

One Bromley Local Care Partnership Board

Date: Thursday 29 January 2026

Time: 9.30am – 11.00am

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

Chairmen: Dr Andrew Parson and Councillor Colin Smith

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

AGENDA

No	Item	Enclosure	Presenter	Timing
Opening Business				
1.	Welcome, introductions to the One Bromley Local Care Partnership Board and apologies for absence	Verbal	Chairmen	9:30
2.	Declarations of interest	Enc. 1	Chairmen	9:32
3.	Public Questions received in advance of the meeting	Verbal	Chairmen	9:35
4.	Minutes of the meeting held on the 27 November 2025 For approval	Enc. 2	Chairmen	9:40
5.	Actions for the Board For approval	Enc. 3	Chairmen	9:45
For Approval/Agreement				
6.	Bromley Chapter of Five Year Strategic Commissioning Plan For approval	Enc. 4	Sean Rafferty Elliott Ward	09:50
7.	One Bromley Involvement Charter For agreement	Enc. 5	Donna Glover Heather Sinclair- Constance	10:05
For Information and Noting				
8.	Month 8 SEL ICB Finance Report and 2026-27 Financial Planning Update For information	Enc. 6	David Harris	10:20
9.	Partnership Report For information	Enc. 7	Dr Angela Bhan	10:30

Reports from Key Sub-Committees for Noting				
10.	Primary Care Group Report For information and noting	Enc. 8	Harvey Guntrip	10:40
11.	Bromley Procurement & Contracts Group Report For information and noting	Enc. 9	Sean Rafferty	10:45
12.	Performance, Quality and Safeguarding Group Report For information and noting	Enc. 10	Harvey Guntrip	10:50
Closing Business				
13.	Any Other Business	Verbal	All	10:55
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 Thursday 26 March 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 January 2026

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

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

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

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

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

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

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

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

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

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

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

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

Present:

Name	Title and organisation	[Initials]
Members (Voting):		
Dr Andrew Parson	One Bromley Senior Clinical Director (Co-Chairman), South East London ICB	AP
Cllr Colin Smith	Leader of the Council (Co-Chairman), London Borough of Bromley	CS
Dr Angela Bhan	Place Executive Lead – Bromley, NHS South East London	AB
Iain Dimond	Chief Operating Officer, Oxleas NHS Foundation Trust	ID
Georgina Fekete	Non-Executive Director, NHS South East London	GF
Harvey Guntrip	Bromley Borough Lay Member, NHS South East London	HG
Angela Helleur	Chief Delivery Officer, King's College Hospital NHS Foundation Trust	AH
Dr Claire Riley	Clinical Director, Orpington Primary Care Network and One Bromley PCN Clinical Lead Strategy, Interface and Neighbourhoods	CR
Jacqui Scott	Chief Executive Officer, Bromley Healthcare	JS
Steve Smith	Chief Executive Officer, St Christopher's Hospice	SS
Dr Hasib Ur-Rub	Chair, Bromley GP Alliance	HU-R
David Walker	Chief Executive Officer, Bromley Third Sector Enterprise	DW
Members (Non- voting):		
Mark Cheung	One Bromley Programme Director, NHS South East London	MC
Paulette Coogan	One Bromley People and System Development Director, NHS South East London	PC
David Harris	Associate Director of Finance – Bromley, NHS South East London	SR
Sean Rafferty	Joint Assistant Director of Integrated Commissioning, NHS South East London and London Borough of Bromley	
Dr Ruth Tinson	Chair, Bromley Local Medical Committee	RT
In Attendance:		
Gemma Alborough	Business Support Lead – Bromley, NHS South East London	GA
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
Sara Quirke (Item 7)	Joint Care Homes Programme Lead, NHS South East London and London Borough of Bromley	SQ
Apologies:		
Donna Glover	Director of Adult Social Services, London Borough of Bromley	DG
Dr Nada Lemic	Director of Public Health, London Borough of Bromley	NL
Cllr Diane Smith	Portfolio Holder for Health and Care, London Borough of Bromley	DS

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	No public questions were received in advance of the meeting.	
4.	Minutes of the One Bromley Local Care Partnership Board Meeting 25 September 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.	One Bromley Executive Committee and One Bromley Local Care Partnership Board Terms of Reference	
6.1	Dr Angela Bhan introduced the item, taking the updated terms of reference as read. These are refreshed annually, and it was felt appropriate to make interim adjustments now, pending the need for further update as we move forward with ICB changes. Any future updates would come back to this Board. Members were asked to approve the minor amends in the interim.	
6.2	The Board APPROVED the annual review of the Terms of Reference for the Local Care Partnership Board and the One Bromley Executive.	
7.	Care Home Programme Successes	
7.1	<p>Sara Quirke took the paper and slides as read and drew attention to the following key points:</p> <ul style="list-style-type: none"> In Bromley we currently have fifty care settings (including registered care homes and Extra Care Housing) benefiting from the integrated support being provided, for example integrated quality improvement support from the London Borough of Bromley's Quality and Provider Relations Team and the ICB's Care Home Quality Liaison Nurse. There are a number of projects being delivered within the programme, aligning to NHS England's Enhanced Health in Care Home Framework. The current workplan was coproduced with care homes to ensure we are targeting the areas that are most important to them. Priority areas identified are: Falls prevention and management, end of life care/Universal Care Plans and dementia and delirium. <p>There are five areas of impact identified from the programme:</p> <ol style="list-style-type: none"> 1. London Ambulance Service (LAS) Activity: Across Bromley care settings in 2024/25, the rate of increase in LAS activity was half that of London and South East London care settings at 5% vs 10% respectively, indicating that the local system-wide care and support is having as positive impact on the health of our residents. The majority of conveyances are due to falls; the Bromley Falls Campaign launched in March 2025 to better prevent and respond to falls and early analysis shows this work is having a positive impact. 	

	<p>2. Care Homes MDT Intervention: This was a great example of all One Bromley partners and the London Ambulance Service coming together to provide support to care home residents. The key outcomes of this was a boost to Universal Care Plan creation, which has been sustained over time, reduced polypharmacy and conveyances. Colleagues were able to share learnings nationally via a poster submitted to the British Geriatric Society 2024 Autumn Meeting.</p> <p>3. RESTORE2: Investment has been made in RESTORE2 training to develop, upskill and empower the care setting workforce. It has improved care staff confidence in observing and escalating concerns about deteriorating residents.</p> <p>4. Universal Care Plans (UCP) and the London Care Record (LCR): Through these digital tools care settings and the wider services are providing more personalised, safer and effective care. Over 70% of Bromley care setting residents have an active UCP, the highest number in South East London. All care settings have been onboarded onto the system to view, edit or create plans within the care setting.</p> <p>5. Digitalising Care Homes: Bromley care settings are the most digitally mature across South East London and have exceeded all targets set by the Department of Health and Social Care and NHS England.</p> <p>The success of these projects is due not only to support across the system but to the hard work and engagement from the care settings themselves. It was hoped that this trajectory would continue as colleagues work to deliver the rest of the programme.</p>	
7.2	<ul style="list-style-type: none"> Jacqui Scott asked if care homes have been surveyed about what impact this has made, particularly in terms of vacancy rates and stability. Digital maturity is high, it was asked if there were plans to bring in Doccla monitoring, how this is progressing and if outcomes are being monitored. Sara Quirke responded that there is a Doccla Virtual Ward pilot starting this month with Bromleag Care Practice and the Bromley Healthcare Hospital at Home team. There will be full evaluation of this in the future. The team engage with care homes a lot, particularly through the Quality and Provider Relations Team at LBB, with ongoing conversations with commissioners about sustainability of the care home market. This would continue early next year, with a focus on market development and market management. Harvey Guntrip noted that Bromley is doing extremely well and asked if there were opportunities to share this with other boroughs. Councillor Colin Smith responded that from recent personal experience he had a lot of exposure to care homes and was in awe of the hard work and dedication to duty of care home staff. It had been interesting to see how the NHS, local authority and care sector work together to arrange and provide care. Councillor Smith suggested that we export the knowledge of how this works out to the general public and share any learning. Dr Angela Bhan responded to say that we are a net importer of residents to our care and nursing homes. When a person comes into Bromley, as well as the potential need for local authority support, the ICB is liable for funded nursing care. One of the cost pressures in our budgets is the increase in the number of people requiring funded nursing care. The work is absolutely wonderful, but we need to be mindful of the cost pressures that arise and resulting pressure on services. 	

	<ul style="list-style-type: none"> • Councillor Smith noted the challenges with local authority and NHS finances. It was noted that Bromley has a large elderly population and funding does not always align with that. • Georgina Fekete asked if the economic savings from this work had been quantified. It was asked what challenges had been encountered and how Bromley was performing in regard to access to care homes. • David Walker echoed the point about the advances in digital and was struck by the rollout out of the Universal Care Plan and the London Care Record (LCR). A paper would come to the One Bromley Executive next week on getting carers onto the LCR. There would be many residents supported by carers, it was suggested that a conversation about this take place outside of the meeting. • Angela Helleur gave thanks for the presentation, noting that the system has been working in partnership, and the importance of care taking place in the community wherever possible and appropriate. It was asked how this work links in with digital triage and the proposal for a frailty same day emergency care service. • Sara Quirke responded to the question regarding potential economic savings, this is being evaluated, particularly as part of the Falls Campaign. The campaign started in March and taking place over a year period to consider seasonality. An evaluation of this and the Raizer chair pilot would take place after March 2026. Challenges faced include embedding the work in care homes in light of the high staff turnover in the sector. Bromley is lucky to have the capacity to support with this, through the Provider Relations Team, Care Home Quality Liaison Nurse and through Sara Quirke's role as Joint Care Homes Programme Lead. In terms of access to care homes, a lot of care settings in Bromley are of very high quality and very expensive, which does limit access for the local authority when placing people. Commissioners and the brokerage team are working closely with homes to discuss this and there are block bed arrangements in some homes. The Care Home Quality Liaison Nurse had visited every care home to explain the benefits of getting onto the LCR and worked closely with the One London team to provide updates and training to care home staff. This work had also been shared at the Care Homes Forum. In response to Angela Helleur's query, it was confirmed that care homes would benefit from development of the Frailty SDEC work. Through the Falls Campaign we have enhanced work with the Acute Frailty Assessment Unit to send patients for CT scan if they have had a head injury. Working with the London Ambulance Service, this avoids an ED attendance and ensures a quicker turnaround and discharge for patients. The Frailty Unit has been excellent at implementing the falls prevention bundle whereby they review medication and the UCP amongst other elements. Thanks were given to colleagues at the PRUH for their work in embedding this. • Dr Bhan noted that this is a great example of joint working which involves every partner around this table. Colleagues wanted to highlight this as there are so many elements to this work which overlap with other pathways. The strategic direction now needs to look at people who are living in their own homes with frailty, and whether there is any learning we can transfer to a programme for that population of our residents. We need to consider how this integrates with our neighbourhoods and how this can benefit health and care for residents. Frailty SDEC work will come to a future One Bromley Local Care Partnership Board, having already been presented at the One Bromley Executive meeting. • Dr Parson agreed, noting the methodical way in which challenges have been identified and addressed. If all partners are willing to take this 	
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	<p>approach to developing support for other issues and patient cohorts, there is scope for further successes.</p> <ul style="list-style-type: none"> • Harvey Guntrip noted the high staff turnover in care homes and asked if there are any tangible benefits One Bromley partners can offer to encourage staff to come to work and stay employed in Bromley. • Dr Parson suggested we note and consider this outside of the meeting. There was no immediate answer to this suggestion. Dr Parson gave thanks for the presentation and discussion. 	
7.3	<p>Per the recommendations of the paper, the Board:</p> <p>NOTED the current Enhanced Health in Care Homes (EHCH) programme workplan and priorities, and the recent successes of the programme.</p>	
8.	Partnership Report	
8.1	Dr Angela Bhan introduced the Partnership Report, taking this as read and welcomed any comments and questions.	
8.2	There were no comments or questions raised.	
8.3	The Board NOTED the Partnership Report.	
9.	Month 6 SEL ICB Finance Report	
9.1	<p>David Harris took the report as read, drawing the Board's attention to the following:</p> <ul style="list-style-type: none"> • SEL ICB are forecasting a breakeven position for this financial year. Bromley ICB are also forecasting a breakeven position. Overspends in Mental Health and Continuing Healthcare are being offset by underspend in Prescribing and Community Budgets. • A new financial system launched on 1st October, whilst there have been some challenges with implementation, no major issues have been raised. This is a national rollout, implemented in ICBs across the country. • Planning Guidance for 2026-27 has been published, with two years financial allocations information. This would be a challenging period as the uplift is lower than has been received in previous years. 	
9.2	<p>The following comments and questions were raised:</p> <ul style="list-style-type: none"> • Jacqui Scott asked whether we know the impact of the two year allocations for Bromley. With the tariff adjustment, there is going to be a two year efficiency, it was asked if that is to be the extent for Bromley, if more would be applied or if it was too early to tell. • David Harris responded that it is too early to know this information. • Mark Cheung added that Bromley is going to have to deliver a balanced budget next year, once we have worked through the allocation we are going to have to work out how we meet any required savings targets. This will not be done through the tariff. • Jacqui Scott noted that all organisations will need to work up their cost improvement plans and the importance of sharing these across the system to understand impact across the borough. • Dr Parson noted this is a good idea and a way of understanding the impact of any decisions beyond each organisation. • Dr Bhan noted that we may be able to bring further information and detail about the allocation to January's Local Care Partnership Board. As we have not had a big uplift, it is going to be a difficult period financially over the next few years. A lot of complex planning guidance had been issued, the plans for Bromley would also come to this meeting. • Dr Parson gave his thanks and noted the importance of alignment. 	
9.3	The Board NOTED the Month 6 Finance Report.	

10.	Bromley Primary Care Group Report	
10.1	Harvey Guntrip took the report as read and welcomed any questions, noting that the Primary Care Group and Performance, Quality and Safeguarding meeting are the forums where organisations find out and share information, and it is crucial that these meetings carry on in some format in the future.	
10.2	There were no comments or questions raised.	
10.3	The Board NOTED the Primary Care Group Report.	
11.	Bromley Procurement and Contracts Group Report	
11.1	Sean Rafferty took the report as read and updated that following a detailed procurement process managed over the spring and the summer, the SEL ICB Board had awarded a new Bromley Community Health contract to Bromley Healthcare. This will have a new specification and will begin in December 2026. The contract was awarded for five years, with the option to extend for a further two years. ICB commissioners are working with Jacqui Scott and her team to mobilise the contract, ensuring continuity of service to our community and to this board.	
11.2	Dr Parson gave thanks for the update.	
11.3	The Board NOTED the Procurement and Contracts Group Report.	
12.	Performance, Quality and Safeguarding Group Report	
12.1	Harvey Guntrip took the report as read and welcomed any questions. There were no questions or comments raised.	
12.2	The Board NOTED the Performance, Quality and Safety Group Report.	
13.	Any Other Business	
13.1	There was none raised.	
13.2	Dr Parson wished everyone a good festive season and happy new year.	
14.	Appendix 1: Glossary of Terms	
14.1	The glossary of terms was noted.	
	Date of Next Meeting: Thursday 29 January 2026 at 09.30am	

One Bromley Local Care Partnership Board – Action Log

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

One Bromley Local Care Partnership Board

DATE: Thursday 29 January 2026

Title	Bromley Chapter of Five Year Strategic Commissioning Plan
This paper is for decision .	
Executive Summary	<p>South East London ICB is required to produce a 5 year commissioning strategy. This strategy is to respond to the “Medium Term Planning Framework – delivering change together 2026/27 to 2028/29”.</p> <p>Key points from the Medium Term Planning Framework include:</p> <ul style="list-style-type: none">• pathways to be digital by default• neighbourhood working as the route to free up capacity and reduce waiting lists (this includes developing and expanding integrated neighbourhood teams (INTs), sustainable general practice, the shift outpatients activity away from acute sites, and digitally supported urgent and emergency care woven into INTs)• productivity improvement pursued at every opportunity. <p>Bromley has been requested to provide a Borough chapter to this ICB-wide plan. This is enclosed and builds on the excellent work Bromley partners have achieved and in particular takes forward Bromley plans produced over the last three years (including One Bromley strategy, annual updates to the One Bromley strategy and Health and Wellbeing Board Plan, Better Care Fund plan). This plan chapter is written to a prescribed template which requires a strategic overview covering:</p> <ul style="list-style-type: none">• a population health improvement plan• a neighbourhood delivery plan. <p>This document has been drafted with input from One Bromley Executive, Clinical and Professional Advisory Group, London Borough of Bromley Public Health, primary-secondary interface workstream leads and Bromley integrator and strategic commissioner policy leads. This has been cross referenced with chapters from South East London policy leads and other boroughs. It has also been shared since early inception with providers to support alignment of individual organisation national plan submissions through this NHS planning round.</p> <p>The Bromley sign off process for this chapter is:</p> <ul style="list-style-type: none">• 15 January 2026 – Clinical and Professional Advisory Group (approved)• 20 January 2026 – One Bromley Executive (verbal update at meeting)

	<ul style="list-style-type: none"> 29 January 2026 – Bromley Partnership Board (this meeting) 02 February – Joint Commissioning Board <p>The intention is for the South East London ICB 5 year commissioning strategy to be submitted to ICB Board on 10 February and NHS England on 12 February.</p> <p>Beyond this plan we anticipate being required to produce a more detailed Neighbourhood and Better Care Fund strategic plan. At time of writing the guidance is yet to be issued, however we anticipate wishing to produce this with cross partnership input in the coming months.</p>	
Recommended action for the Committee	To approve the Bromley chapter.	
Potential Conflicts of Interest	All One Bromley partners are requested to work in the best interests of the population of Bromley.	
Impacts of this proposal	Key risks & mitigations	<p>Risk: There is a risk that plans have insufficient clinical scrutiny and buy-in, impacting deliverability. Mitigation: Utilise CCPLs, One Bromley groups, one off neighbourhood plan development sessions and CPAG review.</p> <p>Risk: There is a risk that plans are not sufficiently stretching for both individual organisations and working as a system meaning targets are missed and increased financial challenge for commissioners and providers. Mitigation: All providers in One Bromley review the Medium Term Plan requirements and reflect for their own services; all One Bromley Partners come together to review system-level opportunities for pathway productivity improvement. Commissioners increasingly commission pathways rather than services.</p>
	Equality impact	It is proposed that an Equality Impact Assessment is undertaken for specific pieces of work to permit the appropriate level of detail and scrutiny.
	Financial impact	Financial impact in terms of the BCF will be included in the Neighbourhood Plan. Wider impacts considered through core financial planning and contracting.

Wider support for this proposal	Public Engagement	Public engagement was conducted on the 2023 Bromley 5 Year Strategy and is being undertaken on meaningful aspects of neighbourhood working as that develops.
	Other Committee Discussion/ Internal Engagement	One Bromley Executive, Clinical and Professional Advisory Group, London Borough of Bromley Public Health, primary-secondary interface workstream leads and Bromley integrator and strategic commissioner policy leads.
Author:	<p>Sean Rafferty, Assistant Director for Integrated Commissioning, London Borough of Bromley</p> <p>Elliott Ward, Associate Director, Strategy Development and Delivery, One Bromley</p>	
Clinical lead:	Dr Andrew Parson, Co-Chair, One Bromley Partnership	
Executive sponsor:	Dr Angela Bhan, Bromley Place Executive Lead, South East London ICB	

Five Year Strategic Commissioning Plan: Bromley

Population Health Improvement Plan (1/3) South East London Bromley

Ambition

Taking a whole life course approach to help everyone in our population live longer, more independent lives with less variation in health outcomes across Bromley.

What do we know about our local population and residents?

Population: Bromley has the oldest population in London and largest over 65s population in South East London. The population size (335,580) is projected to remain static to 2035, but with significant changes within: 9% decrease in under 18s, 15% rise in over 65s and 33% rise in over 85s. (2022-based ONS).

The population is 24% non-white, of which the Black African population is the largest group (4%). The younger population is significantly more ethnically diverse than the older population: 34% 0-4 year olds are non-white compared to 9% 65+ year olds (Census).

Life expectancy and quality of life: Life expectancy is 81.5 years for males and 85.3 for females, with a slope index of inequality of 8 and 6 years. On average men live for 13 years in poor health and women 16 years (OHID). 8% of the population live in a Core20 area: North West, North and North East Bromley has LSOAs in most deprived quintile nationally (IMD 2025)

Causes of death: The main causes of all deaths are cancer (25.3%); CVD (23.5%); dementia (12.8%). Of these deaths 45% all deaths under 75 preventable (2021-23) with the top three causes being CVD, respiratory and cancer (OHID). These are linked to areas of health opportunity in obesity, diabetes, smoking (including in pregnancy), alcohol, dementia, tackling infectious disease, adolescent & adult mental health.

What outcomes are we looking to secure over the next five years?

Reducing the variation in healthy life expectancy and reducing preventable chronic and infectious disease deaths. *Measured by:* improved management of long-term conditions to reduce incidence and complications, reduced prevalence of overweight and obesity in adults and slowed the rise in diabetes incidence, and people supported to live well and independently throughout their life course.

Improving outcomes for all child health outcomes and development measures. *Measured by:* reduced the prevalence of obesity; improved emotional wellbeing of parents, caregivers, children and young people; reduced smoking during pregnancy, and improvement towards meeting national targets for immunization

Reducing the gap between physical and mental health outcomes. *Measured by:* more people at risk of and with depression, anxiety, and or other mental health issues, have accessed the right early help and resources; reduced the risk of developing dementia and live well with dementia; improved quality and uptake of LD and SMI health checks; delivered Bromley suicide prevention plan and the recommendations of the National Drug Strategy.

Build trust and confidence in preventative healthcare services in our communities. *Measured by:* improved cancer screening and early diagnosis rates, mitigated growth in use of urgent care services for long term conditions and ambulatory care sensitive conditions, improved vaccine uptake (all age), and improved community and voluntary sector led health and wellbeing support.

Population Health Improvement Plan (2/3) South East London

Bromley

Priority Area	What are we aiming to achieve?	Why does this matter?
Universal and targeted services to meet the needs of Children and Young People (CYP) at the earliest stage	<ul style="list-style-type: none"> Improved co-ordination and collaboration across Bromley to making every health, social care and education contact count to deliver our health and emotional wellbeing objectives, ensuring safeguarding. More acute care provided in the community, including through broader multi-professional, multi-agency working Improved immunisation and management of long-term conditions with a reduction in exacerbations 	<ul style="list-style-type: none"> Children and families tell us that our services have greater impact when they are co-ordinated across the public sector. Delivering more acute care in the community is showing reduced waiting lists, less travel and time off school and work, and improved national outpatient target delivery with a better patient experience Immunisation and long-term condition management significantly reduces lost school days and overall health system demand.
All age learning disability services and mental health and wellbeing prevention and early intervention services	<ul style="list-style-type: none"> CYP: Improved prevention offer reducing hospital admission and CAMHS activity, including shift to more accessible third sector offer. Adult: reduce hospital length of stay, admissions and re-admissions; shift to voluntary sector with more people in employment and living independently in own home; reducing people's need for specialist care at home support. 	<ul style="list-style-type: none"> CYP: Emotional wellbeing of children and young people, and their care givers, is essential to having a high quality start to life. By linking schools, health and other services with a strong prevention offer we will deliver improved wellbeing and education outcomes. Adult: Supporting people early and in their community helps more people stay well and, where possible, in employment
Sustainable integrated urgent care in a model easier to navigate for professionals, residents and carers	<ul style="list-style-type: none"> Urgent care shifts to a neighbourhood led model via primary care, urgent community response, hospital at home, virtual wards and intermediate care as default in acute episodes outside hospital. Residents have and know how to use same day and emergency care across Bromley spanning physical and mental health, social and third sector care. 	<ul style="list-style-type: none"> People receiving the right care, in the right place, at the right time reduces escalation of need and hospital admission, which is particularly beneficial for frail, elderly and higher users of services. This approach will drive productivity mitigate growth in costs to the Bromley health and care budget while supporting the sustainability of our urgent care providers.
Multiple long term conditions AND frailty, dementia and end of life	<ul style="list-style-type: none"> Earlier identification of people in poor health, allowing intervention through a bio-psycho-social approach to reduce increases in complexity of need. Where there is a complex need, to co-ordinate across agencies for efficiency, improved outcomes and embedding safeguarding approaches across INTs Support unpaid carers including through carers' contingency planning and involvement in care planning for those they care for. 	<ul style="list-style-type: none"> Early identification, holistic assessment and better co-ordination will enable earlier and more rounded support for our residents. This will help people maintain health, wellbeing and independence longer and mitigate costs in urgent, acute and long-term social care, including for people in the last year of life. Opportunity to further benefit from pharmacies, among others. Carers are an integral part of the 'care team', often round the clock.

Population Health Improvement Plan (3/3) South East London Bromley

How will these priorities contribute to the NHS three shifts?

Our life course approach embeds a preventative approach based in people's local communities and supported by digital tools for staff and residents:

- **Hospital to community:** each of our priority areas aims to move care closer to where people live. This covers the full pathway from Vital 5 screening in community centres, self help, no longer needing to travel to hospital for outpatient appointments, relational care co-ordination of expertise for complex needs and community urgent and emergency care.
- **Sickness to prevention:** the focus is to help people stay well for longer and ensuring a preventative approach is taken at each step in interactions with health and care services. For example, in pre-conception and postnatal prevention or in mental health through improvements in education and employment outcomes, independent living and self reported wellbeing.
- **Analogue to digital:** Bromley's population has shown a remarkable interest in digital tools which help with management of health at home, from MyChart to virtual ward offers. We will build on this vigour across our work.

How will our priorities improve access to high quality, safe care?

- **Children and young people** – we are building on our success delivering outpatient care closer to home more quickly meaning less chance of complications developing, upskilling staff and supporting more joined-up multi-professional, multi-agency working.
- **Learning disabilities and mental health** – our shift to prevention more accessible in the community will mitigate escalation of need and therefore reduce risk. In turn this will support us ensuring those needing specialist care are able to access this in a more timely way.
- **Urgent and emergency care** – our plans will help us to move away from high utilisation of acute hospital services which see corridor care and overcrowding towards more care in the community, and where appropriate delivered by teams with a good knowledge of the patient.
- **Multiple long term conditions and frailty** – our plans will reduce outpatient appointment waiting lists and help us to deliver earlier intervention in a planned way rather than in an acute environment.

How will we monitor and share progress?

- **Strategically aligned:** Our One Bromley Local Care Partnership Strategy from which this plan flows is owned by our Local Care Partnership Board. It has a joint delivery plan with the Health and Wellbeing Board, which is supported by a small programme management function and delivery overseen by the Bromley Executive and Health and Wellbeing Board. This cements a cross-system approach to change management and issue mitigation.
- **Monitoring and sharing:** One Bromley programme management office monitors key delivery & enabler programme progress and shares learning.
- **Evaluation:** As part of INT development in particular the system is utilising evaluations of existing services to inform design and exploring its approach to a Quality Management System linked with Quality Improvement to establish psychologically safe, improvement focussed multi-agency teams.

Neighbourhood Delivery Plan (1/4)

Local Actions In Year 1

Local Actions In Year 2

Local Actions In Years 3 -5

Develop
neighbourhood
footprints around
natural communities

Align INT commissioning around needs of children & young people, people living with multiple long term conditions, frailty & those discharged from hospital to promote early planning, prevention and independence.
Promote creative health approach with communities, voluntary and third sector.
Launch a workforce development plan based on skills gaps and systems thinking.
Develop strategic commissioning leadership and integrator governance to enable INT implementation.

Commission INTs through a single neighbourhood provider contract form, and further align partner contracts.
Build on existing prevention work with communities to support vibrant community connection and resilience, using local knowledge, population health management data and with voluntary and third sector.
Support neighbourhood infrastructure as enabler, including estates and digital tools for staff and residents, including cross organisational population health analysis.

Neighbourhood health commissioned as default holistic model of care via multiple neighbourhood provider contract form and with digital by default pathways.
Commission for population health management embedded at scale including prevention in all pathways, creative health promotion, continued support to vibrant voluntary and third sector innovation.
Sustainability developed through system-wide digital health and exploring links to genomics and life sciences.

Ensure good access to
high quality general
practice

Continued delivery of Primary Care sustainability plan, including appointment availability, digital provision, commissioned support for practices to reduce unwarranted variation, embedding target at scale model and maximising Pharmacy First opportunity.
Work with the new Primary Care Collaborative to embed it as the voice of GP leadership across borough to enable commissioning of robust at scale services.
New housebound, home visiting and weight-loss model engagement.

Embed tools for primary care management at scale and associated delivery structures: informed by risk stratification, continuity of care needs, and maximise benefit of community pharmacy.
Develop integrated access hubs, enabling triage of same day care needs at scale and improving estate to support flexible delivery of primary care.
Commission new housebound and home visiting provision and model for delivery of weight loss pathway.

Consistent implementation of primary care at scale across the borough with tailored provision to meet population needs
Collaborative working between general practice and INTs supported through contract arrangements, driving improved resident outcomes and mitigating growth in care home and hospital admission.
Same day care access hubs delivered at scale and more flexible estate in place.
Establish independent prescribing offer within community pharmacy.

Neighbourhood Delivery Plan (2/4)

Local Actions In Year 1

Support the primary-secondary interface forum, embedding local interface agreements, delivery of discharge summary standards and continued relationship building as enabler for further improvement.
Agreement of provider timeline for Electronic Prescribing System (EPS)
Improve referral pathways including actions to promote self referral, utilisation of advice & guidance and enabling onward secondary care referrals.

Implement systematic approach to identify people with multiple conditions or frailty, including on discharge from hospital, at risk of needing hospital or social care.
Align incentives and target investment to deliver bio-psycho-social prevention model including holistic assessment with polypharmacy review and if appropriate, early end of life and advance care planning.
Agree tools to support teams working holistically around individual residents.
Support unpaid carers, communities and voluntary sector connection and wellbeing.

Local Actions In Year 2

Commissioners to facilitate community orientated consultant working in the community in support of INT, outpatient and UEC transformation.
Improve pathways to surgical specialities promoting optimisation of patients whilst awaiting surgical intervention, including digital tools.
EPS to be established and in use, enabling patients to receive more care closer to home.

Evaluate adult INT model impact and delivery approach for the target cohorts
Evaluation to inform expansion in scale and scope of adult model to more people within the groups identified, further alignment of pathways to INT working and deer prevention and community working.
Continue developing advice and guidance approach in neighbourhoods.
Improve access to end of life drugs.
Refine digital interoperability between organisations and improve patient digital remote monitoring and self management.

Local Actions In Years 3 -5

Expanded community diagnostics available to primary and secondary care as enabler for joint working, bureaucracy reduction and care closer to home.
Consolidating and enabling the further development of the culture of a 'One Bromley' health and care professional team caring for residents in the community through joint pathways, estate, digital and workforce training (e.g. joint teaching opportunities for specialty trainees)

Commissioners to support INTs moving to increased autonomy and accountability.
Further shared development of INTs with our communities and people using services.
Commissioning for the expansion of INT focus beyond initial adult, CYP and urgent pathways to ensure more people benefit from the approach.
Real-time predictive analytics secured to support staff engaging residents.
Support shared care responsibilities through contractual change, including health-health and health-care.

Continue to improve the primary-secondary care interface and implement the recommendations of the Red Tape Challenge (RTC) and 'Bridging the Gap'

Establish Integrated Neighbourhood Teams (INT) focused on people with complex needs at higher risk of hospital admissions (people living with frailty, care home residents, housebound and people at end of life).

Neighbourhood Delivery Plan (3/4)

	Local Actions In Year 1	Local Actions In Year 2	Local Actions In Years 3 -5
<p>Agree a multi-neighbourhood urgent care plan which includes ensuring the teams supporting urgent community response, hospital at home and home-based intermediate care have the right capacity and work seamlessly in partnership with ambulances, acute care and are linked to INTs</p>	<ul style="list-style-type: none"> • Maximise virtual wards and hospital at home capacity for adults and children through existing contracts. • Commission and mobilise single point of access and embed call before convey with focus on older adult and mental health pathways. • Commission and develop community frailty same day emergency care model • Re-specify intermediate care model • Work with providers to enable basic digital interoperability of UEC pathways 	<ul style="list-style-type: none"> • Shift to digital first in UEC pathways, including clinical prioritisation & booking patients into next day, including UTC. • Mobilisation of community frailty same day emergency care, supporting Urgent Treatment Centre transformation to see, treat and discharge 50% attends. • Establish integrated delivery units covering 111, urgent and emergency care as part of the single point of access. • Further support digital interoperability or shared systems across UEC pathway. 	<ul style="list-style-type: none"> • Further shift to digital first UEC pathways through contracting and delivery support. • Continue to realise refocus of urgent treatment centre and same day emergency care estate and funding to manage non-admitted patients. • Urgent care shifts to a neighbourhood led model via primary care, urgent community response, hospital at home, virtual wards and intermediate care as default in acute episodes outside hospital
<p>Improving planned care in the community (linked to work to redesign outpatient care)</p>	<ul style="list-style-type: none"> • Improve diagnostics offer through commissioning community diagnostic services with INTs, integrate community pharmacy tests within local pathways, and extend diagnostics and screening access for housebound residents. • Support providers to engage patients in active health management, offering digital monitoring and holistic management models, including group clinics involving specialist input. • Scale up heart failure virtual ward 	<ul style="list-style-type: none"> • Maximise screening, point of care, home, and pre- and post-operative tests as part of diagnostic & digital offer. • Develop and commission at-scale long-term condition assessment and care in neighbourhood referral hubs, with specialist secondary care input without requiring outpatient referral. • Commission wider virtual ward offer to more long term conditions, aligning specialist and community teams. • Expand patient initiated follow-up. 	<ul style="list-style-type: none"> • Shift model to further expand home testing diagnostics and screening offer and use of new technology such as wearables • Further expand LTC care provision via specialist referral hubs in neighbourhoods, using population health insights to offer tailored support and reduce unwarranted variation. • Secure seamless transfer between neighbourhood referral hubs and virtual wards

Neighbourhood Delivery Plan (4/4)

	Local Actions In Year 1	Local Actions In Year 2	Local Actions In Years 3 -5
Improving care for children and young people as part of neighbourhood working	<ul style="list-style-type: none"> • Scope and specify children and young people's (CYP) INT model including areas, cohorts & aligning Family First and Care, Education and Treatment Reviews, taking a multi-agency physical and mental health approach. • Deliver asthma programme in schools and community diagnostics. • Ensure sustained 18 week wait referral to treatment performance in all sectors. • Review impact of universal, targeted, specialist therapy model • Fully operationalise agreed autism spectrum disorder (ASD) pathway. 	<ul style="list-style-type: none"> • Pilot and evaluate new CYP model to test outcomes and impact vs national requirements and Bromley priority areas. Focus will be on efficiencies of processes, patient and family time, and provider resources. • INT leadership, formal and informal will begin to embed across the partnership, supporting pilots and structural changes required for wider transformation. • Commission changes to therapy model if indicated through review • Review impact of autism spectrum disorder pathway. 	<ul style="list-style-type: none"> • Commission CYP INT to consolidate and develop into a mature model, embedded in children's social care, schools and other services. • Work with partners to support consistent expansion into new priority areas, with fluid workforces within robust INT framework. Support Integrator in ensuring enablers scoped and in place • Monitor for delivery of reduction in need for specialist services and a truly holistic proactive approach to CYP support. • Review development needs, including asthma, therapy, ASD and weight-loss.

One Bromley Local Care Partnership Board

DATE: Thursday 29 January 2026

Title	One Bromley Involvement Charter
This paper is for decision/discussion	
Executive Summary	<p>The Council, with assistance from Community Links Bromley, led the development of the One Bromley Involvement Charter as part of Adult Services Transformation and Improvement Programme.</p> <p>The One Bromley Involvement Charter sets out our shared commitment to involving residents and communities in shaping health and care services across Bromley.</p> <p>It recognises that meaningful involvement can take many forms, from informing and consulting to involving, co-designing and co-producing, and that different approaches are appropriate in different contexts. We aim to build trust, transparency and shared purpose across our system, ensuring that the voices of residents who use services, carers, families, and communities, are heard and acted upon.</p> <p>In Bromley, we believe that residents who use our health and care services, including patients, those who access services now, or may need to in the future, carers, families, and communities, bring valuable insights that help us improve those services.</p> <p>As members of the One Bromley Local Care Partnership, we are committed to working with residents as active partners. This charter is our shared promise to involving residents and communities meaningfully, whether we're seeking feedback, co-designing new approaches, or making important decisions. From the outset, we will be clear about how they can get involved, what's being discussed, and how their views will influence outcomes.</p> <p>While each One Bromley organisation may have its own processes and priorities, we will collectively uphold the principles in the charter. This ensures consistency in values while allowing flexibility in how we deliver involvement.</p>

Recommended action for the Committee	The Local Care Partnership is recommended to: <ul style="list-style-type: none"> Note, comment and agree the One Bromley Involvement Charter. 	
Potential Conflicts of Interest	N/a	
Impacts of this proposal	Key risks & mitigations	<p>The One Bromley Involvement Charter will be reviewed every three to five years to ensure it remains relevant and effective. This will be coordinated by the One Bromley Communications and Engagement workstream, which includes engagement professionals. Oversight will be provided through the One Bromley Local Care Partnership. In addition, each One Bromley organisation will also review and report progress through its organisational structures.</p> <p>We will monitor progress through feedback, case studies, and evidence of impact, and adjust our approach based on what we learn.</p>
	Equality impact	<p>An Equalities Impact Assessment (EQIA) has been completed to assess the impact of delivering the new way of working through Adult Services Transformation and Improvement Programme to ensure the service remains sustainable for the future, supported by a workforce that continues to deliver a quality service with better outcomes for residents and our staff.</p>
	Financial impact	None
Wider support for this proposal	Public Engagement	<p>The One Bromley Involvement Charter has been developed through extensive engagement. Adult Services in partnership with the Social Care Institute of Excellence (SCIE) and Think Local Act Personal (TLAP) co-delivered a series of virtual and in-person Co-production Workshops between June 2025 and September 2025 to support the design and development of the approach to embedding involvement and co-production across Bromley.</p> <p>14 workshops were delivered with more than 400 residents, staff, and voluntary and community sector partners co-designing our shared principles, involvement methods, what involvement means to us and approach.</p>

	Other Committee Discussion/Internal Engagement	One Bromley Communications and Engagement workstream One Bromley Executive Adult Care and Health Portfolio Holder Briefing Chief Officer Executive Adult Social Care Leadership Team
Author:	Led by the London Borough of Bromley supported by other One Bromley partners and with acknowledgement to Community Links Bromley Chief Executive and our community sector partners who helped draft the charter.	
Clinical lead:		
Executive sponsor:	Donna Glover, Director of Adult Services	

One Bromley Involvement Charter

Working together for better health and care in Bromley

Together we thrive

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Our shared principles

Our principles guide our approach and have been developed in partnership with Bromley communities, partners and staff.

- **Accessibility**- make it easy for everyone to take part.
- **Inclusivity** – actively involve residents from all backgrounds and address health inequalities.
- **Openness and transparency** - be honest about what is being discussed, what is possible, and how decisions are made.
- **Communication** - keep residents informed in a clear and timely way throughout the process.
- **Respect** - value lived experience alongside professional knowledge.
- **Power sharing** - work in partnership, giving residents real influence over decisions.
- **Mutual benefit** - make sure everyone gains something from working together through shared learning and better outcomes.
- **Achievable shared goals** - agree on realistic aims that everyone can work towards together.
- **Relationships** - build trust through ongoing, meaningful connections with communities.
- **Proportionality** - match the level of involvement to the scale and impact of the decision.
- **Feedback** - show how resident's input has shaped decisions.
- **Accountability** - take responsibility for acting on what has been heard and explain the outcomes.
- **Continuous improvement** - learn from experience and keep improving how we engage.

Our involvement methods

We will use a variety of methods to involve residents based on the context, the level of influence people can have, and the needs of those we are involving.

- Information sharing opportunities.
- Surveys and questionnaires to gather broad feedback
- Focus groups, Patient Participation Groups and listening events to explore specific issues
- Community conversations and drop-ins to hear from seldom-heard groups
- Public meetings and forums to share updates and invite discussion
- Digital involvement through social media, online platforms, and virtual events
- Workshops and co-design sessions to develop ideas collaboratively
- Co-production where people with lived experience work as equal and reciprocal partners, identifying issues, creating solutions and taking decisions.
- Community organising to help reach communities who traditionally don't engage with services.

What involvement means to us

We recognise that involvement exists on a spectrum based on the amount of influence residents can have. We commit to using the most suitable approach for each activity:

	THE APPROACH	AN EXAMPLE IN PRACTICE
Informing	Sharing information clearly and accessibly so residents understand what decisions are being made, and how they might be affected.	A GP practice may send out a newsletter with updates on service changes, flu jab availability, and opening hours. Purpose: To keep people informed without expecting feedback.
Consulting	Seeking views, experiences, and feedback to inform decisions. This might involve surveys, public consultations where residents can express their opinions on proposals or plans.	The ICB runs a public consultation on proposed changes to urgent care services, inviting feedback via an online survey and public meetings. Purpose: To gather views that will inform decision-making.
Engaging	Working with residents to shape ideas and plans. Including workshops, focus groups, and community conversations where residents contribute to the development of services or strategies.	A local health partnership hosts community conversations with seldom-heard groups to explore barriers to accessing mental health services. Purpose: To shape ideas and priorities collaboratively.
Co-designing	A collaborative approach to designing services, solutions, or systems where professionals work alongside people with lived experience as equal partners from start to finish.	A local team works alongside carers and residents who access services to co-design a new respite care model, holding workshops to develop the service together. Purpose: To ensure the service reflects real needs.
Co-producing	Working together as equals, sharing power and valuing lived experience alongside professional expertise. It means that beneficiaries, staff, trustees, and other stakeholders collaborate as equal partners to design, deliver, and review services, ensuring they are meaningful, effective, and accessible.	An Adult Social Care team works with those who receive care and support, their carers and social workers to coproduce a care plan. Together, they design how conversations are held, what information is captured, and how decisions are documented, ensuring the process reflects what matters most to each person. This may apply to individuals and service-level planning. Purpose: To ensure individual care planning is person-centred, empowering, and shaped by residents.

Co-production

One Bromley partners have worked with local residents to develop a co-production approach and toolkit for health and care services, which provides guidance on working in equal partnership, with shared power with those who use services alongside their families and carers, recognising their expertise and experience. Where this is the right approach in our wider services, we will use the co-production approach and toolkit to support the process. We will be transparent about when co-production is possible and explain when other forms of involvement are more suitable.

Measuring success

To measure how we are reaching residents and involving them in the most appropriate way we will use the following methods.

- Feedback from participants and stakeholders
- Evidence of changes made because of involvement
- Increased participation from diverse communities
- Use of *Making it Real* “I/We¹” statements
- Regular review and adaptation of our approach
- Annual reporting on involvement activity and outcomes

Governance and review

The One Bromley Involvement Charter will be reviewed every three to five years to ensure it remains relevant and effective. This will be co-ordinated by the One Bromley Communications and Engagement workstream, which includes engagement professionals. Oversight will be provided through the One Bromley Local Care Partnership. In addition, each One Bromley organisation will also review and report progress through its organisational structures.

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

Our commitment to action

To bring this Charter to life and embed it in our involvement practice, we will:

- Use a variety of involvement methods tailored to different communities and contexts.

¹ Making it Real ‘I/We’ statements are part of a framework developed by Think Local Act Personal to describe what good, personalised care and support should look like, from both the perspective of people who use services and the organisations that provide them.

- Support and promote existing programmes, including the Bromley Community Champion Network, One Bromley Patient Network and the Adult Social Care's Working Together Group, as ways for residents to contribute.
- Engage people with lived experience, their families and carers on a case-by-case basis, ensuring their insights inform service design and improvement where most relevant.
- Provide guidance and support for co-production when it is agreed this approach is appropriate.
- Recognise and value contributions from residents and patients, including training, feedback, acknowledgement and covering reasonable out of pocket expenses.
- Support staff and volunteers to engage confidently and effectively.
- Share and celebrate our successes, highlighting the impact of involvement.
- Encourage other organisations to adopt and sign-up to this pledge and undertakings.

How you can get involved

There are many ways to get involved including attending local events and forums, joining our Community Champion Network, joining our One Bromley patient forum, joining Adult Social Care's Working Together Group, participating in surveys, or contributing to co-design and co-production activities. Visit [Get involved - South East London ICS](#) and [Caring for Adults](#) to find out more and sign up for opportunities.

References and guidance

1. [South East London Integrated Care System People and Communities Framework](#)
2. [South East London Integrated Care System People and Communities Framework Toolkit](#)
3. [Let's Talk Health and Care in south east London](#) (This website provides an online community for you to share your ideas, discuss important topics, provide feedback and help people live healthier lives in our shared communities.
4. Bromley Adult Social Care Co-production Approach
5. Bromley Adult Social Care Co-production Toolkit.
6. Bromley Council Adult Social Care Co-production webpage
7. Community Links Bromley website
8. [Think Local Act Personal \(TLAP\)](#), a national partnership in England that brings together people with lived experience, organisations, and professionals to promote personalised, community-based support in health and social care.
9. [Social Care Institute for Excellence \(SCIE\)](#) improves the lives of people of all ages by coproducing, sharing, and supporting the use of the best available knowledge and evidence about what works in practice.

One Bromley Involvement Charter

Working together for better health and care in Bromley

Together we thrive

The One Bromley Involvement Charter sets out our shared commitment to involving residents and communities in shaping health and care services across Bromley.

It recognises that meaningful involvement can take many forms, from informing and consulting to involving, co-designing and co-producing, and that different approaches are appropriate in different contexts. We aim to build trust, transparency and shared purpose across our system, ensuring that the voices of residents who use services, carers, families, and communities, are heard and acted upon.

By signing this charter, One Bromley organisations commit to:

- Embedding involvement in planning, delivery and evaluation of services.
- Promoting opportunities for residents to influence decisions that affect them.
- Sharing good practice and learning across Bromley.
- Being accountable for the quality and impact of involving residents.
- Using the South East London Integrated Care System (SEL ICS) People and Communities Framework/Toolkit and the Bromley Council Adult Social Care Coproduction Approach/Toolkit to inform, guide and support our approach.
- Encouraging other organisations located within or working with residents or communities within the Borough to adopt and sign-up to this pledge and undertakings.

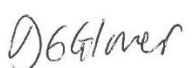



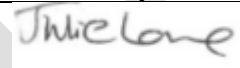


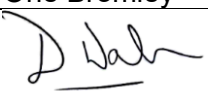
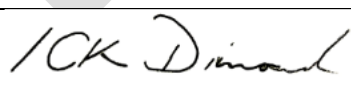

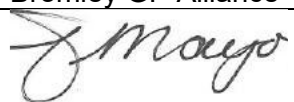
Our pledge

In Bromley, we believe that residents who use our health and care services, including patients, those who access services now, or may need to in the future, carers, families, and communities, bring valuable insights that help us improve those services.

As members of the One Bromley Local Care Partnership, we are committed to working with residents as active partners. This charter is our shared promise to involve you meaningfully, whether we're seeking feedback, co-designing new approaches, or making important decisions. From the outset, we will be clear about how you can get involved, what's being discussed, and how your views will influence outcomes.

While each One Bromley organisation may have its own processes and priorities, we collectively uphold the principles in this charter. This ensures consistency in values while allowing flexibility in how we deliver involvement.

Our approach is rooted in openness, inclusivity, and respect. We will tailor our engagement to reflect the level of influence residents can have, and we will always show how your input has been used. Together, we will build trust, improve outcomes, and ensure Bromley's health and care services are shaped by the residents they serve.

To follow Adult Care and Health Portfolio Holder, London Borough of Bromley	 Director of Adult Social Services, London Borough of Bromley	 Director of Public Health, London Borough of Bromley	 Chief Executive of Community Links Bromley
 One Bromley	 Kings College Hospital	 Bromley Primary Care Network (PCNs)	 Bromley GP Alliance
 Bromley Third Sector Enterprise (BTSE)	 Oxleas	 Bromley Healthcare	 St Christopher's
To follow Healthwatch Bromley			

Date: .././

One Bromley Local Care Partnership Board

DATE: Thursday 29 January 2026

Title		Month 8 2025/26 SEL ICB Finance Report and 2026/27 Financial Planning Update	
This paper is for information .			
Executive Summary		<ul style="list-style-type: none">The SEL ICB financial allocation at month 8 is £5,794,877k.At month 8, the ICB is reporting a year to date (YTD) and forecast out-turn (FOT) break-even position against its revenue resource limit (RRL) and financial plan.In reporting this month 8 position, the ICB has delivered the following financial duties:<ul style="list-style-type: none">Underspend of £1,527k 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; andDelivered the month-end cash position, well within the target cash balance.The 2025/26 Bromley ICB/LCP place budget at month 8 is £277,066k.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

29 January 2026

Month 8 2025/26, SEL ICB Finance Report

1. Key highlights – SEL ICB & Bromley ICB/LCP
2. Bromley ICB/LCP - Month 8 Financial Position
3. 2026/27 Financial Planning Update

Appendix 1 – M8 SEL ICB Finance Report

1. Key Highlights

- The SEL ICB financial allocation at month 8 is **£5,794,877k**.
- At month 8, the ICB is reporting a year to date (YTD) and forecast out-turn (FOT) **break-even position** against its revenue resource limit (RRL) and financial plan.
- In reporting this month 8 position, the ICB has delivered the following financial duties:
 - Underspend of **£1,527k 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 8 is **£277,066k**.
- The Bromley ICB/LCP place year end forecast position is **break-even**.

2. Month 8 Bromley ICB/LCP Financial Position

- The borough is reporting an overspend of £232k at month 8 and is forecasting a breakeven position at year end.
- The Acute Services position is forecasting a £526k underspend due the release of un-committed budget and savings expected from non-Bromley UTC contracts.
- The Community budget is forecasting an £943k 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 services.
- The Mental Health budget is forecasting an £1,013k overspend due to pressures on diagnostic assessments and cost per case budgets. The former is forecasting a £667k overspend due to the significant year on year growth in expenditure.
- The Continuing Healthcare budget is £959k overspent year to date and the forecast is £1,426k 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 six months of PPA data. Based upon previous years trends it is likely that the overspend will reduce in the second half 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 F area are not available to boroughs as this is currently a ringfenced allocation 4 that is managed across the ICB.
- The 2025/26 borough savings requirement is £13,130k. At month 8 the borough is reporting an under delivery of £41k against plan and the year end forecast is breakeven.

	Year to date Budget	Year to date Actual	Year to date Variance	ICB Budget	Forecast Outturn	Forecast Variance
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Acute Services	5,562	5,307	255	8,344	7,818	526
Community Health Services	63,974	63,535	439	95,961	95,018	943
Mental Health Services	10,134	10,886	(752)	15,188	16,201	(1,013)
Continuing Care Services	18,758	19,716	(959)	28,137	29,562	(1,426)
Prescribing	35,209	34,756	453	52,642	52,105	537
Other Primary Care Services	1,353	1,219	133	2,029	1,829	200
Delegated Primary Care Services	47,422	47,422	0	71,132	71,132	0
Corporate Budgets	2,423	2,224	199	3,634	3,401	233
Total	184,834	185,065	(232)	277,066	277,066	0

3. 2026/27 Financial Planning update

- SEL ICB is 3.62% over-target (overfunded) and are the second most over target ICB in England
- SEL ICB Core allocation uplift is 2.07%, net of a convergence adjustment of -0.5%
- National inflation uplift (aka Cost Uplift Factor) is 2.03% less 2% efficiency = 0.03%
- Strategic Investment Fund, £30m in year 1 increasing to £60m in year 3. To secure systematic investment aligned to our strategic commissioning objectives, priorities and outcomes, aligned specifically to the national shifts; prevention, Community based care/neighbourhood, digital and acute/specialised services transformation.
- Core uplifts will be: CHC 2%, prescribing 2%, community 1.5%, mental health 1.5%
- Place level financial envelopes will be issued in mid January 2026
- Savings target will be a minimum of 5%. 2% of this is delivered by national efficiency and 0.5% via convergence
- It is expected that Better Care Fund uplift requirements will be met through a combination of core uplifts and strategic investment funding.
- Budgets to be signed off by the end of February 2026

SEL ICB Finance Report

Month 8 2025/26

Note Regarding Month 8 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 8 financial reporting has been undertaken at a Place level and shared with ADoFs and PELs, following a review of the month 7 reporting where no major issues were found. The year-to-date balances are recorded on the ledger, but the FOT figures are still not being transacted on the ledger as the national module is still not working as expected. This is understood to be the case for month 9 as well as the national NHSE team are still working to find a solution.
- NHS England have amended ICB financial reporting requirements with many items within the current monthly financial return not being required in Month 8, although the reporting requirements have increased from month 7 with elements such as MHIS being required this month. The FOT is still needed to be manually adjusted in the IFR for month 8, at an aggregate level.
- At month 9, there will be the requirement to complete a set of draft accounts, and we have been advised that NHS England and SBS are working on the templates to ensure a smooth delivery and these are expected to be available in the next few days.

1. Key Financial Indicators
2. Executive Summary

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 8, 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. There have not been any major movements in the run rate to report this month. Within this reporting, the ICB has delivered **£40,202k** of savings YTD compared to the plan value of £39,035k.
- 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 **£1,527k** and forecast out-turn position of an underspend of **£2,004k** against the **running cost allowance**.
- All other financial duties have been delivered for the year to month 8 period.

Key Indicator Performance

	Year to Date		Forecast		
	Target	Actual	Target	Actual	
	£'000s	£'000s	£'000s	£'000s	
Expenditure not to exceed income	3,878,993	3,878,993	5,794,877	5,794,877	
Operating Under Resource Revenue Limit	3,878,993	3,878,993	5,794,877	5,794,877	
Not to exceed Running Cost Allowance	20,497	18,970	30,746	28,742	
Month End Cash Position (expected to be below target)	5,600	2,958			
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%	98.6%			
Mental Health Investment Standard (Annual)			537,494	549,166	

2. Executive Summary

- This slide summarizes the month 8 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 8 is **£5,794,877k**. In month, the ICB has received an additional **£1,091k** of allocations. The additional allocations related to £500k for National Recovery Support, £499k for Wayfinder funding to support the PEP NHS App for Bromley and £92k for GIRFT for Community MSK. **As at month 8, the ICB is reporting a year to date (YTD) break-even position.**
- Due to the routine time lag, the ICB has received six months of 2526 prescribing data. After the usual accrual for two months of estimated prescribing expenditure, the ICB is reporting a **£2,195k overspend YTD across PPA and non PPA** budgets. The overspend continues to be variable across the Places.
- The continuing care financial position is **£267k underspent** at month 8, which is an improvement on last month. The boroughs which are most impacted with overspends are Lewisham, Bromley and Greenwich (to a much lesser degree) 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 £6,337k** 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 now live and started 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 8 – **Bromley (£232k)** and **Lambeth (£8k)**, 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.
- In reporting this month 8 position, the ICB has delivered the following financial duties:
 - Underspend of **£1,527k 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 8 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.

One Bromley Local Care Partnership Board

DATE: Thursday 29 January 2026

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

Partnership Report – January 2026

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1. One Bromley Local Care Partnership Programmes

Winter

The Winter Plan has been broadly delivered as intended, with strong utilisation of all additional resources deployed across the system. Two successful multi-agency discharge events (MADE), held before and after Christmas/New Year, provided important support to patient flow and helped mitigate some of the seasonal pressures. Despite these efforts, the hospital has continued to experience significant operational strain, with several days in January 2026 marked by corridor care and prolonged waiting times. These pressures will be examined in detail as part of the winter evaluation to ensure learning is captured and future planning is strengthened.

NHSE visit One Bromley’s older adult same day emergency care services

We are delighted that NHS England will be visiting Bromley on 21 January, recognising the strong local progress made in reducing attendances and admissions for older adults at a time when national trends are moving in the opposite direction. We are looking forward to welcoming the team and showcasing the strategic transformation work underway to deliver outstanding same day urgent and emergency care for older adults closer to home. The early impact of the first phase of the programme is already evident in the improved performance seen to date, and the visit provides valuable opportunity to share learning, demonstrate the model in practice, and discuss the next stages of development.

One Bromley Cervical Screening Project Shortlisted for National GP Awards 2025

One Bromley's work to improve cervical screening uptake was successfully shortlisted for the 'Clinical Improvement Award: Public Health and Prevention' at the national GP Awards held in December 2025.

This collaborative project between the ICB and Public Health Bromley aimed to improve cervical screening across the borough using a targeted population health management approach.

The project gathered patient feedback on reasons for variation in uptake through a public survey and then used these insights to design patient materials and develop a targeted approach to promotion.

This included directing patient messages to the lowest uptake and highest deprivation areas across the borough. Alongside placement of Bromley branded patient information booklets in GP practices, sexual health clinics and other key locations, the messages were shared through online and print media. Key bus routes were selected for adverts on buses and at bus stops.

Dr Sophie Hallam, Bromley Clinical and Care Professional Lead for Cancer and Jess Seal, Primary & Community Care Transformation Manager, commented:

"We are immensely proud of the team for being shortlisted. It's a real testament to the passion, commitment and strength of our unique One Bromley approach, bringing different expert Teams together to deliver real impact.

This project shows how we can move away from a one-size-fits-all approach to increase screening uptake amongst our residents, and it is great to be recognised nationally for this work."



Bromley Health and Wellbeing Centre and One Bromley Wellbeing Hub Update

The Bromley Health and Wellbeing Centre at Ravensleigh House, 22 Westmoreland Place, Bromley, is now becoming operational, representing a key milestone in delivering the One Bromley vision for joined-up, preventative and community-based health and wellbeing support. Developed as a neighbourhood hub, the centre will support closer partnership working across health, local government and the voluntary and community sector to help residents live well and promote health and care equity.

From 13 January, the One Bromley Wellbeing Hub will operate from the new centre, followed by the Dysart Practice relocating into the building on 19 January. Co-locating these services is central to One Bromley priorities around integrated neighbourhood teams, enabling more coordinated working across primary care, wellbeing services, council teams and community partners and supporting people through joined-up, person-centred approaches.

The One Bromley Wellbeing Hub delivers a wide range of preventative and early intervention services, including social prescribing, support for mental wellbeing, carers' support, healthy lifestyle services, employment and financial wellbeing advice, and help for residents to remain independent and connected within their communities. These services play a vital role in the One Bromley partnership by supporting population health, reducing avoidable demand on statutory services and improving access to support at a neighbourhood level.

A key strength of the One Bromley model is the significant role of the voluntary and community (third) sector, with trusted local organisations working alongside NHS and council colleagues to deliver flexible, community-led support. Co-location within the Bromley Health and Wellbeing Centre strengthens these partnerships, improves referral pathways and enables a more seamless experience for residents.

The relocation follows a planned move over the Christmas period, with the One Bromley Wellbeing Hub reopening in its new location on 13 January and continuing to offer the same range of services and opening hours. The centre provides modern, accessible and spacious consulting and treatment rooms, designed to support multidisciplinary working and create a welcoming environment for the local community.

This development reflects strong joint working, and we warmly welcome the continued partnership with Bromley Council, whose support has been integral in making this neighbourhood hub a reality. While the centre is now becoming operational, a formal opening event will take place at a future date, to be confirmed once all services are fully established.

2. Princess Royal University Hospital and South Sites

Finance

Current deficit position

- The current financial year runs from April 2025 until March 2026. As of the end of November this year, we recorded a year-to-date surplus of £2.0 million. This represents a £1.6m favourable variance to the April 2025 NHSE agreed plan.
- Excluding non-recurrent support, this results in an underlying deficit of £79.3m.
- 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 (April 2025-March 2026).
- A total of £67.5 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 63.92% of patients waiting under 18 weeks in November above the operational plan target of 63.45% for the month.
- The total PTL has increased and is now 86,228 for November, which is below the operating plan target of 90,788.
- The number of patients waiting over 65 weeks reported in November was 356 above the operating plan target of 26 for the month.
- Of the 65 week wait patients there are 87 patients in General Surgery, 157 patients in other Surgical specialties and 51 in Ophthalmology.
- The number of patients waiting over 52 weeks is 1,807 (2.1%) in November, which is above the revised midyear forecast of 1731 (1.15%) for the month.

Emergency Performance – PRUH and South Sites

- 4 hour All Types performance remained stable at 73.03% for November above the operating plan target of 72.6%.
- The site has however continued to experience ongoing pressure with an increase in attendances continuing into November, 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 21.8% of patients waiting over 12 hours in ED in November above the operating plan target of 19%.
- Future actions include implementation of acute gerontology admission pathway, reviewing specialty admission guidance, implementation of revised acute medicine model with the aim of increasing continuity of physician and ongoing focus on increasing pathways out of ED into SDEC.

Cancer

- 28 day Faster Diagnosis Standard (FDS) performance remained under target at 72.5% in October. Most breaches are within urology, lower GI and gynae tumour groups.
- 62 day performance was 57.5% in October in October, which is below the Operating Plan target of 73% for the month with breaches in urology, hepatobiliary, breast and lung.
- 31 day performance was 91.3% in October and achieving the target of 89.3% for the month.

Diagnostic Performance

DM01 performance improved for the third consecutive month to 42.8% in November, however it is above our operating plan target of 20.2%.

Apollo/EPIC

Staff across all KCH hospitals and locations continue to work from one integrated patient record, Epic. Nearly 800,000 patients have registered for MyChart across King's and GSTT with 284,231 of these at King's. This is the largest instance of MyChart in the UK. Patients using MyChart are less likely to miss (DNA) their appointments, and KCH patients DNA rate continues to be 5.0%.

Both King's and Guy's and St Thomas' are expanding the uptake of automated scheduling features enabling patient choice of appointments and providing opportunities to be seen sooner where possible, with seven services now live and a total of 52 of 104 services having started implementing changes.

Last month, patients self-scheduled 674 appointments, more than double the previous month, saving more than 100 clinical hours freeing up staff to focus on high priority tasks such as call handling and complex pathway management.

Work to integrate with the NHS App continues with a sustained focus on 1) surfacing the appointments for adult patients in the NHS app from March 26; 2) enabling a 'jump through' to Epic from the NHS app from May 26 (post Epic upgrade) and 3) an initial pilot is due to go-live with one service to test the integration prior to wider roll out.

Estates

Our capital programme continues.

Endoscopy Unit

Construction is complete, however due to delays with heating and hot water provision, handover has been delayed until 10th February 26, with the mobilisation of the unit aiming to be ready from April 26.

Local Neonatal Unit

The upgrade works have been completed, however there are some lifecycle works being undertaken during January with unit opening in February 26.

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

3. London Borough of Bromley - Adult Social Care

Following the visit of the CQC Inspectors in September the outcome is expected to be published in the latter part of January 2026.

The work on co-production has continued both internally and with One Bromley partners:

- Our Working Together Group, consisting of a wide range of residents with lived experience, unpaid carers and those who may experience future needs, has begun to meet to help shape how services are planned, delivered and reviewed.
- Each One Bromley partner has been invited to support to the Involvement Charter. Each partner will sign up to a series of commitments and principles as well as a pledge to work with residents as active partners. Each organisation will deliver this Charter in ways which reflect openness, inclusivity and respect.

The Occupational Therapy led Front Door continues to bring positive outcomes for residents' needs with 64% of residents who had used the service up to the end of November either requiring no care or a short-term care intervention instead of long-term care: an improvement of 10% since the model went live in May. Feedback from residents is also positive: an initial feedback survey sought to capture real-time feedback from residents about their experience. 98% of residents report getting a quick, helpful and efficient response to their queries. This approach will be extended across the service with a 6-month feedback survey to provide assurance that all residents' needs are being met.

Our work with carers is still a priority and we are launching the Carer's Conversation in January 2026 so that our co-produced guidance, policy, and ways of recording carers' needs will better capture the voice of our unpaid carers.

Our commissioning colleagues continue to work closely with our new providers of community equipment and support for residents with direct payments. Both services experienced the failure of previous providers and new providers were swiftly appointed. This swift action ensured that the impact on residents was minimised and services were, and continue to be, mobilised to provide the high quality of service which the Council expects.

4. St Christopher's Hospice

Secretary of State opens refurbished Nuffield Ward

The Right Honourable Wes Streeting (Secretary of State for Health and Social Care) attended St Christopher's on the 18th of December 2025 and opened our recently renovated Nuffield Ward.

The ward renovation continues and should be complete by the end of January 2026. The renovation has had no discernible impact on person centred care.

2026-2029 Organisational Strategy

Work is concluding on the development of our 2026-2029 Organisational Strategy. The key pillars of the new strategy that has been co designed by staff and stakeholders are:

- Elevating Excellence – We will build an outstanding, resilient and stable organisation together by investing in our people, our culture and our systems.
- Connecting Communities – We will work hand in hand to deliver equitable care for all, amplifying our collective impact and ensuring dignity at the end of life.

- Transforming Tomorrow – We will influence the future of end-of-life care locally, nationally and globally through collaboration, innovation, advocacy and leadership.

St Christopher's Shops

St Christopher's have 24 shops currently:

- All shops are profitable
- St Christopher's shops consistently outperform the sector
- Investment in the Trading Team infrastructure is complete
- Looking to expand our footprint to more shops.

Equity Plan Approval

The Equity Plan was approved at our recent board meeting which aligns with the organisational strategy, structured around three pillars:

- Workforce (including leadership)
- Community
- Service Users

Digital Transformation Projects

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

Service Updates

- Week ending 19th of December St Christopher's received 146 new referrals into the service and managed 13 new patient admissions: total patient caseload 1946 people.
- Clinical caseloads are aligned with INTs.
- There are closer working relationships with Community Hospice and our hospice partners in South West London.

5. Bromley Healthcare

Performance

There have been reductions in waiting times for Children's Occupational Therapy, both in terms of numbers of children and young people on the waiting list, but also in length of wait. This is also the case for Children's Physiotherapy. Children's Speech and Language waiting times have increased, but the new Balanced Model has now been implemented, which should support the reduction in waiting times.

Waiting times in children and young people services have been partly driven by the increased demand in Education, Health and Care Plans. This is being discussed at relevant forums and groups.

There continues to be pressures in Community Paediatrics waiting times, as there are nationally. The team are reviewing new ways of meeting these challenges and updates will be provided in the future.

In Adult's speech and language, waiting times have improved significantly over the last 6 months, with the waiting list for first appointments reducing from 192 people in April 25, 65 of whom were waiting more than 12 weeks, to 59 patients on the waiting list in November, with none waiting more than 12 weeks.

Working with partners to develop the One London Catheter Passport

Bromley Healthcare has been closely involved in system-wide work to improve how catheter care is managed across hospital and community services. For the past three years, our Bladder and Bowel Service has chaired a South East London group bringing together partners across six boroughs to align practice, training and equipment, and to support more consistent care.

This work has contributed to the development of the One London Catheter Passport, which went live in December 2025. The passport provides a single, practical record of catheter details, management plans and key contacts, supporting safer handovers when people move between services. Work is underway to develop a digital version to support shared access across services, in line with wider digital ambitions.

Improving the Bromley Healthcare website

We are working with a specialist NHS website agency to redevelop our public website to make it easier for people to find clear, reliable information about our services and how to access care.

During November and December 2025, we engaged with people who use our services and carers through our Lived Experience Advisory Group, alongside colleagues, to understand what matters most when using the website. Feedback highlighted the need for clearer service information, reliable contact details and simpler routes to access care.

People also told us the current website feels outdated and difficult to navigate, particularly on mobile phones.

This insight has shaped the design of the new website and where to find information. We are continuing to engage with patients, carers, staff, general practitioners and partners to guide the next phase of development, which focuses on how content is written and prioritised. The new website is planned to launch in April 2026.

Improving access to stammering support in Bromley

We have been working to raise awareness of adult stammering support available in Bromley, with a focus on encouraging earlier access and reducing barriers to referral. This has included targeted communications with general practitioners and wider awareness activity through professional and digital channels.

Our adult speech and language therapy service provides specialist, personalised support for people who stammer, with referral available through general practice or via self-referral. The service focuses on communication, confidence and participation in everyday life. Feedback from people using the service highlights increased confidence, validation and positive changes in how they feel about communicating.

"[The stammering service] help and support was invaluable. The sessions helped me accept my stammer, which in turn has given me validation, and much more confidence when communicating with others... I will highly recommend stammer therapy to anyone in the future.... You were so approachable and gave me time to talk about all my stammer issues, talking time to listen, then giving strategies to help me."

Stammering support service user

The service has also contributed to national awareness through a guest blog published by STAMMA, supporting wider understanding and reducing stigma: [My 'suit of armour' stammering analogy | STAMMA](#)

Children's bladder and bowel support

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

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



Community support for people living with sickle cell

In December, our Haemoglobinopathy Community Nursing Service hosted a community event for adults living with sickle cell in Bromley, alongside parents and carers of children affected by the condition. The event, which takes place annually, provides a safe, informal space for people to connect with others who share similar experiences to access advice and support from the enhanced sickle cell community team.

The event aimed to help reduce isolation, increase awareness of available support, and build confidence in managing sickle cell at home. This work forms part of the wider South East London Sickle Cell Improvement Programme, which aims to improve care, experience and outcomes for people living with sickle cell across all care settings.

Pictured below; Angie Periera, Haemoglobinopathy Nurse, with an attendee at the event.



6. Oxleas

Colleagues from Oxleas older people's services increase engagement with the local community in Bromley

In the Autumn, Oxleas Older People's Community Mental Health Team and Memory Services took part in the Older Person's Independent Living Show at Bromley Football Club. They also ran a stall at a Care Information Day in Orpington in November.

Both free events aimed to bring together local services and organisations including Bromley Well, Age UK, Alzheimer's Society, MyTime Active, and the London Fire Brigade. These connections will enhance referrals and support the health and wellbeing of patients, providing advice, and support for older people in Bromley and were excellent opportunities for the teams to engage with Bromley residents, to discuss services and how to access them.

Bromley teams recognised in the Oxleas Recognition Awards 2025

On Monday 8 December Oxleas staff and volunteers were rewarded in the trust's annual awards ceremony hosted by Chief Executive Dr Ify Okocha and Chief Medical Officer, Dr Abi Fadipe. Colleagues who have reached a service milestone were honoured in our Long Service Awards and those we have sadly lost from our Oxleas family during the year remembered.

Oxleas annual awards aim to show how colleagues have put our values – **we're kind, we're fair, we listen, we care** – into action to improve lives and service user experience.

Teams that won awards include:

- **Rough Sleeping and Mental Health Programme (RAMHP)** – Timely Care Category/Directorate winners
- **Therapies Team at London South East Colleges – Bromley Campus** – Best Place to Work Category
- **Bromley CAMHS** – Timely Care Category/Directorate winners
- **Bromley Home Treatment Team** – Best Place to Work Category

For full details visit: [Award winners revealed at staff celebration | Oxleas NHS | Oxleas NHS Foundation Trust](#)

New integrated non-custodial service launched across South London

The South London Integrated Non-Custodial Liaison and Diversion Service will include liaison and diversion in all police custody suites in addition to magistrates and crown courts.

Service pathways will also include a new Primary Care Men's Mental Health Treatment Requirement Service, which will, for the first time in London, provide Probation with a greater range of community order options.

This new seven-year contract started on 1 November 2025 and is being delivered by Oxleas NHS Foundation Trust for South East London, North London Forensic Collaborative for North London and Waythrough, a UK registered charity, who will provide a pan-London Community Link Worker Service.

The service provides a specialist mental health assessment for people of all ages, genders and vulnerabilities (mental health and psychosocial concerns, neurodiverse conditions, substance misuse), designed to intervene at the earliest opportunity when a person comes into contact with the criminal justice system – typically at the point of police contact.

The Non-Custodial Liaison and Diversion Service aims to play a crucial role in providing real-time, essential information to decision-makers in the justice system, particularly during the charging and sentencing phases.

7. Bromley Third Sector Enterprise (BTSE)

BTSE/Bromley Well

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

<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 449 referrals last quarter, with 98% of patients picked up within 30 minutes of discharge. Our Post Discharge Settling Service saw 123 referrals with high levels of service satisfaction reported.

Handy Person Service: Two new staff are now in post and service delivery is increasing with 239 completed referrals this quarter, well above our KPI of 150.

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

So far, we have allocated over £70,000 of the initial £80,000 fund to 75 carers, which is ahead of target.

Service Issues

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

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

One Bromley Wellbeing Hub

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

The Information and Advice offer on Wednesdays is the only drop-in advice service in central Bromley and we have added Tuesdays for the winter period. The Hub has now moved to the new Bromley Health and Wellbeing Centre next to the Civic Centre.

Campaigns

The sixth Bromley Self Care Week 17-23 November was a great success. Invitations were sent to charities, CICs and health and care organisations to take part and submit their events happening near or during the week.

73 events were listed on our website and 33 organisations took part – 4 CICs, 19 charities, 7 NHS, 1 local authority, 1 education and 1 social housing.

In addition, this year we created a map showing the locations of all the events happening - <https://www.bromleywell.org.uk/news/self-care-week-2025/>

Information about the week was shared in various newsletters, including Bromley Well, GP weekly bulletin, Neighbourhood Watch borough wide email database, BTSE Associate Members, Community Links Bromley e-bulletin and intranets within One Bromley.

We received recognition from the National Self Care Forum in their annual report – <https://mailchi.mp/331650a3c1f2/december-6749836?e=f09e9f3cb5>

Carers

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

He spoke about the Bromley Well Carers Service and highlighted the collective work Of One Bromley on the Carers Plan, Carers Charter and improving information and awareness.

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

8. Primary Care Networks (PCN)

Winter Access Collaborative

The collaboratively delivered Winter Access service is underway in Bromley, providing 10,000 extra GP appointments during December and January, helping to reduce pressure on general practice and emergency departments over the winter season. Bromley PCNs allocate same day GP appointments conveniently located at local practice sites during the hours of 8am and 8pm, whilst BGPA provides an out of hours service from 8pm Friday to 8a Monday. Early reports indicate successful appointment utilisation and excellent patient feedback, with a high proportion of patients confirming that they would have attended A & E or Urgent Treatment Centre (UTC) had the Winter Access GP appointment not been offered to them.

PCN Awards Success

HSJ Awards

MDC, Penge and Orpington PCNs were shortlisted for the HSJ Awards for their collaborative SEL project, the Multi-Morbidity Model of Care. Finalists in two categories: Primary and Community Care Initiative of the Year and Integrated Care Initiative of the Year, the PCN teams made exceptional contributions towards one of the country's most innovative and influential projects.

Choice and Control Award

Orpington PCN's cancer care co-ordinators won a Choice and Control Award, exemplifying the NHS Comprehensive Model of Personalised Care by placing people, not processes, at the centre. Their work has improved screening uptake, reduced inequalities, and empowered patients to take control of their health and wellbeing. Individually contacting patients to understand concerns, listening without judgement, and co-creating solutions that worked for each person including flexible appointments, alternative venues, and even an at-home cervical screening service for patients with learning disabilities – ensuring comfort, equity and choice.

Partnership with Bromley Football Club

Bromley Connect PCN has successfully partnered with Bromley Football Club in an outreach project to deliver community blood pressure screening events. Local residents receive blood pressure checks, health advice and guidance along with refreshments and even have a chance to meet the players on occasion. Early feedback reports a successful engagement rate with harder to reach patients, many of whom received their first blood pressure check in a number of years.

PCN Showcase

Orpington PCN	
Total list size	36,988
Member practices	Robin Hood Surgery, Oakfield Surgery, Park Practice, Highland Medical Centre, Sundridge Medical Centre, Anerley Surgery
PCN base	Anerley Town Hall
PCN infrastructure	1 Clinical Director 1 PCN Network Manager 1 Digital Transformation Lead 1 Senior Administrator & HR Generalist
ARRS staff	6 Clinical Pharmacists 5 First Contact Physiotherapists 3 Care Co-ordinators 2 Social Prescribing Link Workers 2 Mental Health Practitioners 2 Podiatrists 1 Dietician 1 GP Assistant

Population health data highlights	<p>Penge PCN serves a population with significant health deprivation, with higher-than-average levels of long-term conditions such as cardiovascular and respiratory disease, diabetes, CKD, mental health issues, obesity and hypertension.</p> <p>Uptake of cancer screening and other preventative interventions is below borough averages, influenced by deprivation, digital exclusion, and wider social determinants of health. Challenges related to employment, housing instability, and limited access to healthy lifestyle opportunities further impact health outcomes.</p> <p>The PCN comprises six practices. Four primarily serve the Penge and Anerley and Crystal Palace wards, while Highland and Sundridge draw most of their populations from North Bromley. Highland Medical Practice also operates a branch in Orpington. The area has high levels of unemployment, social-rented housing, and overcrowding. Deprivation varies across practices, with Anerley Surgery having 25.5% of patients in the most deprived quintile compared to 1.7% at Sundridge.</p> <p>The population is diverse, with higher-than-average proportions of ethnic minorities, people born outside the UK, and individuals with learning disabilities. It is also a younger population, with more children under five and a higher proportion of lone-parent households. Although overall disease prevalence appears low due to the younger demographic, the population faces increased risk of cardiovascular disease and cancer, driven by deprivation, ethnicity-related risk factors, smoking, obesity and an average prevalence of diabetes. Rates of serious mental illness are also elevated.</p>
Hub services	<p>Remote GP appointments are offered through SDF funding. These occur throughout the year.</p>
Health Inequality project	<p>Mobile Health Hubs were launched in 2025 where our team goes out to established community groups to find out what health related care service they would like to bring to their community group.</p> <p>These have been running successfully throughout 2025.</p> <p>In September 2025 we partnered with Clarise Fitness to support with the ongoing work she has done in the community providing fitness and support to the community.</p>
Capacity and Access improvement initiative	<p>The PCN has previously distributed a percentage of CAIP funding to practices, allowing them to increase capacity via locums, additional practice staff or funding overtime for current staff to meet patient demand.</p>

Flagship service	Enhanced access service – for all the patients of our PCN. BCHIP – Collaborative working with community nursing team, general paediatricians and general practitioner for any paediatric queries before referring to secondary care services (for patients under 16 years of age).
Future plans	<ol style="list-style-type: none"> 1. Health and Wellbeing Café – For all our patients from 65 years onwards. 2. Check in project – for all the housebound patients registered with PCN practices.

9. Bromley Public Health

‘Know your Numbers’ Blood Pressure Awareness Campaign 2025 (Blood Pressure UK)

‘Know your Numbers’ 2025 Annual Campaign – One Bromley and Partners

Hypertension is the leading modifiable risk factor for cardiovascular disease and a major contributor to premature death and disability in the UK. Around 14.8% of adults in England have a recorded diagnosis of hypertension¹, and an estimated 5 million adults live with undiagnosed high blood pressure². Blood pressure awareness campaigns are vital for increasing public understanding and identifying individuals with undiagnosed or poorly controlled blood pressure. Developed by Blood Pressure UK in 2001, *Know Your Numbers* (KYN) is an annual campaign encouraging people to know and understand their blood pressure numbers and have regular blood pressure checks. Bromley, Public Health has actively supported KYN for several years and continued its participation in 2025.

Led by Public Health, the One Bromley and partners (Mytime Active) KYN campaign also included manual pulse checks to identify irregular rhythms such as atrial fibrillation—a major stroke risk factor. Two blood pressure stations in Mottingham and Penge were open to members of the public with a third located within the Bromley Civic Centre for London Borough of Bromley staff working within the building.

Objectives

- Raise awareness of the importance of knowing and understanding blood pressure numbers
- Highlight health risks and need for follow-up
- Promote healthy lifestyle choices
- Detect irregular pulse rhythms that may indicate underlying cardiovascular conditions
- Encourage and promote home blood pressure monitoring
- Reduce health inequalities through targeted outreach

All staff participating were competent to perform blood pressure and manual pulse checks and provide follow-up advice aligned with the Bromley Decision Making Guide developed by Public Health and the Clinical Effectiveness South East London Integrated Care System. Community pharmacies, participating in the National Advance Hypertension Case Finding Services were included as a follow-up option for blood pressure rechecks along with referral to General Practice or more urgent care when appropriate.

Participation

- **Total BP checks completed:** 371
- **Locations:** Mottingham, Penge and Bromley Civic Centre

Demographics

- **Ethnicity:** White (55%), Black (21A%), Asian (13%), Mixed/Other (8%)
- **Age range (16 years-75+):** Highest engagement among 45-64 years
- **Gender:** More females attended overall –(60%). Of the male attendees 32% showed higher prevalence of high blood pressure.

Results & Impact

- **Total number of high blood pressures detected:** 87 individuals (23.5%)
- **Irregular pulse rhythms identified:** 16 individuals (4%)
- **Follow-up:** All individuals with abnormal readings received tailored advice and letters with recommendations for GP review, urgent care or pharmacy recheck.
- **Impact:** Early detection of hypertension and irregular pulse rhythms enables timely intervention, reducing risk of stroke and cardiovascular complications. Patients were empowered with the appropriate provision of lifestyle advice and resources for self-monitoring.

Conclusion

The One Bromley and Partners 2025 'Know your Numbers' campaign successfully met its objectives, continuing to raise awareness of blood pressure and pulse health across the borough. The campaign aims to empower individuals of all backgrounds – to understand their blood pressure numbers, take timely action and improve cardiovascular wellbeing, ensuring prevention remains accessible and inclusive for everyone.

References

1. British Heart Foundation (BHF) Compendium (June 2025) – Heart & Circulatory Disease Statistics 2025
2. Know your Numbers 2025 – Blood Pressure UK

10. Bromley GP Alliance (BGPA)

BGPA Community Anticoagulation Service

BGPA is pleased to update that the Community Anticoagulation Service pathway for switching patients from warfarin to DOACs is now live.

Patients registered with the BGPA Community Anticoagulation Service, who need to be switched from warfarin to a DOAC, no longer need referral to the hospital Anticoagulation Clinic.

BGPA's Anticoagulation Pharmacists will review patients' warfarin records, identify eligible patients, inform the GP of the proposed switch and book patients directly into a community appointment.

GP referrals are not required for eligible community patients to access the warfarin to DOAC switch pathway, as the service pharmacists will proactively identify patients.

Overall, this will reduce footfall to the PRUH Community Anticoagulation Clinic, allowing the hospital team to focus on more complex patients and aligns with one of the three core pillars of the NHS 10 Year Plan.



BGPA Anticoagulation Team

BGPA Homeless Health Project

Sarah Jackson, Nurse Practitioner for BGPA Homeless Health Project, completed the first Homeless Outreach Session with Maz from the Rough Sleeping and Mental Health Programme (RAMHP) team. It was a very positive session, recognising some find it extremely difficult to trust others and are often reluctant to seek help. Using Outreach to build relationships by meeting people experiencing homelessness where they are located is essential. Once a level of trust is established, Sarah and the Homeless team can begin to offer the appropriate support, particularly in relation to the person's health with a greater opportunity to identify health concerns earlier. This enables Sarah to work in collaboration with Bromley services to provide holistic care with the most vulnerable, who without support would be unlikely to access services independently for treatment.

We are also pleased to share that Sarah won the "Ab Fab" Award at the LNNM conference (London Network for Nurses and Midwifery). The nomination said:

"Sarah Jackson (ANP at the Bromley Homeless Health Project) has done a fabulous job in developing the health work in Bromley for people experiencing homelessness. She has gone over and above in helping to move the service from its voluntary Thursday Night Winter Clinic to the



*Sarah Jackson,
Nurse Practitioner*

funded full-time project. She networks all the time, and makes great links with services, shares her knowledge, is enthusiastic and cares deeply about her community.”

Please join us in congratulating Sarah on this achievement.

BGPA Winter Access Collaborative

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

Bromley PCNs are providing in-hours access hubs, whilst BGPA provide the out of hours element which operates as a Clinical Assessment Service (CAS),

The service has been running since 01.12.25, offering telephone appointments for NHS 111 to book directly from 6.30pm on a Friday through to 8am on a Monday morning. Taking direct referrals from NHS 111 in order to reduce unnecessary activity 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 is constantly reviewed and adapted to meet the needs and pressures of the local system.

Early reporting data shows:

- 80%> - consulted and closed by telephone appointment.
- 12% - booked for face-to-face appointment in BGPA CAS.
- <1% referred to UTC.
- <1% booked into practice NHS 111 appointments.
- <1% referred to GP practice for non-urgent appointment.

The service has been commissioned until 31.01.2026 with the option for additional capacity to extend into February if required.



Carly Bone, Tiana Lawrence, Xavier Noel, Meg Merah

BGPA PCN Team

One Bromley Local Care Partnership Board

DATE: Thursday 29 January 2026

Title	Bromley Primary Care Group: January 2026 Report
This paper is for information	
Executive Summary	<p>The Bromley Primary Care Group (PCG) is responsible for decisions relating to the commissioning of primary medical services and to provide leadership and oversight for the delivery of high-quality services, strategic transformation and innovation in primary care across Bromley.</p> <p>The following items were considered at the January 2026 meeting of this group:</p> <p>a) SEL WDH Primary Care Support Team</p> <p>The Primary Care Support Team, hosted by SEL WDH (South East London Workforce Development Hub), attended to present an overview of the work conducted since the creation of this team in support of GP practices across South East London (SEL). The presentation included an overview of the initial diagnostic-based framework visits, action plan themes, follow up and bespoke support as well as a more intensive development programme for practices, of which seven in Bromley are taking part.</p> <p>PCG discussed some of the themes emerging in terms of the support needs and the work in train to respond to these. PCG commended the work by the Primary Care Support Team to help continued improvement in GP services across Bromley.</p> <p>b) Special Allocations Service Contract</p> <p>PCG was provided with the business case to request a funding uplift for this service. The Special Allocations Service (SAS) must be commissioned by ICBs to provide GP services to patients who have been removed from their regular GP practice, typically due to violent or aggressive behaviour. This service has been commissioned by the ICB on behalf of all boroughs across SEL and the provider is based in Lewisham (with sites situated across boroughs).</p>

PCG discussed the financial impact, the implications for other primary care services and the provider's contractual performance. It was noted that the funds were within scope for the Primary Care delegated budget. PCG approved the proposed uplift for the SAS service.

c) Group Consultations implementation

PCG received an update on the progress with implementing the Group Consultations model in Bromley, a model which has been recommended by NHS England for primary care clinicians to bring together patients with similar long-term conditions as part of a community-focused, in-depth approach to chronic disease management.

The project leads outlined the support provided by the ICB for introducing this new way of working, which is being adopted by five out of the eight PCNs in Bromley. PCG was also advised about the expert evaluation project accompanying this initiative to ensure a robust assessment of the experience for patients and clinical teams.

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

PCG received the draft specifications for the locally commissioned schemes proposed for 2026/27. These propose a high degree of continuity with previous years. The main changes relate to the transfer of the scheme for increasing SMI Health Check uptake from a Local Enhanced Service into the GP Premium, and to adjust the payment mechanism for the GP Premium to more effectively incentivise quality improvement.

PCG members have been invited to provide feedback on the draft specifications and noted that these schemes are being discussed for agreement with the LMC.

e) Healthwatch Q2 2025/26 Report

Healthwatch Bromley shared the latest patient experience report for Bromley, noting the positive GP feedback received this quarter. There were discussions about how the data was collected and the change in frequency for future patient experience reports was noted.

f) CQC inspection Update

PCG welcomed the positive outcome following a recent CQC re-inspection for Chelsfield Practice, which is now rated Good by CQC.

Recommended action for the Committee	The Local Care Partnership Board is asked to note: <ul style="list-style-type: none">• The work undertaken by the Primary Care Group.• The endorsement of the request to uplift the SAS contract.	
Potential Conflicts of Interest	Some members of the LCP and its sub-groups are providers of primary care services and potential recipients of investment by the ICB (namely, the GP Premium and Local Enhanced Services). The PCG noted this potential conflict and that this item was for consultation and not for decision.	
Impacts of this proposal	Key risks & mitigations	The Primary Care Group takes responsibility for assurance of primary care risk identification and mitigation on behalf of the One Bromley Local Care Partnership.
	Equality impact	The Primary Care Group will ensure the equality, diversity and inclusion objectives of One Bromley are considered in the course of its work.
	Financial impact	N/A
Wider support for this proposal	Public Engagement	Public engagement is being undertaken directly through the individual schemes and initiatives.
	Other Committee Discussion/ Internal Engagement	N/A
Author:	Cheryl Rehal, Associate Director for Primary & Community Care, Bromley, NHS SEL ICB.	
Clinical lead:	Dr Andrew Parson, Co-Chairman, One Bromley Local Care Partnership & GP Clinical Lead	
Executive sponsor:	Harvey Guntrip, Bromley Lay Member, NHS SEL ICB	

One Bromley Local Care Partnership Board

DATE: Thursday 29 January 2026

Title	Bromley Procurement & Contracts Committee – November / December 2025 Update
This paper is for information	
Executive Summary	<p>The Bromley Procurement & Contracts group supports the management and oversight of delegated budgets in terms of compliance with procurement and contract management requirements. The following items were discussed and agreed at the group's meetings on 19th November and 8th December 2025.</p> <p><u>Contract Award</u></p> <p>Denosumab – A 3-year contract with the option to extend for a further 2-years was awarded following completion of a Most Suitable Provider process under the Provider Selection Regime.</p> <p>Bromley Healthcare (BHC) – Following completion of a Direct Award C process under the Provider Selection Regime, approval to proceed to contract award was granted by the Bromley Procurement & Contracts Committee, and the ICB Board. A transparency notice was subsequently published and with no representations being received the contract was formally awarded to BHC.</p> <p><u>Contract Extensions</u></p> <p>Community Anticoag – The committee agreed to utilise the extension in the contract with BGPA to extend this service for a further 2 years.</p> <p>GP Websites – The committee agreed to utilise the extension in the contract to extend this service for a further year.</p> <p><u>Contract Variations</u></p> <p>Winter Schemes – A contract variation for BHC was completed to provide additional GP out of hours activity over the winter period with a Local Incentive Scheme being used to provide additional in hours capacity for GPs over the winter period.</p> <p><u>Procurements</u></p> <p>The following updates were noted: -</p> <ul style="list-style-type: none">• Phlebotomy – Following publication of the intent to award a contract via the Most Suitable Provider process under the Provider Selection Regime, only one expression of interest was received. This will now be assessed against the agreed criteria with the aim of awarding the contract in January/February.

	<ul style="list-style-type: none"> • Homeless Service – The intention is to follow the Most Suitable Provider route. A notice of intention to use this route will be published seeking expressions of interest. Any expressions of interest received will then be assessed against the agreed criteria. If it isn't possible to identify the Most Suitable Provider, then a competitive procurement will be needed instead. • GP Out of Hours Service – Work has begun of preparing this service for competition with plans to tender in mid-February. <p><u>Other key areas of discussion to note</u></p> <p>Contracts Pipeline – Contracts due to expire between December 25 – January 27 – The table in Appendix A indicates the commissioned services where the current contract is due to expire within the next 12 months and the potential procurement options for these services.</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
	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	Contract ending 31/03/2026 – 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 being reviewed in 2025
	Bromley Tailored Dispensing Service	31/10/2026	Active	Option to extend contract to be considered by Procurement and Contract Committee
	GP OoH	30/11/2026	Active	Commissioning reviewing options
	Wheelchair Services	30/11/2026	Active	Competitive procurement being undertaken in conjunction with Bexley and Greenwich
	Talk Together Bromley - Improving Access to Psychological Therapies	30/11/2026	Active	Commissioning reviewing options

One Bromley Local Care Partnership Board

DATE: Thursday 29 January 2026

Title	One Bromley Performance, Quality and Safeguarding Group: January 2026 Report
This paper is for information	
Executive Summary	<p>December Meeting Update</p> <p>The One Bromley Performance, Quality and Safeguarding Group meeting held on the 4th of December focussed on discussion of the following topics.</p> <p><u>Pharmacy First Update</u></p> <p>The Pharmacy First service, nationally commissioned to alleviate winter pressures by managing seven clinical conditions and minor ailments within community pharmacies, has seen significant progress in implementation across South East London and Bromley.</p> <p>Patient experience remains positive, with 86% rating consultations highly, though awareness of the service is sometimes limited.</p> <p>Key developments were noted:</p> <ul style="list-style-type: none">• Work had been undertaken relating to enhanced referral pathways through GP Connect and EMIS, targeted communications, and collaboration with NHS 111 to improve call handler understanding.• Challenges persist around digital referral capability from urgent care, consistency of messaging to patients, and estate suitability for confidential consultations.• Work is ongoing to strengthen resilience and capacity within community pharmacy, ensure prescribing compliance with national guidelines, and improve interoperability with patient records.• Further actions include standardising referral information, auditing utilisation and prescribing practices, and addressing workforce training needs. A comprehensive update, including performance metrics and recommendations, will be presented at a future meeting. <p><u>RADAR System and Learning Response Management</u></p> <p>Bromley Healthcare (BHC) has embedded the RADAR system for recording all learning responses over the past 18 months, with pressure ulcer incidents being the most frequently reported. For category three and above, Swarm huddles, After Action Reviews (AARs), or multidisciplinary team meetings are initiated.</p> <p>The Patient Safety Incident Response Framework (PSIRF) is still being embedded, with a dedicated post in place to support implementation and continuous improvement. Current challenges include the high volume of Swarms due to service-level reporting and the need for a more system-wide approach to learning and improvement planning.</p>

	<p>Dashboards are being developed to provide visibility of incidents, themes, and learning across services, with integration work underway between RADAR, Qlik Sense, and other provider systems. Safeguarding alerts are embedded within RADAR, enabling statutory review support.</p> <p>Future developments include aligning processes across providers, improving data sharing, and ensuring learning is effectively disseminated and embedded. Work continues to standardise reporting, enhance governance, and prepare for integration with the national LFPSE system under the new GP contract.</p> <p><u>Quarter 2 2025/26 Quality Summary – Bromley</u></p> <p>Topics covered included:</p> <p>Implementation of Primary Care Patient Safety Strategy</p> <p>Implementation continues with work underway to consider recording processes in terms of reporting on the Learning from Patient Safety Events (LFPSE) system.</p> <p>Quality Alerts and Patient Safety Incidents</p> <p>Key themes of quality alerts in the quarter included:</p> <ul style="list-style-type: none"> • Transfer of care issues • Inappropriate requests to GPs • Discharges – particularly in relation to medication. <p>There was a detailed discussion of the update to include highlighting of any issues to be picked up by the quality team or for update at a future meeting.</p> <p><u>One Bromley Performance Report</u></p> <p>The report was noted.</p> <p><u>Bromley Risk Register</u></p> <p>The following updates were noted:</p> <ul style="list-style-type: none"> • No new risks had been added, however there had been an increase to the risk scoring for the CHC capacity risk in light of the ICB changes. • The rating for the finance risk relating to the Community Equipment service had also been reduced following appointment of a new provider. <p>The next PQS meeting is scheduled for Thursday 26th of February.</p>
Recommended action for the Committee	The One Bromley LCPB are asked to note this update.
Potential Conflicts of Interest	None

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

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		