

One Bromley Local Care Partnership Board

Date: Thursday 27 November 2025

Time: 9.30am – 11.15am

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

Chairmen: Dr Andrew Parson and Councillor Colin Smith

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

AGENDA

No	Item	Enclosure	Presenter	Timing
Opening Business				
1.	Welcome, introductions to the One Bromley Local Care Partnership Board and apologies for absence	Verbal	Chairmen	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 25 September 2025 For approval	Enc. 2	Chairmen	9:40
5.	Actions for the Board For approval	Enc. 3	Chairmen	9:45
For Approval				
6.	One Bromley Executive Committee and One Bromley Local Care Partnership Board Terms of Reference For approval	Enc. 4	Dr Angela Bhan	9:50
For Information and Noting				
7.	Care Home Programme Successes For information	Enc. 5	Sara Quirke	10:10
8.	Partnership Report For information	Enc. 6	Dr Angela Bhan	10:30
9.	Month 6 SEL ICB Finance Report For information	Enc. 7	David Harris	10:40

Reports from Key Sub-Committees for Noting				
10.	Primary Care Group Report For information and noting	Enc. 8	Harvey Guntrip	10:50
11.	Bromley Procurement & Contracts Group For information and noting	Enc. 9	Sean Rafferty	10:55
12.	Performance, Quality and Safeguarding Group Report For information and noting	Enc. 10	Harvey Guntrip	11:00
Closing Business				
13.	Any Other Business	Verbal	All	11:05
Appendices				
14.	Appendix 1: Glossary of Terms	Enc. 11	For information	
Next Meeting:				
15.	The next meeting of the One Bromley Local Care Partnership Board will be held on the 29 th of January 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 November 2025

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

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

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

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

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

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

			Indirect Interest	Former spouse is employee of Bromley Y which provides tier 2 CAMHS in Bromley.	01/07/2022	
Angela Helleur	King's College Hospital NHS Foundation Trust	Chief Delivery Officer	Financial Interest	Works as an expert witness in midwifery claims – legacy cases only	01/08/2024	
Mark Cheung	South East London ICB	One Bromley Programme Director	No interests declared			
David Harris	South East London ICB	Associate Director of Finance - Bromley	No interests declared			
Iain Dimond	Oxleas NHS Foundation Trust	Mental Health Lead, South East London ICB Executive	Non-Financial Professional Interest	SRO for the Complex Care Mental Health Programme Group	01/10/2023	
Donna Glover	London Borough of Bromley	Director of Adult Services	No interests declared			

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

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	
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			

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

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, One Bromley PCN Clinical Lead Strategy, Interface and Neighbourhoods	Financial Interest	GP Partner at Green Street Green Medical Centre, practice is member of Orpington PCN. The practice is also a member and shareholder in BGPA.	01/01/2013	
			Non-financial professional interest	Clinical Director Orpington PCN.	01/11/2022	
			Indirect Interest	Spouse is Associate Director of Wilkinson Eyre Architecture firm who occasionally tender for public building design in the healthcare sector.	04/10/2009	

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



Steve Smith	Chief Executive	St Christopher’s Hospice	No interests declared			
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**One Bromley Local Care Partnership Board
Minutes of the meeting on 25 September 2025
Held in The Council Chamber,
Bromley Civic Centre**

Present:

Name	Title and organisation	[Initials]
Members (Voting):		
Dr Andrew Parson	One Bromley Senior Clinical Director (Co-Chairman), South East London ICB	AP
Harvey Guntrip	Bromley Borough Lay Member, (Co-Chairman), NHS South East London	HG
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
Angela Helleur	Chief Delivery Officer, King's College Hospital NHS Foundation Trust	AH
Dr Bridget Hopkins	Clinical Director, Five Elms PCN and One Bromley PCN	BH
Dr Nada Lemic	Clinical Lead Strategy, Interface and Neighbourhoods	NL
Dr Claire Riley	Director of Public Health, London Borough of Bromley	CR
Jacqui Scott	Clinical Director, Orpington Primary Care Network and One Bromley PCN Clinical Lead Strategy, Interface and Neighbourhoods	JS
Cllr Colin Smith	Chief Executive Officer, Bromley Healthcare	CS
Cllr Diane Smith	Leader of the Council (Co-Chairman), London Borough of Bromley	DS
Dr Hasib Ur-Rub	Portfolio Holder for Health and Care, London Borough of Bromley	HU-R
David Walker	Chair, Bromley GP Alliance	DW
	Chief Executive Officer, Bromley Third Sector Enterprise	
Members (Non- voting):		
Mark Cheung	One Bromley Programme Director, NHS South East London	MC
Paulette Coogan	One Bromley People and System Development Director, NHS South East London	PC
Sean Rafferty	Joint Assistant Director of Integrated Commissioning, NHS South East London and London Borough of Bromley	SR
Dr Ruth Tinson	Chair, Bromley Local Medical Committee	RT
In Attendance:		
Jodie Adkin (<i>Part</i>)	Deputy Director – Urgent and Emergency Care	JA
Gemma Alborough	Transformation and Delivery, NHS South East London	
	Business Support Lead – Bromley, NHS South East London	GA
Michael Cast (<i>Part</i>)	Volunteer, Bromley Homeless	MCa
David Ede (<i>Part</i>)	Trustee, Bromley Homeless	
Christine Harris	PA/Business Support – Bromley, NHS South East London	CH
David Harris	Associate Director of Finance, NHS South East London	DH
Helen Norris	Chair, Bromley Healthwatch	HN
Observing		
Kayla Julien	GP Registrar	KJ
Rituparna Saha	GP Registrar	RS

2 members of the
public were present.

Apologies

Sara Quirke

Joint Care Homes Programme Lead, NHS South East London
and London Borough of Bromley

SQ

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	<p>No public questions were received in advance of the meeting.</p> <p>Dr Parson noted that whilst the Board does not usually take questions that have not been submitted prior to the meeting, a member of the public present had indicated that they wished to ask a question. Dr Parson invited the question to be asked, subject to this relating to the agenda.</p> <p>Commenting on unsafe discharges, I am increasingly worried that patients are being discharged from the Princess Royal Hospital and ending up in and out of hospital. I think this is something that could be looked at.</p> <p>Response: Dr Bhan noted that whilst this is a valid comment, as Angela Helleur had mentioned earlier, it was important that patients did not remain in hospital unnecessarily. The longer a person stays in a hospital bed, the less likely they are to be ambulatory, suffering reduced muscle mass and potential mobility issues. Unsafe discharges are monitored and followed up through the quality route. We also look at the number of patients readmitted, the readmission rate has been reducing in recent years, with many patients supported through hospital at home or community services. Dr Bhan was alarmed to hear that the member of the public had heard of a number of these issues, if there are individual instances, the member of the public was welcome to get in contact after the meeting for these to be investigated.</p> <p>Jacqui Scott noted that this may be a good area to use the Patient Safety Incident Response Framework to look at this as a system.</p> <p>I heard on BBC Breakfast that some pharmacies are going to be able to do the children's nasal Flu vaccinations from October. Is there a big uptake of that in Bromley?</p> <p>Response: Dr Bhan responded that some of the pharmacies are going to be able to do the children's nasal vaccinations this year, this programme has already started. This would be a relatively small number of sites, as two- and three-year-olds are expected to be vaccinated through their GPs and other children to be vaccinated through the school vaccination programme.</p> <p>The member of the public asked a question specific to their relative, Dr Parson</p>	

	advised that the Board are unable to discuss individual cases and reminded that this is a meeting in public and not a public meeting. If there are any concerns, Dr Bhan offered to speak directly at the end of the meeting.	
4.	Minutes of the One Bromley Local Care Partnership Board Meeting 31 July 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.	Homeless Service Update	
6.1	<p>Dr Hasib Ur-Rub gave thanks for the opportunity to share information about people experiencing homelessness. Dr Ur-Rub would introduce the item; Michael Cast would then share his experience of becoming homeless whilst working in Bromley, offering a snapshot of his personal story and views on what we are doing to tackle homelessness as a borough. David Ede, a member of the Board of Trustees of Bromley Homeless, would then offer his views of working with Bromley GP Alliance as the voice of One Bromley.</p> <p>People experiencing homelessness are subject to poor health and people who are subject to poor health can experience homelessness. People who are experiencing homelessness experience alarming disparity of health access and thus healthcare. The number of homeless people in Bromley is increasing, both in younger adults aged 18-25 and older adults in their eighties. The standout statistic about health and homelessness comes from national mortality data. People experiencing homelessness have a life expectancy of thirty-five to forty years less than the general population. The younger group mentioned above have twice the likelihood of dying than their housed contemporaries. These are stark statistics.</p> <p>People experiencing homelessness are seriously disadvantaged. Health is undertaking a lot of work on frailty indexing and wanting to develop pathways for frailty. In thinking about people who are homeless, a 40–50-year-old has a very similar frailty index to a 70–80-year-old from the general population.</p> <p>Despite these statistics, people experiencing homelessness remain one of the most excluded populations from consistent and quality healthcare. This is primarily because they face a number of barriers. Nearly 50% of GP surgeries nationally continue to wrongly refuse to register patients who are homeless. Anywhere between 25-50% of hospital discharges result in patients experiencing homelessness returning to the street, or to inadequate or inappropriate accommodation. Multiple long-term conditions are often left undiagnosed and untreated.</p> <p>The King's Fund highlighted five key principles for managing health in people experiencing homelessness effectively:</p> <ol style="list-style-type: none"> 1. Find and engage people sleeping rough 2. Build and support the workforce to go above and beyond 3. Prioritise relationships 4. Tailor the response 5. Use the power of commissioning <p>Bromley is different in that we have a Homeless Health Hub service, in</p>	

	<p>partnership with Bromley Homeless and co-designed by those who have lived experience of health and social care exclusion. The Hub incorporates all those principles and removes the barriers faced by people experiencing homelessness, offering a flexible and holistic care system. It provides a safe nonjudgmental environment with flexibility of appointment time and duration.</p> <p>The service responds to acute, chronic and long-term conditions. 61% of clients are referred to safeguarding due to physical, financial or sexual exploitation. The team works closely with the acute trust and community services to help with triage processes. A training module has been developed for homeless health and will be rolled out to general practice and hopefully then to the Emergency Department.</p> <p>By doing this the service is:</p> <ul style="list-style-type: none"> • Impacting health inequalities • Improving life expectancy • Reducing inappropriate A&E attendances and hospital admissions. <p>In looking at the figures between March 2023 and May 2025, if all patients seen during that period had attended general practice, it is believed that 4000+ GP appointments had been saved, based on the fact the service allows for longer appointments to manage the complex overlapping needs of service users. The model produced is a replicable model that can be taken elsewhere to tackle health inequalities.</p> <p>A recent evaluation of 226 service users indicated that 116 felt they needed same day care and would have attended the Emergency Department. 103 were managed entirely within the Hub service, without needing to go elsewhere in the health system. 40 patients said they would have done nothing if not seen by the service; 5 of these had an urgent need for care. 37 of these patients were unsure what they would do. Service users had required support from safeguarding, urgent psychiatric assessment and acute services.</p> <p>It was sad to hear service users speak about what they would have done had the service not been available, some had even said they would likely have died had they not received help.</p> <p>Michael Cast introduced himself, and powerfully outlined his experiences of homelessness, noting that he had been part of the itinerant homeless community, meaning he did not have contact with councils as he was constantly being moved on around London. Upon returning to Bromley, Mr Cast was signposted to the Bromley Homeless Service at the United Reform Church. The service provided respect and hope and since then Mr Cast has been in temporary accommodation. There is some stigma and difficulty in rejoining society, as when in temporary accommodation employers will not take you on as they cannot guarantee you will be in the same place the next day. The complexities of explaining this to the Job Centre were noted. The societal and financial challenges faced by those experiencing homelessness were noted.</p> <p>Mr Cast noted that service users had referred to the site as the corridor of hope. The service has created a podcast of the same name, the support provided by colleagues was noted.</p> <p>David Ede had been involved with Bromley Homeless for around eight years, noting that the charity was established around fifteen years ago by a group of</p>	
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	<p>churches who had identified a homeless support need. The charity originally provided a Bromley winter shelter, but over the last decade had expanded to provide a range of wraparound services including a day centre, advice service, winter night shelter, five-bedroom single room accommodation and a host accommodation offer. The association with Bromley GP Alliance (BGPA) had originally started through providing care one night a week during the winter night shelter, as there was a gap in access to medical services for people experiencing homelessness.</p> <p>The Bromley Homeless Health Hub was established in 2023 led by Bromley GP Alliance and strengthened collaboration. Onsite support was key to the success of this approach, with access to a range of multidisciplinary health services. Tackling homelessness takes much more, breaking the cycle of homelessness for an individual requires giving someone a sense of community, belonging and being cared for. All the wraparound services provided are part of that pathway out of homelessness. There is a pyramid of need for people experiencing homelessness: Safety, shelter and food are the priorities, with health often taking a backseat.</p> <p>The service has become a one stop shop and lifeline for service users. During the last shelter season, three clients were in their seventies, and eighties. This was unheard of, and all had health needs, these were treated with positive outcomes. One client in their eighties presented via Age Concern, and were living in an allotment shed for at least ten years, with no room to lie down. This had resulted in severe leg issues and malnutrition. A season in the shelter under the care of Sarah, the lead Nurse Practitioner had led to the service user becoming healthy, finding connection with the community and having been placed in accommodation. The service user now comes back to volunteer.</p> <p>The service would expand, to include education programmes for medical professionals. Bromley is a large borough, and the team want to grow the service and widen it through outreach collaborations to ensure increased access to the Bromley Health Hub and services throughout the borough. David Ede and Kim Sutton, the Service Manager, concluded by stating how important the work of the Hub was for the homeless and the need for agencies to ensure that the service continued to be resourced.</p>	
6.2	<p>In considering the item, Board members had the following comments:</p> <ul style="list-style-type: none"> • Dr Parson gave thanks for the insight and information; this was very powerful. • David Walker noted that this was a helpful and inspiring item, and that in meeting with Age UK, it had been highlighted that there is a rising number of people in private rental accommodation who are unable to afford rent increases and are presenting as homeless. A number of older working adults have also been seen to present recently. It was asked if this is a trend being seen in Bromley and what the system needs to be aware of and address. • David Ede confirmed that it had previously been unheard of for multiple adults aged seventy plus presenting as homeless. The Bromley data for this year showed a significant increase of elderly clients. • Dr Hopkins thanked colleagues for their presentation, noting that Mr Cast's presentation had been very moving. Dr Hopkins was shocked to hear the statistic regarding 50% of practices nationally refusing to register people experiencing homelessness and asked where these figures had come from. Dr Hopkins had also encountered an issue whereby a patient coded as homeless had their referral rejected. The resident was no longer 	

	<p>homeless, and the issue resolved, but this raised a wider issue that this may be faced by others who were experiencing homelessness.</p> <ul style="list-style-type: none"> • Iain Dimond noted the fantastic presentation and the value of the service. It was asked if the links are in place between the Homeless Health Hub and the service Oxleas provides for homeless people experiencing mental ill health. • Dr Ur-Rub would provide the papers and data for reference and would look at what could be done to gather more Bromley data. It was confirmed that the service works well with Oxleas, but that there is much that can be done including strengthening collaboration with mental health services to help manage patients. Dr Ur-Rub noted the need to move the service's relationship with King's to a more collaborative one with the aim of reducing hospital attendances and supporting preparation for discharge. It was hoped that with Angela Helleur's help this could be improved. Partner agencies were asked to continue to support the work and strengthen relationships with the programme. • Dr Parson noted the referral issue raised by Dr Hopkins would be picked up outside of the meeting and gave thanks again to colleagues for presenting this item. 	
6.3	<p>The Board:</p> <ul style="list-style-type: none"> • NOTED the update. 	
7.	Updates to the Bromley NHS Act 2006 s.75 Agreement for 2025-26	
7.1	Sean Rafferty took the paper as read and noted that the Partnership Board is recommended to approve the joint arrangements for the coming year and the allocation of the funding.	
7.2	There were no comments or queries raised.	
7.3	<p>Per the recommendations of the paper, the Board:</p> <p>APPROVED the current 2025/26 arrangements including the new schemes that were not previously presented due to the late allocation of funds by central government.</p>	
8.	One Bromley Winter Plan 2025-26	
8.1	<p>Jodie Adkin introduced the item, which outlined the Bromley winter plan for this year and provided assurance to the Board that robust planning processes had been undertaken, with a good approach in place ahead of the period. The presentation would focus on governance, followed by key plan highlights and questions would then be welcomed.</p> <p>The following key points were highlighted and noted:</p> <ul style="list-style-type: none"> • Each organisation completes their own winter plan, these are then brought together in the overarching One Bromley system winter plan. The plan responds to seven of the national urgent and emergency care priorities. • There is a key focus on four hour A&E Performance for adults and children, London Ambulance Service (LAS) both in terms of response and handover times and reducing long waits in the A&E department. • Each individual and system plan has been developed through the Bromley Urgent and Emergency Care Board. There have been several iterations, with the opportunity for colleagues to support and challenge them and ensure individual plans do not have a detrimental effect on others. An equality and quality impact assessment had been completed, and this had gone through the A&E Delivery Board on 2nd September. As per the national governance process, the A&E Delivery Board would submit the 	

	<p>Board Assurance Framework to NHS England by the end of the month following approval today.</p> <ul style="list-style-type: none"> • A stress test had been undertaken, hosted by NHS England, the purpose of which was to look at draft plans and ensure they were resilient. There was clear national and regional messaging around the importance of vaccination. Public Health England had updated that significant numbers of flu cases were expected. There was a focus on London Ambulance Service and the need to eliminate twelve hour waits and corridor care within the hospital. Whilst our performance is good, we are caring for too many patients in corridors. Further emphasis was placed on the need for collaboration and one system approach – something which Bromley does very well. Four scenarios were tested, to include an outbreak of childhood respiratory virus, general respiratory illness, an instance of mental health crisis, and IT and cyber. • This plan focuses on prevention including vaccination and vaccine hesitancy support for residents and staff. There is a lot of work underway around communication and engagement for key vulnerable groups and more generally around seasonal viruses and empowering the local population to self-manage where appropriate and when to seek advice from a GP. • London Ambulance Service (LAS) priorities included ensuring their ability to get to the sickest patients in a timely manner and get patients handed over to the hospital efficiently. The plan looked at the alternative options for care for those who did not require a hospital admission, with collaborative focus on preventing a conveyance wherever possible. Additional resource had been put into primary care to give resilience across a 24/7 timeframe. The system is also working with LAS to adopt a call before convey methodology, where the paramedic speaks to a senior clinician who can advise or support them in decision making as to whether a patient requires conveyance. Focus for this approach would be primarily for frailty, medical, paediatrics and mental health crisis. For each of these four areas a collaborative response was being developed between acute and community services to plan for care. • In relation to escalation and oversight, whilst the system can anticipate some trends, it is difficult to predict when the viral surge will happen each winter, with timeframes ranging between October and January. The approach to escalations was noted in slide eleven of the pack. One Bromley organisations work well together to provide support across the system. Data is used incredibly well to put together a robust winter dashboard, which is monitored through the Bromley A & E Delivery Board. • Jodie Adkin welcomed questions and comments. 	
8.2	<p>In considering the item, Board members had the following comments and questions:</p> <ul style="list-style-type: none"> • Dr Bridget Hopkins noted the importance of vaccinating our workforce and noted that some staff had asked why they were not eligible for covid vaccination this winter. • Dr Angela Bhan noted that the decision is made by the Joint Committee on Vaccination and Immunisation (JCVI), who balance the efficacy of the vaccine against the impact it is likely to have. A number of elements come into that equation. This year it had been decided to stick to the vaccination approach for spring, which is to vaccinate those aged over 75 and those who are immunosuppressed. One of the factors considered is the responsiveness of people to the vaccination and the continuation of 	

	<p>protection. It would be possible for people to pay to have the vaccine done privately; this would cost around £100.</p> <ul style="list-style-type: none"> • Dr Nada Lemic added that cost effectiveness and evidence of milder strains of the disease and the impact on younger people were also considered. • Dr Parson asked if covid tests are still effective and accurate. • Dr Lemic confirmed that these are still accurate. • Jacqui Scott asked about the stress test and if there were any vulnerabilities identified against which we have not mitigated. It was also asked if there might be an opportunity to gather more data across the system to share across winter. • Jodie Adkin responded that there were no vulnerabilities as such, there were however a couple of elements that needed to be articulated more strongly for clarity. An example was for paediatric illness, where there was a need to further emphasise our GP offer when there is an increase in paediatric illness presentations. Also, around mental health, the link had been made with LAS to ensure they are calling the mental health crisis line for advice before conveying. In regard to data, this is being built upon and this will continue to be reviewed over the winter. • Angela Helleur added that the Princess Royal University Hospital has stepped up its winter planning this year. Paul Larrisey, Hospital Director was now in post. This role would manage the PRUH and Orpington Hospital site flow and was already showing benefit. Changing the medical model and moving senior decision making to the front door is also underway. Continuity between consultants on acute medical wards was also planned. There was a focus on reducing length of stay and improving same day emergency care pathways. New processes were also in place for escalation between trust sites in order to provide assistance between them. • Dr Hasib Ur-Rub asked about evaluation processes for this and outcomes for patients, traditionally it had been difficult to assess this. It was asked if we are now in a position to better evaluate impact and if some data was planned to be produced from each organisation. • Dr Claire Riley asked if there had been any link up between urgent care and the new changes to total triage to help educate staff in urgent care about how patients can seek support from general practice. • Dr Hopkins asked Angela Helleur for assurance that we will be working for safe discharge into the community as there have been instances of patients being sent home prematurely and requiring additional care or readmission. • Dr Ruth Tinson asked how the delayed planned conveyance works and who organises and provides this. • Jodie Adkin gave the example of an unwell care home resident in the early hours of the morning, a 999 call is made, and an ambulance responds. The ambulance team can then call through to the acute site and speak to the senior clinical decision maker who agree with the care home to arrange for a planned conveyance to happen the next day. The transport is managed between LAS non-emergency transport link and our own non-urgent transport contract where needed. • Jodie Adkin responded to Dr Ur-Rub's question on evaluation and data collection and tracking the patient journey. We are not yet sophisticated enough to undertake individual patient tracking; however we can track cohorts. This had been asked about at the Population Health Management Group for discussion, the datasets were not available at that level. We will quickly need to get datasets in place for monitoring the impact of Integrated Neighbourhood Teams. 	
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	<ul style="list-style-type: none"> In response to Dr Riley's question, colleagues from the primary care team had presented on total triage at the Urgent and Emergency Care Board. Each individual organisation was given the responsibility to go back and understand how much their teams knew. In regard to the Urgent Treatment Centre specifically, there are three key things underway to include staff training, IT interoperability work and a more general communications and engagement approach to include a leaflet. Dr Puja Patel, Clinical Lead is highly involved in this work. Angela Helleur responded to the query from Dr Hopkins regarding length of stay. From data, some pathways have particularly long length of stay, there are real benefits to people being discharged when they should be and not remaining in hospital unnecessarily as this can also cause harm. There is a specific focus on pathways that have longer admissions. This is being managed as a programme. The PRUH readmission rates are not particularly high, however there are of course some patients who are readmitted. This is being undertaken in a very safe and managed way, using data. Dr Parson noted that length of stay work is year round. 	
8.3	<p>Per the recommendations of the paper, the Board:</p> <p>ACKNOWLEDGED the One Bromley Winter Plan – endorsing the system wide commitment to collaborative delivery across organisations to manage winter pressures and whole system risk.</p> <p>NOTED the seven key performance indicators set by NHS England and expected performance.</p> <p>NOTED the Board Assurance Framework for the system Winter Plan had been approved by the A&E Delivery Board alongside the Trust Assurance Frameworks approved by the Trust Executive. All have been submitted to NHSE.</p> <p>NOTED some changes may be made to the plan following the NHSE Winter Stress test on Tuesday 16th September.</p>	
9.	Care Home Programme Successes	
9.1	This item was deferred to the November meeting.	
10.	Partnership Report	
10.1	<p>Dr Angela Bhan took the report as read and invited partners to highlight any information they wished to.</p> <p>David Walker noted that the Bromley Well impact report had been shared, which flags the work undertaken in 2024-25 with over 12,000 residents supported, an increase of 20% on the previous year. £4.75m had been brought into the local economy, an increase of £1m on the year before. Hard copies had been given to Board members and colleagues were welcome to contact David Walker should additional copies be needed. A soft copy would also be circulated via email after the meeting.</p>	
10.2	There were no comments or questions raised.	
10.3	The Board NOTED the Partnership Report.	
11.	Month 4 SEL ICB Finance Report	

11.1	David Harris took the report as read, drawing the Board's attention to the following: <ul style="list-style-type: none"> • SEL ICB are forecasting a breakeven position for this financial year. Bromley ICB are forecasting a £35k underspend for the year. • Within the Bromley position there are overspends in mental health and continuing healthcare which are being offset by underspends in community and prescribing budgets. • All ICBs are implementing a new financial system, going live on 1st October. Financial reporting may be affected for a couple of months, so the next report may be slightly shorter than usual. 	
11.2	There were no comments or questions raised.	
11.3	The Board NOTED the Month 4 Finance Update.	
12.	Primary Care Group Report	
12.1	Harvey Guntrip took the report as read and welcomed any questions. It was noted that the continual change underway within the ICB is having a massive effect on the amount, style and quality of information received. Both the Primary Care Group and Contracts and Procurement Group are the point of entry for indicative comments where things are going right and wrong. These meetings are needed as an opportunity to raise issues and escalate them to this meeting or further within the ICB. There were no questions or comments raised.	
12.2	The Board NOTED the Primary Care Group Report.	
13.	Contracts and Procurement Group Report	
13.1	Sean Raffety took the report as read. There were no comments or questions raised.	
13.2	The Board NOTED the Contracts and Procurement Group Report.	
14.	Performance, Quality and Safeguarding Group Report	
14.1	Harvey Guntrip took the report as read and welcomed any questions.	
14.2	The Board NOTED the Performance, Quality and Safeguarding Group Report.	
15.	Any Other Business	
15.1	There was none raised. Dr Andrew Parson formally closed the public meeting.	
16.	Appendix 1: Glossary of Terms	
16.1	The glossary of terms was noted.	
	Date of Next Meeting: Thursday 27 th November 2025 at 09.30am	

One Bromley Local Care Partnership Board – Action Log

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

One Bromley Local Care Partnership Board

DATE: Thursday 27 November 2025

Title	One Bromley Local Care Partnership Board and One Bromley Executive Terms of Reference	
This paper is for decision		
Executive Summary	<p>On an annual basis the Local Care Partnership Board reviews its own Terms of Reference and those of the One Bromley Executive. This paper provides updated Terms of Reference for both groups for approval by the Board.</p> <p>Changes to the Board terms:</p> <ul style="list-style-type: none">• No substantive changes• Minor textual corrections <p>Changes to the Executive terms:</p> <ul style="list-style-type: none">• Update job title of chair• Minor textual corrections• Deletion from 5.4 of detailed list of integration projects• Addition of a third PCN representative <p>It is anticipated that changes to these Terms of Reference will be required within 12 months to reflect changes to the commissioning and provider landscape. Further national guidance is anticipated in the coming months which to inform these changes, ahead of bringing back to the Board for approval.</p>	
Recommended action for the Committee	Approve the annual review of the Terms of Reference for the Local Care Partnership Board and the One Bromley Executive	
Potential Conflicts of Interest	Conflicts of interest continue to be managed in line with the Terms of Reference attached.	
Impacts of this proposal	Key risks & mitigations	<p>Risk: There is a risk that the Board and Executive’s terms of reference become out of step with national requirements.</p> <p>Mitigation: A further update to the Terms of Reverence will be brought to the Board in year, once further national guidance is provided.</p>
	Equality impact	There is no change to the equality implications as a result of today’s papers.

	Financial impact	There is no change to the financial implications as a result of today's papers.
Wider support for this proposal	Public Engagement	There is no plan for public engagement on the Terms of Reference for these committees.
	Other Committee Discussion/Internal Engagement	These papers have been shared with One Bromley Executive.
Author:	Elliott Ward, Associate Director, Strategy Development and Delivery, One Bromley Mark Cheung, Programme Director, One Bromley	
Clinical lead:	Dr Andrew Parson, Co-Chair, Local Care Partnership Board	
Executive sponsor:	Angela Bhan, Place Executive Lead (Bromley), South East London ICB	

NHS South East London Integrated Care Board
Bromley Borough
One Bromley Local Care Partnership Board

Terms of Reference

VERSION 4.0

November 2025

Version History	Date	Comment	Status
1.0	July 2022	Draft approved by One Bromley Local Care Partnership Board and SEL ICB Board	Approved
2.0	September 2023	Updated terms of reference approved by the Local Care Partnership Board Meeting 28.9.23	For approval by the ICB Board 15.11.23
3.0	November 2024	Updated terms of reference approved by the Local Care Partnership Board Meeting 28.11.24	Approved
4.0	November 2025	Updated terms of reference approved by the One Bromley Local Care Partnership Board	

1. Introduction

- 1.1 The One Bromley Local Care Partnership Board [the “committee”] is established as a committee of the South East London Integrated Care Board and Bromley Council and its executive powers are those specifically delegated in these terms of reference. These terms of reference can only be amended by the ICB Board.

- 1.2 These terms of reference set out the role, responsibilities, membership, and reporting arrangements of the committee under its terms of delegation from the ICB Board and Bromley Council.
- 1.3 All members of staff and members of the ICB are directed to co-operate with any requests made by the One Bromley Local Care Partnership committee.

2. One Bromley Five Year Strategy

- 2.1 The One Bromley Five Strategy was approved by the One Bromley Local Care Partnership Board in May 2023 and sets out our ambition to improve the wellness of the people of Bromley. We will achieve this by shifting the focus of our work to prevention, focusing on people living with long term conditions, frailty, Core 20Plus5 health inequalities and those at risk of emergency admission for physical or mental health. Our plan therefore takes a population health management approach to focus on prevention at scale, continuity of care and more holistic approach to people's needs.

- 2.2 The strategy sets out three key priorities on this:

- Improving population health and wellbeing through prevention and personalised care
- High quality care closer to home delivered through neighbourhoods
- Good access to urgent and unscheduled care and support to meet people's needs

- 2.3 The strategy sets out the One Bromley Culture and wider enablers:

- One culture to help us deliver joined up services
- Asset based community approach with engaged population.
- One Bromley organisations are tied to the wellbeing of the populations we serve.
- Maintaining and securing resources for the needs of children and adults in Bromley
- Workforce, estate, digital tools (including analysis and artificial intelligence) and finance in place to deliver our priorities.

- 2.4 Five priority programmes are set out to support the delivery of the three key priorities:

1. Evidence driven prevention and population health.
2. Neighbourhood teams on geographic footprints.
3. Implement care closer to home programmes

4. Primary care sustainability.
5. Integrated Urgent Care.

3. Purpose

- 3.1 The committee is responsible for the effective discharge and delivery of the place-based functions¹. The committee is responsible for the following functions:
- a. One Bromley Local Care Partnership Board is responsible for the effective planning and delivery of place based services to meet the needs of the local population in line with the ICB's agreed overall planning processes. There is a specific focus on community based care and integration across primary care, community services and social care. The Board, through the Place Executive Lead, is expected to manage the place delegated budget, to take action to meet agreed performance, quality and health outcomes, ensuring proactive and effective communication and engagement with local communities and developing the Local Care Partnership. The Board will ensure it is able to collaborate and deliver effectively, within the partnership and in its interactions with the wider ICS.
 - b. The One Bromley Local Care Partnership will support and secure the delivery of the ICS's strategic and operational plan as it pertains to place, and the core objectives established by the One Bromley Local Care Partnership for their population and delegated responsibilities.
 - c. The One Bromley Local Care Partnership plays a full role in securing at place, the four key national objectives of ICSs, which are to improve outcomes in population health and healthcare, tackle inequalities in outcomes, experience and access, enhance productivity and value for money and to help the NHS support broader social and economic development, aligned to ICB wide objectives and commitments as appropriate.
 - d. The One Bromley Local Care Partnership will ensure representation and participation in the wider work of the ICS and Integrated Care Board, contributing to the wider objectives and work of the ICS as part of the overall ICS leadership community.

¹ As defined by the South East London Integrated Care Board

- e. As far as it is possible, it is the intention that decisions relating to Bromley will be made locally by the One Bromley Local Care Partnership.
- f. This committee will have responsibility for the planning, monitoring and delivery of local services, as part of the overall strategic and operational plans of the ICB Board:
 - Primary care services
 - Community services
 - Client group services
 - Medicines Optimisation related to community based care
 - Continuing Healthcare
- g. The One Bromley Local Care Partnership Board will be the prime committee for discussion and agreement for its agreed specific local funding and functions and will work as part of South East London ICB.
- h. The committee has a responsibility to manage the delivery of the annual delivery plan, the associated budget and performance for the areas in scope, ensuring that best value and optimal outcomes are delivered in these areas. The committee has a responsibility to ensure effective oversight of its delivery plan, associated budget and performance and for escalating to the SEL ICB if material risks to the delivery of plans are identified.
- i. A purpose of the committee is to provide assurance to the ICB on the areas of scope and duties set out below.

4. Duties

- 4.1 **Place-based leadership and development:** responsibility for the overall leadership and development of One Bromley Local Care Partnership to ensure it can operate effectively and with maturity, work as a collective and collaborative partnership and secure its delegated responsibilities with appropriate governance and processes, development and relationship building activities and meaningful local community and resident engagement. One Bromley Local Care Partnership also needs to support the Place Executive lead to ensure they are able to represent LCP views effectively whilst also considering the needs of the wider ICS. One Bromley Local Care Partnership will provide Bromley based leadership, challenge, oversight and guidance to the Primary Care Oversight Group for the delivery of primary care services in Bromley. One Bromley Local Care Partnership will have oversight on the Contracts and Procurement Sub-Committee which will provide assurance on contracts and procurement activities to One Bromley Local Care Partnership and will

identify and manage organisational and strategic risks related to these areas.

- 4.2 **Planning:** Responsibility for ensuring an effective place contribution to ICP/B wide strategic and operational planning processes. Ensuring that the One Bromley Local Care Partnership develops and secures a place based strategic and operational plan to secure agreed outcomes and which is aligned with the Health and Wellbeing strategic plan and underpinned by the Joint Strategic Needs Assessment (JSNA) and a Section 75 agreement. One Bromley Local Care Partnership must ensure the agreed plan is driven by the needs of the local population, uses evidence and feedback from communities and professionals, takes account of national, regional and system level planning requirements and outcomes, and is reflective of and can demonstrate the full engagement and endorsement of the full One Bromley Local Care Partnership. Produce and implement an annual delivery plan aligned to the ICB's strategic plans and objectives. Monitor and manage the delivery of this plan, in line with agreed outcomes and indicators of delivery
- 4.3 **Delivery:** Responsibility for ensuring the translation of agreed system and place objectives into tangible delivery and implementation plans for the One Bromley Local Care Partnership. One Bromley Local Care Partnership will ensure the plans are locally responsive, deliver value for money and support quality improvement. One Bromley Local Care Partnership will develop a clear and agreed implementation path, with the resource required whilst ensuring the financial consequences are within the budget of the LCP and made available to enable delivery.
- 4.4 **Monitoring and management of delivery:** Responsible for ensuring robust but proportionate mechanisms are in place to support the effective monitoring of delivery, performance and outcomes against plans, evaluation and learning and the identification and implementation of remedial action and risk management where this is required. This should include robust expenditure and action tracking, ensure reporting into the ICS or ICB as required, and ensure local or system discussions are held proactively and transparently to agree actions and secure improvement where necessary. One Bromley Local Care Partnership will ensure delegated budgets, including running costs are deployed effectively and within the agreed envelope
- 4.5 **Governance:** Responsible for ensuring good governance is demonstrably secured within and across One Bromley Local Care Partnership's functions and activities as part of a systematic accountable organisation that adheres to the ICB's statutory responsibilities and adheres to high standards of public service, accountability and probity (aligned to ICB

governance and other requirements). Responsibility for ensuring the One Bromley Local Care Partnership complies with all legal requirements, that risks are proactively identified, escalated and managed.

- 4.6 **Transformation:** To provide overall leadership, guidance and control to the local transformation programme led through the One Bromley Executive Sub-Committee, ensuring agreed outcomes are delivered.

5. Accountabilities, authority and delegation

- 5.1 One Bromley Local Care Partnership Committee is accountable to the Integrated Care Board of the SEL Integrated Care System.

6. Membership and attendance

- 6.1 Core voting members of the committee will include the following:
- a. Joint Chairs/Chairmen - Leader of Bromley Council and Clinical Lead for One Bromley
 - b. Borough Lay member
 - c. Local Care Partnership Place Executive Lead
 - d. Bromley Council Portfolio Holder for Adult Care & Health
 - e. Director of Adult Social Care
 - f. Director of Children's Services
 - g. Director of Public Health
 - h. Two PCN Clinical Directors with one vote between them
 - i. Bromley Healthcare
 - j. Oxleas NHS Foundation Trust
 - k. King's College Hospital NHS Foundation Trust
 - l. VCSE sector, BTSE
 - m. St Christopher's Hospice
 - n. Bromley GP Alliance
- 6.2 Non-voting members in attendance, for Part 1, will include:
- a. Local LMC Chair
 - b. Local Healthwatch representative
- 6.3 Officers in attendance
- a. Assistant Director (LBB) and Director (ICB) of Integrated Planning and Commissioning
 - b. One Bromley Integrated Care Programme Director

- c. One Bromley Borough Director of Organisational Development
- d. SEL ICB Associate Director of Finance

The SEL ICB Accountable Officer, Chief Financial Officer and other South East London ICB executive directors may attend, as may Bromley Council's CEO, and other relevant senior officers from Bromley Council. Unless specifically invited to do so, only voting members or their alternates and relevant officers will normally attend part 2 of the meeting.

7. Chair of the meeting

The meeting will be chaired jointly by the One Bromley Local Care Partnership Senior Clinical Director and the Leader of Bromley Council.

If the presiding chair/chairman is temporarily absent, for example on the grounds of conflict of interest, a deputy chair/chairman shall be identified and preside.

8. Quorum and conflict of interest

8.1 The quorum of the committee is at least 50% of the following must be present:

- a. Joint Chairs/Chairmen - Leader of Bromley Council and Clinical Lead for One Bromley
- b. Borough Lay member
- c. Local Care Partnership Place Executive Lead
- d. Bromley Council Portfolio Holder for Adult Care & Health
- e. Director of adult social care
- f. Director of children's services
- g. Director of public health
- h. Two PCN Clinical Directors with one vote between them
- i. Bromley Healthcare
- j. Oxleas NHS Foundation Trust
- k. King's College Hospital NHS Foundation Trust
- l. VCSE sector, BTSE
- m. St Christopher's Hospice
- n. Bromley GP Alliance

8.2 In the event of quorum not being achieved, matters deemed by the chairs/chairmen to be 'urgent' can be considered outside of the meeting via email communication.

- 8.3 The committee will operate with reference to NHS England guidance and national policy requirements and will abide by the ICS's standards of business conduct. Compliance will be overseen by the chairs/chairmen.
- 8.4 The committee agrees to enact its responsibilities as set out in these terms of reference in accordance with the Seven Principles of Public Life set out by the Committee on Standards in Public Life, the Nolan Principles which are selflessness, integrity, objectivity, accountability, openness, honesty and leadership.
- 8.5 Members will be required to declare any interests they may have in accordance with the ICB Conflict of Interest Policy. Members will follow the process and procedures outlined in the policy in instances where conflicts or perceived conflicts arise.

9. Decision-making

- 9.1 The aim of the committee will be to achieve consensus decision-making wherever possible. If a vote is required, the core members (the voting members of the committee) and the Chairs/Chairmen are the voting members of the One Bromley Local Care Partnership. Core members are expected to have a designated deputy who will attend the formal One Bromley Local Care Partnership meetings with delegated authority as and when necessary.

10. Frequency

- 10.1 The committee will meet once every two months (in public) with ability to have closed session as Part B in addition to this. When meeting in public, One Bromley Local Care Partnership will be open to public questions submitted in writing three days in advance of the meeting. Questions will generally be answered at the start of the meeting
- 10.2 All members will be expected to attend all meetings or to provide their apologies in advance should they be unable to attend.
- 10.3 Members are responsible for identifying a suitable deputy should they be unable to attend a meeting. Arrangements for deputies' attendance should be notified in advance to the committee Chair/Chairman and meeting secretariat.
- 10.4 Nominated deputies will count towards the meeting quorum as per the protocol specified in the ICS constitution, which means individuals formally acting-up into the post listed in the membership shall count towards quoracy and deputies not formally acting-up shall not.

11. Reporting

- 11.1 Papers will be made available five working days in advance to allow members to discuss issues with colleagues ahead of the meeting. Members are responsible for seeking appropriate feedback.
- 11.2 The committee will report on its activities to ICB Board. In addition, an accompanying report will summarise key points of discussion; items recommended for decisions; the key assurance and improvement activities undertaken or coordinated by the committee; and any actions agreed to be implemented.
- 11.3 The minutes of meetings shall be formally recorded and reported to the NHS ICB Board and made publicly available.
- 11.4 The meeting will be recorded to assist with production of the minutes. Once these are drafted, the recording will be deleted.
- 11.5 For the purpose of performance assurance for contracts delegated to the borough from the ICB Board; to report to the ICB's Integrated Governance and Performance Committee on risks, performance variance and the actions planned to deliver and sustain improvement.

12. Committee support

- 12.1 The embedded governance and admin team will provide business support to the committee. The meeting secretariat will ensure that:
 - Papers for the meeting will be issued at least 5 working days before each meeting.
 - Compilation of the annual work plan is produced
 - Agreement of the agenda with the Chairmen and Place Executive Lead
 - Collation of papers
 - Collation of a glossary for each meeting

13. Review of Arrangements

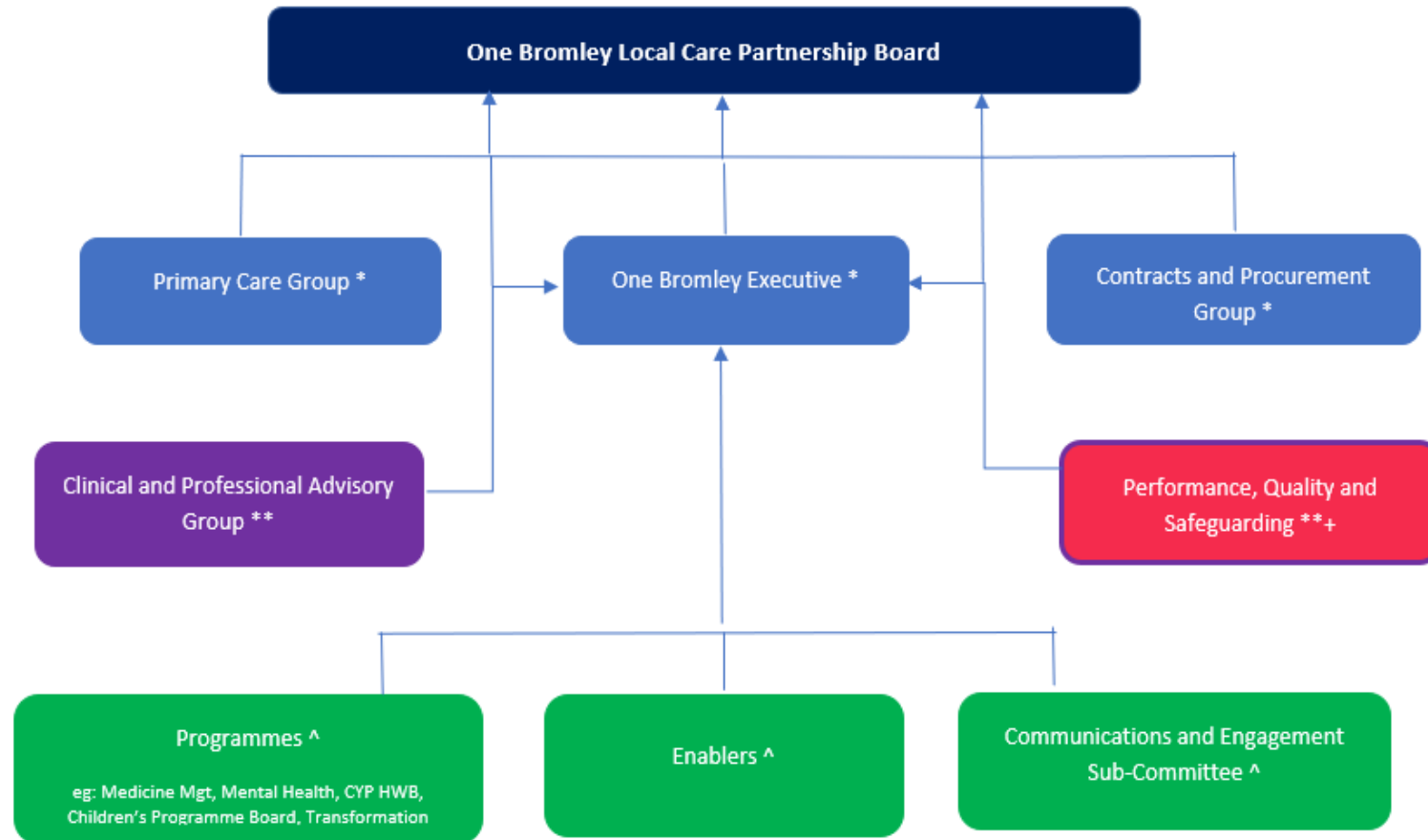
- 13.1 The committee shall undertake a self-assessment of its effectiveness on at least an annual basis. This may be facilitated by independent advisors if the committee considers this appropriate or necessary.

14. Glossary

CCG	Clinical Commissioning Group
SEL	South East London
ICB	Integrated Care Board
ICP	Integrated Care Partnership
ICS	Integrated Care System
LCP	Local Care Partnership, in Bromley, this is called One Bromley
KCH	Kings College Hospital
PRUH	Princess Royal University Hospital
BTSE	Bromley Third Sector Enterprise
VCSE	Voluntary Community Sector Enterprise
BGPA	Bromley General Practice Alliance
PCOG	Primary Care Oversight Group
CPAG	Clinical and Professional Advisory Group
LMC	Local Medical Committees

Appendix 1: Structure Chart

Structure for One Bromley Local Care Partnership (LCP) Board and Sub-Committees



Key

- * Reports directly to One Bromley LCP Board
- ** Reports to One Bromley LCP Board and Executive
- + Assurance and decision-making Committee
- ^ Sub-Committees report to One Bromley Executive

One Bromley Executive

Terms of Reference

Chair: **Chief Delivery Officer**, KCH NHS FT

Accountable to: One Bromley Local Care Partnership Board

Reporting to: Local Care Partnership Board **Version: 6.0, amended and approved
November 2025**

1. Introduction

- 1.1 Integrated Care is central to the delivery of the NHS Long Term Plan by bringing together local organisations to redesign care and improve population health creating shared leadership and action.
- 1.2 The Health & Care Act (2022) establishes an Integrated Care System (ICS) Partnership for South-East London (SEL). Within each ICS, placed based partnerships will lead the detailed design and delivery of local integrated services.
- 1.3 Health & Social Care organisations in Bromley have agreed to work together to enhance and improve the range, quality and effectiveness of services available to local people. Working as a single system, the One Bromley Local Care Partnership (LCP) develops and maintains a strategy in common and jointly direct the resources, skills and assets available within Bromley in a coordinated way to achieve better outcomes.
- 1.4 The One Bromley Executive is the executive and operational management forum for this collaborative initiative at a Borough LCP level. The membership reflects sovereign provider and commissioner organisations that form part of the Local Care Partnership.
- 1.5 These terms of reference set out the role, responsibilities, membership, and reporting arrangements of the One Bromley Executive.

2. One Bromley Five Year Strategy

- 2.1 The One Bromley Five Strategy was approved by the One Bromley Local Care Partnership Board in May 2023 and sets out our ambition to improve the wellness of the people of Bromley. We will achieve this by shifting the focus of our work to prevention, focusing on people living with long term conditions, frailty, Core 20Plus5 health inequalities and those at risk of emergency admission for physical or mental health. Our plan therefore takes a population health management approach to focus on prevention at scale, continuity of care and a more holistic approach to people's needs.
- 2.2 The strategy sets out three key priorities on this:
- Improving population health and wellbeing through prevention and personalised care
 - High quality care closer to home delivered through neighbourhoods
 - Good access to urgent and unscheduled care and support to meet people's needs
- 2.3 The strategy sets out the One Bromley Culture and wider enablers:
- One culture to help us deliver joined up services.
 - Asset based community approach with engaged population.
 - One Bromley organisations are tied to the wellbeing of the populations we serve.
 - Maintaining and securing resources for the needs of children and adults in Bromley
 - Workforce, estate, digital tools (including analysis and artificial intelligence) and finance in place to deliver our priorities.
- 2.4 Five priority programmes are set out to support the delivery of the three key priorities
1. Evidence driven prevention and population health.
 2. Neighbourhood teams on geographic footprints.
 3. Implement care closer to home programmes
 4. Primary care sustainability.
 5. Integrated Urgent Care.
- 2.5 The One Bromley Executive will have the overall responsibility for the monitoring and delivery of objectives and programmes set out in the One Bromley Five-Year Strategy, including enablers.

3. Purpose

- 3.1 The purpose of the **One Bromley Executive** is to provide senior leadership and management for the Local Care Partnership across both the health & care system. The membership reflects sovereign provider and commissioner organisations that form part of the Local Care Partnership. The remit of the Executive is to deliver strategies and plans agreed by the One Bromley Local Care Partnership (LCP) Board. The Executive will also have oversight on local system performance, quality and risk management.
- 3.2 The One Bromley Executive will have overall responsibility for the monitoring and delivery of the One Bromley Five Year Strategy and the associated transformation programmes across all parts of the One Bromley system. In addition to these programmes, the Executive will also drive forward enabling workstreams, including population health management, workforce, digital and estates. Reporting to the Executive will be supported through the Programme Management Delivery Team. It is therefore expected that all partner organisations will share key pieces of work at the Executive and engage with other partners to co-produce relevant initiatives, developments and to deliver plans.
- 3.3 The One Bromley Executive will report into the One Bromley LCP Board. The **LCP Board** is a 'committee' of SEL ICS with delegated authority to take local decisions about ICS NHS body resources.
- 3.4 The One Bromley Executive will be supported by the **One Bromley Clinical & Professional Advisory Group (CPAG)** which will provide multi- professional advice to support the aims of improving local population outcomes. The CPAG is made up of individuals who have clinical or professional leadership roles from across Bromley.

4. Duties

- 4.1 **Provide placed based leadership for the high level management and delivery of local services:** Responsibility for the development, implementation and collective delivery of One Bromley transformation programmes and service requiring leadership and co-ordination at a local level.
- 4.2 **Contribute to the development and implementation of strategies as**

agreed by One Bromley partners: Formulate and implement strategies for the effective planning and delivery of placed based service to meet the needs of the local population. To have collective outputs and outcomes in place.

- 4.3 **Enhance partnership and integrated working across health & social care:** Improving communication and response across One Bromley partner organisations by working as a collective and collaborative partnership.
- 4.4 **Effectively manage performance & risk:** Ensuring robust mechanisms are in place to support the effective monitoring and delivery of One Bromley programmes, including performance and outcomes against plans, evaluation and learning and the implementation of remedial action and risk management where this is required.
- 4.5 **Promote and encourage commitment to One Bromley value based principles as set out in the One Bromley Five Year Strategy. We will**
- **Embed One Bromley priorities** into our own individual organisation's priorities.
 - **Engage within our organisations** on our priorities (development and delivery) at all levels.
 - **Work together as one team across organisations** by empowering our staff to work together for the benefits of patients and service users.
 - **Pool our insight and expertise** to develop creative ways of delivering care and support.
 - **Harness the power of our communities** so residents are empowered in their personal care and health decisions, in shaping services to meet local needs and being part of resilient communities.
 - **Allocate resources differently** shifting resources in Bromley on an agreed basis to areas where they could have greatest effect and reducing duplication.

5. Status, Responsibilities & Accountabilities

- 5.1 The One Bromley Executive is established by the partner organisations and demonstrates their commitment to work collaboratively to improve the health and wellbeing of local people.
- 5.2 Each of the partner organisations remain sovereign bodies. The One Bromley Executive is not a separate legal entity and may only operate within the parameters agreed by all participants.
- 5.3 The One Bromley Executive will:

- Promote and encourage commitment to One Bromley principles and objectives
- Implement LCP strategies as agreed by the LCP Board
- Oversee the development and progression of LCP initiatives in Bromley
- Enhance partnership and integrated working across health & social care
- Effectively manage performance and risk in relation to the LCP transformation programme

5.4 The One Bromley Executive will be responsible for:

- Delivering a local strategy for the integration of health and care services in Bromley.
- Delivery of the enabler workstreams to enable LCP delivery in Bromley:
 - Financial & economic modelling
 - System wide business intelligence, data sharing and population health management
 - System wide outcomes and KPIs
 - Contracting risk sharing and system governance
 - Organisational and workforce development
 - Single system communication and engagement plan
 - Estates management

5.5 The One Bromley Executive is accountable to the LCP Board.

6. Membership and attendance

6.1 The membership is comprised of senior executives of the organisations that are members of the One Bromley Local Care Partnership. PCNs will be represented via PCN internally nominated representatives. This serves as the foundation of collaborative working arrangements in Bromley.

6.2 Core membership of the One Bromley Executive will include representatives of the following:

Organisation	Role
King's College Hospital NHS FT (Chair)	Chief Delivery Officer
Oxleas NHS FT	Service Director for Bromley
Bromley Healthcare	Chief Executive Officer
Bromley GP Alliance	Chief Executive Officer
St Christopher's	Care Director

Bromley Third Sector Enterprise (BTSE)	Chief Executive
London Borough of Bromley	Director of Adult Services
London Borough of Bromley	Director of Public Health
SEL ICB	Borough Director
SEL ICB	GP Clinical Lead Bromley & Co-Chair of LCP Board
Bexley, Bromley and Greenwich Local Pharmaceutical Committee	Chief Officer
PCN representative	Clinical Director
PCN representative	Clinical Director
PCN representative	Clinical Director

7. Chair of the meeting

- 7.1 The Chair for two years will be the Chief Delivery Officer of KCH NHS FT and nominated deputy Chair will be the Chief Executive Officer of Bromley Healthcare.
- 7.2 Deputies may attend the Executive subject to prior notification to, and the agreement of, the Chair.
- 7.3 Subject to the agreement of the Chair, other officers/colleagues from the partner organisations may be invited to attend the Executive where this will directly support the work programme of the Executive.

8. Quorum and conflict of interest

- 8.1 The quorum of the committee is at least 50% of members.

9. Decision-making

- 9.1 It is ordinarily expected that decisions related to the work of the One Bromley Executive shall be achieved by consensus, within the levels of delegated responsibility held by each of the members of the Board on behalf of their respective organisations.
- 9.2 In the event that consensus agreement cannot be reached, the matter shall be referred to the LCP Board.

10. Frequency

- 10.1 The One Bromley Executive will meet every 2 weeks.
- 10.2 All members will be expected to attend all meetings or to provide their apologies in advance should they be unable to attend.
- 10.3 Members are responsible for identifying a suitable deputy should they be unable to attend a meeting. Arrangements for deputies' attendance should be notified in advance to the committee Chair and meeting secretariat.

11. Reporting

- 11.1 Papers will be made available five working days in advance to allow members to discuss issues with colleagues ahead of the meeting. Members are responsible for seeking appropriate feedback.
- 11.2 Meetings will be held on Microsoft Teams and will be recorded to assist with minute taking.

12. Committee support

- 12.1 A schedule of meetings will be produced to support advance diary management.
- 12.2 Administrative support for the Executive will be provided by SEL ICB. The meeting secretariat will ensure that:
 - Draft minutes are shared with the Chair for approval within five working days of the meeting.
 - Draft minutes with the Chair's approval will be circulated to members together with a summary of activities and actions within ten working days of the meeting.
 - Agreement of the agenda with the Chair and Place Lead
 - Collation of papers

13. Review of Arrangements

- 13.1 The Terms of Reference shall be reviewed on an annual basis.

14. Glossary

SEL	South East London
ICB	Integrated Care Board
ICP	Integrated Care Partnership
ICS	Integrated Care System
LCP	Local Care Partnership, in Bromley, this is called One Bromley
PRUH	Princess Royal University Hospital
BTSE	Bromley Third Sector Enterprise
BGPA	Bromley General Practice Alliance
CPAG	Clinical and Professional Advisory Group

One Bromley Local Care Partnership Board

DATE: Thursday 27 November 2025

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

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

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

Care Home Programme Successes

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

Contents

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

Bromley Care Home Market & Supporting Services



Bromley Care Settings

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



Older Peoples Care Homes (65yr+)



33 homes



1,502 beds



88% rated 'Good' or better



Extra Care Housing (55yr+)



5 schemes (2 care providers)



226 units



100% rated 'Good'



Learning Disability/ Mental Health/ Physical disability care homes



12 homes



130 beds

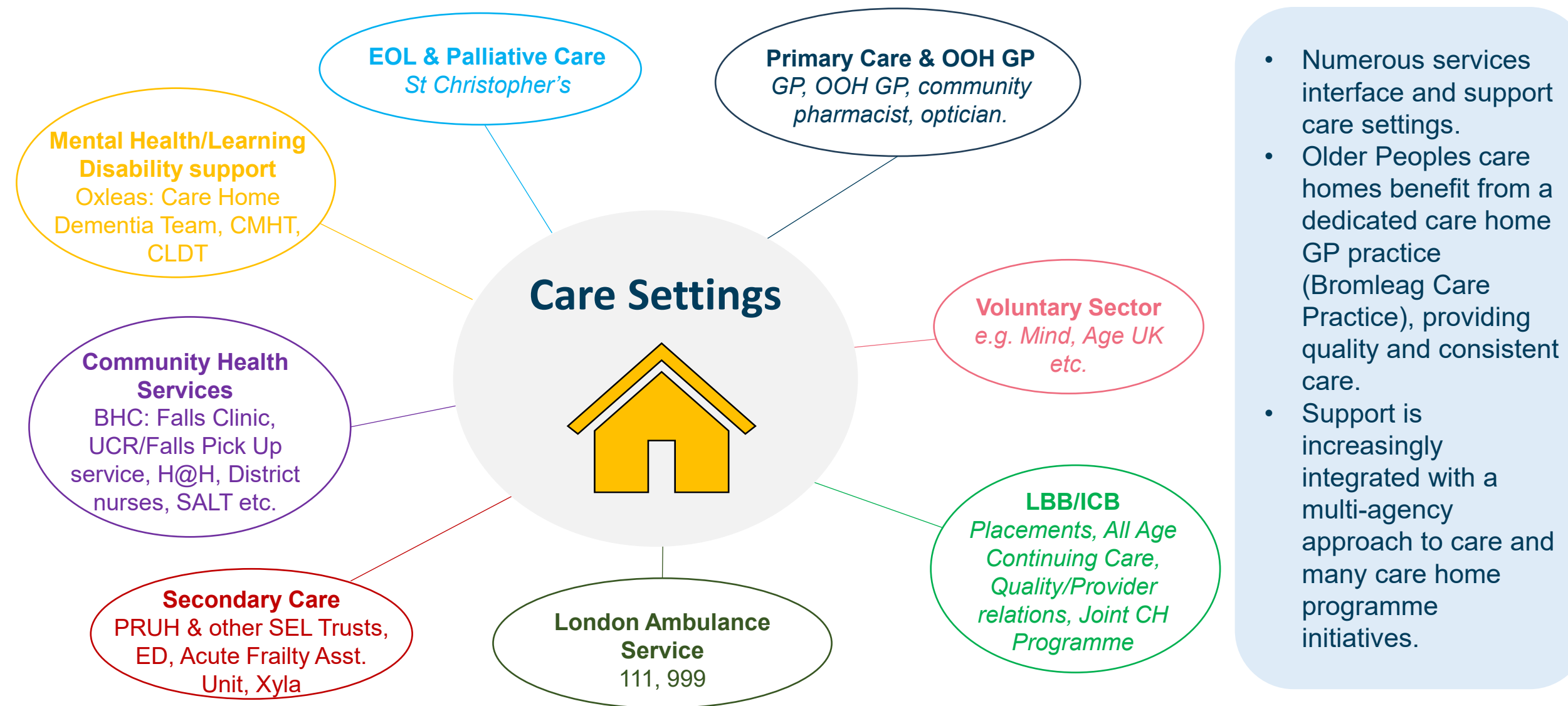


100% rated 'Good'

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

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

Health & Care Support to Care Settings



ONE BROMLEY
WORKING TOGETHER TO IMPROVE HEALTH AND CARE

01 August 2025

The Friday News

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


The frequency will however be reviewed and adjusted if required.

This is the Social Care Newsletter for:


- Adult Social Care Providers in Bromley

Contents

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



THE LONDON BOROUGH OF BROMLEY
www.bromley.gov.uk



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

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



Bromley Enhanced Health in Care Homes (EHCH) Programme

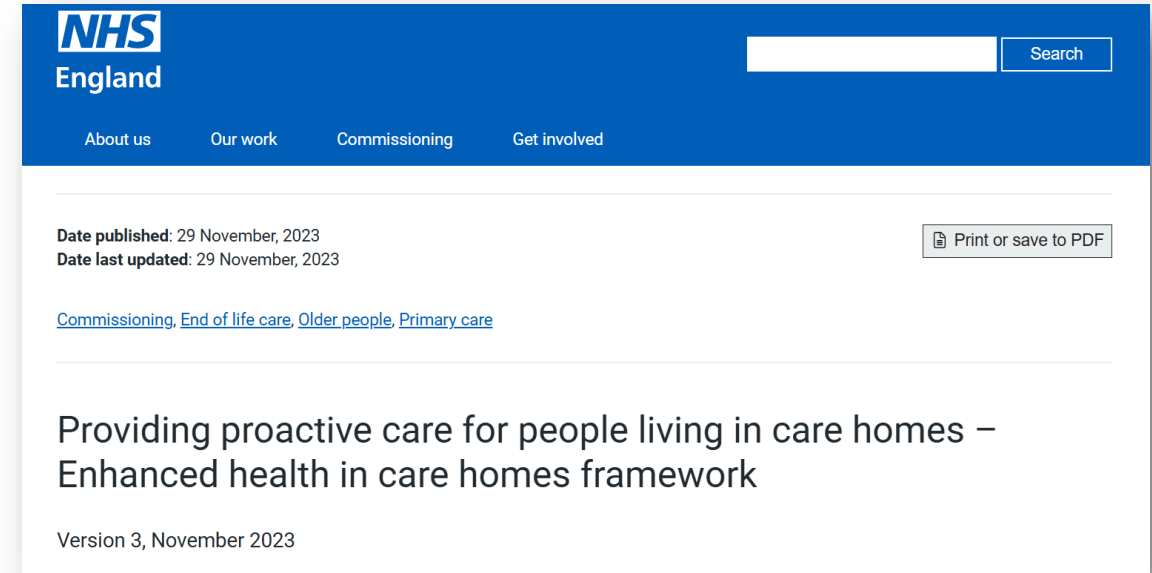
The EHCH Framework Version 3 (Nov 23)

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

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

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

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



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

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

One Bromley Frailty Collaborative

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

Inaugural Care Home-focussed meeting (22 July 2025)

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



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

Transformative / Quality Improvement priorities

Falls prevention & management (current focus)

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

Dementia (Early 2026 focus)

Comms & engagement requirements (BAU)

UCP access (including via LCR)

RESTORE2 (including training)

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

Progress status:

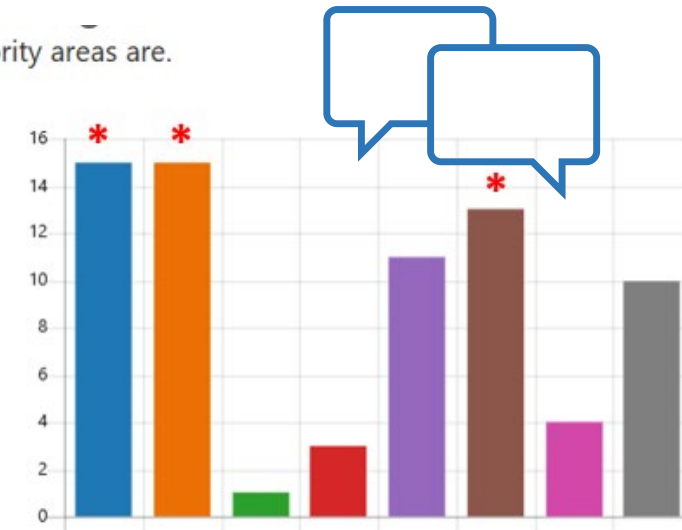
Not
progressed

Early progress

Advanced
progress

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

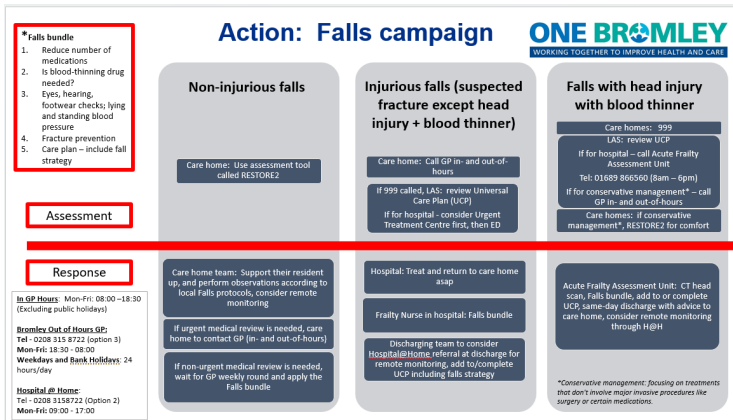
3. Please let us know what your three priority areas are.



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

Current focus: Falls prevention & Falls management

1) Bromley Falls Campaign (March 2025)



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

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

2) Raizer Chair Pilot (June 2025)



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

3) Go Decaf! (November 2025)



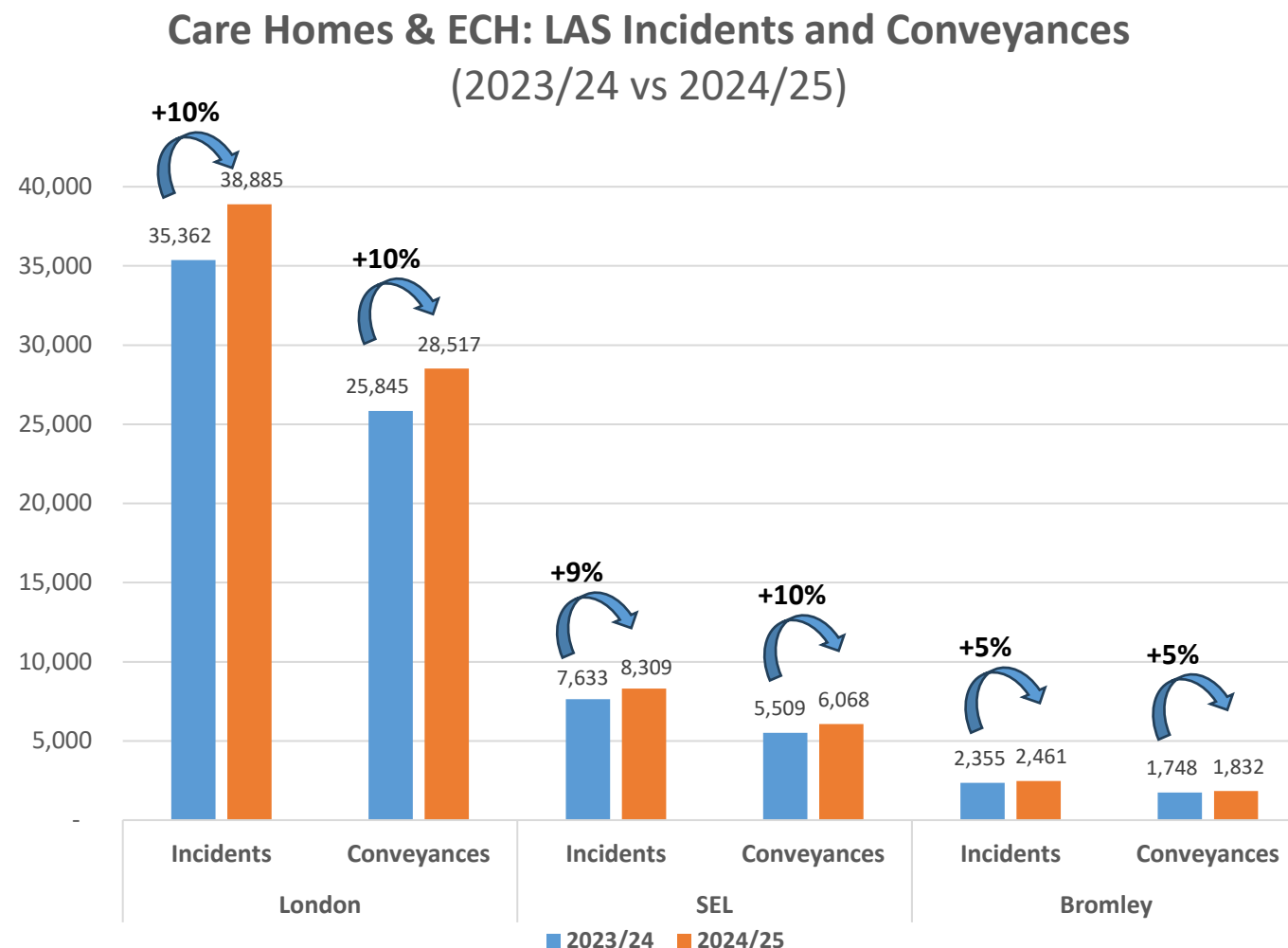
Learning from Northumbria and Leicestershire ICBs, **switching to decaffeinated drinks in care homes and hospitals has led to a reduction in falls**. This will be piloted in some Bromley care homes and 3x PRUH wards from Nov 25 for a 3-month period.

Bromley EHCH Programme Successes



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

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



Source: LAS Care Home Report

Care Homes MDT Intervention

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

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

Impact of the MDT intervention:

Universal Care Plans (UCPs)

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

London Ambulance Service (LAS) activity

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

Polypharmacy

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

Professionals feedback

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

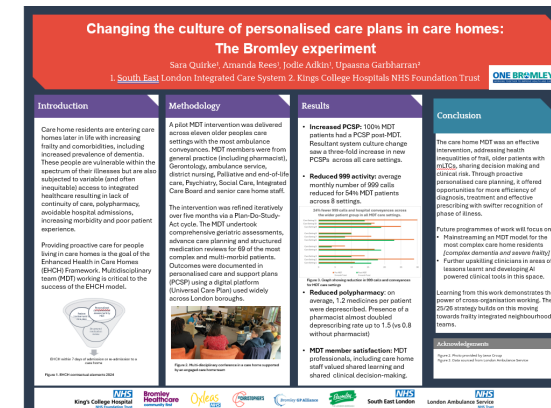
The team were awarded a One Bromley Recognition Award (2024)!



The Care Home MDT meeting taking place in a care home



The Care Home MDT



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

RESTORE2 TRAINING

What is RESTORE2™?

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

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



Bromley's RESTORE2™ Train-the-trainer programme

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

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

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

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

Care setting staff feedback on training:

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

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

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

Experience using RESTORE2 in practice:

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

Universal Care Plan & London Care Record



What is the Universal Care Plan (UCP)?

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

UCP activity has steadily increased

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

UCP rollout to care settings

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

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



What is the London Care Record (LCR)?

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

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

LCR rollout to care homes

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

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

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

Digitising Care Homes



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

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

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

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

96%

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

88%

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

76%

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

86%

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

4

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

3.8/5.0

Bromley’s Overall Digital Maturity Score

8

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

One Bromley Local Care Partnership Board

DATE: Thursday 27 November 2025

Title	Partnership Report	
This paper is for information		
Executive Summary	The purpose of this report is to provide the Committee with an overview of key work, improvements and developments undertaken by partners within the One Bromley collaborative.	
Recommended action for the Committee	The Committee is asked to note the update.	
Potential Conflicts of Interest	None.	
Impacts of this proposal	Key risks & mitigations	Not Applicable
	Equality impact	Not Applicable
	Financial impact	Not Applicable
Wider support for this proposal	Public Engagement	Not Applicable
	Other Committee Discussion/ Internal Engagement	Not Applicable
Author:	Joint report from SEL ICB, the PRUH, 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	

Partnership Report – November 2025

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1. One Bromley Local Care Partnership Programmes

Bromley Winter Vaccinations Update

The winter vaccination campaign went live for all eligible adults from 1st October. Eligibility criteria for flu remains unchanged from previous years. However the winter covid vaccination eligibility criteria have changed and are not consistent with the flu cohorts this year.

Vaccinations are being provided across the borough by GP Practices and Community Pharmacy. For our housebound population, these vaccinations are being delivered jointly by Bromley Healthcare and GP Practices. We are working very closely with our One Bromley partners this year and a number of these initiatives have been co-designed and delivered by several of our partners.

Data from 2 November shows that in total, over 17,000 covid booster doses have been given in Bromley so far. This has achieved an uptake of over 50% amongst those aged 75 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 40% of care home residents have received their booster vaccination to date.

It is important to note that the change of covid vaccination eligibility cohorts means there are fewer patients who are eligible this year, and this will have an impact on the data shown.

For flu, data from 2 November shows uptake at 56.5% for our over 65 population, with over 37,000 vaccinations delivered. The under 65s at risk population have received over 12,000 vaccines and uptake is currently at 28.3%.

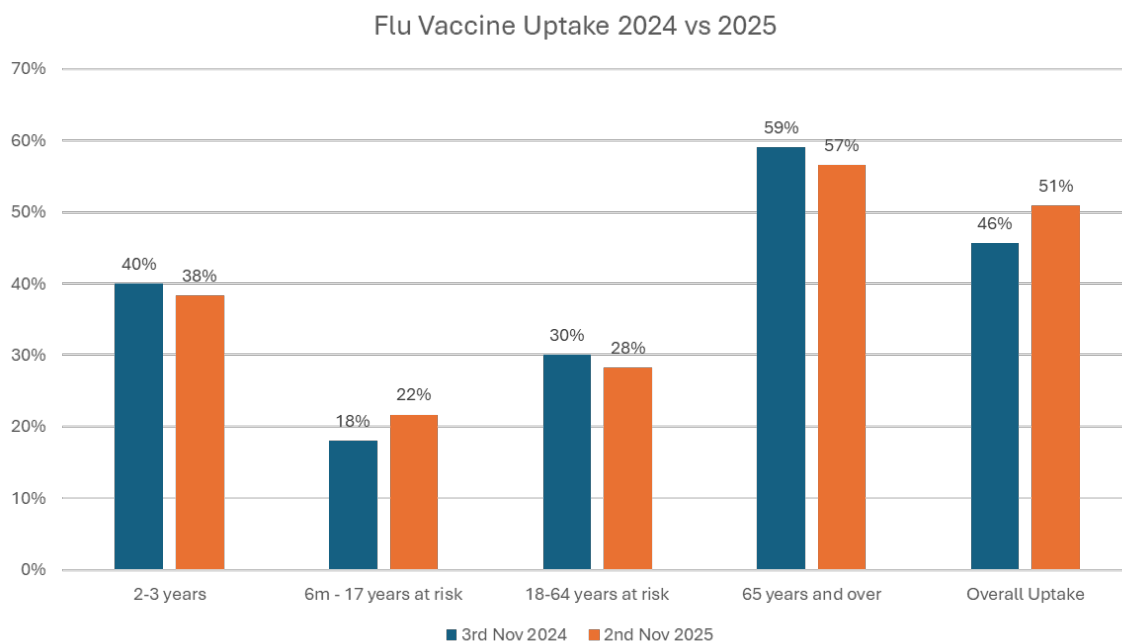
We are working closely with our communications and engagement team to promote vaccines. We have some advertising in The Glades, Bromley on digital screens, publications in local newspapers such as SE20, SE9 and Our Bromley magazine.

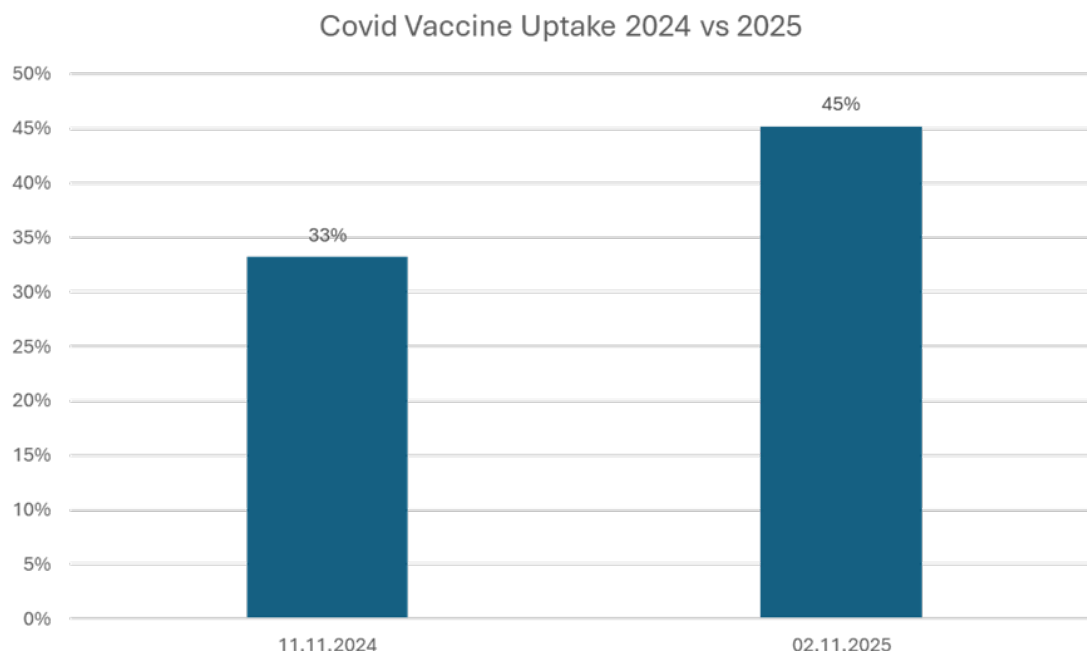
We have held two pop up vaccination clinics so far, the first at Kentwood Adult Community College in Penge. This event was also supported by Public Health, providing further health promotion advice on the day. The second event was in Bromley at the One Bromley Wellbeing hub, offering both flu and covid vaccinations, as well as support to residents on the day regarding the NHS App. We have found that providing health information alongside vaccinations has been successful and useful for patients.

Across these two pop up clinics, 31 people have been vaccinated for flu and 35 for covid. Both clinics were delivered by Guys and St Thomas' Community Vaccination Team.

This year, the maternity team from King's College Hospital NHS Foundation Trust has been offering pregnancy vaccinations at the One Bromley Wellbeing Hub, providing flu, whooping cough and RSV vaccinations. Flu vaccinations uptake for this cohort is currently at 36%.

Please find vaccination uptake information below as we embark on our sixth week of the winter vaccinations campaign. We have used charts to compare our position to this time last year (24/25 season). The data below is correct as of Monday 2nd November.





Total Triage

As part of the transition to the Modern General Practice model, Bromley practices have been implementing forms of Total Triage, an online system for accessing general practice services. This model ensures that queries are clinically triaged where required, to ensure that the patient's needs are assessed consistently in order to provide the right care as quickly as possible, and with the right clinician in the practice team. This approach ensures equitable access, regardless of whether the patient phones, visits in person or gets in touch through an online channel. All Bromley practices are either fully operational with their model of Total Triage or working towards completing their changes. The ICB has been providing extensive support, appointing a GP clinical fellow for Total Triage to work with practices, hosting a webinar series on implementation and collating learnings and best practice through a dedicated intranet page for GP practices.

There is also work underway to support patients on this new way of getting appointments. The SEL Workforce & Development Hub has worked with a number of practices directly to help patients. Early indications suggest that this is having a positive impact on telephone demand. The benefits of this new way of working are being monitored by the ICB and support continues to help embed and adjust to this new way of working.

Winter Update

The Winter Plan is mobilising, with the A&E Delivery Board structure now moving to winter governance arrangements of fortnightly meetings to remain abreast of any changes.

Mental Health

In July 2025, NHS SEL ICB and Bromley Council agreed a new five-year Mental Health and Wellbeing Strategy (2025-30). The strategy is now operational and an action plan to deliver this (covering the period 2025-27) has been put in place. The strategy was agreed in parallel to the Bromley Learning Disability Strategy with both plans now being delivered together. This is an exciting opportunity in the borough to drive forward local priorities, and to focus on key areas where there is a need for improvements.

a) Mental Health – Children and Young People

Bromley children and young people's mental health and wellbeing services have seen significant improvements, and whilst there is still work to do, with waiting times have fallen to low levels in most cases. A strong foundation of good services has allowed us to take forward improvements in our joint NHS-voluntary sector partnership, notably with improvements to IT interoperability between Oxleas, CAMHS and Bromley Y. A pilot programme on children's to adult's mental health transitions is also underway, supporting those young people who are turning 18 to move as seamlessly as possible into adult mental health services.

b) Mental Health – Adults

Bromley adult mental health and wellbeing services have seen an expansion in both our Talking Therapies and employment support offers. This provides an opportunity to help more people with common mental health challenges, like anxiety and depression, as well as to put in place tailored work placements for those who struggle to sustain employment due to their mental health. Work is also underway to support an increase in our free healthchecks for people with a Serious Mental Illness (SMI). A new housing board between the Council and ICB is also looking at improved housing options for people with long-term mental health challenges.

Integrated Neighbourhood Development

The One Bromley Partnership, as the Integrator, continues to drive the development of Integrated Neighbourhood working across the borough. There remains a strong national focus on Integrated Neighbourhood Team (INT) development, which is a key national priority.

Work is progressing on services for people with long-term conditions, underpinned by a locally agreed model of care developed with input from stakeholders and the public. This model will be piloted within the South West INT with roll out across Bromley shortly after.

We are building on established Partnership working around frailty and integrated care networks, developing services and exploring how population health management tools can better support our residents. The BCHIP model for children and young people is now well embedded, and we are considering how it can provide a foundation for other children's services.

Following agreement on our Integrator arrangements, submission of development plans, and completion of the maturity matrix assessment, we have secured £250k funding to support the development of local INT structures and teams.

On 5 November, we held a GP engagement event with representatives from practices across Bromley and One Bromley partners. The session shared updates on neighbourhood working and gathered feedback to shape future plans. The event was delivered jointly with PCNs, BGPA, and the LMC, who outlined proposals for developing a Bromley GP collaborative.

On 11 November, One Bromley Integrator partners held a workshop to progress the role of the Integrator. The focus was on aligning local objectives with national and regional requirements, agreeing a clear programme structure, and ensuring active contributions from all partners. This will be supported by robust governance arrangements, consistent with principles agreed by the One Bromley LCP and informed by the SEL maturity matrix assessment.

Bromley Falls in Care Homes Campaign

For older residents in Bromley's care homes and Extra Care Housing (ECH), falls are the leading cause of ambulance conveyances, unplanned hospital admissions and readmissions. At an engagement event in February 2025, Bromley's care home managers identified falls as their top priority. In response, as a local system we launched the Bromley Falls Campaign in March. It is a two-pronged campaign to improve a) falls management through a risk-stratified approach and direct access to the PRUH's Acute Frailty Assessment Unit (AFAU) for quicker diagnostics/treatment, and b) falls prevention via a Falls Bundle to prevent future falls.

The campaign has been shared across all care settings, but enhanced support has been provided to settings with the highest volume of falls-related ambulance conveyances. The campaign appears to be making a difference. Since the launch we have seen a +16% increase in active Universal Care Plans (UCPs) and a -14% reduction in falls-related conveyances compared to last year.

The campaign attracted InSites funding via King's College Hospital NHS Foundation Trust, which was used to pilot the Raizer Emergency Lifting Chair in five care settings; feedback from staff and residents so far has been overwhelmingly positive and there has been a 41% reduction in the number of falls-related ED attendances at these sites compared to last year. Going even further, in December six care settings will take part in a Go Decaf pilot to further prevent falls, with full support across supporting services. Both pilots end in February 2026, after which learnings will be shared widely.

2. Princess Royal University Hospital and South Sites

Finance

As of September, the KCH Group (KCH, KFM and KCS) has reported a deficit of £0.1m year to date. This represents a £0.1m favourable variance to the April 2025 NHSE agreed plan.

Current deficit position

- The current financial year runs from April 2025 until March 2026. As of the end of September this year, we recorded a year-to-date deficit of £0.1m. this represents a £0.1m favourable variance to the April 2025 NHSE agreed plan.
- Excluding non-recurrent support, this results in an underlying deficit of £61.5m.
- The Trust is forecasting a breakeven position at year-end. However, existing remediation plans will result in a £12m 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.
- A total of £66.4 million worth of cost-saving initiatives have been worked up and agreed so far.
- Work is ongoing to identify the additional cost-savings we have committed to delivering.

Referral to treatment – Elective Care – Trust Wide

- RTT performance improved to 61.55% of patients waiting under 18 weeks in September, which is slightly below the target of 62.54% for the month.
- The total PTL has been reducing since February 2025 and is now at 81,245 for September which is over 9777 below the operating plan target of 91,022.
- The number of patients waiting over 65 weeks increased from 344 patients reported in August to 422 in September, and above the operating plan target of 40 for the month.
- Of the 65 week wait patients there are 112 patients in General Surgery, 162 patients in Other Surgical specialties and 63 in Ophthalmology.
- The number of patients waiting over 52 weeks reduced to 1,815 in September, following four consecutive months of backlog increases to July, but remains above the target of 1,153 for the month. This equates to 2.23% patients of the total PTL waiting over 52 weeks which is above the plan of 1.27% and the target cannot currently be achieved.

Emergency Performance – PRUH and South Sites

- 4 hour All Types performance decreased from 72% in July, to 68.17% in September.
- Ambulance arrivals remain high with average daily volumes at 77.
- The site has however continued to experience ongoing pressure with an increase in attendances in September, 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 significant challenge with an average of 15 breaches per day.
- There are plans to revise the clinical gerontology model to support earlier intervention from October 2025 and reviewing acute medicine model with the aim of increasing continuity of physician.

Cancer

- 28 day Faster Diagnosis Standard (FDS) performance has reduced to 73.1% in August and has been below target each month this year. Most breaches are within urology, lower GI, breast and dermatology tumour groups. 62 day cancer performance reduced from 69.1% in June to 60.5% in July.
- 62 day performance was 64.7% in August which is below the operating plan target of 71.8% for the month with breaches in urology, hepatobiliary, breast and colorectal.
- 31 day performance was 92.9% in August and achieving the target of 88.4% for the month.

Diagnostic Performance

DM01 performance improved for the first time this year from 51.55% in August to 49.09%. Whilst this does not achieve national target, the trust trajectory represents significant improvement.

Apollo/EPIC

Staff across all KCH hospitals and locations continue to work from one integrated patient record, Epic. 788,013 patients have registered for MyChart across King's and GSTT with 279,132 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% rather than 10.5% for non MyChart patients.

Both King's and Guys and St Thomas' are expanding the uptake of automated scheduling features enabling patient choice of appointments and providing opportunities to be seen sooner where possible, with 10 new services due to go live in November.

Last month, patients self-scheduled 309 appointments, saving ~10 minutes each – freeing up staff to focus on high priority tasks such as call handling and complex pathway management. Work is ongoing to scale this across another 73 services at King's.

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 2026.
- 2) Enabling a 'jump through' to Epic from the NHS App from May 2026.

Estates

Our capital programme continues.

Local Neonatal Unit

Construction

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

3. London Borough of Bromley - Adult Social Care

Financial pressures on Adult Social Care continue, mainly due to the unit cost of care rather than an increase in the number of residents needing support. Work continues through the Transformation and Improvement Programme and other workstreams to find efficiencies and improvements whilst continuing to provide our statutory services to residents.

The 3 day onsite assessment visit of adult social care by CQC inspectors commenced on 16 September with 14 focus groups, facilitated with practitioner and manager sessions, meetings with 14 key individuals and discussions with unpaid carers and residents with lived experience. Positive feedback was given by many who interacted with the inspectors. The draft report is expected during November 2025.

One of our top priorities over the past year has been our Digital Transformation Programme with successful pilots which are now being mainstreamed into day to day business:

- The AI Transcription pilot resulted in positive feedback from our front-line professionals as they were enabled to work more efficiently with improved quality of case records. Therefore, the use of the transcription software was launched at the end of September, with a planned roll-out among front-line teams. This has proved very popular, with 65% of officers having started using it, that the roll-out has been accelerated so teams can begin using the programme more rapidly.
- Following the pilot of the Assistive Technology Tool, Intelligent Lilli, the roll-out of this non-intrusive tool in residents' homes is underway and is proving a positive way of assessing residents' ongoing care needs.

The development of our Co-Production Strategy has continued with workshops being held with 403 staff, partners and people with lived experience to establish the vision and definition of co-production; develop a toolkit and an evaluation framework.

The Occupational Therapy led Front Door is proving positive for residents' needs with 69% of residents using the service in September either requiring no care or a short-term care intervention instead of long-term care: an improvement of 14% since the model went live in May. Feedback from residents is also positive. Reviews of the Safeguarding Hub, part of the Front Door model, have also shown positive improvements including improved responsiveness through timely and coordinated response as well as increased consistency in decision-making.

There have been a number of issues with providers of commissioned services. The community equipment provider went into administration in the summer, officers worked hard to minimise the impact on residents by swiftly appointing a new provider which was able to increase their own capacity and meet residents' needs. The organisation which supports residents with direct payments and assists in finding and employing Personal Assistants has also gone into administration. Commissioning colleagues are working to resolve this situation as quickly as possible with minimal impact on those being supported and their employees.

4. St Christopher's Hospice

Strategic Developments

Work on our 2026-2029 Strategy is now well underway. We have conducted three focus groups with 22 members of our local community, 121 interviews with patients, community leaders and staff, and analysed feedback from surveys of staff, volunteers, professionals and supporters. Over the coming months, we will refine the three strategic themes and associated delivery plans, with a view to Board of Trustees approval in early 2026.

Ward Refurbishment

The Ward Refurbishment project continues to progress. This month we opened our newly refreshed patient areas, which now include gantry hoists in all rooms, updated bathrooms, a calm colour palette, improved storage, in-room fridges and enhanced lighting designed to reduce patient falls and improve comfort.



Fundraising and Community Engagement

In September, over 50 participants, including staff, cycled from Crystal Palace to the Palace of Versailles, raising vital funds for St Christopher's. Covering more than 260 miles, participants shared their experiences through social media, videos, press interviews and presentations, often riding in memory of someone cared for by the hospice. This initiative not only strengthened relationships with existing supporters but also inspired broader community engagement.

Equality, Diversity and Inclusion (EDI)

We have initiated work on a zero-tolerance approach to discrimination, reinforcing that everyone at St Christopher's should feel safe, respected and included. This includes updates to policies and practices to ensure all staff uphold the principle daily.

Our broader EDI strategy continues to be a focus, with ongoing work on implementation and embedding it across the organisation

Education and Professional Development

In response to ongoing government discussions regarding assisted dying, we are pleased to welcome Dr Mark Boughey, Director of Palliative Medicine at St Vincent's Hospital & Hospice, Melbourne, Australia for a teaching session in mid-November on assisted dying.

Clinical Updates:

Patient Demographics

51% of patients have a primary diagnosis of cancer, whilst 48% have non-cancer primary diagnosis.

Referrals

Accepted referrals decreased by 1% compared to Q2 2024 (1,166 vs 1,181), while non-accepted referrals decreased by 35%, reflecting the dissolution of SPOC in December 2023.

Bromley Community Team referrals fell from 465 to 396.

Referrals increased from Croydon, Lewisham and Southwark, contributing to positive in patient ethnicity.

LAS referrals remain consistent year on year, GP referrals increased by 3%.

Frailty

75% of eligible patients now have a frailty score recorded, up from 67% last year, indicating progress in our focus on frailty.

Community Caseloads and Home Visits

Community caseloads continue to rise, while out-of-hours home visits remain relatively stable. We have 1950 people on our caseloads.

Inpatient Unit (IPU) Capacity:

- 26 beds were operational this quarter, compared to 32 in Q2 2024, due to ongoing refurbishment.
- Admissions increased slightly from 156 to 160 despite reduced bed availability.
- Deaths on the unit increased by 12, and transfers to other care providers increased by 3.
- Occupancy was 87% (2,081 bed days).
- Mean length of stay remained at 12 days: median length of stay decreased by one day to 8 days.
- 'Spells of Stay' in the IPU increased by 9%.

5. Bromley Healthcare

Bromley Healthcare delivering Asthma Friendly Schools Programme across South East London

Bromley Healthcare is delivering the new *Asthma Friendly Schools* accreditation programme across South East London, funded by NHS South East London Integrated Care Board (SEL ICB) and delivered in partnership with public health teams and local authorities across all six boroughs.

Asthma affects 1 in 11 children and is a leading cause of school absence and emergency hospital admissions. This initiative helps primary and secondary schools improve asthma safety by meeting six nationally recognised standards, including having a clear asthma policy, ensuring access to emergency inhalers, and training school staff.

So far, 37 schools in Bromley have pledged to take part and will receive training, support and accreditation over the coming year.

Free webinars are also available termly for parents, carers and education staff to learn more about the programme and how to get involved.

Find out more: [Make your school Asthma Friendly - South East London ICS](#)

Cambridge MBA student reflects on his internship at Bromley Healthcare

We welcomed Nath Samaratunga to our team this summer as a Strategy and Transformation Intern during his MBA studies at the University of Cambridge. Nath is pursuing an MBA on scholarship during his gap year from medical school at Rutgers University in New Jersey. He also holds a Master of Public Health from the University of Minnesota. During his time with us, he primarily worked on strategic transformation initiatives aimed at improving population health outcomes.

Nath's understanding of the intersection between policy, business and health was a great asset to our transformation projects. His work aligned closely with the ambitions of the NHS 10 Year Plan, particularly its focus on integrated care, prevention and using data to improve population health. Through projects that explored how services connect across urgent care, community health and digital transformation, Nath contributed to Bromley Healthcare's ongoing efforts to deliver more joined-up, person-centred care in line with national priorities for the next decade.

Find out more about Nath's experience at Bromley Healthcare: [Cambridge MBA student reflects on his internship at Bromley Healthcare - Bromley Healthcare](#)



Nath Samaratunga is pictured (centre) with Jacqui Scott, Chief Executive at Bromley Healthcare



Celebrating Allied Health Professionals Week

During *Allied Health Professionals Week*, colleagues across Bromley Healthcare came together to recognise the contribution of AHPs and reflect on the future of community based care.

During the week, we launched a new internal AHP strategy focused on four key priorities:

- Embedding evidence-based practice
- Strengthening personalised care and prevention
- Supporting workforce development
- Improving pathways between services and settings

The strategy was shaped by AHPs across Bromley Healthcare and aligns with system priorities around neighbourhood working, earlier intervention, and care closer to home. It sets out how AHPs will continue to lead innovation in rehabilitation, long-term condition management and population health.

Colleagues also shared impact stories throughout the week, showcasing how AHPs are helping people stay well, regain independence, and avoid unnecessary hospital admissions.

Find out more: [Celebrating AHP Day – Bromley Healthcare on LinkedIn](#)

Home Pathway

FROM HOSPITAL TO COMMUNITY

Our Home Pathway team helps patients safely regain their independence after a hospital stay.

Within seven days of discharge, our physiotherapists and occupational therapists visit to assess each person's needs and create a tailored rehabilitation plan. Supported by rehab assistants, patients receive practical help and therapy for up to 42 days, with the aim of reducing support as they recover.

Most people return to their previous level of independence – something we're proud to help them achieve every day.



"Thank you to the rehabilitation assistants who helped my husband along the path to recovery and better mobility. The rehab assistants took time to give us a great deal of support. His remarkable improvement shows how much he has benefitted from your expertise."

Community Services Week highlights “community-first” care

As part of *Community Services Week*, we shared examples of how Bromley Healthcare teams are helping to deliver care that is *Fit for the Future*, shifting from hospital to community, analogue to digital, and treatment to prevention.

From hospital to community:

Our Case Management team is supporting housebound patients with multiple long-term conditions through holistic, proactive care. Results from the pilot include:

- 52% reduction in GP contacts
- 38% improvement in frailty scores
- 83% improvement in wellbeing
- 100% Friends and Family Test satisfaction
- The model is now being rolled out across four Primary Care Networks.

From analogue to digital

A new digital booking platform, piloted in our 0-19 health visiting services and now expanded across adult services, has transformed how patients access care. Over 14,000 booking links have been sent, with uptake reaching 60% and DNA (Did Not Attend) rates have reduced by 20%. The system also makes it easier for patients to share feedback and access self-referral tools co-designed with people with lived experience.

From treatment to prevention

Our Greenwich Health Visiting team led the rollout of a proactive digital intervention to prevent Abusive Head Trauma (AHT) in newborns. Using routine data, parents receive supportive messages at a critical time in infant development. The model has now been adopted across the tri-borough area, offering timely, compassionate contact and supporting early prevention.

Find out more: [Post](#) | [Feed](#) | [LinkedIn](#)

Supporting young people with SEND and their families in Bromley

Parenting webinars on healthy toileting

The Children’s Bladder and Bowel service has been actively engaging families across Bromley through a range of outreach activities and educational sessions. Two online sessions *The Scoop on Poop: Healthy Bladders and Bowels* and *No More Nappies: Poop-sitive Steps to Toilet Training* – were attended by 50 parents and carers. Feedback was extremely positive, with attendees describing the sessions as engaging, practical and informative.

SEND Local Offer Live Event

At the recent *SEND Local Offer Live* event hosted by London Borough of Bromley, our Children’s Bladder and Bowel team joined with our SEND Specialist to share information and advice with families.

Emerging Needs Work

New *Emerging Needs Workshops* have also been launched, hosted by our Bromley SEND Specialist, Rebecca Osborne, and co-developed with the LBB Early Years Inclusion Team. These group sessions offer early, practical support for families of children aged 2-4 who may have emergency developmental or additional needs. Topics include sleep, toileting, behaviour and sensory needs. So far:

- Around 75 families have attended
- 27 referrals are already in place for the next group
- 4 children have been referred for additional specialist support.

Direct feedback from attendees:

- “The workshop was perfect.”
- “I found the workshop was run well and that the team really cared and wanted to help.”
- “Lots of interesting things to try at home and lots of good discussions with other parents.”

Parents rated the workshops an average of 4.89 out of 5, describing them as supportive, reassuring and helpful in building confidence.

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



6. Oxleas

New triage service for Adult ADHD assessments

As of Monday 3rd November, there is a new triage service for Adult ADHD referrals, this is being delivered by Oxleas. The service is designed for all adults registered with a GP in the boroughs of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark, who present with suspected ADHD symptoms and meet the criteria for a first ADHD assessment.

The demand for referrals to ADHD assessment services has rapidly increased in the last few years and the service is one of several steps which NHS South East London is taking to provide more consistent and equitable access to SEL patients for new ADHD assessments.

From Monday 3rd November, all GP referrals for adult patients requiring a first ADHD assessment will be sent to the SEL Adult ADHD Referrals Triage Service. The new team will review referrals and complete a clinical triage with patients, which will include offering information about all available ADHD treatment options.

The new service will be responsible for sending patient referrals to providers who will conduct a first ADHD assessment. This includes South London and Maudsley NHS Foundation Trust, Oxleas NHS Foundation Trust and any independent sector provider with a qualifying contract under Right to Choose. Based on current data the service expects to triage around 10k referrals per year.

Oxleas opens new mental health ward

Shrewsbury Ward, our new 16-bed mixed-sex mental health ward based at Oxleas House in Greenwich, opened in October.

Shrewsbury Ward will provide inpatient mental health care for adults from our local communities in Bexley, Bromley and Greenwich, supporting people who need additional care at a difficult time in their lives. It will also create extra capacity to help reduce pressure on emergency departments and to reduce reliance on services in the private sector.

The ward is staffed by a brand new multi-disciplinary team, led by Consultant Nurse, Emma Hopkins, who will play a vital role in creating a supportive and therapeutic environment for our patients.

Working together to improve the health of local people

Oxleas was pleased to be part of the South London Listens Health Justice Assembly uniting the communities of South London with health and local authority colleagues to work together to improve the health of local people.

The event at St George's Cathedral in Southwark involved nearly 1000 people from Be Well community hubs, Be Well schools and other local community organisations. It was organised by South London Citizens and South London Listens, of which Oxleas is a founding partner. Their work seeks to use community organising to tackle the root causes of poor health and develop solutions together.

During the evening, the creation of nearly 100 Be Well hubs which support members' wellbeing across South London was celebrated alongside the development of more inclusive health services.

Humaira Saleem, Community Leader and Assembly Co-Chair, welcomed the progress: "We have today witnessed the extraordinary power of connection." She said. "This Assembly was the living voice of South London citizens working with South London Listens, a mosaic of many communities, standing together, speaking together, and striving together to build a brighter, fairer future for all who call South London home."



Oxleas pledged our support for the Health and Housing Coalition that is tackling the links between poor housing and poor health. Oxleas CEO Ify Okocha said: "At Oxleas, we are committed to working with community leaders to create affordable housing. We know that poor housing alongside lack of employment and poverty is one of the factors that leads to poor health. The 10 Year Health Plan urges us to focus on prevention and this is one way Oxleas is putting this ambition into action."

7. Bromley Third Sector Enterprise (BTSE)

BTSE/Bromley Well

The Bromley Well Service has continued to deliver high quality and consistent services. We published our impact report in September:

<https://btse.org.uk/wp-content/uploads/2025/10/2024-25-IMPACT-REPORT-Final.pdf>

Demand for support with benefits, housing and cost of living remains high, with increasing numbers of clients presenting with multiple, interlinked problems which require more intensive casework and cross-agency coordination. We 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. This level of demand and these 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 412 referrals last quarter, with 93% of patients picked up within 30 minutes of discharge.

Despite a retirement, major ill-health and a resignation during the last quarter, the Handy Person Service still exceeded the KPI of 150. Two new staff are now in post and service delivery is increasing.

We are pleased to be working in partnership with the London Borough of Bromley, who have allocated £80,000 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. So far, we have allocated over half the fund to 45 carers, which is ahead of target.

Service Issues

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

We have seen a notable increase in those accessing our disability support services, with 146 new referrals to the Learning Disabilities pathway and 156 to the Physical Disabilities pathway. This is 10% higher than last quarter. Both pathways have a 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 from September 2025. This has proved very successful, with over 30 clients being seen in a day.

One Bromley Wellbeing Hub

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

The Information and Advice offer on Wednesdays is the only drop-in advice service in central Bromley. We are working with Commissioners to increase the service capacity over Winter.

Campaigns

We will be leading on the sixth Bromley Self Care Week from 17-23 November, with nearly 60 events listed. Events are free or low cost.

<https://www.bromleywell.org.uk/news/self-care-week-2025/>

8. Primary Care Networks (PCN)

Winter Access Collaborative

Mobilisation planning continues for the Winter Access Collaborative Service which aims to reduce pressure on general practice and emergency departments over the winter season. From 1st December for 9 weeks, the collaboratively delivered service will see Bromley GP Alliance operate an out of hours clinical assessment service that will triage patients from the NHS 111

service, whilst Bromley PCNs will collectively deliver an additional 7,560 GP appointments Monday to Friday in hours at their dedicated winter access hubs to patients needing same day care, using the total triage system now embedded in all Bromley practices. Bromley PCNs will be working with healthcare partners to help ease winter pressures system-wide:

- Enable practices to book an appointment at their PCN winter access hub
- Enable BGPA to book into available PCN Enhanced Access slots on Saturdays and practice 111 slots on Mondays
- Enable UTC to book directly into allocated PCN winter access hub slots Monday to Friday
- Community Pharmacy can signpost patients to their registered practice to book into a same day need hub appointment.

Integrated Neighbourhood Teams (INTs) established in Bromley

South West INT: Five Elms PCN and Hayes Wick PCN

South East INT: Orpington PCN and The Crays Collaborative PCN

North West INT: Beckenham PCN and Penge PCN

North East INT: Bromley Connect PCN and MDC PCN

PCNs took the opportunity this autumn to come together for the first time in their INT pairs the recent Academic Half Days (AHDs). Funded by the ICB, each AHD provided protected time for clinical and administrative teams to engage with their INT PCN counterpart to begin the important process of understanding the ethos behind neighbourhood working and developing their aims and targets. Feedback from these sessions were brought to the recent key event 'Shape the Future of Neighbourhood Care in Bromley' held by the ICB on 5th November.

Groundbreaking neighbourhood clinical system at South West INT

In a move that may be the first of its kind in the country, South West Integrated Neighbourhood Team (SW INT) has broken new ground in developing a joint clinical system bringing together the Five Elms PCN and Hayes Wick PCN IT systems into one. With a launch date planned in December this year, the clinical system integration will act as the springboard to enabling collaborative, at scale working across the INT, comprising of ten practices and 83,680 registered patients. Working closely with the clinical system provider Optum, work continues behind the scenes to mobilise data sharing agreements and robust IT governance across the two PCNs. Cost efficiencies will be welcomed as users are onboarded onto a single system, whilst each PCN is able to retain services at PCN level where appropriate.

Celebrating Bromley PCNs Health and Wellbeing Cafes

A short video has been created to give a flavour of the many activities available at our Bromley PCN Health and Wellbeing Cafes – see link here: [BPCNs Health and Wellbeing Cafes video](#)

The success of the first Health and Wellbeing Café launched by Orpington PCN in 2022 has made way to an impressive array of similar PCN events across the whole of Bromley, now 12 in number and growing. Owing to their popularity, some PCNs now have as many as three monthly café events, promoting healthy lifestyle, guidance on digital access to healthcare, social integration with peers with refreshments, art classes, exercise classes and opportunistic blood

pressure monitoring and vaccinations. Social prescribers and care coordinators are available to signpost patients to local services and speakers are invited to give talks on topics ranging from internet safety to meditation. Patient feedback describes how the regular interaction with other patients and healthcare professionals has brought friendships, support and benefits to their health.

NHSE visits Orpington Health and Wellbeing Café

On 6th November, Orpington PCN welcomed NHS England GP leads to the Orpington Health and Wellbeing Café. Dr Kiren Collison (Deputy Medical Director for Primary Care), Dr Agatha Nortley-Meshe (London Regional Medical Director for Primary Care) and two other GPs from NHSE were able to see the Café in action, including the art session, podiatry foot checks and medication reviews as well as a short talk about the role of the clinical pharmacist in general practice. The NHSE team stayed to talk to the lead care co-ordinator, Dr Claire Riley (PCN Clinical Director) and Dr Premi Ravi (Café founder and Bromley ICB Frailty Lead) about the initiative's positive impact on care for patients and how neighbourhood working has evolved to contribute to its successes.



PCN Showcase

Orpington PCN	
Total list size	63,417
Member practices	Ballater Surgery, Bank House Surgery, Bromleag Care Practice, Chelsfield Surgery Family Surgery, Green St Green Medical Centre, Knoll Medical Practice, Tudor Way Surgery, Whitehouse Surgery.
PCN base	Top Floor, Green St Green Medical Centre, 21 High Street, Green Street Green, Orpington, BR6 6BG
PCN infrastructure	Orpington PCN Ltd is a limited company. 1 Clinical Director 1 Business Director 1 PCN Manager 1 Digital and Transformation Lead 1 PCN Administrator 1 Workforce Lead 1 Governance Lead

	1 PCN Lead Educator
ARRS staff	<p>9 Care Coordinators (including 2 Cancer Care Coordinators)</p> <p>1 Social Prescriber Link Worker</p> <p>8 Clinical Pharmacists</p> <p>4 Pharmacy Technicians</p> <p>4 Paramedics</p> <p>2 Mental Health Practitioners</p> <p>2 First Contact Physiotherapists</p> <p>2 Podiatrists</p> <p>1 Advanced Nurse Practitioner</p> <p>1 GP Assistant</p>
Population health data highlights	<p>Orpington PCN has a relatively older population compared to the Bromley average, with a higher prevalence of long-term conditions such as hypertension, diabetes, CKD and AF. There is a notable number of patients with multiple LTCs, particularly in practices with higher elderly populations. CKD remains a key area of focus, with over 825 patients currently diagnosed.</p> <p>While the PCN has good coverage of NHS Health Checks and cancer screening uptake, there is scope for improvement in flu vaccination among under 65s in risk groups and digital inclusion (use of the NHS App and online consultations).</p>
Hub services	<p>The PCN operates a hub model offering both Enhanced Access (delivered by BGPA), providing evening and weekend GP appointments at the Orpington Health and Wellbeing Centre.</p> <p>Dedicated eHub services providing an extra 100 GP telephone appointments every week, significantly supporting appointment demand and capacity across the PCN.</p> <p>We also have the Winter Access Hub services during peak winter months.</p>
Health Inequality project	<p>Our Wellbeing and Carers Cafes, hosted fortnightly at Orpington Methodist Church, are flagship community initiatives focusing on reducing loneliness and improving wellbeing in older adults and carers. The café won the One Bromley Award and was also nominated for the HSJ Patient Safety Awards 2024. We also have the Community Café at Care Homes in collaboration with BGPA Bromleag Care Practice.</p> <p>Building on its success, the PCN launched the SELCA Early Diagnosis Project aimed at improving awareness and access to cancer screening for patients with a learning disability, patients living with severe mental illness and their carers using cancer care coordinators. The project has been shortlisted as a finalist for the Clinical Improvement: Public Health Award at the</p>

	<p>General Practice Awards 2025. There is also the ACT health inequalities project in collaboration with Bromley Healthcare.</p> <p>Orpington Digital Hub – Building on the digital inclusion initiative delivered in partnership with Clear Community Web, we now host our Digital Hub every Monday 2-4pm at the Orpington Methodist Church. This is a port for patients to walk-in and receive support to build their digital literacy and confidence. Practices are also signposting patients with tricky NHS app queries and the DTL can resolve them with direct access to the practice systems. This is tangible local support available to all Bromley patients with added technical NHS app support specific to Orpington patients due to the PCN level access.</p>
Capacity and Access improvement initiative	<p>Orpington PCN practices have implemented total triage and increased use of digital tools, including online consultation platforms and self-booking options through the NHS App.</p> <p>Orpington PCN practices are making specific suitable appointments bookable online by patients. Ranging from Diabetic foot check appointments to some nurse reviews and some HCA appointments.</p> <p>Streamlining and modernising their cloud telephone protocols to ensure patients can request a call back from the reception teams during busy periods or be notified where they are in the queue.</p> <p>The PCN also operates a collaborative rota system for ARRS staff, ensuring efficient coverage and reduced appointment bottlenecks.</p> <p>The PCN is currently developing a staff bank initiative to engage younger people in healthcare, targeting future administrative and clinical support roles.</p>
Flagship service	<ul style="list-style-type: none"> - Wellbeing Café – Supporting patients’ mental and physical health through social connection and advice. - Carers and Community Cafes - Menopause Group Consultations – We implemented the online group clinics to support individuals experiencing menopause. - Digital café – A digital inclusion initiative - CKD Group Consultations – Improving kidney health management and reducing GP appointments through structured group care.

	<ul style="list-style-type: none"> - Winter Illness Hubs – Same day access clinics for minor illnesses and urgent needs. - Pharmacist-Led Medication Reviews – Improving safety and reducing workload across practices, including the Wellbeing and Community Café. - BCHIP – MDT service with the PCN practitioner for any paediatric queries before referring to secondary care services (for patients under 16 years of age). Delivered collaboratively with a PCN GP, community nursing team, general paediatricians and PCN administrator. - eHub – Additional GP telephone appointments practices can book patients into, supporting timely patient access and reducing administrative burden. - BP@Home Initiative – Home blood pressure monitoring to support hypertension management. - Asthma Remote Monitoring – Asthma care initiative to support annual asthma reviews and provide pathway for monitoring asthma patients remotely over 12 weeks. Will begin this year.
Future plans	<ul style="list-style-type: none"> - Expand CKD group consultations to run weekly for CKD patients. - Strengthen Integrated Neighbourhood Teams (INTs) with community, voluntary and secondary care partners. - Develop pharmacy tech hub. - Introduce Men's Health and Diabetes Awareness community events. - Continue to explore digital inclusion sessions to support older patients with NHS App and online tools. - Continue collaboration with BGPA and neighbouring PCNs for enhanced winter capacity and access. - Improve engagement with LTC non-responders – identify and contact patients who have not attended reviews, working with practices to understand and address barriers to access. - COPD group consultation – Combining respiratory health support with on-site smoking cessation advice, led by our trained Social Prescriber and clinical team to improve outcomes and self-management.

	<ul style="list-style-type: none"> - Asthma remote monitoring – To support better patient outcomes and management of the condition. - AI Scribing Tools – Implementation of AI scribing for GPs and clinicians, which would significantly reduce their administrative burden of note taking and improve the patient experience in each consultation.
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9. Bromley Public Health

Strengthening Vaccine Conversations Through Training and Collaboration

Background

Training and development are essential for building a resilient health protection workforce. Over the past year, our London Borough of Bromley Public Health Team has led several initiatives to enhance the skills of professionals working across health, social care, education and other sectors. These efforts aim to strengthen public health capacity and improve outcomes through partnership and collaboration.

Vaccination is one of the most effective public health measures. However, childhood vaccination uptake in Bromley has been steadily declining. This mirrors a global trend driven by widespread misinformation about vaccinations, which has led to a loss of public confidence, a reduction in vaccine uptake, and an increase in preventable diseases.

Aim and Purpose

The purpose of our training initiative is to equip frontline professionals with the skills and confidence to engage in effective vaccine conversations. By doing so, we aim to:

- Address vaccine hesitancy
- Promote informed decision-making
- Ensure every contact with families and individuals counts toward improving public health.

Training Approach

To tackle vaccine misinformation, our Public Health professionals adopted the Jitsuvax technique; an evidence-based communication method developed by a multidisciplinary research team. This four-step approach is designed to equip professionals with the skills and confidence to navigate conversations around vaccinations more effectively. Our Public Health Team used this technique to train both clinical and non-clinical staff, empowering them to raise awareness and educate communities during routine interactions.

Partnership with the Early Intervention and Family Support (EIFS) Team

Building on the success of previous training, we partnered with the Early Intervention and Family Support (EIFS) team to deliver bespoke training to staff on Effective Vaccine Conversations. The EIFS team are based in Bromley Children and Family Centres and within the community; they provide integrated, early help services to support families facing challenges, empowering them to improve wellbeing and resilience.

Given their daily engagement with families, EIFS staff are uniquely placed to influence health behaviours. The training aimed to turn everyday conversations into opportunities for promoting vaccine confidence and supporting informed health decisions.

Empathetic Refutational Interview (ERI) Technique

The training introduced the ERI technique, developed through the Jitsuvax project. Delivered via interactive workshops, the sessions included role-play scenarios to help participants practice and internalise the method.

The ERI technique follows four key steps:

1. **Elicit** underlying motivations or “attitude roots”
2. **Affirm** concerns without judgement
3. **Correct** misconceptions where appropriate
4. **Inform** or signpost families to trusted information sources.

Feedback and Outcomes

Feedback from the EIFS staff following the training was overwhelmingly positive. Almost all reported improved knowledge of how vaccines work and where to find reliable information and many reported that their understanding of vaccine hesitancy and the ERI technique had grown. A good number reported that following the training, they felt more confident to approach vaccine conversations and plan to use the ERI technique in their day-to-day work, though some stated they would still like more practice. Although one or two voiced hesitancy around giving advice as non-healthcare professionals, overall, the training was seen as valuable and empowering.

Next Steps and Future Collaboration

This initiative highlights the importance of cross-sector collaboration in protecting public health. Our Bromley Public Health Team will continue to build on this success by:

- Offering further training, regular updates and ongoing support
- Providing resources, practical tools and visual aids
- Embedding the principles of Making Every Contact Count.

Ongoing collaboration is essential to sustain efforts to boost vaccine uptake and prevent disease in the local population.

10. Bromley GP Alliance (BGPA)

Bromley Winter Access Collaborative (WAC)

Bromley GP Alliance (BGPA), working in partnership with Bromley Primary Care Networks (PCNs), will be providing this year’s Winter Access Collaborative (WAC), providing increased capacity over the winter months.

Service commencement – 01.12.2025

Bromley PCNs will be providing in-hours access hubs.

BGPA will provide an Out of Hours Clinical Assessment Service (CAS), operating Friday evening to Monday morning, taking direct referrals from NHS 111, with the aim to reduce unnecessary traffic at local Urgent Care Centres. This is a blended delivery model, offering both virtual and face-to-face appointments. The service is tailored to patient needs and will be constantly reviewed and adapted to meet the needs and pressures of the local system.

BGPA will ensure to signpost to relevant community services such as Pharmacy First, where appropriate.

Data Sharing Agreements (DSAs) are being set up to allow a direct booking pathway by BGPA for NHS 111 patients to be booked into practice 111 slots and PCN Enhanced Access (EA) appointments according to need and where appropriate.

It is anticipated that BGPA CAS will close approximately 80% of cases, with the remaining 20% being booked into a GP practice appointment or PCN EA appointment in-hours. Any unutilised appointments in EA on Saturday will be booked into by BGPA from 7pm on Friday.

- **Eligible Criteria:** NHS 111 non-clinical triaged traffic.
- **Booking Options:** Any Bromley patient. Those who need to be seen after BGPA clinical triage will be booked into most appropriate appointment. BGPA Out of Hours CAS, PCN EA, Practice 111 slot (Monday) or BGPA Face to Face at PRUH Urgent Treatment Centre.

Bromley GP Alliance Community Dermatology Service -Community Dermatology Capacity and Pathway Development

BGPA is working collaboratively with King's and the SEL ICB Cancer Team and is in the final stages of completing a business case to increase contracted capacity for the community dermatology service. In line with the NHS 10 Year Plan, this proposal includes the development of a pathway in partnership with secondary care to transfer patients requiring removal of non complex Basal Cell Carcinomas (BCCs) from hospital into BGPA's community service.

To support this development, BGPA continues to provide additional temporary capacity to help stabilise wait times through to the end of the financial year. After just two months of this additional capacity, the number of patients waiting longer than 6 weeks for their appointment has reduced from 317 in September to 257 in October, a 19% decrease.

Similarly, average wait times for a first appointment following referral have fallen significantly from 343 days in July to 138 days currently, representing a 60% reduction.

These improvements demonstrate the impact and value of the additional community capacity in supporting system-wide pressures across primary and secondary care.



(From left to right) Caelan Cordonnier, Charlie Freeman, Helen Magee-Brown, Franklin Nwachukwu, Nick Barthram

One Bromley Local Care Partnership Board

DATE: Thursday 27 November 2025

Title	Month 6 2025/26 SEL ICB Finance Report	
This paper is for information .		
Executive Summary	<ul style="list-style-type: none">• The SEL ICB financial allocation at month 6 is £5,793,786k.• At month 6, the ICB is reporting a year to date (YTD) and forecast out-turn (FOT) break-even position against its revenue resource limit (RRL)• In reporting this month 6 position, the ICB has delivered the following financial duties:<ul style="list-style-type: none">○ Underspend of £1,146k YTD against its management costs allocation, with the monthly cost of displaced staff being charged against the provision.○ 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 6 is £276,043k.• 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

27 November 2025

Month 6 2025/26, SEL ICB Finance Report

Contents

1. Key highlights – SEL ICB & Bromley ICB/LCP
2. Bromley ICB/LCP - Month 6 Financial Position
3. Note Regarding Month 7 Financial Reporting – Post ISFE2 Implementation

Appendix 1 – M6 SEL ICB Finance Report

1. Key Highlights

- The SEL ICB financial allocation at month 6 is **£5,793,786k**.
- At month 6, the ICB is reporting a year to date (YTD) and forecast out-turn (FOT) **break-even position** against its revenue resource limit (RRL)
- In reporting this month 6 position, the ICB has delivered the following financial duties:
 - Underspend of **£1,146k YTD** against its management costs allocation, with the monthly cost of displaced staff being charged against the provision.
 - 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 6 is **£276,043k**.
- The Bromley ICB/LCP place year end forecast position is **break-even**.

2. Month 6 Bromley ICB/LCP Financial Position

	Year to date Budget £'000s	Year to date Actual £'000s	Year to date Variance £'000s	ICB Budget £'000s	Forecast Outturn £'000s	Forecast Variance £'000s
Acute Services	4,120	3,936	184	8,240	7,872	368
Community Health Services	47,666	47,329	337	95,331	94,538	793
Mental Health Services	7,462	8,043	(582)	14,898	15,796	(898)
Continuing Care Services	14,068	14,519	(450)	28,137	29,037	(900)
Prescribing	26,235	25,968	267	52,642	52,105	537
Other Primary Care Services	1,014	964	50	2,029	1,929	100
Delegated Primary Care Services	35,566	35,091	476	71,132	71,132	0
Corporate Budgets	1,817	1,633	184	3,634	3,634	0
Total	137,948	137,482	466	276,043	276,043	0

- The borough is reporting an underspend of £466k at month 6 and is forecasting a breakeven position at year end.
- The Acute Services position is forecasting a £368k underspend due the release of un-committed budget and savings expected from non-Bromley UTC contracts.
- The Community budget is forecasting an £898k underspend. This position includes the release of un-committed budgets and non-recurrent savings. The position also includes forecast overspends in audiology and trans vaginal ultrasound scans.
- The Mental Health budget is forecasting an £898k overspend due to pressures on diagnostic assessments and cost per case budgets. The former is forecasting a £700k overspend due to the exponential year on year growth in expenditure.
- The Continuing Healthcare budget is £450k overspent year to date and the forecast is £900k 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. The national FNC increase was 7.7% this year which is also contributing to the overspend.
- The Prescribing budget is forecasting an £537k underspend. This is an estimated position based upon four months of PPA data. Based upon previous years trends it is likely that the overspend will reduce in the latter part of the year, though every effort will be made to maintain it.
- 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 6 the borough is reporting an under delivery of £85k against plan but this is expected to improve, and the year end forecast is breakeven.

3. Note Regarding Month 7 Financial Reporting – Post ISFE2 Implementation

- A new national financial ledger system (ISFE2) was implemented across all ICBs and NHSE on 1st October 2025.
- Finance teams had no access to the new ledger before 1st October, nor was there any access to a test environment.
- Month 6 balances will not be transferred over to the new ledger until the middle of October, and these will then need to be disaggregated and reallocated to the correct new codes for reporting purposes.
- The consequence of this is that the ability of the ICB to produce detailed financial reporting certainly at Month 7, and potentially in Month 8, will be limited. This will impact on the content of financial reports presented at ICB committees and groups.
- This is a national issue and NHS England have amended ICB financial reporting requirements with many items within the current monthly financial return not being required in Month 7. NHS England will also review the reporting requirements for Month 8.
- Budget holders in both ICB place and central functions have already been communicated with to flag this.
- Our priority will be report at an ICB level (and thereby maintaining financial control), with as much granular detail at a service level as is possible.

Appendix 1

SEL ICB Finance Report

Month 6 2025/26

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

1. Key Financial Indicators

- The below table sets out the ICB's performance against its main financial duties on both a year to date (YTD) and forecast basis.
- As at month 6, 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 **£29,600k** of savings YTD compared to the plan value of £28,800k.
- **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 **£1,146k** and forecast out-turn position of break-even against the **running cost allowance**.
- All other financial duties have been delivered for the year to month 6 period.

Key Indicator Performance				
	Year to Date		Forecast	
	Target	Actual	Target	Actual
	£'000s	£'000s	£'000s	£'000s
Expenditure not to exceed income	2,908,229	2,908,229	5,793,786	5,793,786
Operating Under Resource Revenue Limit	2,908,229	2,908,229	5,793,786	5,793,786
Not to exceed Running Cost Allowance	15,373	14,227	30,746	30,746
Month End Cash Position (expected to be below target)	5,750	577		
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%	98.2%		
Mental Health Investment Standard (Annual)			537,494	549,700

2. Executive Summary

- This report sets out the month 6 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 6 is **£5,793,786k**. In month, the ICB has received an additional **£21,961k** of allocations. These are as detailed on the following slide. **As at month 6, the ICB is reporting a year to date (YTD) break-even position.**
- Due to the routine time lag, the ICB has received four months of 2526 prescribing data. After the usual accrual for two months of estimated prescribing expenditure, the ICB is reporting a **£2,251k overspend YTD across PPA and non PPA** budgets. The overspend continues to be variable across the Places.
- The continuing care financial position is **£89k underspent** at month 6, which is an improvement 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. Lambeth, Southwark and Bexley are all reporting underspends this month.
- The YTD position for **Mental Health services** is an overall **overspend of £3,913k** 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 is due to go live at the beginning of November.
- 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.
- Two places are reporting overspends YTD at month 6 – **Greenwich (£309k)** and **Lambeth (£251k)**, with a break-even position being forecast by all. Places have been tasked to identify additional mitigations to offset financial risks, to ensure delivery of their financial plans. Detail regarding the individual place financial positions is provided later in this report.
- In reporting this month 6 position, the ICB has delivered the following financial duties:
 - Underspend of **£1,146k YTD** against its management costs allocation, with the monthly cost of displaced staff being charged against the provision.
 - 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 6 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

502	553	584	645	613	609	(3,506)	-
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Neighbourhood Funding

111	154	145	198	157	162	(928)	-
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Delegated Primary Care

(10)	104	(28)	42	13	79	(200)	-
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Various minor adjustments

M6 Allocations

Pre-referral Advice and Guidance GP Enhanced Service

-	-	-	-	-	-	280	280
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Cancer 62 day recovery funding

-	-	-	-	-	-	600	600
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Cancer 62 day performance improvement initiatives

-	-	-	-	-	-	134	134
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Integrated Neighbourhood Teams programme

-	-	-	-	-	-	500	500
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Sickle Cell Disease and Thalassaemia Education Workstream

-	-	-	-	-	-	385	385
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Frontline Digitisation 25/26 Q1 - Year 3

-	-	-	-	-	-	171	171
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Cyber Risk Reduction Funding

-	-	-	-	-	-	182	182
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Additional Allocation Dental Primary & Community Uplift (DDRB)

-	-	-	-	-	-	948	948
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Q3 Deficit Support Funding

-	-	-	-	-	-	18,750	18,750
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Various Minor Allocations

-	-	-	-	-	-	11	11
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M6 Budget

163,184	276,068	196,383	240,255	191,448	189,722	4,536,726	5,793,786
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- The table sets out the Revenue Resource Limit (RRL) at month 6.
- The start allocation of **£5,641,609k** is consistent with the Operating Plan submissions.
- During month 6, **£4,634k** of internal adjustments were actioned in relation to Neighbourhood Funding, Delegated Primary Care, and other smaller adjustments.
- In month, the ICB has received an additional **£21,961k** of allocations, giving a total allocation of **£5,793,786k** at month 6. Included as part of the additional allocations was the **Q3 Deficit Support Funding of £18,750k**.
- Other additional allocations received in month 6 included a Dental, Primary and Community Uplift of **£948k**, Cancer 62 Day funding adjustments totalling **£734k**, Integrated Neighbourhood Teams funding of **£500k**, funding adjustment for Sickle cell Education of **£385k**, Advice and Guidance funding of **£280k**, Cyber Risk Reduction funding **£182k**, Frontline Digitisation funding **£171k**, and other minor adjustments totalling **£11k**.
- Further allocations both recurrent and non-recurrent will be received as per normal throughout the year each month.

4. Budget Overview

	M06 YTD							
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCG
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Budget								
Acute Services	2,598	4,120	3,523	323	752	120	1,655,688	1,667,123
Community Health Services	12,924	47,666	20,456	15,232	17,302	19,162	141,961	274,702
Mental Health Services	5,449	7,462	4,470	12,112	4,016	5,361	322,606	361,476
Continuing Care Services	13,355	14,068	15,153	17,955	12,709	10,259	-	83,499
Prescribing	19,503	26,235	19,164	21,927	21,889	18,045	1,129	127,893
Other Primary Care Services	750	1,014	965	1,994	1,026	473	9,379	15,602
Other Programme Services	613	-	897	-	-	436	9,200	11,147
Programme Wide Projects	-	-	-	-	13	129	4,084	4,226
Delegated Primary Care Services	24,832	35,566	31,777	48,227	36,318	38,784	(1,014)	214,492
Delegated Primary Care Services DPO	-	13	-	-	-	-	116,487	116,500
Corporate Budgets - staff at Risk	-	-	-	-	-	-	-	-
Corporate Budgets	1,514	1,817	1,761	2,333	1,663	2,070	20,412	31,570
Total Year to Date Budget	81,538	137,960	98,167	120,104	95,687	94,840	2,279,933	2,908,229
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCG
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Actual								
Acute Services	2,569	3,936	3,532	323	790	130	1,656,001	1,667,281
Community Health Services	12,959	47,329	20,302	15,110	14,500	18,148	141,748	270,095
Mental Health Services	5,543	8,043	5,547	12,869	4,991	6,306	322,090	365,389
Continuing Care Services	12,996	14,519	15,323	17,333	13,475	9,765	-	83,410
Prescribing	19,789	25,968	19,925	22,215	23,056	19,085	105	130,144
Other Primary Care Services	750	964	812	1,815	1,026	463	9,533	15,364
Other Programme Services	613	-	-	-	(0)	-	12,665	13,278
Programme Wide Projects	-	-	(800)	-	13	107	3,933	3,254
Delegated Primary Care Services	24,748	35,091	32,044	48,406	36,207	38,805	(690)	214,610
Delegated Primary Care Services DPO	-	13	-	-	-	-	115,852	115,865
Corporate Budgets - staff at Risk	-	-	-	-	-	-	-	-
Corporate Budgets	1,377	1,633	1,791	2,284	1,627	1,961	18,867	29,541
Total Year to Date Actual	81,344	137,494	98,475	120,356	95,686	94,769	2,280,104	2,908,229
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCG
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Variance								
Acute Services	29	184	(10)	0	(38)	(9)	(313)	(158)
Community Health Services	(35)	337	154	123	2,802	1,014	213	4,607
Mental Health Services	(94)	(582)	(1,077)	(757)	(975)	(945)	516	(3,913)
Continuing Care Services	359	(450)	(169)	622	(766)	494	-	89
Prescribing	(286)	267	(761)	(289)	(1,167)	(1,040)	1,024	(2,251)
Other Primary Care Services	(0)	50	153	179	0	11	(154)	239
Other Programme Services	(0)	-	897	-	0	436	(3,465)	(2,131)
Programme Wide Projects	-	-	800	-	-	22	150	973
Delegated Primary Care Services	84	476	(266)	(179)	110	(20)	(323)	(118)
Delegated Primary Care Services DPO	-	-	-	-	-	-	635	635
Corporate Budgets - staff at Risk	-	-	-	-	-	-	-	-
Corporate Budgets	137	184	(30)	49	35	109	1,544	2,029
Total Year to Date Variance	194	466	(309)	(251)	1	71	(172)	0

- As at month 6, 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 and prescribing**.
- Due to the routine time lag, the ICB has received four months of 2526 prescribing data. After the usual accrual for two months of estimated prescribing expenditure, the ICB is reporting a **£2,251k overspend YTD** across PPA and non PPA budgets. The overspend continues to be variable across the Places.
- The CHC financial position is **£89k underspent** at month 6, which is an improvement 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 overall improvement in the position is due to increased underspends in other boroughs, especially Lambeth.
- The YTD position for Mental Health services is an overall **overspend of £3,913k** 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 is due to go live at the beginning of November.
- The ICB is continuing to incur pay costs for the remaining displaced staff following the original MCR process. All associated costs are charged to the balance sheet provision which was set up for this purpose. Some staff left the ICB in June, which still leaves a small number of impacted staff who remain at the ICB.
- Two places are reporting **overspends YTD** at month 6 – **Greenwich (£309k) and Lambeth (£251k)**, with a **break-even 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 6 PPA Prescribing position and shows a YTD overspend of **£2,815k** and FOT overspend of **£5,427k**. The YTD position is calculated on 4 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 **£564k YTD** – generating an overall prescribing position of an overspend of **£2,251k YTD** at month 6.

M06 Prescribing	Total PMD (Excluding Cat M & NCSO)	Central Drugs	Flu Income	Q4 24/25 Flu (Benefit)/ Pressure	Public Health Drug Recharge	IPP Pharmacy First	Total 25/26 PPA Spend	M06 YTD Budget	YTD Variance (over)/under	Annual Budget	Forecast Outturn	FOT Variance (over)/under
	£	£	£	£	£	£	£	£	£	£	£	£
Bexley	19,229,703	634,580	(150,788)	(28,749)	(47,000)	0	19,637,746	19,351,889	(285,857)	38,831,403	39,404,997	(573,595)
Bromley	25,224,191	832,398	(206,111)	(3,940)	(29,372)	0	25,817,166	26,084,620	267,454	52,341,042	51,804,375	536,667
Greenwich	19,549,955	645,149	(65,916)	(86,423)	0	0	20,042,764	19,019,347	(1,023,417)	38,163,821	40,217,389	(2,053,568)
Lambeth	21,638,310	714,064	(76,669)	(60,319)	0	0	22,215,386	21,887,894	(327,492)	43,919,787	44,576,927	(657,139)
Lewisham	22,419,549	739,845	(65,001)	(49,435)	(225,000)	0	22,819,958	21,390,375	(1,429,583)	42,922,530	45,791,102	(2,868,572)
Southwark	18,523,156	611,264	(146,925)	(30,609)	0	0	18,956,887	17,916,673	(1,040,213)	35,951,219	38,038,489	(2,087,270)
South East London	0	0	0	0	0	110,034	110,034	1,134,269	1,024,235	2,776,000	500,000	2,276,000
Grand Total	126,584,864	4,177,301	(711,410)	(259,476)	(301,372)	110,034	129,599,941	126,785,067	(2,814,875)	254,905,802	260,333,279	(5,427,477)

Prescribing Comparison of April to July 2025 v April to July 2024				
	2024/25 April to July	2025/26 April to July	Change £	Change %
South East London ICB:				
Expenditure (£'000)	81,871	84,337	2,466	3.0%
Number of Items ('000)	8,871	9,126	255	2.9%
£/Item	9.23	9.24	0.01	0.1%
London ICBs:				
Expenditure (£'000)	416,288	431,520	15,232	3.7%
Number of Items ('000)	50,500	52,503	2,003	4.0%
£/Item	8.24	8.22	-0.02	-0.3%
All England ICBs:				
Expenditure (£'000)	3,393,779	3,458,843	65,064	1.9%
Number of Items ('000)	412,452	421,674	9,222	2.2%
£/Item	8.23	8.20	-0.03	-0.3%

- 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 July 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 3.0%**) but lower than the London average (**an increase of 3.7%**). This is driven primarily by a lower increase in the number of items (**2.9%**) – compared to an **increase of 4.0%** 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 4 YTD and forecast basis.

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

a) Delegated Dental

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

b) Delegated Ophthalmic

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

c) Delegated Community Pharmacy

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

7. NHS Continuing Healthcare

- As of Month 6, the Continuing Healthcare (CHC) budget reflects an overall **underspend of £89k**, although cost pressures continue to vary across boroughs. **Lewisham, Bromley**, and **Greenwich** are currently reporting overspends, while **Bexley, Lambeth**, and **Southwark** are underspending by **£359k, £622k**, and **£494k**, respectively.
- **Lewisham** remains the largest contributor to the overall overspend, reporting a variance YTD of **£766k above budget and a forecast outturn of £1,483k**. This is primarily driven by high costs associated with **palliative care clients** and includes a **£289k provision** for anticipated increases in provider prices. This position is a significant improvement on the overspend reported in the same period in the prior year 2024/25 (Month 6 YTD £2,635k and actual outturn £4,028k). 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 £450k**, mainly due to similar pressures in palliative care, alongside a **£62k provision** for upcoming provider price uplifts. **Greenwich** is overspent by **£169k**, largely reflecting increased activity in **Palliative Care** and **Funded Nursing Care (FNC)**, driven by a rise in client numbers.
- 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. Most boroughs have maintained a 4.0% contingency to manage inflationary pressures where uplifts have not yet been formally agreed.
- 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 £708k** in Lewisham reflects the focussed work outlined above and partially accounts for the improved position to budget in 2025/26 compared to the prior year. In contrast, **Greenwich** is reporting an **under-delivery of £250k**. 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, while the ICB's overall CHC financial position has improved, evidenced by the **overall surplus** reported this month and supported by **proactive financial management** and the **prudent release of reserves**, the ongoing **overspends in Lewisham, Greenwich, and Bromley** will require continued close monitoring and mitigating actions.

8. Provider Position

Overview:

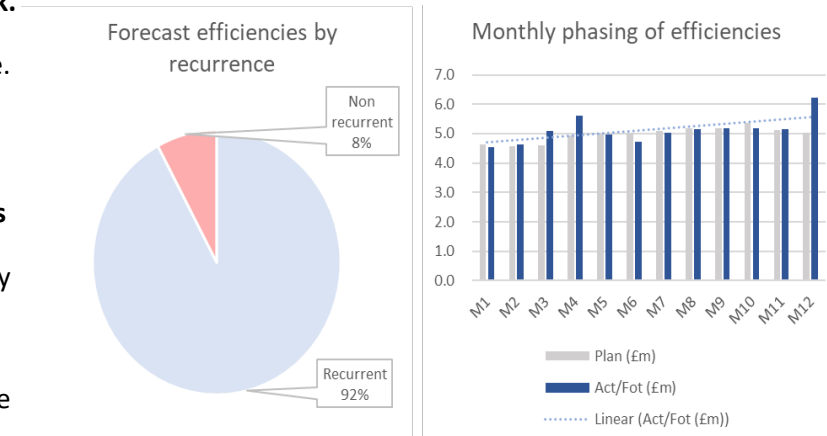
- This is the most material area of ICB spend and relates to contractual expenditure with NHS and Non-NHS acute, community and mental health providers, much of which is within block contracts.
- In year, the ICB is forecasting to spend circa **£4,310,694k** of its total allocation on NHS block contracts, with payments to our local providers as follows:

• Guys and St Thomas	£1,102,377k
• Kings College Hospital	£1,175,941k
• Lewisham and Greenwich	£756,385k
• South London and the Maudsley	£369,064k
• Oxleas	£329,641k
- 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 6

	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	
Providers	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Bexley	3.8	3.9	0.1	7.7	7.8	0.1	5.9	2.0	0.0	7.8	0.0	4.7	3.1	7.8
Bromley	6.5	6.4	(0.1)	13.1	13.1	0.0	8.6	3.9	0.6	11.6	1.5	12.5	0.6	11.6
Greenwich	4.2	4.7	0.5	8.4	9.4	1.0	7.2	1.2	1.0	7.4	2.0	2.3	7.2	7.4
Lambeth	5.9	5.6	(0.3)	12.6	12.6	0.0	0.9	9.3	2.4	11.5	1.1	4.7	7.8	11.5
Lewisham	4.5	5.0	0.6	9.0	9.7	0.7	3.0	6.7	0.0	9.7	0.0	9.7	0.0	9.7
Southwark	3.8	3.9	0.0	8.9	8.9	0.0	7.5	1.2	0.2	8.7	0.2	8.6	0.3	8.7
SEL ICB Total	28.8	29.6	0.8	59.7	61.5	1.8	33.1	24.2	4.2	56.7	4.8	42.5	19.0	56.7

- 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 6.
- As at month 6 YTD, the ICB is reporting actual delivery of £29,600k which is slightly ahead of plan (£800k).** At this stage in the financial year, the annual forecast is to deliver efficiencies of **£61,500k** which would exceed the plan by **£1,800k**.
- The current risk rating of the efficiency plan is also reported. At this stage in the year, **£4,200k (circa 7%)** of the forecast outturn has been assessed by the places as **high risk**.
- Most of the savings (**£56,700k or 92%**) are forecast to be delivered on a recurrent basis, thus supporting the ICB's underlying financial position.



10. Corporate Costs – Programme and Running Costs

	Annual Budget	Year to Date		
		Budget	Actual	Variance
	£	£	£	£
Boroughs				
Bexley	2,772,967	1,386,483	1,249,232	137,250
Bromley	3,468,012	1,734,005	1,549,988	184,017
Greenwich	3,240,287	1,620,143	1,650,577	(30,434)
Lambeth	4,311,268	2,155,634	2,106,718	48,916
Lewisham	3,109,162	1,554,580	1,519,212	35,367
Southwark	3,896,175	1,948,087	1,838,970	109,118
Subtotal	20,797,871	10,398,932	9,914,697	484,235
Central				
CESEL	483,829	241,915	211,211	30,704
Chief of Staff	3,376,578	1,688,288	1,610,170	78,119
Comms & Engagement	1,755,377	877,688	812,379	65,309
Digital	1,751,562	875,781	713,468	162,314
Digital - IM&T	3,362,066	1,681,034	1,640,734	40,300
Estates	698,304	349,152	455,716	(106,564)
Executive Team/GB	2,617,896	1,308,948	1,161,812	147,136
Finance	2,940,949	1,470,474	1,313,749	156,725
General Reserves	-	-	-	-
London ICS Network	-	-	-	-
Medical Director - CCPL	1,651,050	825,525	753,735	71,790
Medical Director - ICS	288,359	144,180	107,661	36,519
Medicines Optimisation	4,723,418	2,361,709	2,015,275	346,435
Planning & Commissioning	8,929,703	4,323,852	3,849,214	474,637
Quality & Nursing	2,058,615	1,029,308	962,388	66,920
SEL Other	-	-	(49,872)	49,872
South East London	-	-	110,736	(110,736)
Subtotal	34,637,705	17,177,854	15,668,375	1,509,479
Grand Total	55,435,576	27,576,786	25,583,072	1,993,714

- The table shows the YTD month 6 position on programme and running cost corporate budgets.
- Overall, the ICB is reporting an YTD underspend on its corporate costs of circa £1,994k. 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 £1,146k YTD** against its management (running) costs allocation of £30,746k. However, a year end break-even position is being forecast as it is anticipated that any year-end underspend may need to contribute to redundancy costs arising from the latest management cost review.
- The ICB is continuing to incur the pay costs for staff at risk from the original MCR process, but these costs are not included in the table opposite as the costs are being charged to the provision made for the final pay costs and redundancy costs for this group of staff.
- The process of issuing notices to at risk staff has largely been completed with most of redundancy payments now having been made. Some staff left the ICB in June, which leaves just a small number of people who remain but have been displaced through this process.
- Work is ongoing to comply with latest request to restructure the ICB as per the NHSE blueprint document. We await further updates from the national NHSE team.

11. Cash Position

- The Maximum Cash Drawdown (MCD) as at month 6 was **£5,792,952k**. The MCD available as at month 6, 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 **£2,881,562k**.
- As at month 6 the ICB had drawn-down 50.3% of the available cash compared to the budget cash figure of 50.0%. In month 6, the ICB did not need to request a supplementary cash drawdown, nor has it in October. 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 6 was **£577k**, well within the target set by NHSE (**£5,750k**). **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	AP6 - SEP 25	AP5 - AUG 25	Month on month movement
	£000s	£000s	£000s
ICB ACDR	5,792,952	5,770,991	21,961
Capital allocation	0	0	0
Less:			
Cash drawn down	(2,713,000)	(2,253,000)	(460,000)
Dental	(49,117)	(40,867)	(8,250)
HOT	(1,246)	(1,014)	(232)
Prescription Pricing Authority	(148,027)	(122,673)	(25,354)
Pay Award charges			0
PCSE POD charges adjustments			0
Pension Uplift			0
Remaining Cash limit	2,881,562	3,353,438	(471,875)

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
Apr-25	435,000	20,000	455,000	8.70%	5,438	50	0.01%
May-25	455,000	0	910,000	17.10%	5,688	2,164	0.48%
Jun-25	440,000	0	1,350,000	25.70%	5,500	2,178	0.49%
Jul-25	445,000	0	1,795,000	33.39%	5,563	1,665	0.37%
Aug-25	458,000	0	2,253,000	41.90%	5,725	1,317	0.29%
Sep-25	460,000	0	2,713,000	50.30%	5,750	577	0.13%
Oct-25	435,000		3,148,000		5,438		
Nov-25							
Dec-25							
Jan-26							
Feb-26							
Mar-26							
	3,128,000	20,000					

12. Metrics Report

- The ICB receives a metrics report from NHS England every month which is compiled from information from our ledger and nationally collated by SBS. **This ranks all ICBs against a set of national key financial metrics.**
- The report below relates to August 2025 as the September report will not be received until the end of October which is too late for this reporting cycle.
- In terms of performance, **SE London ICB has maintained its position as 1st in the country again this month which is very positive.** The metric scores below show that we have one score of 5.0, and three others above 3.0, with only non-NHS payables slightly below. Our overall score is **18.60**, above the 3-month average.
- Each score shown on this dashboard has several metrics sitting behind it, which relate to good financial practice. The ICB is currently scoring especially well in the GL and VAT area where all balance sheet reconciliations are up to date with no dated reconciling items. The other two areas (scores of 4.12 and 3.54) where the ICB scores well are Accounts Receivable, showing the work undertaken in this area to reduce and manage debt and General Accounts which looks at metrics such as cash, journals and other accounting areas. The finance team are continuing to strive to improve the scores in the 2 other areas which relate to Accounts Payable.
- Further work is ongoing to establish how further improvements can be made.

Organisation Name	NHS South East London ICB			
Organisation Code	QKK		Period	Aug-25
Region	London		Peer Rank	1 / 42 ICB
	Jun-25	Jul-25	Aug-25	3 month average
Overall Score (max 25)	18.10	18.80	18.60	18.50
	Jun-25	Jul-25	Aug-25	3 month average
Accounts Payable - NHS	3.63	3.16	3.11	3.30
Accounts Payable - Non NHS	2.56	3.28	2.83	2.89
Accounts Receivable	4.29	3.82	4.12	4.08
General Accounts	3.62	3.54	3.54	3.57
GL and VAT	4	5	5	4.67

13. 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_1PLAN%01	2_1AudRedPY	2_1TARGET01	2_1ACT02	2_1VAR%01	2_1VAR02	2_1Achieve02
		MHIS Achieved per plans submitted 09/05/2025 Desc 31/03/2026 Year Ending TEXT	2025/26 allocation growth Plan 31/03/2026 Year Ending %	2024/25 Outturn Actual 31/03/2025 Year Ending £'000	Target MHIS spend 2025/26 Target 31/03/2026 Year Ending £'000	FOT 2025/26 Forecast 31/03/2026 Year Ending £'000	Excess/Shortfall in 2025/26 MHIS Delivery % Actual 31/03/2026 Year Ending %	Excess/Shortfall in 2025/26 MHIS Delivery Actual 31/03/2026 Year Ending £'000	MHIS Achieved in 2025/26? Desc 31/03/2026 Year Ending TEXT
MHIS Achievement	+/-	Yes	4.93%	471,495	537,494	549,700	2.27%	12,206	Yes

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 5 we are forecasting MHIS delivery of **£549,700k**, exceeding the target by **£12,206k (2.27%)**. This is consistent with the planned over-delivery as described above. This is summarised in the above table.

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

Risks and Mitigations

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

The following actions are being taken:

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

One Bromley Local Care Partnership Board

DATE: Thursday 27 November 2025

Title	Bromley Primary Care Group: November 2025 Report
This paper is for information	
Executive Summary	<p>The Bromley Primary Care Group (PCG) is responsible for decisions relating to the commissioning of primary medical services and to provide leadership and oversight for the delivery of high-quality services, strategic transformation and innovation in primary care across Bromley.</p> <p>The following items were considered at the November 2025 meeting of this group:</p> <p>a) General Practice website service</p> <p>PCG considered a proposal to continue the ICB-commissioned practice website service for Bromley patients. The report highlighted the benefits of providing this investment, which include a cost-effective and reliable technical solution, a professional, consistent, accessible and user-friendly platform for patients, a single and efficient mechanism for updates on borough wide services and information, and an important business continuity aid that can be used when required.</p> <p>PCG discussed some of the common themes and commended the work in train. PCG endorsed the intention to continue the ICB commissioned service.</p> <p>b) Primary Care workforce analysis</p> <p>PCG received an analysis of the primary care workforce data for 2024/25. PCG noted that GP ratios in Bromley remain higher than other areas when benchmarked to SEL, London and England, however the number of GPs in Bromley has dropped by 7% over the last five years. The impact on patient-facing care might in part be mitigated by the wider clinical and professional roles that have joined practice and PCN teams during that time period. Bromley has a lower ratio of practice nurses when benchmarked to SEL and England, although slightly higher than the London average. The most notable aspect remains the age profile of Bromley's GP practice workforce, who have more staff approaching</p>

	<p>retirement age compared to the England average, albeit in line with the rest of London.</p> <p>PCG members discussed the initiatives already in train and the additional mitigations to address the workforce risks within general practice. These will be taken forward through the Bromley Education & Training Hub (BETH).</p> <p>c) 2026/27 Bromley Local Schemes</p> <p>PCG was advised of the work underway to review the Bromley GP Premium and Locally Enhanced Services, which together supplement the nationally commissioned quality and experience incentive schemes to provide targeted primary care improvement in Bromley.</p> <p>PCG noted the work in train to engage stakeholders and commissioning leads on revisions to these schemes so that they reflected the borough's population needs and strategic priorities. Changes will be brought to a future meeting of the PCG for approval ahead of enactment.</p> <p>d) Neighbourhood development scheme</p> <p>PCG received an overview of the purpose, design and form of a proposed neighbourhood development scheme to support the effective contribution of GP providers in Bromley's neighbourhood implementation programme.</p> <p>The proposed scheme aims to enable primary care participation in the borough's four Integrated Neighbourhood Team (INT) leadership teams, the active contribution of experienced primary care staff in the development, review and evolution of the new INT services and the set up of the clinical, management and operational systems required for the effective and safe running of INTs.</p> <p>The proposal was welcomed by PCG as a valuable element of provider engagement in neighbourhood development across Bromley. The scheme's design will be finalised based on the feedback from stakeholders.</p> <p>e) October 2025 contractual change for general practice</p> <p>PCG was advised on the progress status of introducing the October 2025 contractual change for general practice, which includes the requirement for practices to keep their online consultation systems open for queries from 8:00am until 6:30pm.</p>
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	<p>PCG was assured of the efforts made by Bromley practices to prepare their teams, patients and systems ahead of the contractual change, supported by the ICB, local partners and national resources. It was noted that this is a national priority and will involve continued scrutiny from NHSE. The Bromley team will continue active engagement with practices requiring support, in recognition that this remains a relatively new access channel that will necessitate ongoing adjustments amongst practice teams in their resourcing models and ways of working.</p> <p>f) Winter resilience in primary care</p> <p>PCG received a summary of the actions undertaken by the ICB to best prepare practices ahead of the expected winter pressures as a result of anticipated peaks in demand. These actions include commissioning of additional GP capacity, communications to the public and to providers, and operational monitoring for primary care by the Bromley team.</p> <p>g) Update on combining of G84027 and Y02811 patient lists</p> <p>PCG received a briefing on the procedural actions being undertaken to complete the combining of patient lists for practices Elm House and Cator in order they are both successfully under a single contractual arrangement. PCG was advised that the project continues to be on track. Two further patient events will be hosted by the practice and letters sent to all patients in order to ensure awareness, provide an opportunity to answer any questions and address any patient-specific concerns or needs.</p>	
Recommended action for the Committee	<p>The Local Care Partnership Board is asked to note:</p> <ul style="list-style-type: none">• The work undertaken by the Primary Care Group.• The endorsement of the intention to continue commissioning GP practice websites across Bromley.	
Potential Conflicts of Interest	<p>Some members of the LCP and its sub-groups are providers of primary care services and potential recipients of investment by the ICB (namely, the practice website service). The PCG noted this potential conflict and the limited nature of this in the decision-making process.</p>	
Impacts of this proposal	Key risks & mitigations	<p>The Primary Care Group takes responsibility for assurance of primary care risk identification and mitigation on behalf of the One Bromley Local Care Partnership.</p>
	Equality impact	<p>The Primary Care Group will ensure the equality, diversity and inclusion objectives of One Bromley are considered in the course of its work.</p>

	Financial impact	N/A
Wider support for this proposal	Public Engagement	Public engagement is being undertaken directly through the individual schemes and initiatives.
	Other Committee Discussion/ Internal Engagement	N/A
Author:	Cheryl Rehal, Associate Director for Primary & Community Care, Bromley, NHS SEL ICB	
Clinical lead:	Dr Andrew Parson, Co-Chair, One Bromley Local Care Partnership & GP Clinical Lead	
Executive sponsor:	Harvey Guntrip, Bromley Lay Member, NHS SEL ICB	

One Bromley Local Care Partnership Board

DATE: Thursday 27 November 2025

Title	Bromley Procurement & Contracts Group – September / October 2025 Update
This paper is for information	
Executive Summary	<p>The Bromley Procurement & Contracts group supports the management and oversight of delegated budgets in terms of compliance with procurement and contract management requirements. The following items were discussed and agreed at the group's meetings on 24th September, 2nd October and 22nd October 2025.</p> <p><u>Contract Award</u></p> <p>No contracts were awarded during this reporting period.</p> <p><u>Contract Extensions</u></p> <p>No contracts were extended during this reporting period.</p> <p><u>Contract Variations</u></p> <p>Bromley GP Alliance – a contract modification was agreed to provide a prescribing budget for the community headache service.</p> <p><u>Procurements</u></p> <p>The following updates were noted: -</p> <ul style="list-style-type: none">• Denosumab – The intention is to follow Most Suitable Provider route. Two submissions have been received. Both expressions of interest will be assessed against the agreed criteria with the aim of awarding the contract to one of the bidders (MSP). If this is not possible, then a competitive procurement will be needed.• Bromley Healthcare (BHC) – The Committee agreed to make recommendations to the SELICB Board to approve the Contract Award of Bromley Community Services under PSR Direct Award C to BHC. The ICB board subsequently gave approval to publish an award notice and observe the standstill period. No representations were received with the direct award now made.• MLCSU Contract (All Age Continuing Care service) – Due to the abolition of CSU's the committee agreed to bring this service in-house, with staff being TUPE'd into the ICB and the contract with the CSU being terminated by mutual agreement as soon as possible, pending discussion at the LCP.• Marie Curie (End of Life Care Service) – This contract is held in conjunction with Lambeth, Lewisham and Southwark. The Committee

	<p>approved the recommendation to uplift the contract value and to proceed in principle with a Direct Award C for a 2+1 year contract, with a service review to be undertaken in parallel to inform future commissioning plans.</p> <p><u>Other key areas of discussion to note</u></p> <p>Contracts Pipeline – Contracts due to expire between October 25 – November 26 – The table in Appendix A indicates the commissioned services where the current contract is due to expire within the next 12 months and the potential procurement options for these services.</p>	
Recommended action for the Committee	The Committee is asked to note the work undertaken by the Procurement and Contracts group.	
Potential Conflicts of Interest	<p>Some of the organisations represented on the One Bromley Local Care Partnership are also providers working to the Integrated Care Board (ICB,) and will have current contracts with the ICB and will also be bidding for future contracts with the ICB.</p> <p>Care will need to be taken by both the Procurement and Contracts Group and this Board to identify and manage potential conflicts of interest in the procurement, award and monitoring of contracts.</p>	
Impacts of this proposal	Key risks & mitigations	The Procurement and Contracts Group has an important role in identifying and managing risks on procurement and contracting issues on behalf of the One Bromley Local Care Partnership.
	Equality impact	The Procurement and Contracts Group has a role to play in supporting the delivery of One Bromley equality, diversity and inclusion objectives.
	Financial impact	The costs of running the Procurement and Contracts Group will be met within existing ICB budgets.
Wider support for this proposal	Public Engagement	N/A
	Other Committee Discussion/ Internal Engagement	N/A
Author:	Sean Rafferty, Director of Integrated Commissioning, SEL ICB / Asst Director for Integrated Commissioning, LBB	
Clinical lead:	Dr Andrew Parson, Co-Chair One Bromley Local Care Partnership	
Executive sponsor:	Dr Angela Bhan, Place Executive Lead	

Appendix A	Service	Current End Date	Type	Status
	Community Phlebotomy	31/03/2020		Intention to use Most Suitable Provider route
	Community Denosumab	30/03/2022		Intention to use Most Suitable Provider route
	Short term provision of beds and matrices (End of Life and Rehab)	31/03/2026	Active	Contract ending 31/03/2026 - commissioning reviewing options.
	Advocacy services	31/03/2026	Active	Contract ending 31/03/2026 - commissioning reviewing options.
	Cardiology Diagnostics	31/03/2026	Active	Intention to use the Competitive route – commissioning reviewing options.
	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	Options to be reviewed in 2025
	BGPA Community Anticoagulation Service	31/05/2026	Active	Options to be reviewed in 2025
	Bromley Tailored Dispensing Service	31/10/2026	Active	Option to extend contract to be considered by Procurement and Contract Committee

One Bromley Local Care Partnership Board

DATE: Thursday 27 November 2025

Title	One Bromley Performance, Quality and Safeguarding Group: November 2025 Report
This paper is for information	
Executive Summary	<p>October Meeting Update</p> <p><u>SEL ICB (Bromley) Safeguarding Annual Report 2024-25</u></p> <p>The One Bromley Performance, Quality and Safeguarding Group meeting held on the 9th October focussed on discussion of the achievements of the Bromley Safeguarding Team for 2024-25 and their objectives for 2025-26.</p> <p>Safeguarding Children</p> <p>Achievements (2024–25):</p> <ul style="list-style-type: none"> • Successful Joint Targeted Area Inspection (JTAI) in January 2025 highlighted strong multi-agency leadership and safeguarding arrangements. • Key health actions included: Embedding pathways for child sexual abuse, raising awareness through training and resources (e.g. lunchtime learning sessions, flowcharts and a focus on bruising in non-mobile children. • Delivered GP safeguarding training covering harmful practices including FGM. • Published guidance on Adverse Childhood Experiences (ACEs) and trauma-informed practice for partner agencies. <p>Objectives (2025–26):</p> <ul style="list-style-type: none"> • Support implementation of the Families First Partnership Programme. • Prepare for the Children’s Wellbeing and Schools Bill (Spring 2026), with a focus on safeguarding children in home education settings. • Continue preparations for the Borough SEND inspection expected by Christmas 2025. <p>Safeguarding Children Looked After and Care Leavers</p> <p>Key Achievements in 2024–25:</p> <ul style="list-style-type: none"> • Children Looked After (CLA) Health Forum incorporated voices of care-experienced individuals through feedback and a stigma awareness video. Topics included employment, virtual schooling, and youth justice. • Promoted health of CLA and Care Leavers by influencing service development and decision-making with commissioners and partners. • Contributed to safeguarding through multi-agency panels on child exploitation and disability and participated in NHS England’s CLA in Secure Settings Task Group. • Supported planning for Children’s Homes in Bromley and took part in a peer review of the SEL CLA Health Service with Children’s Social Care.

Objectives for 2025–26:

- Enhance training for professionals working with CLA and Care Leavers.
- Improve health outcomes for Care Leavers through further development of the GP Champion Project, including training resources, coding, and engagement.
- Support quality improvement in health provision for children and young people in care with disabilities.

Safeguarding Adults

Key Achievements in 2024–25:

- Recommissioning of Bromley IRIS service (Oct 2024), providing all GP practices with domestic abuse training (in-person or online). The programme is Home Office approved and endorsed by the Domestic Abuse Commissioner.
- Increased referrals from trained practices indicated positive impact.

Objectives for 2025–26:

- Promote uptake of Universal Care Plan (UCP) and London Care Record (LCR) across care settings by including digital adoption in the multi-agency Quality Assurance Framework.
- Enhance local violence prevention strategies by analysing and sharing Emergency Department assault data (ISTV) with the Bromley Safer Partnership. Only 25–40% of victims report incidents to police, highlighting the NHS's role under the Serious Violence Duty.
- Maintain health input in the Anti-Social Behaviour Panel, focusing on rising cases of cuckooing. Cuckooing occurs when a vulnerable individual is exploited in their home by groups or individuals so they can use the property for criminal purposes.
- Strengthen safeguarding in Primary Care by developing a protocol for the Drug and Alcohol Related Deaths (DARD) Panel to improve GP information sharing and creating a protocol for GP input into the Complex Case Pathway (CCP) process.

Bromley Place Quality Summary

Patient Safety Incident Response Framework (PSIRF)

- PSIRF pilot progressing well.
- Practices were encouraged to sign up to the Learn from Patient Safety Events (LFPSE) service.
- The ICB is developing a standardised plan adaptable across all six boroughs.
- Many practices have already enrolled in patient safety training.

Health Visiting – Pregnancy Loss Notifications

- Bromley Healthcare raised concerns over delayed notifications of pregnancy loss, causing distress to patients and reputational risk.
- Delays were linked to workflow and technical issues in EPIC, with inconsistent processes across King's departments.
- Mitigations initially in place have become less effective.

- A retrospective audit of miscarriage cases is underway.
- Proposed solutions include granting specific administrative access to EPIC for timely updates.
- King's reviewing the issue under the PSIRF framework, with improvements expected by January.

One Bromley Performance Report

SMI Health Checks

- Uptake remains static at 50%, with half of practices meeting targets and 10% not engaging.
- A data pack is being released to support practices with performance insights and targeted improvement.
- Additional support includes training for Mental Health Practitioners, a newsletter with practical tips, and planned community outreach.
- A verbal update will be provided at the December meeting.

Talking Therapies

- Bromley Healthcare is working with commissioners on an Improvement Plan to address underperformance.
- New staff have been recruited; performance is monitored via the Bromley Contract Monitoring Board.
- Recovery is expected by late 2025 or early 2026, supported by a refreshed service specification.

Continuing Healthcare

- The service includes staff from Commissioning Support Units, which are due to close as part of wider changes within the NHS.
- Plans to in-house the service are delayed, pending the start of the consultation.
- Recruitment challenges persist, impacting service delivery.
- An oversight board is monitoring the situation.

Bromley Risk Register

New Risks Identified

- Delivery of Integrated Neighbourhood Teams (INTs), including infrastructure challenges (IT and estates).
- Bromley-specific risks related to the ICB Change Programme, are to be defined as needed.

Existing Risk Review

Risk 467 (Community Equipment):

- A new provider is in place and performing well.
- Initial financial impact noted.
- Risk score to be reviewed and potentially reduced based on improved service performance.

	The next PQS meeting is scheduled for Thursday 4 th December.	
Recommended action for the Committee	The One Bromley LCPB are asked to note this update.	
Potential Conflicts of Interest	None	
Impacts of this proposal	Key risks & mitigations	Key risks are identified in all areas covered by the group and reviewed through the Bromley Borough risk management framework and risk register.
	Equality impact	These are considered through the areas reported to the group with equality impact assessments completed where required.
	Financial impact	Not applicable
Wider support for this proposal	Public Engagement	Not applicable
	Other Committee Discussion/ Internal Engagement	Not applicable
Author:	Mark Cheung, One Bromley Programme Director Harvey Guntrip, Bromley Lay Member, NHS SEL ICB	
Clinical lead:	Dr Andrew Parson, Co-Chair, One Bromley Local Care Partnership Board & Senior Clinical Director	
Executive sponsor:	Mark Cheung, One Bromley Programme Director Harvey Guntrip, Bromley Lay Member, NHS SEL ICB	

Appendix 1: Glossary of Terms

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

Appendix 1: Glossary of Terms

INR	International Normalised Ratio (INR) blood test	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		