.

	• Continuing Healthcare Support Contract – Following the abolition of Commissioning Support Units (CSU's) this contract has been terminated by mutual agreement and services brought in-house. • Cardiology Diagnostics – The Direct Award C (DAC) process under the Provider Selection Regime is being used with the intention to award a contract to the incumbent following completion of a DAC Assessment and observation of a standstill period. • GP Out of Hours (Home Visiting) – A Competitive Procurement is due to be launched. • Advocacy Service – It has been agreed to continue this service for a further year, a 3-quote process will be used to award a contract, due to the low contract value. • Diabetes – Service review is underway to determine future procurement route. • Wheelchair Services – A joint Bromley, Bexley & Greenwich procurement is under way, however there has been slippage in the procurement timeline therefore options are being considered to ensure there is no gap in provision as a result. • GP Enhanced Service (GPES) – These contracts are in the process of being varied into the main GP contracts held by SEL Primary Care Central team. <u>Other key areas of discussion to note</u> Contracts Pipeline – Contracts due to expire between March 26 – February 27 – 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.
Recommended action for the Committee	The Committee is asked to note the work undertaken by the Procurement and Contracts group.
Potential Conflicts of Interest	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. 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.

Impacts of this proposal	Key risks & mitigations	The Procurement and Contracts Group has an important role in identifying and managing risks on procurement and contracting issues on behalf of the One Bromley Local Care Partnership.
	Equality impact	The Procurement and Contracts Group has a role to play in supporting the delivery of One Bromley equality, diversity and inclusion objectives.
	Financial impact	The costs of running the Procurement and Contracts Group will be met within existing ICB budgets.
Wider support for this proposal	Public Engagement	N/A
	Other Committee Discussion/ Internal Engagement	N/A
Author:	Sean Rafferty, Director of Integrated Commissioning, SEL ICB / Asst Director for Integrated Commissioning, LBB	
Clinical lead:	Dr Andrew Parson, Co-Chair One Bromley Local Care Partnership	
Executive sponsor:	Dr Angela Bhan, Place Executive Lead	

Appendix A	Service	Current End Date	Type	Status
	Advocacy services	31/03/2026	Active	3-quote process underway
	Cardiology Diagnostics	31/03/2026	Active	Direct Award C being completed
	Cardiac Diagnostics & Exercise on Referral Programme	30/09/2025	Active - Renewal in Progress	Direct Award C completed, contract being drafted
	Primary care enhanced services. Services: ADHD, DMARD, Phlebotomy, Gender Dysphoria, Gonadorelin, VMO, Safeguarding Adults and Children	31/03/2026	Active	Contracts being varied into main GP contracts
	Bromley Tailored Dispensing Service	31/10/2026	Active	Option to extend contract to be considered by Procurement and Contract Committee
	GP OoH	30/11/2026	Active	Competitive procurement due to be launched
	Diabetes	30/11/2026	Active	Commissioning reviewing options
	Wheelchair Services	30/11/2026	Active	Competitive procurement being undertaken in conjunction with Bexley and Greenwich
	Talk Together Bromley - Improving Access to Psychological Therapies	30/11/2026	Active	Commissioning reviewing options

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	PR	Pulmonary Rehabilitation
IUEC	Integrated Urgent and Emergency Care	PREMS	Patient Reported Outcomes and Experiences Study
JCVI	Joint Committee on Vaccination and Immunisation	PROFAIL	Patient Reported Outcomes for Frailty
JFP	Joint Forward Plan	PROMS	Patient Reported Outcome Measures
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		
PCC	Palliative Care Congress		
PCG	Primary Care Group (Bromley)		
PCN	Primary Care Network		
PEoLC	Palliative and End of Life Care		
PIP	Personal Independence Payment		
PPA	Prescription Pricing Authority		
PPG	Patient Participant Group		