ONE BROMLEY
WORKING TOGETHER TO IMPROVE HEALTH AND CARE

One Bromley Local Care Partnership Board
Date: Thursday 30 July 2026
Time: 9.30am – 11.25am
Venue: Bromley Civic Centre, the Council Chamber (Phase 1, Floor 0), Churchill Court, Westmoreland Road, Bromley, Kent, BR1 1DP
Chairmen: Harvey Guntrip 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 18 June 2026** For approval	Enc. 2	Chairmen	9:40
5.	**Actions for the Board** For approval	Enc. 3	Chairmen	9:42
For Approval/Decision				
6.	**One Bromley Governance Framework Update** For discussion and endorsement	Enc. 4	Mark Cheung Sean Rafferty	9:45
7.	**Strategic Investment Fund (SIF) - Delivery Update, Funding Approval and Next Steps** For decision	Enc. 5	Mark Cheung	10:05
8.	**Bromley Dementia Transformation Programme – Outline Plan** For decision	Enc. 6	Jodie Adkin	10:20
For Information and Noting				
9.	**Month 2 SEL ICB Finance Report** For information and noting	Enc. 7	Asad Ahmad	10:35

10.	**Partnership Report** For information and noting	Enc. 8	Dr Angela Bhan	10:45
Reports from Key Sub-Committees for Noting				
11.	**Bromley Primary Care Group Report** For information and noting	Enc. 9	Harvey Guntrip	10:55
12.	**Bromley Procurement & Contracts Group Report** For information and noting	Enc. 10	Sean Rafferty	11:05
Closing Business				
13.	**Any Other Business**	Verbal	All	11:15
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 24 September 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.			

ENCLOSURE: 1
AGENDA ITEM: 2

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

ENCLOSURE: 1
AGENDA ITEM: 2

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

ENCLOSURE: 1
AGENDA ITEM: 2

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NHS South East London ICB One Bromley Local Care Partnership Board – Declared interests as of July 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	
			Non-Financial Personal Interest	Daughter is a Senior Consultant for PA Consulting	01/09/2025	

ENCLOSURE: 1
AGENDA ITEM: 2

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

Mark Cheung	South East London ICB	One Bromley Programme Director	No interests declared			
Asad Ahmad	South East London ICB	Associate Director of Finance – Bexley and 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	

ENCLOSURE: 1
AGENDA ITEM: 2

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

			Non-Financial Professional Interest	Elected Councillor, London Borough of Lewisham	03/05/2024	07/05/2026
Lorraine Mattis	Bromley Healthcare	Chief Executive Officer	Financial Interest	Chief Executive of Bromley Healthcare	08/06/2026	
			Non-Financial Personal Interest	Trustee of Sickle Cell Society	29/01/2026	
			Non-Financial Professional Interest	Governor of the Learning & Achieving Federation	01/09/2020	
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	Co-Chair	No interests declared			
Dr Hannah Josty	Bromley LMC	Co-Chair	No interests declared			
Gemma Alborough	South East London ICB	Business Support Lead – Bromley	No interests declared			

ENCLOSURE: 1
AGENDA ITEM: 2

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

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 and shareholder in BGPA.	01/01/2013	
			Non-financial professional interest	Clinical Director Orpington PCN.	01/11/2022	
		One Bromley PCN Clinical Lead Strategy, Interface and Neighbourhoods	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			

ENCLOSURE: 2
AGENDA ITEM: 4

ONE BROMLEY
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One Bromley Local Care Partnership Board
Minutes of the meeting on 18 June 2026
Held in The Council Chamber, Bromley Civic Centre

Present:

Name	Title and organisation	[Initials]
Members (Voting):		
Dr Andrew Parson	One Bromley Senior Clinical Director (Co-Chairman), South East London ICB	AP
Cllr Colin Smith	Leader of the Council (Co-Chairman), London Borough of Bromley	CS
Dr Angela Bhan	Place Executive Lead – Bromley, NHS South East London	AB
Iain Dimond	Chief Operating Officer, Oxleas NHS Foundation Trust	ID
Donna Glover	Director of Adult Social Services, London Borough of Bromley	DG
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 Kate Jackson	Clinical Director, The Cray's Collaborative Primary Care Network	KJ
Lorraine Mattis	Incoming Chief Executive Officer, Bromley Healthcare	LM
Dr Claire Riley	Clinical Director, Orpington Primary Care Network and Clinical Lead Strategy, Interface, and Neighbourhoods	CR
Jacqui Scott	Chief Executive Officer, Bromley Healthcare	JS
Councillor Diane Smith	Portfolio Holder for Health and Care, London Borough of Bromley	DS
Dr Hasib Ur-Rub	Chair, Bromley GP Alliance	HU-R
David Walker	Chief Executive Officer, Bromley Third Sector Enterprise	DW
Members (Non- voting):		
Mark Cheung	One Bromley Programme Director, NHS South East London	MC
Paulette Coogan	One Bromley People and Systems Development Director, NHS South East London	PC
Dr Ruth Tinson	Co-Chair, Bromley Local Medical Committee	RT
In Attendance:		
Asad Ahmad	Associate Director of Finance – Bexley and Bromley, NHS South East London	AA
Gemma Alborough	Business Support Lead – Bromley, NHS South East London	GA
Charlotte Bradford	Operations Co-ordinator, Bromley Healthwatch	CB
Christine Harris	PA/Business Support – Bromley, NHS South East London	CH
Apologies:		
Dr Nada Lemic	Director of Public Health, London Borough of Bromley	NL
Helen Norris	Chair, Bromley Healthwatch	HN
Sean Rafferty	Assistant Director, Integrated Commissioning, NHS South East London, and London Borough of Bromley	SR
Steve Smith	Chief Executive Officer, St Christopher's Hospice	SS

ONE BROMLEY
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		Actioned by
1.	**Welcome, Introductions to the One Bromley Local Care Partnership Board & Apologies for Absence**	
1.1	Councillor Colin Smith welcomed members and attendees to the One Bromley Local Care Partnership Board meeting.	
1.2	Apologies for absence were noted as recorded above. Jodie Adkin noted that she was attending on behalf of Sean Rafferty.	
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 questions were received.	
4.	**Minutes of the One Bromley Local Care Partnership Board Meeting 26 March 2026**	
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.	**Strategic Investment Fund**	
6.1	Mark Cheung talked through a short slide deck which summarised the paper circulated to attendees prior to the meeting. The following points were noted: • The Strategic Investment Fund (SIF) submission focused on planned investment for the borough and what this enables. This is a key opportunity to accelerate working and strengthen the integrated model we are developing and shift more proactively into the community and the services we are developing there. • The SIF funding gives £1.6m for this financial year in year and becomes recurrent for £2m next year. There is a stated intention as part of the South East London financial strategy that they should be trying to increase investment in community and in integrated working. There is thus an expectation that this would increase, subject to affordability. The purpose of using that funding is for three areas: accelerating neighbourhood working, mobilising Integrated Neighbourhood Team pathways and reducing avoidable demand through early intervention and prevention work. • This is not a standalone source of funding and these are not standalone schemes; it is thus vital to join up and utilise existing resources to work differently at a neighbourhood level. The funding was structured in three areas: 1. Supporting integrated neighbourhood team development, to include proactive work on key priorities set nationally around the core delivery model, frailty, multiple conditions and children and young people. 2. Prevention – To include Core 20 and Cardiovascular Renal Metabolic (CVRM) populations. This is about targeting population health need. 3. How we support our integrator development, primary care levelling up and the pushing boundaries programme. Most funding is focused on neighbourhood care and integrated capacity, with significant additional investment in prevention. There is also funding held centrally for South East London, for mental health strategic investment, primary	

care equalisation, and innovation funding. There are also centrally managed funds which will be available to bid for.

It had been agreed to bring back mental health proposals to the LCP first to think about how this will align with wider work on neighbourhood care. Clear criteria have been set from SEL ICB around how this funding should be used. It had been ensured that Bromley priorities aligned with this.

Through a partnership exercise, we work through a lengthy list and clinically and operationally refine proposals through continuous meetings with key stakeholders within each of the pathways, but also in prevention work as well. A final prioritisation meeting was held with the One Bromley Executive in May and the submission made to SEL a few days later.

The process had a particularly short timescale, and it was thus key to ensure there was something substantive enough to get approval from South East London. The paper was being brought to the board to close the loop, with final approval and feedback awaited from South East London.

The priorities identified included:

- Frontline INT capacity and coordination ensuring capacity to deliver pathways.
- Proactive identification and ensuring population health management capacity through development of a population health management hub in Bromley and working with the South East London development of population health management.
- Working with general practice and primary and community care colleagues to develop neighbourhood teams.

There was a requirement to demonstrate how this would be delivered in terms of scaling the numbers needed to develop INTs. The plan outlined a target to increase the number of people under INTS from around four hundred and fifty to just under five thousand by the end of the year.

This would start with three specific pathways:

- Frailty
- Multiple Long Term Conditions
- Children and Young People

Initial work is underway with South West INT on multiple conditions and frailty, developing what we already have through the ICN model and BCHIP. The key principle is getting people into the system under the care of an INT and ensuring they are part of a sustained proactive caseload.

Next steps would focus on the shift from planning into delivery, specifically around programme management and finances. There would be a clear line of accountability to the One Bromley Executive and to this Board.

The One Bromley Local Care Partnership Board were asked to:

- Note the Bromley SIF proposals and priority investment areas.
- Note that financial allocations are indicative.
- Support the proposed approach to delivery, governance, and oversight.
- Endorse progression to mobilisation and implementation planning.

6.2	The following comments and questions were raised: • Dr Parson noted that the development of Integrated Neighbourhood Teams represents a significant organisational priority and welcomed the clear articulation of targeted priorities, alongside the outlined governance and accountability arrangements. It was agreed that robust evaluation will be critical to assessing progress and impact, including engagement of wider partners; however, further detail was requested on the scope and methodology of the proposed evaluation to provide greater assurance. • Iain Dimond asked about governance processes and how the metrics would be developed, and what would be seen at this meeting. • Harvey Guntrip noted this is a fixed funding envelope issued from the ICB. It was asked how secure this would be if there was overspend in other parts of South East London. • Mark Cheung responded to the questions raised, confirming that the metrics and governance would be developed as a matter of course through programme management, to include the PMO approach. Whilst there is already some reporting in place, however it is more difficult to measure outcomes, particularly in the preventative space. Work will be undertaken on primary, secondary, and tertiary prevention, both at South East London level and locally and on how this is measured. Whilst the future cannot be predicted, it had been confirmed that these monies would be a recurrent allocation and would become part of baseline at a place level. In working through the Integrator, governance is key to ensuring transparency and that this works well for us as a partnership. • Jacqui Scott noted that the next steps are programme management and delivery partners. There may be schemes where a number of partners would like to be involved in delivery. Were this to happen, it was asked what the decision-making around this would be if consensus could not be reached. • David Walker noted his declaration of interest as Chief Executive of an organisation which receives funding from these monies. The paper stated that allocations for the four neighbourhoods were being considered. It was asked how we are going to be able to attribute any level of impact on those four neighbourhoods as they are currently developing. • Dr Hasib Ur-Rub highlighted that laying this information out in the format shared was helpful. It was asked how it would be ensured that what is being delivered is working and beneficial before it is embedded into everyday practice. Evaluation needs to be well discussed in the context of the wider partnership so that we know what we are doing is right and delivering correctly. • Mark Cheung responded to the points about allocation of funding. This will prioritise collaborative partnership working, building on organisational strengths, and seeking consensus where possible. A memorandum of understanding is being developed to formalise governance arrangements and manage potential conflicts of interest. The funding is intended to support the development, leadership, and structure of integrated neighbourhood teams, with a phased approach informed by pilot learning (notably South West Bromley) and robust evaluation. While the funding is helpful, it is not transformational in isolation and must be considered alongside the wider system resource. The focus is therefore on enabling sustainable pathway development, system integration, and scaling of effective models, including learning from existing pathways such as frailty. • Dr Angela Bhan noted that the funding should be aligned with existing system resources, contracts, and budgets, and used primarily as an enabler to remove organisational barriers and support integrated working	

	across partners. As recurrent funding, it provides flexibility to pilot, adapt and scale delivery models, supporting a more mature, collaborative system where leadership and delivery responsibilities are shared across organisations. Strategic commissioning arrangements will continue to play a key role in resolving disagreements and guiding delivery. The approach will also support the development of neighbourhood models, including strengthening integration with community and mental health services, particularly for people with serious mental illness and long-term conditions.	
6.3	The Board**:** **NOTED** the Bromley SIF proposals and priority investment areas. **NOTED** that financial allocations are indicative. **SUPPORTED** the proposed approach to delivery, governance, and oversight. **ENDORSED** progression to mobilisation and implementation planning.	
7.	**Neighbourhoods Update**	
7.1	Dr Claire Riley introduced an update on progress over the past six months, noting improved definition of target cohorts and a more integrated approach to adult pathways, particularly aligning frailty and multi long-term condition pathways to reduce duplication and streamline patient experience. Early implementation of the multi long-term condition pathway in South West Bromley is underway, with evaluation at an early stage. Strong partnership working has been demonstrated through multi-professional training and development of integrated neighbourhood teams, alongside refinement of MDT membership. Bromley is well positioned compared to other areas, building on established programmes such as ICN and BCHIP. Next steps include strengthening clinical leadership, embedding new INT development roles, and continuing a phased approach to scaling and evaluation to ensure effectiveness before wider rollout. Mark Cheung added that development of population health management was underway. Approval has been secured to utilise funding to establish a hub-based model for population health management, aligning with South East London data infrastructure and strengthening collaboration with local authority and public health partners, including links to the national prevention programme. Progress is also underway to develop neighbourhood health centres, with initial priority sites identified across Bromley, Beckenham, Orpington and South West INT. Work is continuing with partners to maximise the use of estate and space, supporting more integrated and joined-up service delivery across the system.	
7.2	The following comments and questions were raised: • Dr Parson highlighted the challenges relating to leadership at neighbourhood level and emphasised the importance of partner organisations providing clear support to strengthen this. It was noted that effective leadership is critical to establishing the desired culture of collaboration, continuous improvement, openness, and evaluation across the system. • David Walker acknowledged the significant collaborative effort across the health and care system, including the voluntary sector and primary care, to progress neighbourhood working and deliver practical, on-the-ground improvements. The importance of recognising and supporting carers was highlighted, noting their critical role in supporting individuals with long-term conditions and frailty. It was also emphasised that future work should focus	

	on strengthening practical links between teams to improve awareness of available support and enhance coordinated, person-centred care across the system. • Angela Helleur updated that the team came to the King's Board Meeting last week and received unanimous support from the Board. This work was felt to be a fantastic example of what we can do together as a system. The King's Board are thinking about how they can support this, to enable the required spread and scale. • Dr Ur-Rub highlighted the importance of ensuring health inequalities are fully embedded within programme development from the outset, rather than considered as an afterthought. It was emphasised that leadership teams must have a strong understanding of inequalities to effectively address variation in outcomes and ensure equitable delivery across all initiatives. • Harvey Guntrip asked if there are any effective IT and particularly AI systems that will help with mapping, processing and evaluating this. • Mark Cheung noted that work is underway to strengthen leadership at neighbourhood level, recognising this as a wider national challenge as neighbourhoods are not formal organisations but collaborative arrangements across partners. Progress includes the recruitment of INT development managers and the establishment of a coordination and leadership function, alongside development of clinical and community leadership roles. Health inequalities were confirmed as a core priority embedded throughout programme design, supported by a dedicated inequalities group and population health management approaches to assess impact on different population groups. Ongoing development of digital and data capabilities, including exploration of AI and wider system collaboration, to support delivery were noted. • Paulette Coogan noted that development of neighbourhood leadership will take a practical, collaborative approach, with posts currently being recruited or identified. Partner organisations are asked to support a system-wide, joined-up approach to leadership development, working across organisational boundaries to build relationships and enable system leadership rather than siloed or hierarchical models. This approach remains in progress and will be further developed once key roles are in place. • Dr Riley noted that current approaches to identifying target populations are based on existing practice data, which may not fully capture those experiencing health inequalities. It was emphasised that INT development managers will play a key role in engaging with voluntary and community sector partners to better understand and reach underserved populations. Partner organisations are asked to actively support this work by engaging with development managers to build local insight, recognising that needs vary across neighbourhoods, and ensuring more equitable access to services, including for vulnerable groups such as the homeless. • Dr Parson stated that this was a helpful conversation and that through challenge and evaluation we are going to make a difference.	
7.3	The Board: **NOTED** the progress made in developing and implementing Integrated Neighbourhood Teams in Bromley since January 2026. **NOTED** the key priorities for the next 3–6 months, including scaling delivery across all neighbourhoods and progressing the enablers required for sustainable implementation. **AGREED** to support through their organisations the development and delivery of services for the people of Bromley through our neighbourhoods.	

8.	**Winter 2025/26 Evaluation and Recommendations**	
8.1	Jodie Adkin presented the Winter 2025/26 Evaluation and Recommendations. The evaluation applied a comprehensive methodology combining qualitative and quantitative data alongside clinical input from system partners. The evaluation highlighted strong system-wide performance, with all partners contributing effectively and demonstrating a mature, collaborative approach to winter planning, including a strengthened focus on workforce support. The evaluation provided a collective, system-wide perspective, identifying strengths and learning across all sectors including acute, community, primary care, social care, mental health, voluntary sector and commissioning, reflecting pressures experienced across the whole system rather than just within individual organisations. Key challenges included a continued rise in demand, particularly in the emergency department, alongside evidence of increasing patient complexity linked to demographic changes, notably growth in older populations with multifaceted health and social needs. Despite this, admission rates did not increase proportionately, indicating a shift towards complexity rather than purely acuity-driven demand. Persistent pressures such as corridor care were noted as system-wide indicators of strain. The Board noted that recommendations have been developed for all partners, emphasising the need for collective ownership and system-wide implementation. These will be progressed through the A&E Delivery Board to inform planning for Winter 2026/27. It was further noted that winter funding remains limited, and a more targeted, evidence-based approach to allocation will be required, particularly considering under-utilisation of some commissioned services and changing patterns of demand.	
8.2	The following comments and questions were raised: • Dr Parson gave thanks for the comprehensive report and noted the significant work undertaken to develop and navigate care pathways. It was emphasised that patient and resident experience is shaped by decisions made at the point of care. The importance of maintaining continuity of care across pathways was highlighted, ensuring that clinical decisions, patient knowledge and understanding of need are consistently carried through services. Embedding this continuity, alongside anticipatory care, within workforce training was identified as a key enabler of improved outcomes. The Board also noted the ongoing tension between managing demand pressures and maintaining high-quality, personalised care, and agreed this should remain a key area of focus. • Dr Kate Jackson followed up on the point regarding continuity. The new GP Collaborative is developing and it is anticipated that primary care will come together even more closely than previously to deliver a more sustainable service from a general practice perspective. • Dr Riley updated on actions to improve coordination across care interfaces, particularly relating to surgical patient pathways. It was confirmed that the issue of establishing clear contact points for surgical teams had been escalated to the Primary, Secondary and Community Care Interface Group, with updated surgeon contact details now in place. A targeted communications campaign for primary care is being developed to improve access to on-call surgical advice. Early testing indicates improved	

responsiveness, demonstrating that identified patient flow issues can be addressed effectively through strengthened system coordination and existing governance mechanisms.

- David Walker noted the risk of carer breakdown, highlighting ongoing work led by Bromley Well through the Carers Trust and NHS London on implementing carers' contingency plans via the Universal Care Plan. This enables key information, including emergency contacts and care arrangements, to be accessed across services, including hospitals and the London Ambulance Service. It was noted that many carers currently lack an emergency plan, contributing to system pressures. An action will be progressed through the One Bromley Executive to strengthen identification of vulnerable carers and increase uptake of contingency plans ahead of winter.
- Donna Glover noted the ongoing challenge when carers are admitted to hospital and those cared for must be admitted with them as they are unable to remain at home alone. These are often described as social admissions, and there is an associated risk of late identification. It was emphasised that carers and cared-for individuals are frequently only identified at the point of admission, rather than proactively. Strengthening cross-partnership working to identify these individuals earlier and implement contingency plans was highlighted as a priority, with the aim of preventing avoidable admissions and improving care continuity.
- Angela Helleur touched on the prevalence of corridor care across emergency departments and inpatient settings, noting the requirement for all incidents to be formally reported. Kings has undertaken a comprehensive internal flow review, with the ambition to virtually eliminate corridor care ahead of winter. A range of schemes, developed in partnership with Bromley partners, including enhanced ambulatory pathways and same day emergency care have been implemented, with early indications of improved patient flow.
- Harvey Guntrip praised the work done in Bromley for winter planning and wondered if considering the record temperatures this summer, and that these would continue to increase if there would also need to be a summer plan.
- Dr Hasib Ur-Rub praised the impressive performance of Bromley's winter vaccination programme, with high uptake in care homes, whilst recognising the challenge in sustaining further increases. It was highlighted that additional focus is required to improve vaccination rates among vulnerable groups. Dr Ur-Rub also acknowledged the positive impact of local models, including Hospital at Home, in supporting winter pressures, while noting the need for further expansion and improved access, particularly for care home residents, to maximise system benefit and reduce hospital pressures.
- Dr Angela Bhan noted that heatwave plans are in place across organisations, led by Public Health in partnership with Local Authority colleagues, with established arrangements within care settings and hospitals. Strong vaccination uptake in Bromley was acknowledged; however, it was emphasised that overall population protection requires higher coverage due to variable vaccine effectiveness. Dr Bhan also noted ongoing multi-agency work to address health inequalities, particularly through targeted support for housebound individuals, with the aim of improving access to services, increasing vaccination uptake, and strengthening management of long-term conditions to support resilience across winter and beyond.
- Jodie Adkin thanked members for their feedback and noted positive partnership working and engagement across the system in developing the

	winter plan. It was confirmed that planning for next winter would commence imminently, with a full plan expected by September to allow sufficient time for implementation. In the interim, work will continue to progress existing recommendations, with a commitment to provide a further progress update to the Board later in the year.	
8.3	The Board: **NOTED** the content of the report and learning from Winter 2025/26. **COMMENTED** on the 2025/26 winter evaluation recommendations and **ENDORSED** their delivery through the system partnership.	
9.	**Better Care Fund 2026/27 Planning**	
9.1	Jodie Adkin introduced the item, noting that this was the final version of the 2026/27 Better Care Fund Plan. This reflects the priorities and approach previously presented aligned to Department of Health and Social Care requirements. It was confirmed that the plan comprises both a narrative and financial performance component, with no substantive changes from earlier proposals. The ongoing national transition context and expectation of further guidance was highlighted. Rob Carrick, Better Care Fund Lead, was introduced, who will oversee delivery of the plan and progression of identified priorities. Rob Carrick updated on the Better Care Fund plan, noting that it had been submitted and was currently subject to clarification queries from the assurance process, with responses due shortly. Feedback to date has been positive, with no requirement for substantive changes. It was confirmed that detailed national reporting requirements and future-year planning guidance are still awaited as part of the transition year. There were plans to establish a system-wide steering group to strengthen partnership working, align activity across funded schemes, and support delivery of the plan, with a focus on mitigating risks and maximising the impact of available resources.	
9.2	The following comments and questions were raised: • Dr Parson thanked colleagues for the useful paper and for explaining the engagement and governance which has already taken place, with acknowledgement that this is a time of transition. • David Walker asked about potential increases in national Better Care Fund funding and its alignment with wider policy developments. • Jodie Adkin confirmed that, locally, funding allocations remain broadly consistent with previous years, with only a small uplift, and no additional increases reflected in current planning assumptions. • Councillor Colin Smith asked that font on the spreadsheet be larger in future. • Rob Carrick responded that the submitted spreadsheet could not be fully shared due to system restrictions, including locked content and multiple sheets. It was confirmed that a clearer, completed version could be circulated separately after the meeting to support review and readability.	
9.3	The Board: **NOTED** the national context and requirements for the Better Care Fund (BCF) for 2026/27, including its role as a planning and transition year. **NOTED** the Bromley Better Care Fund Plan for 2026/27, including the approach, priorities and governance arrangements, submitted to the Department of Health and Social Care (DHSC) in line with national timescales.	

	ENDORSED the submitted plan and **NOTED** that any further updates or required amendments would be reported to a future meeting of the Board.	
10.	**One Bromley Communications and Engagement Annual Activity Report 2025/26**	
10.1	Paulette Coogan presented the report, noting the breadth of partnership-led activity undertaken across the system. It was highlighted that the report reflects collective engagement, although additional activity delivered independently by partner organisations was also significant. It was acknowledged that while outcomes and impact are reported, measuring engagement effectiveness remains challenging, and work continues to strengthen evaluation approaches. It was also noted that priorities for the current year are outlined, although delivery may require review considering system capacity constraints following the ICB Change Programme leading to reductions in staffing.	
10.2	The following comments and questions were noted: • Dr Parson gave thanks for the excellent paper and noted how crucial communications and engagement with residents is. The reductions in ICB capacity were noted and it was asked how this would change how we need to work together in the future to enable ambitions to continue. • Paulette Coogan responded to the query, noting that she Chairs the One Bromley Communications and Engagement Group, which has strong collaborative working and sharing across partners. It was highlighted that, to sustain delivery and coordination, there may be a need to identify clearer organisational leads for specific areas of work. A proposal may be brought back to formalise responsibilities and ensure continued system-wide engagement and contribution. • Councillor Colin Smith noted feedback from an external Local Government Association peer review, which highlighted that the borough's strong partnership working and achievements are not consistently promoted. It was suggested that partners consider taking a more proactive and coordinated approach to communicating successes across the system. • Paulette Coogan agreed that current communications and promotion of partnership work could be strengthened. It was highlighted that Bromley has well-established and mature engagement networks compared to other areas, but these are not consistently showcased. There was support for a more proactive approach to sharing achievements and learning across the system to better reflect the strength of partnership working.	
10.3	The Board: **NOTED** the Communications and Engagement Annual Activity Report for 2025/26. **PROVIDED** feedback or observations to inform future reporting and priorities.	
11.	**Month 12 SEL ICB Finance Report**	
11.1	Asad Ahmad introduced the report, noting that Bromley Place achieved a break-even position, delivering a small underspend against its allocation. Overspends in mental health and continuing care were offset by underspends across prescribing, acute and community services. The South East London ICB also reported a slight underspend and it was confirmed that all statutory financial duties were met, with final figures subject to audit sign-off. The Board noted the 2026/27 opening budget for Bromley Place of £208.5m	

	and ongoing underlying cost pressures, particularly within mental health and continuing care, with early indications that these pressures are continuing into the new financial year.	
11.2	The following comments and questions were noted: • Jacqui Scott asked about mental health budgets, noting that the budget set is significantly less than what the outturn position is. It was asked if there are plans to reduce that trajectory or if overspend is expected. • Asad Ahmad responded that the budget set was less than the outturn from last year, a rebasing exercise had been undertaken and there was £750k of additional budget added on top of the growth funding received. There are already indications of overspend, this is being reviewed and mitigations would need to be found throughout the year. • Mark Cheung noted the ongoing financial pressures within the available funding envelope, particularly relating to mental health, which reflect a wider system-wide and national challenge. It was confirmed that mitigation actions are being progressed in collaboration with South East London colleagues, including budget reallocation and targeted investment to manage cost pressures. Early steps have been taken, with further work required to deliver sustainable solutions. • Harvey Guntrip asked for clarification that the mental health budget is reduced by £70m in comparison to last year. • Asad Ahmad confirmed this was correct, explaining that delegated primary care budgets had been centralized this year.	
11.3	The Board **NOTED** the Month 12 Finance Report.	
12.	**Partnership Report**	
12.1	Dr Angela Bhan introduced the Partnership Report, taking this as read and welcomed any comments or questions. Attention was drawn to the progress to address health inequalities, including a strategic assessment of local need and prioritised programmes focused on veterans, carers, and housebound individuals. A forthcoming webinar would showcase this work and partner involvement. The Board also noted progress in implementing management cost reductions across the ICB, including workforce changes and voluntary redundancies, with associated risks to organisational capacity highlighted.	
12.2	Dr Parson thanked colleagues for the report, noting that it is always immensely heartwarming to read all the work that is going on.	
12.3	The Board **NOTED** the Partnership Report.	
13.	**Bromley Primary Care Group Report**	
13.1	Harvey Guntrip took this report and the *Bromley Performance, Quality and Safeguarding Group Report* as read. Concerns were highlighted regarding the reduction in data and information available to support system oversight, including diminished reporting and capacity within medicines management and performance functions. This was highlighted as a significant risk to the effectiveness of One Bromley. It was agreed that a future agenda item should be scheduled to clarify priority information requirements, data sources, and mitigating actions.	
13.2	The following comments and questions were noted: • Dr Parson noted that he attended both meetings and that this issue has come up as a concern and should be reflected in risk registers. • Dr Bhan suggested a need to prioritise key data and information requirements considering reduced workforce capacity. It was emphasised	

	that focusing on essential reporting will be critical to maintain effective oversight. The Board also noted the potential to align this work with population health management approaches to strengthen how quality and performance data are identified, analysed, and reported. • Mark Cheung noted the implications of ICB structural changes on reporting and system roles, highlighting the need to clarify priorities and define core requirements within reduced resources. It was emphasised that this will require a shift towards more locally driven oversight, with greater clarity on the role of the integrator and partner contributions. The opportunity to utilise approaches such as population health management to support more effective quality monitoring and reporting under the revised model was noted.	
13.3	The Board **NOTED** the Bromley Primary Care Group Report.	
14.	**Bromley Performance, Quality and Safeguarding Group Report**	
14.1	This item was taken alongside *Item 13 – Bromley Primary Care Group Report.* No further comments or queries were raised.	
14.2	The Board **NOTED** the Bromley Performance, Quality and Safety Group Report.	
15.	**Bromley Procurement and Contracts Group Report**	
15.1	Mark Cheung took the report as read and welcomed any comments or questions. None were raised.	
15.2	The Board **NOTED** the Bromley Procurement and Contracts Group Report.	
16.	**Any Other Business**	
16.1	Dr Bhan noted that this was the last One Bromley Local Care Partnership Board for Jacqui Scott and Christine Harris who had both worked in Bromley for many years. Dr Bhan noted that it had been a pleasure to work with Jacqui over many years and gave her thanks on behalf of the whole Bromley system for her support for the health and wellbeing of Bromley residents. Dr Bhan gave thanks to Christine and noted her major role in supporting the functioning of the organisation over many years as a stalwart of the health commissioning system. Dr Bhan and the Board offered all best wishes to both colleagues for the future. Dr Parson acknowledged everything Jacqui had achieved and her leadership ability, direction and problem solving skills. A huge amount of work and change had been delivered for Bromley residents, making a huge difference to people's lives. Dr Parson gave thanks on behalf of this Board and the many others they had attended over the years. Dr Parson thanked Christine, noting that she is a hugely important person in helping Dr Bhan and himself through daily business.	
16.2	Dr Parson thanked colleagues for their input and attendance and Councillor Colin Smith formally closed the public meeting.	
17.	**Appendix 1: Glossary of Terms**	
17.1	The glossary of terms was noted.	
18.	**Date of Next Meeting:** Thursday 30 July 2026 at 09.30am	

ENCLOSURE: 3
AGENDA ITEM: 5

ONE BROMLEY
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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 July 2026.						

ENCLOSURE: 4
AGENDA ITEM: 6

ONE BROMLEY
WORKING TOGETHER TO IMPROVE HEALTH AND CARE

One Bromley Local Care Partnership Board

DATE: Thursday 30 July 2026

Title	**One Bromley Governance Framework Update**
This paper is for **discussion and endorsement**	
Executive Summary	One Bromley has developed a mature place-based partnership bringing together NHS organisations, Bromley Council, primary care, providers, the voluntary, community and faith sector, and wider partners to improve outcomes for local people. The increasing emphasis on neighbourhood health, integrated neighbourhood teams, prevention and reducing inequalities requires governance arrangements that support effective collaboration whilst maintaining clear accountability and decision-making responsibilities. This paper proposes a One Bromley Place Governance Framework which establishes: • The Local Care Partnership (LCP) as the senior place leadership and assurance forum. • The ICB Place Strategic Commissioning function and Joint Strategic Commissioning Board (JSCB) as the strategic commissioning and resource planning route. • The Integrator Board as the delivery collaborative for neighbourhood transformation and delivery. • The Clinical and Professional Advisory Group (CPAG) as the clinical and professional advisory function. • The Integrator Host as the enabling mechanism supporting delivery across the partnership. The framework provides greater clarity around commissioning, delivery and accountability whilst recognising that successful neighbourhood health delivery depends on organisations continuing to work together around shared priorities and outcomes. It is intentionally designed as a transition framework capable of supporting current priorities whilst remaining flexible enough to adapt to future neighbourhood provider models, commissioning arrangements and national policy developments.
Recommended action for the Committee	The Local Care Partnership Board is asked to:

	1. Support the proposed One Bromley Place Governance Framework as the basis for how we take forward neighbourhood health in Bromley. 2. Support the proposed roles of the Local Care Partnership, Place Strategic Commissioning, Joint Strategic Commissioning Board, Integrator Board, CPAG and Integrator Host. 3. Support the principle of separate but connected commissioning and delivery routes, underpinned by shared accountability and partnership working. 4. Support further development of the detailed governance arrangements and Terms of Reference for each group. 5. Recognise that this is a transition framework which will continue to develop as neighbourhood health policy, South East London arrangements and future provider models evolve.	
Potential Conflicts of Interest	No specific conflicts of interest have been identified in relation to the recommendations contained within this paper. As the governance framework continues to develop, partners will continue to manage any actual or potential conflicts of interest through existing organisational governance arrangements.	
Impacts of this proposal	Key risks & mitigations	There is a risk of ambiguity between commissioning, delivery and assurance roles. This will be mitigated through clear governance arrangements, Terms of Reference and defined decision rights. The framework will be reviewed as national policy and future provider models develop.
	Equality impact	No adverse equality impacts have been identified from the proposed governance framework. The framework supports delivery of One Bromley's objectives to reduce health inequalities and improve outcomes for residents. Equality Impact Assessments will continue to be undertaken for individual programmes and service changes where appropriate.
	Financial impact	The proposals relate to governance arrangements only and do not create any immediate financial implications. Future investment or commissioning decisions will be subject to existing financial governance processes.
Wider support for this proposal	Public Engagement	The governance framework supports delivery of agreed One Bromley priorities and does not require specific public engagement. Engagement will continue through individual neighbourhood health and service transformation programmes.
	Other Committee Discussion/Internal Engagement	Developed through engagement with One Bromley partners, including the One Bromley Executive, CPAG, Place Strategic Commissioning colleagues and wider South East London governance and commissioning discussions. The framework

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		reflects the work undertaken to develop neighbourhood health, integrated neighbourhood teams and the Integrator model.
Author:	Sean Rafferty, Director of Integrated Care (SEL ICB) Mark Cheung, One Bromley Programme Director	
Clinical lead:	N/A	
Executive sponsor:	Sean Rafferty, Director of Integrated Care (SEL ICB) Mark Cheung, One Bromley Programme Director	

ONE BROMLEY
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One Bromley Place Governance Framework

1. Context and Purpose

One Bromley already operates as a mature partnership with a clear ambition to improve population health and wellbeing through collaboration across organisational boundaries.

The One Bromley Strategy and emerging Neighbourhood Health Plan set out ambitions around:

- prevention;
- reducing health inequalities;
- integrated neighbourhood working;
- improving outcomes;
- supporting sustainable services; and
- strengthening community-based care.

As neighbourhood health continues to develop nationally, there is a need for a governance framework which:

- provides clarity of leadership;
- supports effective partnership working;
- distinguishes commissioning from delivery;
- strengthens quality and clinical governance;
- supports future transformation; and
- maintains clear statutory accountability.

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2. Strategic Context

The One Bromley Local Care Partnership was established to provide collective leadership across Bromley's health and care system and to improve outcomes for residents through partnership working across health, care, local government, primary care, providers, the voluntary sector and local communities.

In **May 2023**, the Local Care Partnership approved the One Bromley Five Year Strategy, establishing a shared long-term ambition to improve the health and wellbeing of Bromley residents through a population health management approach focused on prevention, reducing inequalities, supporting people with long-term conditions, frailty and mental health needs, and intervening earlier to reduce avoidable demand on acute services.

The strategy established three overarching priorities:

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

The strategy also established the wider One Bromley principles and enablers, including a commitment to a shared One Bromley culture, a population health management approach, strong partnership working, and an asset-based approach that works with communities as active partners in improving health and wellbeing.

The governance framework is intended to support delivery of the ambitions already agreed through the One Bromley Strategy and, over time, the future Neighbourhood Health Plan.

As national policy and South East London arrangements continue to evolve, the One Bromley Strategy will increasingly be translated into a broader **Neighbourhood Health Plan**, bringing together:

- the priorities established through the One Bromley Five Year Strategy;
- the Bromley Health and Wellbeing Strategy;
- South East London neighbourhood health priorities;
- national NHS neighbourhood health requirements; and
- future integrated neighbourhood team development.

The governance framework is therefore intended to provide a stable structure through which Bromley can deliver both its locally agreed ambitions and emerging neighbourhood health priorities through a single integrated place-based approach.
The governance framework has been designed to reflect the founding principles of the One Bromley partnership, including shared leadership, collective responsibility, subsidiarity, partnership working, prevention, reducing inequalities and improving outcomes for local people.

Strategic Alignment with National and South East London Priorities

The One Bromley Five Year Strategy was developed before the recent national shift towards neighbourhood health but is strongly aligned with the current national and South East London direction of travel.

The priorities established through the One Bromley Strategy — including prevention, reducing inequalities, care closer to home, integrated neighbourhood working and improved urgent care pathways — are consistent with the priorities now being promoted through national neighbourhood health policy and South East London neighbourhood development programmes.

This alignment means Bromley is not establishing a separate programme to respond to national policy. Instead, national and South East London neighbourhood health priorities provide a framework through which Bromley can accelerate delivery of objectives it has already agreed locally.

The purpose of the governance framework is therefore to ensure that:

- local One Bromley priorities;
- South East London neighbourhood objectives;
- national neighbourhood health requirements; and
- future neighbourhood provider models

can be delivered through a single coherent place-based governance model.

3. Principles of the Framework

The framework has been developed around six principles:

Place leadership

The Local Care Partnership provides collective place leadership and assurance.

Subsidiarity

Decisions should be taken at the most appropriate level, closest to residents wherever possible.

Mutual accountability

Partners remain accountable for their own statutory responsibilities whilst working collaboratively to deliver shared outcomes.

Separation of governance and delivery

Strategic commissioning, delivery and assurance perform different functions and should not be conflated.

Clinical and professional leadership

Clinical and professional leadership should inform both commissioning and delivery decisions.

Flexibility

The framework should be capable of evolving as neighbourhood health develops.

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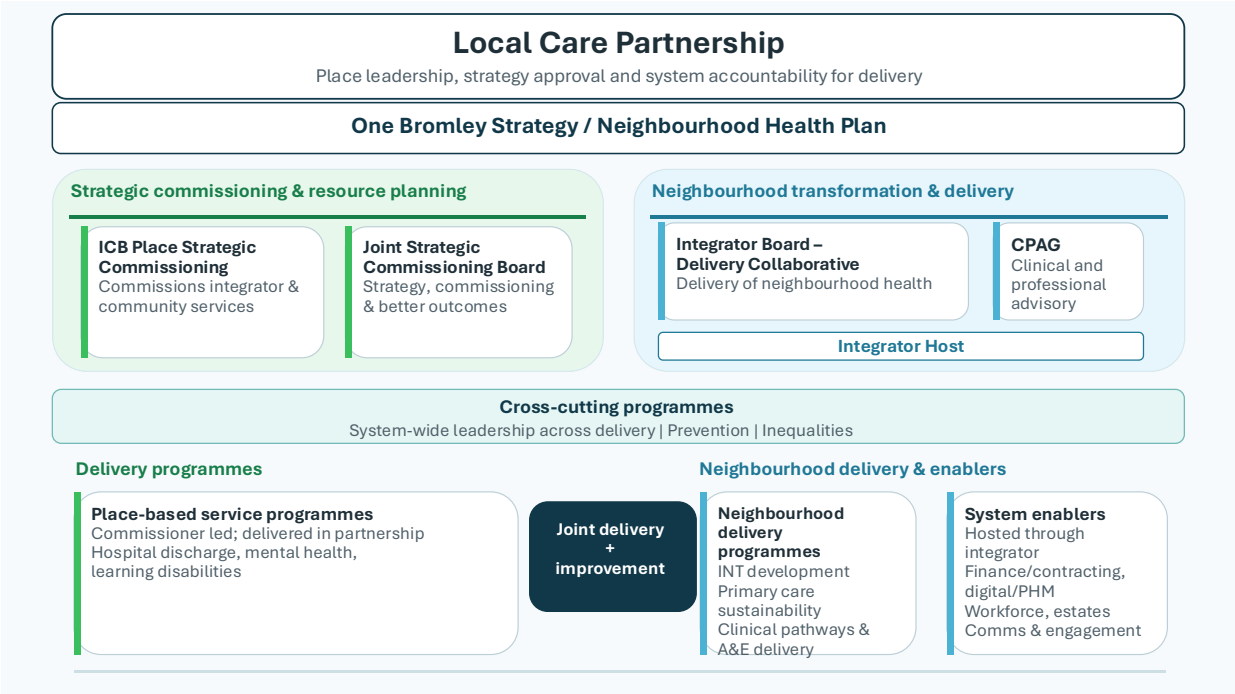
4. The One Bromley Governance Framework

Figure 1 – One Bromley Place Governance Framework



Summary of the model

The framework can be summarised simply:

The Local Care Partnership provides place leadership and assurance; the Joint Strategic Commissioning Board shapes commissioning strategy and outcomes; the Integrator Board coordinates neighbourhood delivery; CPAG provides clinical and professional leadership; and the Integrator Host provides the infrastructure, enabling functions and partnership support required to help the system deliver its ambitions.

The Integrator Board and INT arrangements are an important part of the neighbourhood delivery model, but they do not represent the whole local health and care delivery system. The wider system continues to include commissioned services, statutory services, primary care, community services, local authority provision, voluntary and community sector partners and existing organisational delivery arrangements.

The governance framework is intended to provide clearer accountability whilst preserving the collaborative approach that has underpinned One Bromley's success to date.

The governance framework establishes two complementary routes:

Strategic commissioning and resource planning

Focused on:

- understanding place context with local communities;
- commissioning intentions;
- resource allocation;
- market development;
- contracting implications;
- service redesign;
- evaluating impact
- future provider models; and
- place-based commissioning strategy.

Neighbourhood transformation and delivery

Focused on:

- integrated neighbourhood teams;
- pathway redesign;
- implementation;
- service transformation;
- delivery oversight;
- performance improvement;
- evaluation and learning.

Both routes remain aligned through shared objectives, cross-cutting programmes and place leadership through the Local Care Partnership.

Collectively, the Joint Strategic Commissioning Board, Integrator Board and CPAG provide assurance to the Local Care Partnership on commissioning, delivery, quality and outcomes, enabling the LCP to maintain oversight of delivery of the One Bromley Strategy and future Neighbourhood Health Plan.

5. Governance Components

Local Care Partnership

The Local Care Partnership is the senior place leadership and assurance forum for Bromley.

The primary purpose of the Local Care Partnership is to oversee delivery of the One Bromley Strategy and future Neighbourhood Health Plan, ensuring the partnership remains focused on improving outcomes for Bromley residents.

The Local Care Partnership:

- provides place leadership;
- agrees strategic priorities and outcomes;
- oversees delivery of the One Bromley Strategy;
- receives assurance regarding performance, quality, finance and risk;
- monitors progress against strategic objectives;
- supports collective system accountability for delivery; and

Its responsibilities include:

- approving the One Bromley Strategy and Neighbourhood Health Plan;
- agreeing strategic priorities;
- overseeing delivery against agreed outcomes;
- receiving assurance on quality, performance, finance and risk;
- maintaining oversight of both commissioning and delivery routes.

The role of the LCP is to maintain oversight of delivery of Bromley's agreed ambitions, rather than to undertake all commissioning, contracting or operational decisions.

ICB Place Strategic Commissioning

The ICB Place Strategic Commissioning function provides strategic commissioning leadership for NHS-commissioned services at Place, working closely with Local Authority commissioners, providers, neighbourhood teams, communities and wider system partners.

Its role is not primarily operational. Rather, it focuses on shaping the future direction of services and ensuring that commissioning decisions support improved outcomes for local people, align with the One Bromley Strategy and future Neighbourhood Health Plan, and contribute to wider South East London priorities.

The role reflects the emerging model being developed through the South East London Directors of Commissioning and Place Executive Leads programme, which seeks to establish a more consistent and outcome-focused approach to place-based strategic commissioning across South East London while preserving the ability of Places to respond to local need and priorities.

Place Strategic Commissioners work across organisational boundaries to:

- understand the needs, assets, communities, markets and resources available within Place;
- develop long-term population strategies and commissioning priorities;
- support development of the One Bromley Neighbourhood Health Plan and associated strategic frameworks;
- align commissioning intentions with neighbourhood and place-based outcomes;
- bring together partners to co-design new models of care and service delivery;
- support development of Integrated Neighbourhood Teams and neighbourhood health services;

- shape markets, contracts and investment decisions that support transformation;
- ensure resources are directed towards prevention, reducing inequalities and improving outcomes;
- evaluate impact, identify learning and support continuous improvement; and
- align place priorities with South East London strategic commissioning where there is benefit in working collectively across the system.

The Place Strategic Commissioning function therefore acts as the bridge between statutory commissioning responsibilities, neighbourhood delivery ambitions and the wider South East London strategic commissioning agenda. It helps ensure that Bromley's local priorities are reflected within broader system planning while supporting a consistent commissioning approach across South East London where this adds value.

Importantly, Place Strategic Commissioning also has a role in commissioning oversight of the Integrator model itself, helping to ensure that commissioning priorities, contractual arrangements, delegated resources and neighbourhood delivery ambitions remain aligned around shared outcomes for Bromley residents.

Joint Strategic Commissioning Board

The Joint Strategic Commissioning Board is the primary partnership forum through which Place Strategic Commissioning, Local Authority commissioning and wider partners come together to align commissioning intentions, develop place-based commissioning strategy and coordinate transformation activity. The Board supports the development of a consistent strategic commissioning approach aligned with work being undertaken across South East London, while ensuring decisions remain responsive to the specific needs of Bromley residents.

The Board brings together commissioning leadership from:

- the ICB;
- Bromley Council;
- jointly commissioned services;
- transformation programmes; and
- wider system partners.

Its role is to:

- develop commissioning strategy;
- align commissioning intentions;
- coordinate commissioning-led programmes;
- consider future provider and contracting models;
- support service redesign;
- make recommendations through appropriate statutory routes.

The Board does not replace statutory commissioning authority and should not be regarded as a statutory decision-making body in its own right.

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Integrator Board

The Integrator Board provides collective system leadership for neighbourhood transformation and delivery across Bromley. Building on functions previously undertaken through the One Bromley Executive, it acts as the principal partnership forum responsible for translating agreed priorities into delivery, coordinating neighbourhood transformation and supporting continuous improvement.

The Board provides a forum for partners to:

- oversee delivery of the One Bromley Strategy and future Neighbourhood Health Plan;
- coordinate delivery of neighbourhood health priorities and Integrated Neighbourhood Teams;
- align delivery across providers, primary care, community services, local authority and voluntary sector partners;
- oversee place-based transformation programmes and pathway redesign;
- support development of new models of care and neighbourhood services;
- monitor delivery, performance, outcomes and benefits realisation;
- identify and address delivery risks, barriers and system dependencies;
- oversee implementation of agreed transformation priorities;
- ensure learning, innovation and best practice are shared across neighbourhoods;
- coordinate the contribution of system enablers including workforce, digital, estates, population health management and communications; and
- provide assurance and reporting to the Local Care Partnership regarding progress against agreed objectives.

Examples of programmes overseen through the Integrator Board include:

- Integrated Neighbourhood Team development;
- primary care sustainability;
- clinical pathway transformation;
- neighbourhood health service development;
- urgent and emergency care improvement;
- prevention and inequalities programmes;
- population health management initiatives; and
- other delivery programmes agreed through One Bromley governance.

The Integrator Board operates as a partnership delivery collaborative rather than a separate legal entity. It does not replace the statutory responsibilities of individual organisations, but provides the mechanism through which partners collectively coordinate delivery, manage dependencies and support achievement of shared outcomes.

Working closely with the Integrator Host, the Board provides collective stewardship of neighbourhood delivery and helps ensure that strategic priorities agreed through the Local Care Partnership are translated into practical improvements for Bromley residents.

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Clinical and Professional Advisory Group (CPAG)

CPAG provides the clinical and professional leadership function for the One Bromley partnership and plays a critical role in supporting delivery of the One Bromley Strategy, the future Neighbourhood Health Plan and the neighbourhood transformation agenda.

As services become increasingly integrated across organisational boundaries, CPAG provides the forum through which clinicians and care professionals can collectively influence, challenge and shape the design and delivery of neighbourhood health services.

Its role extends beyond providing advice. CPAG helps ensure that neighbourhood transformation is clinically led, professionally informed and focused on improving outcomes for residents.

CPAG supports both the strategic commissioning and neighbourhood delivery routes by:

- providing clinical and professional leadership across the partnership;
- supporting development of neighbourhood health and Integrated Neighbourhood Teams;
- reviewing and influencing pathway redesign and service transformation;
- providing clinical input into commissioning strategy and service development;
- supporting quality assurance, patient safety and continuous improvement;
- identifying clinical risks and supporting escalation where appropriate;
- promoting clinical consensus across organisations and professions;
- overseeing the clinical implications and impact of transformation programmes;
- supporting implementation, evaluation and learning across neighbourhood delivery programmes.

A particularly important component of CPAG's work is the development of the **Clinical and Professional Interface Group**, which brings together clinical and professional leaders from across organisations to support integrated working, pathway development and neighbourhood delivery. The Interface Group provides the practical mechanism through which clinicians and care professionals work together across organisational boundaries, helping ensure that transformation programmes are informed by those delivering care and that clinical leadership is embedded throughout implementation.

As the Integrator model matures, the role of CPAG becomes increasingly important in providing the clinical oversight, challenge and leadership required to support delivery of neighbourhood health. CPAG acts as a critical bridge between strategic commissioning, neighbourhood delivery and organisational clinical governance arrangements, helping ensure that change is clinically informed, professionally supported and focused on improving outcomes for Bromley residents.

CPAG complements, but does not replace, statutory clinical governance, quality assurance and professional accountability arrangements within individual organisations. Rather, it provides the collective clinical and professional leadership required to support delivery of shared priorities across the One Bromley partnership.

Integrator Host

The Integrator Host provides the enabling infrastructure required to support delivery across the partnership.

The precise role of the Host will continue to develop as the One Bromley model matures. However, its primary purpose is to provide:

- programme management;
- coordination;
- reporting and assurance support;
- access to enabling functions;
- support for partnership working;
- organisational infrastructure.

The Host is not a commissioner or governance forum. Instead, it provides the capability that allows the Integrator model and wider partnership arrangements to operate effectively.

The relationship between the Integrator Board and Integrator Host should therefore be viewed as one of collaboration and shared endeavour rather than contractual performance management.

Whilst the future role of the Host will continue to evolve, it may provide functions analogous to those described within coordination-based Multi-Neighbourhood Provider models, including programme support, system coordination, enabling functions and infrastructure for neighbourhood delivery.

6. Commissioning, Delivery and Accountability for Neighbourhood Health Services

Figure 2 – Decision Rights and Accountability Framework

Function	Route
Place strategy and priorities	Local Care Partnership
Strategic commissioning intentions	Joint Strategic Commissioning Board
Statutory commissioning decisions, contracts and budgets	ICB, Council and existing statutory governance
Neighbourhood delivery and transformation	Integrator Board
Clinical and professional advice	CPAG
Quality assurance	Shared assurance across routes

Key principle

Where matters involve:

- statutory approval;
- contracts;
- budgets;
- Section 75 arrangements;
- delegated authority;

they must proceed through the appropriate statutory governance route.
Where matters involve:

- implementation;
- coordination;
- delivery improvement;
- neighbourhood transformation;
- provider collaboration;

they should primarily sit within the Integrator route.

7. Quality and Clinical Governance

Quality cannot sit solely within either the commissioning route or the delivery route. It should operate as a cross-cutting assurance function, visible to the Local Care Partnership and embedded throughout the One Bromley governance framework.

As neighbourhood health arrangements continue to develop, and in the context of wider NHS and ICB changes, further work will be required to agree the most effective future quality governance arrangements for Bromley. Whilst the detailed model may evolve, the importance of maintaining robust quality, safety, safeguarding and clinical oversight remains fundamental.

The proposed framework is built around four key principles:

- **Commissioning quality** – ensuring quality requirements are reflected through commissioning intentions, service specifications, contracts and commissioner assurance arrangements.
- **Delivery quality improvement** – supporting pathway redesign, patient experience, outcomes improvement, learning and continuous improvement through neighbourhood delivery programmes.
- **Clinical and professional assurance** – providing clinical leadership, professional advice, challenge and escalation through CPAG and the Clinical and Professional Interface Group.
- **Statutory accountability** – recognising that provider organisations, the ICB and Bromley Council retain their statutory responsibilities for quality, safeguarding and governance.

Further work will be undertaken as part of implementation of the governance framework to ensure quality governance arrangements remain aligned to national guidance, South East London developments and future One Bromley operating arrangements.

8. Future National Guidance and Review of the Framework

The governance framework has been deliberately designed to separate governance from contractual form. Whilst national policy and future neighbourhood provider models continue to evolve, the framework provides a stable governance structure capable of supporting a range of future delivery and contracting arrangements.

Emerging national developments

The NHS Ten-Year Health Plan and associated policy development include consideration of:

- Single Neighbourhood Providers (SNPs);
- Multi-Neighbourhood Providers (MNPs);
- provider collaboratives; and
- population-based approaches to delivery.

Whilst national policy continues to evolve, these developments share a common ambition:

- stronger neighbourhood delivery;
- integrated services;
- outcome-focused accountability;
- greater collaboration across providers.

Neighbourhood Health Plans and Health and Wellbeing Boards

DHSC guidance is anticipated on the development of Neighbourhood Health Plans that will be drawn up by local government, the NHS and its partners at single authority level under the leadership of the Health and Wellbeing Board, incorporating public health, social care, and the Better Care Fund.

The ICB will bring together these local neighbourhood health plans into a population health improvement plan for their footprint and use it to inform commissioning directions. Bromley governance arrangements will be reviewed once the details are known.

Future Contracting Models and Neighbourhood Health

National consultation has now been published on potential future neighbourhood provider models, including:

- Single Neighbourhood Providers (SNPs);
- Multi-Neighbourhood Providers (MNPs).

The consultation also reinforces the emerging distinction between strategic commissioning, neighbourhood delivery and provider accountability. The proposed Bromley governance model is broadly consistent with this direction of travel by separating place leadership, strategic commissioning, neighbourhood delivery, clinical leadership and enabling functions into distinct but connected components.

Although consultation remains ongoing and no decisions have been taken nationally, the proposals indicate a potential future direction of travel towards greater accountability for outcomes at neighbourhood level.

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9. Transition Status and Review

This framework should be regarded as a transition arrangement rather than a final governance settlement.

It provides sufficient clarity to operate now whilst retaining flexibility for future developments.

The framework should be reviewed:

- following further national neighbourhood health guidance;
- as SEL arrangements evolve;
- as future provider and contracting models become clearer;
- following implementation of the Joint Strategic Commissioning Board and Integrator Board;
- through a regular governance effectiveness review.

This framework gives One Bromley a clearer basis for overseeing delivery of the One Bromley Strategy and future Neighbourhood Health Plan, while recognising that some elements will need to develop further as national guidance, Health and Wellbeing Board expectations and South East London arrangements become clearer.

10. Next Steps

Subject to endorsement:

- Develop revised Terms of Reference for:
  - LCP
  - JSCB
  - Integrator Board
  - CPAG

- Develop a One Bromley Governance Operating Framework including:
    - governance map;
    - forward planner;
    - reporting templates;
    - decision log;
    - escalation routes;
    - quality assurance framework.
- Return a final implementation package covering governance, quality assurance and review arrangements.

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One Bromley Governance Framework Update

Local Care Partnership Board

Governance framework, roles and next steps for discussion and endorsement

30 July 2026

NHS King's College Hospital NHS Foundation Trust

Bromley Healthcare community first

Oxleas NHS

St Christopher's

BTSE Bromley Third Sector Enterprise

Bromley GP Alliance

Bromley Primary Care Networks

Bromley The London Borough

NHS South East London

One Bromley Governance Framework Update

Local Care Partnership Board | 30 July 2026

Discussion and endorsement

The ask

Support the direction of travel for the Place Governance Framework.

Support the proposed roles and relationships across the model.

Support the next steps to develop ToR, decision rights and reporting arrangements.

Purpose of the presentation

Set out why the framework is needed.

Show how the governance routes work together.

Clarify how this supports the One Bromley Strategy and future Neighbourhood Health Plan.

What this enables

A single view of leadership, commissioning, delivery and clinical assurance.

A practical route to finalise the operating framework and return with clear decision logs, escalation and quality assurance.

Focus for today: alignment on the model before detailed terms of reference and operating arrangements are finalised.

1. Why this matters: delivering what One Bromley has already agreed

The framework is the structure for overseeing delivery of the One Bromley Five Year Strategy and the future Neighbourhood Health Plan — not a governance exercise in isolation.

May 2023: Five Year Strategy

Population health approach focused on prevention, reducing inequalities, long-term conditions, frailty, mental health and avoidable acute demand.

Three agreed priorities

Prevention and personalised care.

High quality care closer to home through neighbourhoods.

Good access to urgent and unscheduled care.

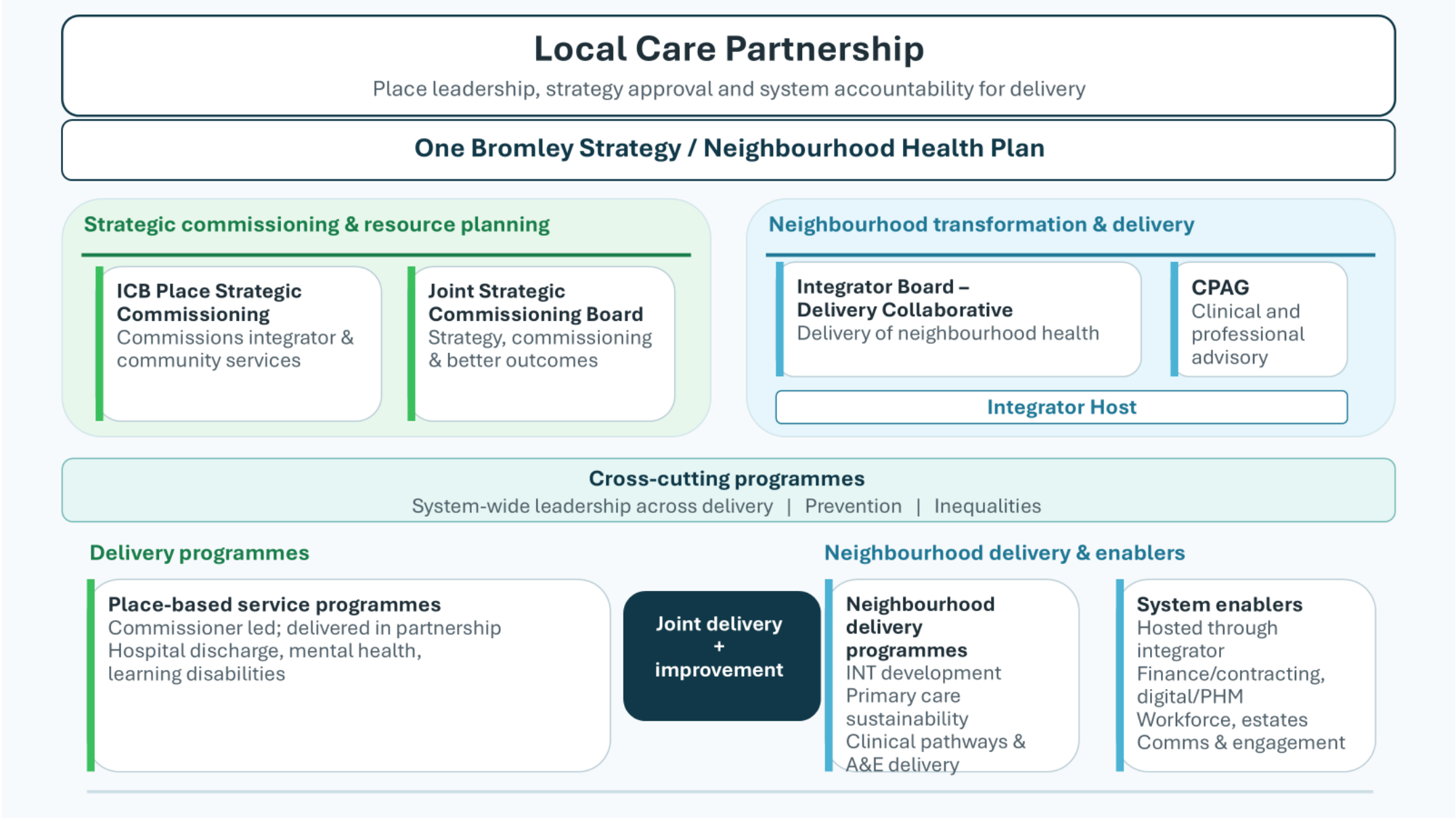
Now: neighbourhood health

National and SEL priorities are strongly aligned to One Bromley's strategy. The framework turns those priorities into one place-based delivery approach.

This is about how the partnership keeps oversight of delivery — not about creating more governance for its own sake.

2. Proposed One Bromley Place Governance Framework

A clearer model: one LCP, two connected routes, with clinical leadership and enabling support visible across the system.



3. What each part of the model does

Each forum has a clear role, but the model only works if the routes stay connected around shared outcomes.

Leadership, commissioning and delivery

LCP

Place leadership, assurance and oversight of the One Bromley Strategy and future Neighbourhood Health Plan.

Place Strategic Commissioning + JSCB

Develop commissioning priorities, align resources and shape future models through statutory routes where needed.

Integrator Board

Translate agreed priorities into delivery, coordinate neighbourhood transformation and support continuous improvement.

Clinical leadership and enabling support

CPAG

Provide clinical and professional leadership, challenge and oversight of neighbourhood delivery.

Integrator Host

Provide enabling infrastructure, programme support, reporting and coordination for delivery.

Assurance into LCP

JSCB, Integrator Board and CPAG provide assurance on commissioning, delivery, quality and outcomes.

This is about clearer roles and relationships — not shifting statutory accountabilities away from organisations.

4. Decision rights, accountability and quality

The framework separates the route for decisions from the need to work together on delivery and improvement.

Function	Primary route
Place strategy and priorities	**LCP**
Strategic commissioning intentions	**JSCB**
Statutory decisions, contracts and budgets	**ICB, Council and statutory routes**
Neighbourhood delivery and transformation	**Integrator Board**
Clinical and professional leadership	**CPAG**
Quality assurance	**Shared assurance across routes**

Quality and clinical governance

Quality remains cross-cutting and visible to LCP. The detailed model will evolve with NHS / ICB changes, while quality, safety, safeguarding and clinical oversight remain fundamental.

Four key principles

Commissioning quality and delivery quality improvement remain visible.

Clinical and professional assurance runs through CPAG and the Interface Group.

Statutory accountability remains with organisations.

Operating principle

Statutory approval, contracts, budgets and delegated authority go through statutory routes; delivery coordination and improvement sit primarily with integrator arrangements.

ENCLOSURE: 5
AGENDA ITEM: 7

ONE BROMLEY
WORKING TOGETHER TO IMPROVE HEALTH AND CARE

One Bromley Local Care Partnership Board

DATE: Thursday 30 July 2026

Title	**Strategic Investment Fund (SIF) - Delivery Update, Funding Approval and Next Steps**
This paper is for **decision**	
Executive Summary	South East London ICB has approved Bromley's Strategic Investment Fund (SIF) proposals and confirmed that implementation should commence. This paper seeks approval of the proposed deployment of the Bromley SIF allocation and provides an update on progress since submission. The allocation provides £1.568m in 2026/27 (part-year) and £2.091m recurrent funding from 2027/28 to support delivery of Bromley's neighbourhood transformation programme, including Integrated Neighbourhood Teams, prevention, population health management and development of the Integrator function. Since approval, significant progress has been made. Two INT Development Managers have been appointed, the Population Health Management Hub has been developed through One Bromley governance arrangements, and detailed work is underway to refine the Frailty, Multiple Long Term Conditions, Prevention and Children and Young People delivery models. The proposed investment will support: • Development of the Integrator function and Population Health Management capability; • Roll-out of Frailty and Multiple Long Term Conditions models across Bromley's four Integrated Neighbourhood Teams; • Development of a Children and Young People neighbourhood model; • Expansion of targeted prevention activity through Core20 and Cardiovascular Risk Management programmes. Whilst some areas, particularly CVRM prevention, require further development and refinement, there is sufficient clarity to proceed with implementation. This paper therefore seeks approval of the overall funding envelope, proposed allocations and associated funding principles, recognising that detailed implementation plans, workforce models and delivery arrangements will continue to be refined through established One Bromley governance processes. As agreed through previous One Bromley discussions, King's College Hospital will act as the Integrator Host organisation for the 2026/27 SIF allocation, providing

	financial stewardship, governance and assurance arrangements on behalf of the partnership. Strategic decisions regarding deployment of funding will continue to be made through One Bromley governance arrangements.	
Recommended action for the Committee	The Committee is asked to: • note that the Bromley Neighbourhood and Prevention SIF programme has been approved by South East London ICB and that implementation is now progressing; • approve the proposed deployment of the Bromley place-allocated SIF funding envelope of £1.568m in 2026/27 and £2.091m full-year recurrent value from 2027/28; • approve the proposed allocations across Integrator Development, Frailty, Multiple Long Term Conditions, Children and Young People, Core20 Prevention and CVRM Prevention; • agree the proposed funding principles, including that SIF funding remains ringfenced for the agreed One Bromley programme and that any approved underspend or carry-forward remains available to support delivery; • note that detailed implementation plans, workforce models, contractual arrangements and delivery milestones will continue to be refined through established governance arrangements.	
Potential Conflicts of Interest	• There are potential conflicts of interest as SIF funding may be deployed to One Bromley partner organisations involved in the development and delivery of the programme. • These will be managed through transparent decision-making, clear programme governance, documented funding decisions and appropriate financial stewardship arrangements. • Strategic decisions on deployment will be made through One Bromley governance, with host organisation assurance and financial controls applied before release of funding.	
Impacts of this proposal	Key risks & mitigations	• Key risks include delayed mobilisation, insufficient delivery clarity, workforce constraints, duplication with existing commissioned services, and recurrent commitments being made before final operating models are confirmed. • These will be mitigated through phased implementation, scheme-level delivery plans, financial controls, clear approval routes, defined outcome measures and regular reporting through One Bromley governance.
	Equality impact	• The SIF programme is intended to support improved access, prevention and proactive care for residents with higher levels of need and poorer outcomes. The programme includes targeted investment in Core20

		prevention, CVRM prevention, children and young people, frailty and multiple long-term conditions. • Detailed implementation plans will need to ensure that cohort identification, outreach, delivery locations and evaluation explicitly consider inequalities and access for underserved populations.
	Financial impact	• The paper seeks approval for deployment of the Bromley place-allocated SIF funding envelope: £1.568m in 2026/27 and £2.091m full-year recurrent value from 2027/28. • Funding will be subject to appropriate governance, financial controls and assurance arrangements. Some scheme-level financial models remain under development, particularly CVRM prevention and the neighbourhood workforce model for Frailty, MLTC and Housebound pathways. • Any approved underspend or carry-forward should remain available to support the agreed One Bromley SIF programme, subject to ICB financial rules.
Wider support for this proposal	Public Engagement	• No formal public engagement has been undertaken specifically for this approval paper. The SIF programme builds on existing engagement and partnership work across One Bromley. • Further resident, VCSE and community engagement will be undertaken as part of implementation, particularly for prevention, CYP, neighbourhood working and outreach models.
	Other Committee Discussion/ Internal Engagement	• The SIF programme has been developed through One Bromley partnership discussions and has been considered through relevant programme and governance routes. • Since approval, further work has progressed through One Bromley Executive, CPAG, PHM governance arrangements and individual programme groups. Ongoing development will continue through the relevant One Bromley governance and delivery structures.
Author:	One Bromley Programme Director	
Clinical lead:	N/A	
Executive sponsor:	One Bromley Programme Director	

ENCLOSURE: 5
AGENDA ITEM: 7

ONE BROMLEY
WORKING TOGETHER TO IMPROVE HEALTH AND CARE

Strategic Investment Fund (SIF)

Delivery Update, Funding Approval and Next Steps

The South East London ICB has approved Bromley's Strategic Investment Fund (SIF) proposals and confirmed that implementation should commence. The SEL ICB approval feedback identified a number of areas where further clarity would be helpful but explicitly confirmed that these should not delay delivery.

This paper:

- provides an update on progress since approval;
- seeks approval of the proposed deployment of Bromley's place-allocated SIF funding;
- sets out how the investment will support delivery of the One Bromley neighbourhood programme;
- summarises Bromley's response to the SEL ICB approval feedback;
- updates partners on the wider SEL SIF programmes currently under development;
- seeks agreement to progress into detailed implementation and host governance arrangements.

Recommendations

The Board is asked to:

1. **Note** that the Bromley Neighbourhood and Prevention SIF programme has been approved by the South East London ICB and delivery should commence.
2. **Approve** the proposed deployment of Bromley's place-based SIF allocation:

Funding Year	Allocation
2026/27 (part year)	£1.568m
2027/28 (full year recurrent value)	£2.091m

1. **Approve** the proposed funding allocations across:
    - Integrator Development
    - Frailty
    - Multiple Long Term Conditions
    - Children and Young People
    - Core20 Prevention
    - Cardiovascular Risk Management Prevention

2. **Agree** that SIF funding remains ringfenced for the agreed One Bromley neighbourhood transformation programme and that any approved carry-forward or underspend should remain available to support delivery of the agreed programme.
3. **Note** the progress made since approval and the further design work that will continue during implementation.
4. **Agree** progression into detailed implementation, governance and financial stewardship arrangements required to support release and oversight of the funding.

1. Background

The Strategic Investment Fund provides a significant opportunity to accelerate delivery of Bromley's neighbourhood transformation programme.

The approved Bromley programme focuses on:

- Integrated Neighbourhood Teams
- Population Health Management
- Prevention and health inequalities
- Development of the Integrator function
- Improved coordination of care across organisational boundaries
- Earlier intervention and more proactive models of care

The original proposals were developed through a partnership approach involving primary care, providers, the Local Authority, VCFSE partners and Bromley system leaders.

The programme has now moved from submission and approval into implementation.

The purpose of this paper is therefore not to revisit the original submission, but to seek approval for the proposed deployment of funding and provide assurance that implementation arrangements are progressing.

2. Progress Since Approval

A significant amount of work has already been progressed since submission of the original SIF plans.

Integrator Development

The Integrator Development programme is progressing well.

Two INT Development Managers have now been appointed and are supporting delivery across Bromley's four neighbourhoods.

In addition, the proposed One Bromley Population Health Management Hub has been considered through One Bromley Executive, CPAG and the One Bromley PHM governance arrangements and has received broad support as a critical enabling component of the neighbourhood programme.

Work has also commenced on developing the wider Integrator operating model, including governance, programme management, neighbourhood development capability and population health management support.

Frailty and Multiple Long Term Conditions

Delivery groups have continued to refine both the Frailty and Multiple Long Term Conditions operating models.

For Multiple Long Term Conditions, work is underway to develop the detailed financial and workforce model required to support rollout across all four Bromley Integrated Neighbourhood Teams.

For both programmes, One Bromley is actively reviewing care coordination arrangements across:

- Frailty
- Multiple Long Term Conditions
- Housebound residents
- Wider proactive care pathways

The aim is to develop a single coherent neighbourhood workforce model rather than separate staffing arrangements for individual programmes.

Prevention

The prevention programme has continued to develop since submission.

The Core20 programme has a relatively mature delivery model, building on existing relationships with public health, primary care, Families First, community pharmacy and VCFSE partners.

The CVRM programme, whilst representing the largest prevention allocation, remains the least mature area of the portfolio and requires further development during mobilisation. Further design work is underway around coding improvement, proactive case finding, PHM-driven targeting, community pharmacy integration and targeted lifestyle support.

3. Overall Financial Position

The approved place-based allocation is summarised below.

Funding stream	2025/26 (non-recurrent)	2026/27 (part-year)	2027/28 (FYE)
Integrator held	**—**	**—**	**—**
Single Neighbourhood Roll out – Core20Plus	—	£225,000	£300,000
Targeted CVRM prevention	—	£466,500	£622,000
Prevention (Core20+ & CVRM)	**—**	**£691,500**	**£922,000**
Integrator Development	£250,000	£187,500	£250,000
Frailty	£283,000	£212,250	£283,000
MLTC	£325,000	£243,750	£325,000
CYP	£0	£233,250	£311,000
Neighbourhood care & integrator	**£858,000**	**£876,750**	**£1,169,000**
Total Place-allocated SIF	**—**	**£1,568,250**	**£2,091,000**

Note on residual balances: Residual balances show the difference between the agreed allocation and the current planned expenditure for each scheme. Positive balances indicate funding not yet fully allocated within the current model. Negative values indicate a current modelling pressure against the stated allocation and will need to be resolved through detailed implementation planning, phasing or adjustment within the overall approved SIF envelope.

In addition to the place-allocated funding, there are centrally managed SEL SIF allocations for primary care levelling up, mental health neighbourhood integration and pushing boundaries. These are not included within the Bromley place allocation above but will need to be aligned locally where they impact on neighbourhood delivery.

4. Governance and Financial Stewardship

South East London ICB has approved Bromley's Strategic Investment Fund allocation and delivery plans.

As agreed through previous One Bromley discussions, King's College Hospital will act as the Integrator Host organisation for the 2026/27 SIF allocation, supporting the partnership through appropriate financial stewardship, governance and assurance arrangements.

The role of the host organisation includes:

- management of the SIF allocation on behalf of the partnership;
- financial oversight and reporting;
- establishment of appropriate governance and assurance arrangements;
- release of funding in line with agreed approvals and delivery plans;
- compliance with organisational and NHS financial governance requirements.

Strategic decisions regarding the deployment of the funding will continue to be made through One Bromley governance arrangements, with recommendations developed through the relevant

programme boards and oversight provided through One Bromley Executive and the Local Care Partnership Board.

The intention is therefore to combine robust financial stewardship through the host organisation with partnership-wide oversight of the overall programme.

5. Proposed SIF Investment and Delivery Plans

The Strategic Investment Fund provides a significant opportunity to accelerate delivery of Bromley's neighbourhood transformation programme.

The allocations below represent the proposed basis for implementation. Detailed operational, contract and workforce arrangements will continue to be refined during mobilisation and implementation.

5.1 Integrator Development

2026/27 Allocation: £187,500

Full Year Recurrent Value: £250,000

The Integrator Development allocation provides the infrastructure required to support delivery of the wider neighbourhood transformation programme.

Funding will support:

Integrator Development	Recurrent full-year cost	2026/27	2027/28
Income	—	**£187,500**	**£250,000**
Expenditure	—	—	—
INT Development Managers	£166,000	£138,333	£166,000
PHM Hub costs (B7 Analyst)	£80,000	£40,000	£80,000
OD development	£4,000	£9,000	£4,000
Total	**—**	**£187,333**	**£250,000**
Residual balance	—	£167	£0

The purpose of this investment is not simply programme management.

It is intended to create the capability required to:

- coordinate delivery across organisational boundaries;

- support implementation of the neighbourhood model;
- align activity across providers, primary care, VCFSE and local authority partners;
- translate population health intelligence into operational action;
- support programme assurance, performance monitoring and benefits realisation.

The Population Health Management Hub is a particularly important component of this investment. It will provide the analytical and clinical infrastructure required to support cohort identification, targeting, monitoring and evaluation. The proposal has already been discussed through One Bromley Executive, CPAG and PHM governance arrangements and has received broad support.

5.2 Frailty

2026/27 Allocation: £212,250

Full Year Recurrent Value: £283,000

The Frailty investment will support expansion of Bromley's proactive frailty model across all four Integrated Neighbourhood Teams.

The programme builds upon Bromley's existing ICN infrastructure and seeks to establish a more consistent neighbourhood approach to:

- proactive identification;
- holistic assessment;
- frailty coding;
- Universal Care Planning;
- MDT working;
- ongoing case management;
- escalation and response pathways.

Funding supports:

- Care coordination capacity
- Tier 1 and Tier 2 frailty training
- Universal Care Plan development and expansion
- Workforce development
- Support for proactive frailty identification and management

Frailty	Recurrent full-year cost	2026/27	2027/28
Income	—	**£212,250**	**£283,000**
Expenditure	—	—	—
Care co-ordinator x4 (B4)	£208,000	£104,000	£208,000
Training requirements	£60,000	£60,000	£60,000
UCP expansion	—	£48,250	£60,000

Total	—	**£212,250**	**£328,000**
Residual balance	—	£0	-£45,000

A significant amount of design work has already taken place regarding:

- Clinical Frailty Scale coding
- Comprehensive Geriatric Assessment
- Universal Care Planning
- MDT operating models
- Escalation pathways into UCR and Virtual Wards
- Interface arrangements between primary care, community services and acute services

The SEL ICB feedback requested further clarity around MDTs, CGAs, escalation pathways and ongoing management of residents with frailty. This work is already underway and will continue through implementation.

One Bromley is also reviewing care coordination across Frailty, MLTC and Housebound services to ensure a coherent workforce model is developed rather than separate staffing arrangements.

The current financial assumptions include care coordination capacity. However, One Bromley is developing a broader neighbourhood workforce model which brings together requirements across Frailty, Multiple Long Term Conditions, Housebound Services and wider proactive care pathways. The final workforce model may therefore differ from the initial assumptions within the SIF submission whilst remaining within the overall approved financial envelope.

Universal Care Planning

A key element of the Frailty programme is the expansion of Universal Care Planning across the identified frailty cohort.

The intention is to ensure residents with moderate and severe frailty have a shared, person-centred care plan that is accessible across health and care settings and supports proactive management, care coordination and crisis response.

Investment will support:

- increased identification of residents who would benefit from a Universal Care Plan;
- embedding UCP discussions within neighbourhood MDT processes;
- workforce training and support;
- improved use of UCPs across community, primary care and urgent care services.

This responds directly to the SEL ICB feedback regarding proactive care, MDT working and ongoing management of frailty cohorts and provides a practical mechanism to improve coordination across organisational boundaries.

In the first phase, the focus will be on identifying the priority frailty cohort, embedding UCP discussions into MDT and care coordination processes, improving staff confidence in completing and updating UCPs, and testing how UCPs are used across primary care, community services, urgent care and care homes.

5.3 Multiple Long Term Conditions

2026/27 Allocation: £243,750

Full Year Recurrent Value: £325,000

The Multiple Long Term Conditions programme is one of the core components of Bromley's neighbourhood model and supports the ambition to move towards more proactive, coordinated care for residents living with complex needs.

The investment supports:

- Proactive identification and case finding
- Holistic assessment
- Care coordination
- MDT support
- Primary care participation
- Service implementation and pathway development

Multiple Long Term Conditions	Recurrent full-year cost	2026/27	2027/28
Income	—	**£243,750**	**£325,000**
Expenditure	—	—	—
Care co-ordinator x4 (B4)	£208,000	£104,000	£208,000
Implementation costs	£120,000	£120,000	£120,000
Total	**—**	**£224,000**	**£328,000**
Residual balance	—	£19,750	-£3,000

The intention is to roll the model out across all four Bromley neighbourhoods.

Since approval, work has commenced to develop the detailed operational and financial model needed to support delivery at scale. This includes work on:

- workforce requirements;
- MDT infrastructure;
- specialist clinical support;
- primary care participation;
- caseload assumptions;
- long-term sustainability.

5.4 Children and Young People

2026/27 Allocation: £233,250

Full Year Recurrent Value: £311,000

The CYP programme supports the development of Bromley's Children and Young People Integrated Neighbourhood Team model.

The initial focus remains asthma and respiratory care, recognising both the opportunities to reduce inequalities and the strong existing foundations through BCHIP and wider CYP partnerships.

Funding supports:

- Asthma nurse capacity
- Joint clinics with primary care
- MDT working
- Diagnostic support
- Training and workforce development
- Care coordination
- Programme leadership

Children and Young People	Recurrent full-year cost	2026/27	2027/28
Income	—	**£233,250**	**£311,000**
Expenditure	—	—	—
Joint clinics (GP) / MDT	£38,000	£28,500	£38,000
Training	£10,000	£20,000	£10,000
Support / co-ordination	£30,000	£30,000	£30,000
Asthma nurse x2	£100,000	£76,000	£100,000
Focused diagnostic support	£30,000	£20,000	£30,000
Project / pathway lead	£45,000	£45,000	£45,000
IT equipment	£0	£13,500	£0
BCHIP costs	£50,000	£0	£50,000
Total	**—**	**£233,000**	**£303,000**
Residual balance	—	£250	£8,000

The programme will build on and connect to:

- BCHIP
- Family Hubs
- Primary Care
- Community Services
- Education
- The wider neighbourhood model

The SEL ICB approval feedback requested additional clarity regarding:

- cohort definition;
- neighbourhood operating model;
- alignment with Core20 populations;
- implementation timescales;
- use of investment.

This refinement work is already underway. However, there is sufficient clarity to proceed with mobilisation and programme development.

5.5 Core20 Prevention

2026/27 Allocation: £225,000

Full Year Recurrent Value: £300,000

The Core20 Prevention programme is intended to strengthen Bromley's neighbourhood prevention offer, particularly for residents experiencing poorer outcomes and lower levels of engagement with traditional services.

The programme has been developed alongside public health, primary care, VCFSE partners and local authority colleagues.

Planned areas of investment include:

- expanded VCFSE-led outreach;
- community engagement;
- Families First delivery models;
- social prescribing;
- additional Vital 5 activity;
- support for wider neighbourhood prevention infrastructure.

Core20 Prevention	Recurrent full-year cost	2026/27	2027/28
Income	—	**£225,000**	**£300,000**
Expenditure	—	—	—
Future of prevention	£50,000	£50,000	£50,000
Commission expanded VCFSE-led outreach activity	—	£69,000	£69,000
Vital 5 assessment beyond existing cohort	—	£35,000	£35,000
Communication and engagement	£30,000	£20,000	£20,000
Social prescribing and LBB MH practitioner model in Families First Hubs	£51,000	£51,000	£51,000

Total	—	**£225,000**	**£225,000**
Residual balance	—	£0	£75,000

The programme is intended to complement, not duplicate, existing commissioned prevention services.

The focus is therefore on:

- reaching underserved populations;
- strengthening neighbourhood delivery;
- improving follow-up from identification into intervention;
- linking residents to wider support including social prescribing, community services and mental health support.

This area is comparatively mature and builds upon a range of existing initiatives already underway across Bromley.

5.6 Cardiovascular Risk Management Prevention

2026/27 Allocation: £466,500

Full Year Recurrent Value: £622,000

The CVRM programme represents the largest prevention investment within the SIF allocation.

It is also the area which requires the greatest further development and refinement.

The Board is therefore asked to approve the strategic direction and funding envelope whilst recognising that detailed delivery plans remain under development.

The ambition is to establish a neighbourhood-based prevention model focused on:

- Population Health Management
- Proactive case finding
- Coding improvement
- Community pharmacy integration
- Community-led detection activity
- Targeted lifestyle support
- Reduction of unwarranted variation between practices and neighbourhoods

CVRM Prevention	Recurrent full-year cost	2026/27	2027/28
Income	—	**£466,500**	**£622,000**
Expenditure	—	—	—

PHM Hub (clinical leads)	£90,000	£45,000	£90,000
PHM Hub (non-pay)	£30,000	£15,000	£30,000
Community-led detection activity with VCFSE/community assets	£50,000	£50,000	£50,000
Targeted lifestyle support for priority cohorts/practices - link to MLTC	£90,000	£90,000	£90,000
Coding Improvement Programme	—	£100,000	£0
Proactive case-finding sprints	—	£160,000	£0
Total	**—**	**£460,000**	**£260,000**
Residual balance	—	£6,500	£362,000

Key areas of investment include:

- PHM Hub clinical and analytical support;
- coding improvement programmes;
- proactive case-finding activity;
- community-led detection initiatives;
- targeted lifestyle support for priority cohorts.

Mobilisation priorities include:

- establishing PHM infrastructure;
- developing coding improvement programmes;
- strengthening community pharmacy pathways;
- developing optimisation pathways;
- finalising outcome measures and evaluation approaches.

Whilst this remains the least mature area of the portfolio, it has the potential to deliver some of the greatest long-term benefits and therefore warrants continued investment and development.

6. Alignment with SEL-wide SIF Programmes

Alongside the local allocation, Bromley continues to engage in a number of SEL-wide investment programmes that have the potential to strengthen neighbourhood delivery.

Primary Care Levelling Up

Bromley is actively engaged in the development of the SEL Primary Care Levelling Up programme and will continue to seek opportunities to align this investment with neighbourhood development and the wider primary care strategy.

Mental Health Neighbourhood Integration

Bromley continues to work closely with Oxleas and SEL colleagues to ensure the mental health neighbourhood model develops as an integral component of Integrated Neighbourhood Teams rather than a parallel programme.

Pushing Boundaries Funding

Bromley has submitted proposals relating to housebound residents, falls prevention and future prevention development. These proposals have the potential to strengthen delivery of the core neighbourhood model and support a more integrated approach to prevention and proactive care.

These include:

- Housebound residents
- Falls prevention
- Future of Prevention initiatives

These proposals are intended to complement and strengthen the core SIF programme and support development of a more coherent neighbourhood model across prevention, proactive care and population health management.

7. Response to SEL ICB Feedback

The SEL ICB approval feedback focused on:

- CYP cohort definition and operating model;
- Frailty and MLTC delivery arrangements;
- MDT and proactive care models;
- use of case-finding investment;
- role of community pharmacy;
- prevention additionality;
- relationship between INTs and wider neighbourhood delivery.

One Bromley accepts the need for further development in these areas and has already incorporated this work into mobilisation planning.

Importantly, the SEL ICB confirmed that these issues should not delay implementation and delivery should proceed.

SEL ICB Feedback	Bromley Response
CYP operating model and cohort definition	Further work underway through BCHIP and CYP partners to refine cohort definition, operating model and delivery milestones.
Frailty and MLTC delivery detail	Detailed operating and workforce models now being developed across all four INTs.
MDT and escalation pathways	Work ongoing through neighbourhood delivery groups including UCR, Virtual Wards and care coordination.
Community pharmacy role	Being built into CVRM prevention design work.
Prevention additionality	Core20 programme explicitly designed to complement existing commissioned activity.
Use of prevention investment	Further development underway through CVRM programme and PHM Hub work.

8. Implementation Approach and Next Phase Development

The SIF submission set out Bromley's proposed strategic direction for neighbourhood development, prevention and population health management. Since approval, significant progress has been made in refining the operating models and implementation plans.

This paper seeks approval of:

- the overall SIF funding envelope;
- the proposed allocations across the six programme areas;
- the strategic direction and intended use of funding;
- the associated governance and financial principles.

Whilst there is sufficient clarity to proceed with implementation, a number of elements will continue to be refined during mobilisation, including:

- detailed workforce models;
- provider delivery arrangements;
- contractual mechanisms;
- outcome measures;
- implementation trajectories;
- recurrent funding profiles beyond 2026/27.

Approval of this paper should therefore be viewed as authorisation to proceed with implementation within the approved financial envelope, whilst recognising that individual schemes will continue to evolve through established One Bromley governance processes.

9. Funding Principles

The following principles will guide release and management of SIF funding during implementation.

Ringfenced Funding

The SIF allocation remains ringfenced for the agreed neighbourhood and prevention programme.

Partnership Resource

The funding is held on behalf of the One Bromley partnership and should be deployed in support of agreed partnership priorities.

Collaborative Governance

Detailed governance and financial stewardship arrangements will continue to be developed collaboratively across partners.

Carry Forward and Underspend

Where permitted under ICB financial rules, any approved underspend or carry-forward should remain available to support delivery of the agreed One Bromley programme rather than being absorbed into organisational baselines.

10. Conclusion

The Strategic Investment Fund represents a significant opportunity to accelerate delivery of Bromley's neighbourhood strategy and provide dedicated investment into prevention, population health management and proactive models of care.

The programme has now secured SEL ICB approval and mobilisation is underway. Significant progress has already been made in developing the Integrator function, Population Health Management capability and neighbourhood delivery models.

The recommendations in this paper will provide the authority required to move from planning into implementation whilst allowing sufficient flexibility to further refine delivery models as learning emerges during mobilisation.

The Board is therefore asked to approve the recommendations set out in this paper.

ONE BROMLEY

WORKING TOGETHER TO IMPROVE HEALTH AND CARE

Strategic Investment Fund (SIF) Delivery Update, Funding Approval and Next Steps

One Bromley Local Care Partnership Board – 30 July 2026

Strategic Investment Fund (SIF)

Delivery update, funding approval and next steps | 30 July 2026

01
Approval received

SEL ICB approved the Bromley SIF programme and confirmed that implementation should commence.

02
Local decision needed

LCP is asked to approve the funding envelope, allocations and operating principles.

03
Mobilise with flexibility

There is enough clarity to proceed while detailed models are refined through implementation.

Decision focus today: approve the strategic deployment of SIF funding and move from planning into implementation.

Funding envelope and proposed principles

The Board is asked to approve the allocation and ringfenced funding principles.

Funding area	2026/27 part-year	2027/28 FYE
Prevention: Core20 & CVRM	£691,500	£922,000
Integrator Development	£187,500	£250,000
Frailty	£212,250	£283,000
MLTC	£243,750	£325,000
CYP	£233,250	£311,000
Total Place Allocation	**£1,568,250**	**£2,091,000**

Funding principles

- **Ringfenced**
  For agreed neighbourhood and prevention priorities.
- **Partnership resource**
  Held for One Bromley, not organisational baselines.
- **Collaborative governance**
  Decisions through One Bromley with host assurance.
- **Carry-forward**
  Underspend retained where permitted.

Progress since approval

Enough movement to proceed while retaining flexibility for detailed delivery design.

Integrator and PHM

– Two INT Development Managers appointed

– PHM Hub discussed through Executive, CPAG and PHM governance

– Model refinement continues with partners

Frailty and MLTC

– Operating models being refined

– MLTC financial and workforce model in development for all four INTs

– Care coordination and UCP expansion aligned

– Neighbourhood workforce model being developed across Frailty, MLTC and Housebound pathways

Prevention

– Core20 offer is mature and linked to LA, VCSE, primary care and pharmacy

– CVRM requires the most further design

– Coding, case finding and lifestyle support are being shaped

Key message: proceed now, refine design through implementation and maintain governance grip on funding release.

Scheme-by-scheme: proposed approval basis

Approve the strategic envelope, with scheme detail refined through implementation.

£187.5k / £250k

Integrator Development

INT Development Managers, PHM Hub analyst capacity and OD support.

£212.25k / £283k

Frailty

Care coordination, training and UCP expansion aligned to wider workforce planning.

£243.75k / £325k

MLTC

Rollout across all four INTs while the financial and workforce model is finalised.

£233.25k / £311k

CYP

Asthma-focused CYP INT development linked to BCHIP, Family Hubs and primary care.

£225k / £300k

Core20 Prevention

Expanded VCSE outreach, Families First, social prescribing and prevention activity.

£466.5k / £622k

CVRM Prevention

Largest prevention allocation; detailed coding, case finding and lifestyle support design continues.

Not all schemes are at the same level of maturity; approval is sought for the overall funding envelope and strategic direction, with detailed implementation plans continuing through mobilisation.

Values shown as 2026/27 part-year / 2027/28 full-year recurrent.

Governance, SEL alignment and decision today

Robust stewardship through the host role, with partnership decisions through One Bromley.

SEL ICB approval → **LCP approval** → **Host stewardship** → **Scheme mobilisation**

Host role and governance

– King's College Hospital acts as Integrator Host for the 2026/27 allocation

– Host provides financial stewardship, reporting, assurance and release

– Strategic deployment decisions remain through One Bromley governance

SEL-wide SIF alignment

– Primary Care Levelling Up: engaged to align investment with neighbourhood development

– Mental Health Neighbourhood integration remains aligned with Bromley schemes

– Pushing Boundaries: submitted proposals for Housebound, Falls and Future of Care

Decision requested: approve the funding envelope, scheme allocations and funding principles to move into implementation.

ENCLOSURE: 6
AGENDA ITEM: 8

ONE BROMLEY
WORKING TOGETHER TO IMPROVE HEALTH AND CARE

One Bromley Local Care Partnership Board

DATE: Thursday 30 July 2026

<table>
<tr><td>Title</td><td>Bromley Dementia Transformation Programme</td></tr>
<tr><td colspan="2">This paper is for decision</td></tr>
<tr><td>Executive Summary</td><td>
<u>Introduction</u>

1.1. The number of people with dementia in Bromley is estimated to be 4,486 (Feb 2025). This is predicated to increase by 40% by 2045 – with around 6,280 residents living with this condition in the borough. Bromley's ageing and growing population means that the borough will likely continue to be an outlier in terms of the number of people with dementia relative to other areas of South-East London.

Numbers of patients in South-East London (28th Feb 2025)

<table>
<tr><th rowspan="2">Borough</th><th colspan="2">Number of patients with dementia, aged 65+</th></tr>
<tr><th>Recorded</th><th>Estimated</th></tr>
<tr><td>Bexley</td><td>2,082</td><td>2,889</td></tr>
<tr><td>Bromley</td><td>3,186</td><td>4,486</td></tr>
<tr><td>Greenwich</td><td>1,297</td><td>2,020</td></tr>
<tr><td>Lambeth</td><td>1,583</td><td>2,075</td></tr>
<tr><td>Lewisham</td><td>1,334</td><td>2,134</td></tr>
<tr><td>Southwark</td><td>1,342</td><td>1,879</td></tr>
<tr><td>Total</td><td>10,824</td><td>15,484</td></tr>
</table>

1.2. For Bromley, the following key issues in relation to dementia care should be noted:

▪ Locally, significant system pressures related to dementia have been identified. This includes: difficulty in securing placements for people with cognitive impairment, a rising spend on care placements, and delayed discharges linked to dementia and delirium, particularly over the winter period.

▪ Current provision of services for people with dementia focuses mainly on those who have a dementia diagnosis, with limited support for wider memory and cognition needs prior to a crisis situation.

▪ Memory and cognition needs are now the single biggest driver of admissions to long-term residential and nursing care.

▪ Undiagnosed and unmanaged dementia is a major driver of unplanned hospital admissions, prolonged stays and high-cost care.
</td></tr>
</table>

	▪ Delerium is common and partly avoidable, with early identification and good basic care reducing avoidable harm, length of stay in hospital and loss of independence. ▪ As people live longer and healthier lives, supporting those with advancing dementia is becoming increasingly complex for acute & community services <u>Early work on improvements to dementia care</u> 1.3. The presentation set in Appendix A sets out the outcome of early work by the Integrated Commissioning Team on an approach to improve care and support for people with dementia and their carers in Bromley. <u>Next steps</u> With agreement by Bromley Local Care Partnership Board (LCP), a Bromley Dementia Transformation Programme will be established with updates back to One Bromley Executive, Joint Commissioning Board and the LCP thereafter.	
Recommended action for the Committee	The Bromley Local Care Partnership Board (LCP) to: 1. consider early thinking in relation to dementia in Bromley. 2. agree to establish the Bromley Dementia Transformation Programme (2026-28) as set out in Appendix A.	
Potential Conflicts of Interest	A number of the Bromley Local Care Partnership Board leads provide services for people with dementia.	
Impacts of this proposal	Key risks & mitigations	A number of Bromley Local Care Partnership Board leads provide dementia services in Bromley. There are risks in the delivery of fragmented or undirected provision in dementia care without a coordinating strategy. There are also risks in upcoming inspections in circumstances that Bromley did not have improved support for people with dementia and their carers.
	Equality impact	An equality impact analysis will be undertaken as part of the work of the dementia transformation project.
	Financial impact	An analysis of the full cost of dementia services in Bromley will be undertaken as part of the dementia transformation project.
Wider support for this proposal	Public Engagement	A number of Bromley Local Care Partnership Board leads provide dementia services in Bromley. There are risks in the delivery of fragmented or undirected provision in dementia care without a coordinating strategy.

		There are also risks in upcoming inspections in circumstances that Bromley did not have improved support for people with dementia and their carers.
	Other Committee Discussion/ Internal Engagement	• Joint Commissioning Board • Bromley Frailty Collaborative • Enhanced Health in Care Workshop • One Bromley Executive
Author:	Jodie Adkin, Associate Director of Discharge and Same Day Urgent Care James Postgate, Associate Director of Integrated Commissioning	
Clinical lead:	Dr Upaasna Garbharran, Clinical Lead – Frailty	
Executive sponsor:	Dr Angela Bhan, Bromley Place Executive Lead Sean Rafferty, Director of Integrated Commissioning – LBB/ICB	

Appendix A - Bromley Dementia Transformation Programme – 30th July 2026

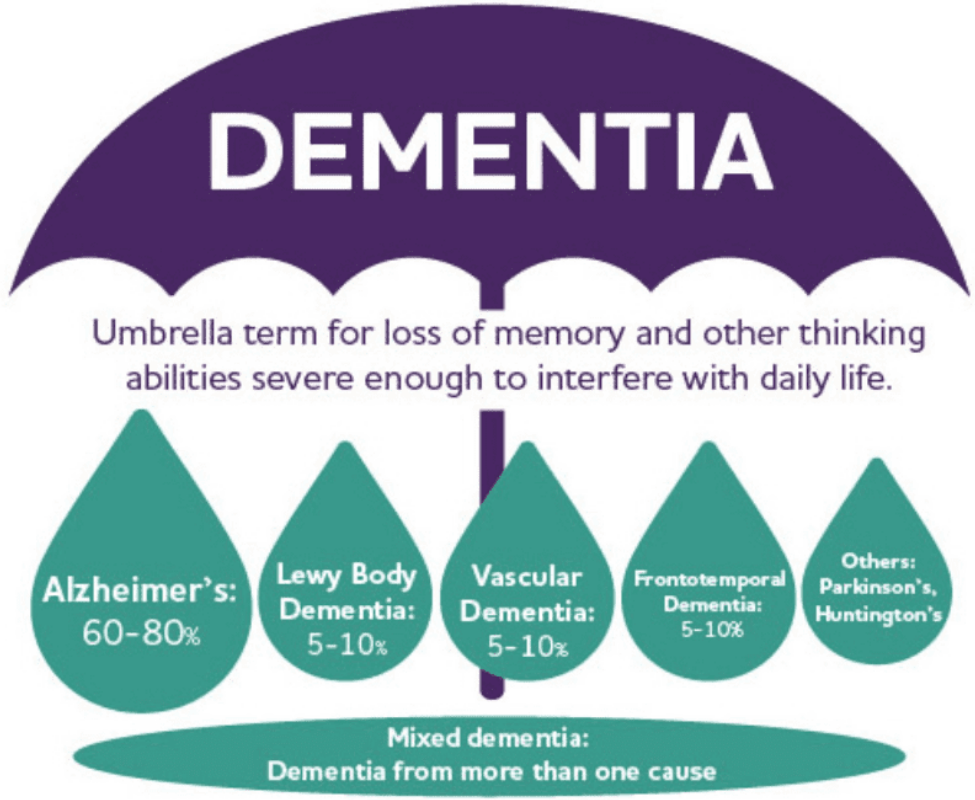
Jodie Adkin, James Postgate,
LBB/SEL ICB - Integrated Commissioning

Purpose – Dementia Transformation Programme

- Integrated commissioning has undertaken some early thinking on common challenges related to dementia.
- We are seeing challenges managing the impact of dementia across current commissioning portfolios – notably: community dementia support & domiciliary care, diagnosis & joint funding, impact on A&E, primary care and care home services.
- There is a SEL task and finish group looking at dementia support taking place at this time. Its clear that Bromley is relatively advanced in terms of our thinking in this area – linked to our older population and long-term prioritisation of this area.
- Bromley Local Care Partnership Board are recommended to:

(i) consider early thinking in relation to dementia in Bromley as set out in this paper.

(i) agree to establish the Bromley Dementia Transformation Programme (2026-28).



Bromley – dementia context

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- Dementia is a large and growing challenge (40% increase by 2045) for both adult social care and the NHS. It is recognised across national policy and legislation as a growing priority (Care Act, BCF, system reviews).
- Locally, system pressures related to dementia have been identified. This includes: difficulty in securing placements for people with cognitive impairment, a rising spend on care placements, and delayed discharges linked to dementia and delirium, particularly over the winter period.
- Current provision focuses mainly on people who have a dementia diagnosis, with limited support for wider memory and cognition needs prior to a crisis situation.
- Memory and cognition needs are now the single biggest driver of admissions to long-term residential and nursing care.
- Undiagnosed and unmanaged dementia is a major driver of unplanned hospital admissions, prolonged stays and high-cost care.
- Delerium is common and partly avoidable, with early identification and good basic care reducing avoidable harm, length of stay in hospital and loss of independence
- As people live longer and healthier lives, supporting those with advancing dementia is becoming increasingly complex for acute & community services.

Numbers of patients in South-East London (28th Feb 2025)

Borough	Number of patients with dementia, aged 65+	
	Recorded	Estimated
Bexley	2,082	2,889
Bromley	3,186	4,486
Greenwich	1,297	2,020
Lambeth	1,583	2,075
Lewisham	1,334	2,134
Southwark	1,342	1,879
Total	**10,824**	**15,484**

Source: Primary Care Dementia Data, February 2025 - NHS England Digital

Commitment Statements

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Example of a set of Commitment Statements, developed by Dr Upaasna Garbharran for further system engagement and exploration

The Commitment Statements are indented to be used as a tool to deploy the system-wide strategy with active, ownership-driven implementation

1. **People living with changing cognition, their closest community and health and social care professionals in contact with them are able to identify and activated to respond to the emergence of cognitive changes.**
2. **Dementia diagnosis should be made accessible for all people.**
3. **System navigation needs to be seamless at the time of a crisis.**
4. **Digital by default for diagnosis and support of people with cognitive impairment**

How our current services map onto the best practice dementia framework

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PREVENTING WELL

Risk of people developing dementia is minimised

"I was given information about reducing my personal risk of getting dementia"

DIAGNOSING WELL

Timely accurate diagnosis, care plan, and review within first year

"I was diagnosed in a timely way"

"I am able to make decisions and know what to do to help myself and who els[illegible]help"

SUPPORTING WELL

Access to safe high quality health & social care for people with dementia and carers

"I am treated with dignity & respect"

"I get treatment and support which are best for my dem[illegible]nd my life"

LIVING WELL

People with dementia can live normally in safe and accepting communities

"I know that those around me and looking after me are supported"

"I feel included as part of soci[illegible]"

DYING WELL

People living with dementia die with dignity in the place of their choosing

"I am confident my end of life wishes will be respected"

"I can expect a good d[illegible]"

Dementia Hub

(Oxleas NHS FT)

Specialist MDT groups (ICNs, DAD, Clinics)

Dementia Hub
Bromley Well – Carers Service
Dementia Care Homes Support Team
Oxleas NHS FT – Older People
Other services – dom care, GPs etc

End of Life Pathway

Enhanced Health in Care Homes 2026/27 priority: Dementia

- The Enhanced Health in Care Homes annual conferenced launched the sector-led priority of Dementia for 2026/27 Care Home Work Programme.
- The cross system attendance noted an appetite for:
  - Dementia and cognitive impairment awareness for care home resident families to understand the benefits of a diagnosis, as well as offering practical tips on how they can support their loved one.
  - Improved access to diagnostics for those living in a care home with undiagnosed dementia.
  - Equity in access to Integrated care networks and MDT input for proactive care planning for residents with complex dementia, with more responsive escalation pathways for those in crisis
- There was strong commitment for joint working between care homes, the acute trust (Oxleas and King's), adult social care commissioning, the ICB and the voluntary sector. Commitment statements, based on the above are being agreed with an associated work plan, most of which aligns to work described in previous slides e.g. Oxleas care home support team, dementia hub, diagnostic pathway.

Review of discharge pathways for people with complex Dementia

- A review of the discharge data highlights longer than desired discharge delays that are due to the challenge in finding placements for people with behaviors that challenge, associated with dementia.
- Of positive note, is the current enhanced care pathway which supports c. 50 clients per year to return and remain at home, in line with evidenced based practice. However there are some clients whose needs are higher then can be supported at home with live-in care.
- The current Dscharge to Assess model provides a positive pathways for people with a delirium or dementia that, after a period of settling outside of an acute hospital, often improves. However, the review notes that providing specialist social care input into the planning for people with complex dementia, pre-discharge, will strengthen the strong MDT clinical model that has been developed at the PRUH (via the Dementia and Delerium Group).
- Adult social care commissioning are undertaking a market testing exercise to test the market appetite for block funded provision to provide a more structured hospital discharge pathway for these clients, whilst clarifying the threshold for an acute inpatient stay
- Adult social care and the ICB have also undertaken a review of the joint commissioning pathway with recommendations being given that will have a direct impact on this group.

Conclusion – There is an acknowledgement that there is an increasing challenge in the discharge or people with complex dementia and cognitive impairment. Proposals are being made to restructure the current D2A social care assessment pathway to provide earlier assessment and block funding care home beds. The recommendation of the joint funding review also support the refresh of this pathway.

Feedback from Oxleas NHS FT

Discussion with Oxleas – Memory Clinic/Dementia Care Home Support Team

- There is recognition within Oxleas that their dementia services/clinical pathways need to be reviewed, with a need to better align what is happening in the memory clinic with community services (ie. the dementia hub). *In principle*, Oxleas are open to designing an "integrated model" between the memory clinic/dementia hub in line with the Bromley Mental Health and Wellbeing Hub model.

- There is a concern in Oxleas that the memory clinic is increasingly "just doing diagnosis, little more" – with an ambition that the memory clinic's expertise should be brought out into the community.

- Whilst the training to care homes by the Oxleas Dementia Care Home Support Team is highly valued, it is clear that not enough care homes are taking this up. There are also concerns that the training offer to care homes, of itself, might not be delivering the outcomes needed (e.g. to reduce hospital admissions and prevent escalation of need). There is agreement by Oxleas to review this service.

- **Conclusion – there is an offer from Oxleas to work with LBB/ICB on a joint transformation programme which would cover both the memory clinic and care homes support team, (along with the dementia hub)**

Bromley Dementia Support Hub

Bromley Dementia Support Hub

- A consideration of dementia support in Bromley understandably has focused in particular on the role of the Bromley dementia support hub.
- The dementia hub has been running in Bromley since July 2017. (this builds on the pre-existing dementia training team that was in place since 2010). The service is based in the Rachel Notley Centre, Beckenham – the same space now used by the Bromley Mental Health and Wellbeing Hub. The service also provides a dementia café in Bromley, a wellbeing and exercise café in Beckenham, the memory choir and other services.
- Annual Budget - £472K – funded via the Better Care Fund (BCF).
- Provider – South-East London Mind.
- Contract end date – 30th June 2027 – Bromley Council-led contract (no extensions on the current contract available).

Bromley Dementia Transformation Programme - 2026-28 (outline plan)

It is recommended to bring all dementia-related work together into a single two-year transformation project. This would cover the period around the re-procurement of the Dementia Hub and to use this as a catalyst for broader change in this area. The work would link with work to develop new neighbourhood services in Bromley.

Bromley Dementia Transformation Project

2 Year Programme – Led by: Task and Finish Steering Group (2026-2028)

(Project 1) Transformation of Oxleas Memory Clinic/Links with community and primary care – shift to integrated model; improved pathways; early intervention

(Project 2) Re-procurement of Bromley Dementia Hub – integrated with Memory Clinic and Neighbourhood-Based Care, improved support to carers

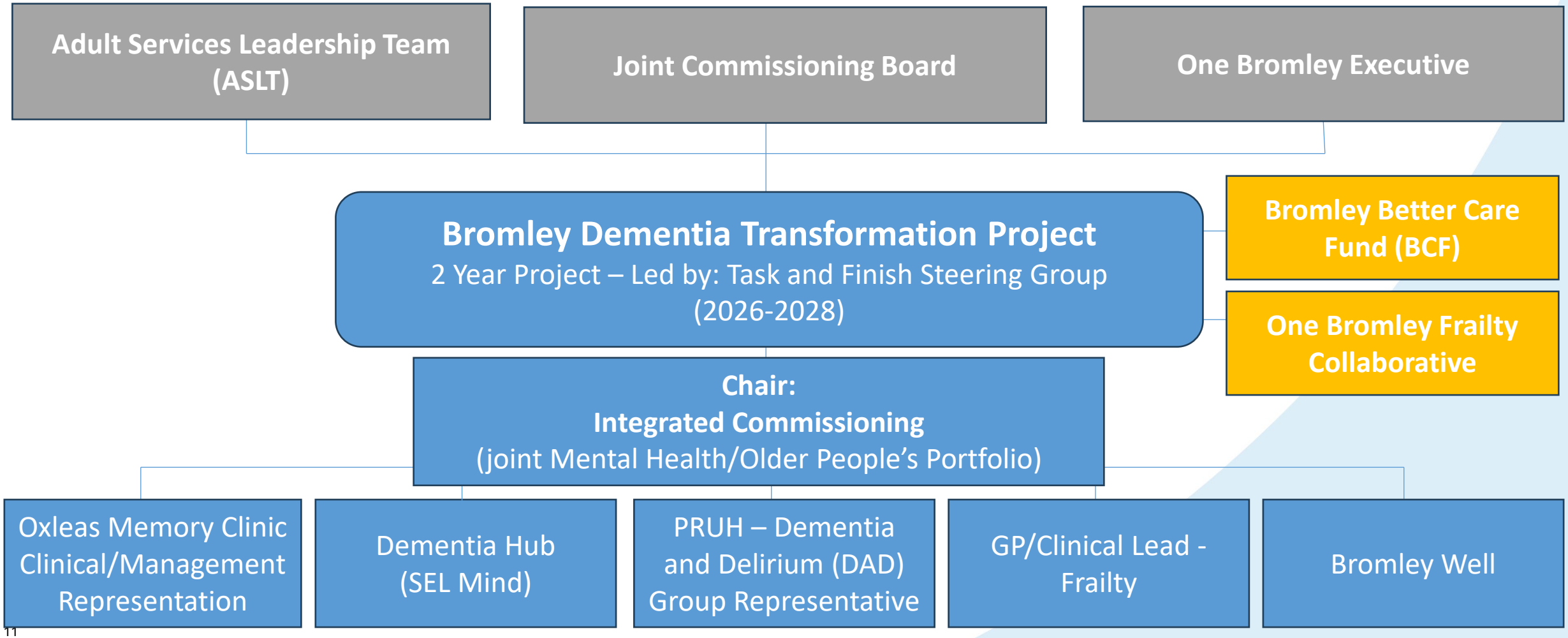
(Project 3) A common dementia training/support offer to the system – responsive escalation pathways, links to MDT models of care

Outline aim of dementia transformation project

To improve outcomes for residents with dementia in Bromley and their carers, to link to emerging neighbourhood health/care models, to lead an integration of Oxleas and community dementia services – bringing specialist expertise into the community, to reduce unnecessary dementia A&E admissions, to ensure Bromley dementia services are "fit for the future.

Bromley Dementia Transformation Programme - 2026-28 (governance)

The governance for the proposed dementia transformation project is set out below.



Bromley Dementia Transformation Project - 2026-28

Key issues/risks and next steps

- A decision to take forward a dementia transformation project would be an opportunity to bring this work together and drive forward change in this key area.

- **Expectation management** - there will however be questions about whether any change comes with additional resources – at this time, any changes will need to be within existing financial envelopes.

- **With agreement to set-up the dementia transformation programme**, integrated commissioning will pull together a final project aim/plan.

ENCLOSURE: 7
AGENDA ITEM: 9

ONE BROMLEY
WORKING TOGETHER TO IMPROVE HEALTH AND CARE

One Bromley Local Care Partnership Board

DATE: Thursday 30 July 2026

Title	**2026/27 Finance Report – Month 2**
This paper is for **information**	
Executive Summary	**Bromley place financial position** As at Month 2 (May 2026) Bromley place is reporting an overspend of £161k year to date and breakeven full year forecast. **South East London ICB Summary** • The ICB's financial allocation as at month 2 is £5,950,393k. • As at month 2, the ICB is reporting a year to date (YTD) break-even position. • Two places are reporting small overspends YTD at month 2 – Bromley (£161k – driven by MH CPC and Right to Choose overspends) and Greenwich (£122k – driven by MH CPC and Right to Choose overspends), with a break-even position being forecast by all. All Places have been tasked to identify additional mitigations to offset financial risks. • As at month 2 the ICB is forecasting an overall break-even position against its annual financial plan.
Recommended action for the Committee	• The Board is asked to NOTE the financial position.

	Year to date Budget	Year to date Actual	Year to date Variance	Annual Budget	Forecast Outturn	Forecast Variance
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Acute Services	1,129	1,129	0	6,774	6,774	0
Community Health Services	16,406	16,249	157	98,439	96,991	1,448
Mental Health Services	2,668	2,985	(318)	16,007	17,455	(1,448)
Continuing Care Services	4,927	4,927	0	29,562	29,562	0
Prescribing	8,298	8,298	0	52,175	52,175	0
Other Primary Care Services	356	356	0	2,135	2,135	0
Corporate Budgets	733	733	0	4,397	4,397	0
Total	**34,517**	**34,678**	**(161)**	**209,488**	**209,488**	**0**

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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:	Asad Ahmad, Associate Director of Finance (Bexley & Bromley), NHS South East London Integrated Care Board	
Clinical lead:	N/A	
Executive sponsor:	David Maloney, Director of Corporate Finance, NHS South East London ICB	

NHS
South East London

One Bromley Local Care Partnership Board

Finance Report

Month 2 (May 2026) – FY 2026/27

Thursday 30 July 2026

2026/27 Month 2 Bromley Place Financial Position

NHS South East London

Overall Position

	Year to date Budget	Year to date Actual	Year to date Variance	Annual Budget	Forecast Outturn	Forecast Variance
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Acute Services	1,129	1,129	0	6,774	6,774	0
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Corporate Budgets	733	733	0	4,397	4,397	0
Total	**34,517**	**34,678**	**(161)**	**209,488**	**209,488**	**0**

- As at Month 2 (May 2026) Bromley place is reporting an overspend of £161k year to date and breakeven full year forecast.
- Prescribing is reporting a breakeven position year to date and full year forecast. Prescribing data is provided two months in arrears; therefore, the financial position includes an estimate for this period.
- Mental Health Services is reporting an overspend of £318k year to date and £1,448k full year forecast. The primary overspend is on Learning Disabilities/Mental Health Section 117 and cost per case placements, Bromley has seen an increase in both the number of placements as well as the average cost of a placement. The position also includes a significant overspend on the "Right to Choose" ADHD and ASD assessments conducted by private providers. Bromley is working with other areas of South-East London to develop a common approach to managing this ongoing and increasing cost pressure.
- Community Health Services is reporting an underspend of £157k year to date and £1,448k full year forecast. The underspend primarily relates to the release of some uncommitted growth funds and budgets.
- Continuing Care is reporting a breakeven position year to date and full year forecast. This is a risk area for Bromley place as a new high-cost placement can materially swing the budget, continuous reviews of CHC placements are undertaken to mitigate risks.
- Corporate budgets are reporting a breakeven position year to date and full year forecast. Until the new structure from the ICB change programme is implemented, any variances on the pay budgets will be managed centrally and not reported at place.
- Acute and other Primary Care services are reporting a breakeven position year to date and full year forecast.

NHS
South East London

Appendix A

SEL ICB Finance Summary
Month 2 2026/27

Key Financial Indicators

NHS South East London

- 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 02, 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.
- **All boroughs are reporting that they will deliver a minimum of financial balance at the year-end.**
- The ICB is showing a **break-even** position for YTD and forecast out-turn position against the **running cost allowance (RCA)**. Any YTD underspends against running cost and programme corporate budgets are being used to mitigate the reduction to the ICB's overall allocation **(£21,400k)** in respect of the Change Programme.
- The ICB is reporting that YTD its efficiencies plan is on track and the forecast is for the annual plan to be delivered.
- **All financial duties have been delivered for the year to month 02 period.**

Key Indicator Performance	Year to Date		Forecast	
	Target	Actual	Target	Actual
	£'000s	£'000s	£'000s	£'000s
Expenditure not to exceed income	989,201	989,201	5,950,393	5,950,393
Operating Under Resource Revenue Limit	989,201	989,201	5,950,393	5,950,393
Not to exceed Running Cost Allowance	5,342	5,342	31,717	31,717
Month End Cash Position (expected to be below target)	5,563	3,231		
Operating under Capital Resource Limit	n/a	n/a	n/a	n/a
95% of NHS creditor payments within 30 days	95.0%	100.0%		
95% of non-NHS creditor payments within 30 days	95.0%	99.7%		
Mental Health Investment Standard (Annual)			560,171	561,171

Executive Summary

NHS South East London

- This report sets out the month 2 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 2 is **£5,950,393k**. In month, the ICB has received an additional **£48,587k** of allocations. These are as detailed on the following slide. **As at month 2, the ICB is reporting a year to date (YTD) break-even position.**
- Due to the routine time lag, the ICB has not yet received any 2627 prescribing data. After the usual accrual for two months of estimated prescribing expenditure, the ICB is reporting a **break-even position YTD across PPA and non PPA**. Once information is available the usual slide will be presented.
- Given that reporting for dental, ophthalmic and community pharmacy is subject to same time lag, a YTD breakeven position is reported. Again, when information is available, the usual slide will be included within the monthly reporting pack.
- The CHC financial position is **£126k overspent** at month 2. The boroughs which are most impacted are Lewisham and Bexley, further work will be undertaken to validate the clients in month to ensure the reporting is correct and any mitigations can be identified. The YTD position for **Mental Health services** is an overall **overspend of £974k.** This is generated by pressures on cost per case services and Right to Choose costs with all boroughs impacted. **ADHD and ASD assessments** continue to be a significant financial pressure for all boroughs. Additional analysis of these MH pressures is being undertaken in month as well as identifying potential mitigations against these pressures. Work is due to be undertaken around the ASD and ADHD pathways, and progress regarding this work will be followed up on and reported back in future reports.
- Two places are reporting a small overspends YTD at month 2 – **Bromley (£161k – driven by MH CPC and Right to Choose overspends) and Greenwich (£122k – driven by MH CPC and Right to Choose overspends), with a break-even position being forecast by all.** All Places have been tasked to identify additional mitigations to offset financial risks.
- In reporting this month 2 position, the ICB has delivered the following financial duties:
  - An **overall break-even** YTD financial position.
  - Breakeven against its management costs allocation. YTD underspends **(£1,680k)** are being used to offset the allocation reduction **(£21,400k)** due to the national assumption that staff restructures arising from the Change Programme were implemented by 1st April 2026 which is not true for the ICB. The redundancy costs of the programme were included as either provisions (Voluntary Redundancy Scheme 2 and any compulsory Redundancies) or accruals (Voluntary Redundancy Scheme 1) in the ICB's 2025/26 annual accounts, so will not be a charge against the 2026/27 position.
  - 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 2 the ICB is forecasting an overall **break-even position** against its annual financial plan.

Budget Overview

NHS South East London

	M02 YTD								
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	PCD Team	South East London	Total SEL CCG
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Budget									
Acute Services	113	1,129	993	79	111	12	559,972	-	**562,409**
Community Health Services	4,390	16,406	6,121	5,319	5,320	6,125	54,276	-	**97,958**
Mental Health Services	1,904	2,668	1,883	4,175	1,764	2,076	112,515	874	**127,858**
Continuing Care Services	4,440	4,927	5,348	5,928	4,229	3,436	-	-	**28,307**
Prescribing	6,327	8,298	6,375	7,129	7,517	6,031	-	553	**42,230**
Other Primary Care Services	264	356	319	664	306	137	-	2,621	**4,667**
Other Programme Services	83	-	-	-	-	121	3,220	1,151	**4,574**
Programme Wide Projects	-	-	-	-	4	-	-	637	**642**
Delegated Primary Care Services	8,259	11,830	10,568	16,043	12,080	12,901	-	440	**72,120**
Delegated Primary Care Services DPO	-	-	-	-	-	-	11,248	26,009	**37,257**
Corporate Budgets - staff at Risk	-	-	-	-	-	-	-	-	-
Corporate Budgets	530	733	623	813	578	750	-	7,153	**11,179**
Total Year to Date Budget	**26,309**	**46,347**	**32,230**	**40,150**	**31,909**	**31,588**	**741,231**	**39,438**	**989,201**

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	PCD Team	South East London	Total SEL CCG
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Actual									
Acute Services	113	1,129	993	79	111	12	559,797	-	**562,234**
Community Health Services	4,074	16,249	6,076	5,319	5,245	6,125	54,299	-	**97,388**
Mental Health Services	1,996	2,985	2,046	4,335	1,794	2,144	112,665	867	**128,833**
Continuing Care Services	4,746	4,927	5,351	5,768	4,274	3,368	-	-	**28,434**
Prescribing	6,327	8,298	6,375	7,129	7,517	6,031	-	553	**42,230**
Other Primary Care Services	264	356	319	664	306	137	-	2,621	**4,667**
Other Programme Services	-	-	-	-	-	121	3,220	875	**4,215**
Programme Wide Projects	-	-	-	-	4	-	-	637	**642**
Delegated Primary Care Services	8,259	11,830	10,568	16,043	12,080	12,901	-	440	**72,120**
Delegated Primary Care Services DPO	-	-	-	-	-	-	11,251	26,009	**37,260**
Corporate Budgets - staff at Risk	-	-	-	-	-	-	-	-	-
Corporate Budgets	530	733	623	813	578	750	-	7,153	**11,179**
Total Year to Date Actual	**26,308**	**46,508**	**32,352**	**40,150**	**31,908**	**31,588**	**741,232**	**39,156**	**989,201**

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	PCD Team	South East London	Total SEL CCG
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Variance									
Acute Services	0	(0)	(0)	0	0	0	175	-	**175**
Community Health Services	316	157	45	(0)	75	(0)	(23)	-	**570**
Mental Health Services	(93)	(318)	(163)	(160)	(30)	(68)	(149)	6	**(974)**
Continuing Care Services	(306)	(0)	(4)	160	(45)	68	-	-	**(126)**
Prescribing	-	-	-	-	-	-	-	-	-
Other Primary Care Services	0	0	(0)	0	0	-	-	(0)	**0**
Other Programme Services	83	-	-	-	-	-	(0)	275	**359**
Programme Wide Projects	-	-	-	-	-	-	-	(0)	**(0)**
Delegated Primary Care Services	-	-	-	-	-	0	-	-	**0**
Delegated Primary Care Services DPO	-	-	-	-	-	-	(3)	-	**(3)**
Corporate Budgets - staff at Risk	-	-	-	-	-	-	-	-	-
Corporate Budgets	(0)	0	0	(0)	0	0	-	0	**0**
Total Year to Date Variance	**1**	**(161)**	**(122)**	**(0)**	**0**	**0**	**(0)**	**282**	**(0)**

- As at month 2, the ICB is reporting a YTD **break-even position**, albeit with **pressures in specific budgets.** The main area of financial pressure is in **mental health services.**
- Due to the routine time lag, the ICB has not yet received any 26/27 prescribing data. After the usual accrual for two months of estimated prescribing expenditure, the ICB is reporting a breakeven position YTD across PPA and non PPA budgets.
- The **CHC** financial position is **£126k** overspent at month 2. The boroughs which are most impacted are Lewisham and Bexley, further work will be undertaken to validate the clients in month to ensure the reporting is correct and any mitigations can be identified.
- The YTD position for **Mental Health services** is an overall overspend of **£974k**. This is generated by pressures on cost per case services and Right to Choose costs with all boroughs impacted. **ADHD and ASD assessments** continue to be a significant financial pressure for all boroughs. Additional analysis of these MH pressures is being undertaken in month, as well as identifying potential mitigations.
- The ICB is now settling the Voluntary Redundancy 1 claims which are being charged against year end accruals and shortly costs for the Voluntary Redundancy 2 scheme will be coming through which will be offset against a year end provision, so neither of these schemes will impact upon the 2026/27 financial position.
- Two places are reporting a small overspends YTD at month 2 – **Bromley (£161k – driven by MH CPC and Right to Choose overspends) and Greenwich (£122k – driven by MH CPC and Right to Choose overspends)**, with a break-even position being forecast by all. All places have been tasked to identify additional mitigations to offset any financial risks, to ensure delivery of their financial plans.

ENCLOSURE: 8
AGENDA ITEM: 10

ONE BROMLEY
WORKING TOGETHER TO IMPROVE HEALTH AND CARE

One Bromley Local Care Partnership Board

DATE: Thursday 30 July 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.	
Clinical lead:	Not Applicable	
Executive sponsor:	Dr Angela Bhan, Place Executive Lead - Bromley	

Partnership Report – July 2026

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1. One Bromley Local Care Partnership Programmes

Bromley Spring COVID-19 Vaccination Programme 2026

The Spring COVID-19 vaccination programme 2026 ran from 13 April to 30 June with eligibility criteria for the programme remaining unchanged from the previous year. Individuals who fell into the following cohorts were offered a COFID-19 vaccine:

- Adults aged 75 years and over (including individuals who turn 75 by years old by 30 June 2026).
- Residents in care homes for older people (as defined through CQC registration), irrespective of the individual's age.
- Individuals aged 6 months and over who are immunosuppressed (as defined in tables 3 and 4 in the Green Book on Immunisations, COFID-19 chapter).

During this campaign, nearly 19,000 COVID-19 vaccinations have been delivered across Bromley by local GP practices and community pharmacies, Bromley Healthcare and Guy's and St Thomas' NHS Foundation Trust (GSTT).

One of the main GP practices for care home residents, Bromleag Care Practice delivered just over 1,000 COFID-19 vaccinations to care home residents. Bromley's community health provider, Bromley Healthcare, successfully delivered nearly 1,400 COVID-19 vaccinations to housebound patients.

The borough's uptake data is outlined in the table below:

Bromley COVID-19 Vaccination Uptake by Cohort (data from EMIS, 06/07/26 extract)

Eligible Cohort	Uptake (%)
75 years and over (housebound)	56.2
75 years and over (not housebound)	54.5
Immunosuppressed 6 months + (housebound)	43.3
Immunosuppressed 6 months + (not housebound)	18.9

Bromley is consistent with the broader trend of declining COVID-19 vaccination uptake across all cohorts. Of the eligible cohorts, care home residents remain the highest-uptake cohort, and the immunosuppressed cohort consistently as the lowest uptake.

COVID-19 uptake was highest within the White British and White Irish ethnic groups and lowest across Black/Mixed Black, Pakistani, Bangladeshi and Unknown ethnic groups. This was in line with what was recorded for the previous year.

During this campaign, the ICB, in collaboration with One Bromley partners and third sector organisations delivered a number of engagement sessions and outreach events to address vaccine hesitancy. These Make Every Contact Count (MECC) initiatives aimed to support improved access to vaccinations. Initiatives included:

- Four NHS App events across Bromley, targeting individuals over the age of 50 years with the aim of strengthening relationships and building trust between organisations and local communities by sharing local data and behavioural insights on COVID-19 vaccination uptake.
- A series of webinars to all care home staff in Bromley to support education amongst those caring for care home residents, as well as training for professionals involved in delivering vaccination programmes.
- Promotional messages and public information about the campaign in local news media and community magazines. This was targeted to focus on underserved communities, including areas with high levels of deprivation and inclusion health groups within Bromley.
- Engaging with residents at community and clinical wellbeing cafes in North-East and North-West Bromley, as areas including Lower Super Output Areas (LSOAs) in the most deprived national quintile.
- Empathetic Refutational Interviewing (ERI) training for nurses and HCAs in Bromley to support them to feel confident in having conversations about vaccinations including how to dispel myths and misinformation.

Integrated Neighbourhood Teams Update

Since the last full update to the Local Care Partnership Board, partners have continued to move Bromley's neighbourhood development programme from design into early implementation. Work has progressed across the four neighbourhoods, with continued development of the adult Integrated Neighbourhood Team pathways for frailty and multiple long-term conditions, further refinement of population health management cohorts, and ongoing testing and learning through

the South West multiple long-term conditions pathway. Multi-agency frailty training has also continued to support a more consistent shared approach across partners, with a focus on earlier identification, holistic assessment, care planning and coordinated support for residents with more complex needs.

Over the same period, the programme has strengthened the practical infrastructure needed to support delivery at scale. This includes further work on the neighbourhood leadership and workforce model, preparation for the mobilisation of Strategic Investment Fund resources, development of the Population Health Management Hub proposal, and alignment with emerging South East London neighbourhood governance and reporting arrangements. Partners have also continued to engage clinical, professional and operational colleagues through established One Bromley forums, with the next phase focused on converting agreed plans into deliverable work programmes, strengthening accountability for outcomes, and ensuring neighbourhood working provides practical support to primary care, community services, social care, the voluntary sector and residents.

Bromley Sexual Health System Collaboration Workshop

Introduction

On 20th May 2026 the Bromley Public Health Team, in partnership with the Kings College Sexual Health Service, hosted a full day Sexual Health System Workshop at the URC Church in Bromley. This event brought together One Bromley Partners and key leaders from relevant organisations across the local area to collaborate to improve sexual health. It employed a new approach to involving the service user voice by using professional drama students.

Aim and Purpose

The aim was to strengthen collaboration, align priorities and identify opportunities to improve sexual health outcomes for Bromley residents particularly those experiencing the greatest inequalities. The workshop provided a structured, live forum with networking time to support organisational decision-makers to build a shared understanding and a coherent system response.

A new approach was trialled at this event in the use of actors in a dramatized sexual health clinical consultation. This was very well received as a means of communicating the complexity of sexual health issues and the challenges facing the clinical service. The scripts for dramatization were created by the clinical team, based on real-life scenarios. No real service users were available to take part and, given the sensitivity of the subject matter, using actors ensured the service user voice was included in the day in a non-threatening manner. Actors were recruited from a local drama college which had an existing link with LBB public protection team for outreach communications. The feedback received from delegates on the day was overwhelmingly positive. The mock scenarios covered key messages around contraception, misinformation, PrEP, and STIS. Not all delegates had a sexual health , or clinical background so to see what a ‘real’ consultation might entail was very powerful.

The morning included this live action section of the day, along with an overview of public health data, service information and a panel discussion with stakeholders from across the system on

challenges. Stakeholder contributions in the afternoon outlined opportunities and actions for improvements in sexual health through structured interactive breakout groups that focused on 6 topics, previously identified by participants as key issues.

These were:

- Communications and rising awareness
- Health inequalities and engagement with specific groups
- Outreach and provision for young people
- Prevention of STIs and HIV
- Sexual health access
- Tackling misinformation.

Impact and Outcomes

Outcomes from the workshop highlighted overwhelming support and enthusiasm for establishing an ongoing cross system Sexual Health Network in Bromley. A number of actionable improvements were raised that could be implemented in the short term and within existing resources.

Identified key messages for future collaboration were:

- The benefit of having an in-person opportunity to discuss the issues, identify others within the system and make new contacts.
- The challenges of social media information around sexual health issues.
- The need for clear communication and messaging on sexual health across Bromley.
- More awareness of the contraception service offered by Pharmacies in Bromley.

Next Steps

Plans are underway for the establishment of a Sexual Health Network in Bromley, Public Health and Kings partners are working to deliver more messaging and communication to residents. Attendees at the workshop are now more equipped to share information with their contacts about all sexual health services.

We are grateful to Healthwatch Bromley for sharing an insight of the day on their official Instagram: Please see:

https://www.instagram.com/reel/DZcXgkztT47/?igsh=dW9zenVlN3hmNGFq

2. Princess Royal University Hospital and South Sites

Finance

As of March, the KCH Group (KCH, KFM and KCS) has reported a surplus of £5.0m year to date. This represents a £5.0m favourable variance to the April 2025 NHSE agreed plan.

The underlying position is a £131.2m deficit after removal of non-recurrent items. The non-recurrent underspends are mitigating the impact of under-delivery of CIP.

The Trust was forecasting a breakeven position at year-end. However, following additional funding of £4.9m received in Month 12, the Trust has reported a £5.0m surplus, which is £5.0m ahead of plan.

Cost-improvement plans

- At the end of 2025/26, the Trust has achieved £66.0m recurrent savings against £82.4m plan, resulting in a £16.4m adverse variance (£10.3m planning and £6.1m performance adverse variance.) The recurrent full-year effect of the Trust's 2025/26 CIP programme is £74.0m against a plan of £82.4m. Non-recurrent CIPs cover the gap in-year and 2026/27 planned CIP will recover the recurrent gap.

Referral to treatment – Elective Care – Trust Wide

- RTT performance was 66.61% of patients waiting under 18 weeks in April above the operational plan target of 65.6% for the month.
- The total PTL has increased and is now 86,539 for April, which is below the operating plan target of 86,756.
- The number of patients waiting over 65 weeks reported in April was 70 above the operating plan target of 0 for the month.
- Of the 65 week wait patients there are 19 patients in General Surgery and 10 in Bariatric Surgery , 15 patients in Ophthalmology. There were 19 breaches in other surgical specialties and only 2 breaches in Dental.
- The number of patients waiting over 52 weeks is 1,288 (1.49%) in April, which is above the operational plan of 1.13% for the month.

Emergency Performance – PRUH and South Sites

- 4 hour All Types performance was 73.77% for April which was above the operating plan target of 71.0%.
- The site has however continued to experience ongoing pressure with increased corridor congestion due to admitted demand and mental health delays in admissions remain a challenge. 12-Hour Decision to Admit breach times remain a focus with 20.5% of patients waiting over 12 hours in ED in April this was higher than the operating plan target of 10.3%.
- Future actions include finalisation of care group improvement plans for the FY2026-27 flow programme, revising specialty admission guidance as part of internal professional

standards, focus on increasing pathways out of ED into SDEC and SAUU, Revised focus on ED avoidance pathways to reduce Type 1 demand.

Cancer

- 28 day FDS performance has decreased to 78.9% in March which slightly below the 80% standard.
- 62 day performance was 73.29.% in March which is below the Operating Plan target of 75.1% for the month. Current issues include pathology reporting delays, complexities of breast pathways with additional imaging, HPB OPA and surgical capacity and Urology prostate biopsy and clinical oncology capacity.
- 31-day performance was 98.51% in March and achieving the target of 90% for the month.

There is a comprehensive cancer action plan and we expect to get back to constitutional standards by March 27.

Diagnostic Performance

DM01 performance was 19.79% in April which is below our operating plan target of 16.9%

Future actions include MRI/CT – mitigation actions identified and non-recurrent funding options submitted to NHSE for approval, endoscopy – focus on maximizing internal capacity following opening of new PRUH endoscopy unit over Q1 with mitigations being developed, external validation team focused on diagnostic DM01 and planned pathway validation in imaging, cardiac echo and endoscopy modalities.

Apollo/EPIC

Staff across all KCH hospitals and locations continue to work from one integrated patient record, Epic. 312,605 patients have registered for MyChart across King's. Patients using MyChart are less likely to miss (DNA) their appointments, and KCH patients DNA rate continues to be 5.0%.

Both King's and Guy's and St Thomas' continue to expand the use of patient self-scheduling features with over 2800 clinics now activated.

Last month at King's, patients self-scheduled over 3,817 appointments.

The integration with the NHS App is now live enabling patients to securely access MyChart using their existing NHS Login.

Estates

Our capital programme continues.

The Endoscopy unit is now open on a phased program and saw its first patients on the 7th April. The official opening of the event was held on 22nd June 2026.

A range of other capital projects across the PRUH are being undertaken by the PFI including roof replacement work, Nurse call replacement (started to be completed in September 26), Fire alarm replacement, Street lighting replacement and Generator panel upgrades.

Also at the PRUH on Trust retained sites we have completed the theatre upgrade works in our Day surgery Unit and at Orpington Theatres, these works included new Air handling and cooling

units, surgeon's panels and pendant replacements in the DSU. The PRUH is also mid project on a site wide pendant replacement project due to be complete in 2027. Orpington is also mid-way through a window replacement program.

The roadways and carparks are due to be resurfaced at the PRUH in the coming months.

3. London Borough of Bromley - Adult Social Care

The Council has begun work on a new Carers Strategy for Bromley unpaid carers and will be holding events to develop priorities with carers over the coming months. Work specific to the Council is involving the introduction of a new social work led 'carers conversation' to help identify carers and encourage them to seek support. While the Council's Adult Social Care Service has a statutory duty to assess carers, all One Bromley agencies have a role in recognising carers, understanding the support they provide to others, and helping them access the right information, advice and support. We all will be supporting Bromley Well in the refresh of the Bromley Carers' Charter.

The Council and ICB are working with One Bromley Partners on the implementation of a more proactive neighbourhood prevention model through participation in the national Future of Prevention programme and through this bringing the council into the neighbourhood and INT developments. The Future of Prevention programme was developed across a group of local authorities, including Bromley Council, and national health and care agencies with the ambition of developing a model for large scale prevention. Evaluation support from the National Institute for Health and Care Research, alongside emerging interest from King's Health Partners, creates an opportunity to evidence not only the impact of the programme but the wider value of Bromley's partnership approach to prevention, neighbourhood working and demand reduction.

The programme is initially focussed on falls prevention, using predictive analytics to identify residents who may be increased risk and connect them earlier with appropriate local support. The work is being shaped as a partnership pathway with links across frailty, housebound care, VCSE support, primary care, community services and adult social care. The next steps over the summer will focus on co-production with residents, discovery work with staff across One Bromley teams on current falls and frailty pathways, and mapping the local interventions that could form part of a practical neighbourhood prevention offer.

Initial work has begun on a transformation of services to Working Age Adults, those with a learning disability or other disabilities requiring ongoing care and health support. Compared to other parts of the country fewer Bromley adults with a learning disability are supported to live with their families r in their own homes with support from their local care and health services to help them live good lives in their local community. Work will begin in earnest later in the year with a diagnostic review of the current arrangements to support adults with a learning disability and the creation of a plan to help more people live in the community with support that optimises their independence.

Following the May publication of the Care Quality Commission (CQC) Assurance Assessment, the Council's Adult Social Care Service has continued to progress improvement activity in areas

that had already been identified internally as requiring further development. This reflects the CQC's recognition that Bromley knows itself well, has a strong of its strengths and challenges and has clear sight of the areas requiring improvement. Alongside a longer-term strategic programme, the Adult Social Care Leadership Team is implementing a focused set of short-term actions, designed to accelerate improvement in key areas identified through performance monitoring, resident feedback, independent review activity and the CQC assurance process.

4. St Christopher's Hospice

Organisational Achievements April – June 2026

Organisational Progress and Impact

Between April and June 2026, we made good progress in strengthening St Christopher's Hospice's contribution to the Bromley system and the wider palliative and end of life care agenda. A key organisational milestone was the launch of our 2026-2029 Strategy, which sets out our ambition to make outstanding, equitable palliative and end of life care a reality for more people, when and where they need it. The Strategy is now being translated into team objectives and delivery plans, with a focus on community engagement, equity, digital and data transformation, workforce culture and partnership working.

We continued to support people across our five boroughs through inpatient, community, rehabilitation, wellbeing, bereavement and practical community-based services. During this period, we consolidated learning from winter initiatives, strengthened operational working groups and continued to develop integrated approaches that support people to remain in their preferred place of care wherever possible. The completion of the inpatient unit refurbishment earlier in 2026 has also enabled us to focus on restoring full bed capacity and improving the care environment for patients, families and staff.

We have also progressed work to improve access, inclusion and outcomes for communities who may experience barriers to hospice and palliative care. Community Action secured external funding and developed equity-focused work to better understand and respond to the needs of resource-poor communities, including through consultation, co-design and stronger local networks. This work supports the Local Care Partnership's shared focus on prevention, early support reducing inequalities.

Our education and research activity continued to strengthen system capability. Through St Christopher's Centre for Awareness and Response to End of Life, we delivered a broad professional learning offer, including virtual and hybrid options, and continued to support learners locally, nationally and internationally. We have also built research capacity and culture within the organisation, helping staff and volunteers connect improvement, evidence and practice more directly,

Volunteer contribution remained a major organisational strength, with more than 1,200 volunteers supporting care, bereavement, retail, fundraising and community activity. The renewal of our Investing in Volunteers accreditation, recognises the quality and stability of the programme and the important role volunteers play in extending our reach and connection with local communities.

We remain proud of the feedback received from patients, families and carers. Our 2025-26 annual reporting showed strong satisfaction, with 93% of respondents saying they were extremely likely or likely to recommend St Christopher's. This reflects the continued commitment of our staff and volunteers to compassionate, expert and person-centred care, while also reinforcing the importance of working with partners to reach more people earlier and more equitably.

5. Bromley Healthcare

Strategy and Performance

Leadership

We have recently welcomed Paul Kimber as our new Chief Financial Officer.

Paul joins us from Medway NHS Foundation Trust, where he has worked for the last six and a half years as Deputy Chief Financial Officer. During that time, he has also taken on key leadership roles including Acting Chief Financial Officer and Financial Recovery Plan Director.

Paul brings more than 20 years of experience from across the NHS and wider sector. This includes roles at Barts Health NHS Trust, the Royal Free London NHS Foundation Trust and NHS London, as well as earlier experiences in professional services. Paul is also active in developing profession. He sits on the One NHS Finance South East Academy council and the Kent, Surrey and Sussex HFMA board.

Strategy

Bromley Healthcare continue to work closely with partners across the One Bromley Partnership to support the development of Integrated Neighbourhood Teams and strengthen joined-up care for local residents. Building on existing partnership arrangements across children's and adult services, work during April, May and June has focused on reviewing how services work together across neighbourhoods and identifying opportunities to improve pathways for patients with complex needs.

A particular area of focus has been frailty, where partners have continued to review how community, primary care, social care and hospital services work together to provide more coordinated support. Alongside this, work has continued across discharge pathways and community wide teams to support people to remain independent at home wherever possible and reduce unnecessary duplication between services.

Alongside neighbourhood working, we have continued to progress a number of improvement and digital programmes that support more joined-up care. This includes ongoing implementation of digital mail improvements and ongoing development of digital solutions that support clinical services.

Quality improvement remains an important part of our approach. During this period, there have been several great examples of service led quality improvement initiatives, which ave supported improved patient care, and reduced waiting times. An example of system wide quality improvement was the Tissue Viability service working with homes across the Borough in order to review wound product usage. The learning from this project is now being embedded into routine practice and wills help support future improvement work across services.

Performance

Across the period April to June 2026, performance has remained generally stable across most services, with continued improvements in a number of adult and urgent community services. Demand continues to grow in several areas, particularly within Children and Young People's services, and work is underway with partners to address waiting times and improve access to care.

There has been continued good performance in several adult services. Adult Occupational Therapy continues to perform well, with routine referral assessment within 13 weeks at 100% in both April and May. Adult Physiotherapy has also improved significantly, wither performance at 98.7% in May following earlier recovery work.

Urgent Community Response continues to deliver above the national two-hour response standard. In May, 89.9% of two-hour referrals achieved the two-hour standard, against a 70% target. Rehabilitation and reablement response within two days also remains above target.

There remain pressures in a number of services. Community Paediatrics continues to have a high waiting list. Additional clinic capacity has been put in place through the recruitment of neurodevelopmental practitioners, but demand continues to increase, with around 250 referrals received each month. The service continues to explore new ways of supporting patients , in a waiting challenge that is a National issue.

Children's Speech and Language Therapy continues to show the positive impact of the Universal and Targeted service model introduced last year.

Workforce, Learning and Development and Culture

Network win at Equality, Diversity and Inclusion Awards

Our Race Equality and Cultural Heritage Network (REACH) were awarded Staff Network of the Year at the recent South East London ICS Equality, Diversity and Inclusion (EDI) Awards 2026.

The award recognises the network's outstanding contribution to advancing equality, diversity and inclusion across Bromley Healthcare.

REACH was recognised for a range of significant achievements, including:

- Securing NHS Job Evaluation training for staff network members, resulting in increased understanding and capability across the networks.
- Working collaboratively with Executive Directors to develop an Equality, Diversity and Inclusion (EDI) Dashboard, which monitors key metrics relating to workforce representation and inclusion. The dashboard is now utilised both the Executive Team and the People and Culture Committee to monitor progress and inform decision-making.
- Embedding Equality Impact Assessments (EIAs) and associated training across the organisation. All policies are now subject to an Equality Impact Assessment to ensure consideration of their impact on staff and service users with protected characteristics.
- Promoting openness and accessibility by ensuring REACH meetings, training opportunities and external speaker events are available to all colleagues across Bromley Healthcare.

Our Haemoglobinopathy Community Nursing Service team, led by Debbie Bodi, was also named Highly Commended in the Community Impact in EDI category for the South East London Sickle Cell Enhanced Community Pilot.

Long Service Awards

In June, we held our first Long Service Breakfast to celebrate and recognise colleagues who have given 30 years or more of service to Bromley Healthcare and the NHS. The event brought together many colleagues across a wide range of services, with some celebrating an extraordinary 54 years of service.

It was a fantastic opportunity to come together, reflect on the impact these colleagues have had across Bromley Healthcare and the NHS, and say a heartfelt thank you. Their dedication, commitment and care over the years have made a lasting difference to our patients, our communities, and to each other.
Through periods of significant change withing the NHS, these colleagues have consistently demonstrated their compassion and excellence with their experience, knowledge and leadership continuing to make a lasting difference to patients, families and fellow colleagues.

The event marked an important milestone in Bromley Healthcare's commitment to recognising long service and celebrating the people at the heart of our organisation. We are grateful for the exceptional contribution of all those recognised and look forward to continuing this tradition in the years ahead.

Quality, Safety and Patient Experience

Mottingham Clinic Refurbishment

From 20 July to 7 September, Mottingham Clinic will temporarily close while refurbishment work takes place to improve accessibility and create a better environment for patients and colleagues. The improvements include upgraded facilities and a new clinic room, helping ensure the site is fit for the future.

Servies will continue during this time from other Bromley Healthcare locations, with affected patients being contacted directly about any changes to their appointments.

6. Oxleas

Community Mental Health Services

At Oxleas, we are pleased to report that the Bromley Admiral Nurse Service is now fully operational, providing specialist dementia support for people living with dementia and their families. The service is embedded within our Community Mental Health Services and works closely with the Memory Service, Dementia Hub and Care Home Teams. Since opening to internal referrals earlier this year, the team has already received more than 55 referrals, demonstrating a clear need for this highly specialist service. Admiral Nurses provide expert support to families experiencing complexity, distress and uncertainty, helping carers to sustain their caring role and improving outcomes for people living with dementia.

We have also commenced collaborative work with the Integrated Care Board and local partners to develop a more integrated dementia pathway for Bromley. This work is focused on mapping existing resources across the system, identifying gaps and opportunities, and defining what a strong secondary care offer should look like alongside community, voluntary sector and primary care provision. The aim is to create a clearer, more coordinated pathway that supports people earlier, improves access to diagnosis and specialist support, strengthens crisis response and ensures seamless navigation across services for people living with dementia and their carers.

Work is also taking place to look at the clinical model at Oxleas' specialist dementia inpatient service at Holbrook Ward in response to changes in the needs of patients referred to the service.

We have also been progressing a significant programme of work to strengthen adult safeguarding and Care Act practice within the Mental Health Hub. Working in partnership with the London Borough of Bromley, we are implementing a revised social work model, focused on improving safeguarding assurance, strengthening Section 9 Care Act screening and assessment processes, improving oversight of safeguarding concerns ensuring more timely and robust decision-making.

Alongside this, we have continued to build our partnership approach to supporting families through the development of the Families First model in Bromley. An Adult Mental Health Practitioner is now being recruited to the children's social care Family Hub, bringing specialist mental health expertise into a multi-agency environment and supporting earlier identification and intervention where parental mental health is impacting on children and family wellbeing. The role will help to strengthen links between Family Hubs, community mental health services and primary care, contributing specialist input to assessments and plans, supporting whole-family working, and ensuring families receive coordinated support at the earliest possible stage.

Bromley Child and Adolescent Mental Health Services

Average waiting times for both initial assessment and treatment by Bromley CAMHS continue to reduce. As of May 2026, the average wait for assessment was 9 weeks and the average wait for treatment was 12 weeks. This is despite an overall increase in referrals in Q1 of 2026/27. Of note however is a significant rise in non-attended appointments, with an 86% increase from March to May 2026. Work continues to implement a centralised assessment model later this year which aims to improve capacity and further improve waiting times.

Work is also continuing to review and improve clinical pathways further and develop the support offer offered to children, young people and their families while they are wating. There has been significant development of the support offer for CUP to 'wait well,' including the development of individualised psychoeducation, bibliotherapy, group interventions and check in calls for those on waiting lists.

Demographics of referrals (age, ethnicity and gender) remained largely static across 2025/26. The highest proportion of referrals are white British females, aged 15+.

Oxleas CAMHS have increased capacity to facilitate participation with children, young people and families across our community services. This has led to increased opportunities for co-production as well as engaging in community activities. There has been particular focus in recent months to understand areas where parents might want more targeted support. Areas highlighted have been related to supporting children who are transitioning from primary to secondary school, as well as those affected by upcoming national SEND reforms. Sessions are also now being offered in the evening to enable more parents and carers to attend.

There has also been focus on collecting routine outcome measures to track progress, with marked improvement in Bromley CAMHS across the collection of paired measures (at assessment and 6 months later). The most regularly used measures include the Children's

Global Assessment Scale (CGAS), the Revised Child Anxiety and Depression Scale (RCADS) and Goal Based Outcomes (GBOS). Of those paired measures completed in May 2026, 63% of children saw improvement in their level of impairment on the CGAs and 52% saw improvement on the RCADS particularly in areas of major depression, separation anxiety and panic disorders. There was also an increase in feedback via the Children's Experience of Service Questionnaire (CHI_ESQ), with 100% of children feeling they were listened to, 98% feeling they were treated well and that staff knew how to help, and 92% feeling that staff were easy to talk to.

Acute and Crisis Mental Health Directorate

Oxleas is taking part in a programme of work to understand why there has been an increase in the number of people with mental health needs (known and unknown to our services) attending emergency departments. Kirsty Humby is coordinating this work at the South East London level and we are participating across our acute mental health sites.

A deep dive has been completed at Queen Elizabeth Hospital in Woolwich which has identified key actions to reduce delays and speed up referral and assessment times. We would like to replicate this approach at Princess Royal University Hospital in collaboration with King's colleagues and consider how the mental health liaison model needs to develop in response.

Oxleas colleague included in King's Birthday Honours

Congratulations to Occupational Therapist Warren Dunkley who has been awarded a Medallist of the Order of the British Empire in the King's Birthday Honours list.

Warren was awarded the prestigious honour for his service to mental health support services as founder of community boxing gym, Off The Ropes. The gym is the first of its kind from inside an NHS facility, opened in November 2025 at our Goldie Leigh site in Abbey Wood. It aims to support people with health conditions such as long term mental health needs to get more active and connect with community group and activities.

Warren, a former professional boxer, has worked for many years at Oxleas including many with our services in Bromley.

7. Bromley Third Sector Enterprise (BTSE)

BTSE/Bromley Well

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

In 2025-26 we received 18593 referrals (2024-25, 16843), an increase of 10.4% - and supported 13,039 clients (2024-25,12108), an increase of 7.7%, demonstrating increased demand and improved responsiveness, with the same level of resources.

We realised over £6.5m in benefits, grants and debt write-off in 2025-26 of which over £2.5m was from our Forms Completion Service, which is wholly provided by volunteers.

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

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

Read our Bromley Well Summer Briefing for recent performance: Bromley Well Summer Briefing

Demand for support with food bank referrals, benefits, housing and cost of living remains high with increasing numbers of clients presenting with multiple, interlinked problems which require more intensive casework and cross-agency coordination. We receive referrals across the adult age range; however, we have notably seen an increase of 21% of the number of 35-44 year-olds accessing the service in the last year.

Our Hospital Aftercare services continue to perform effectively. This is in significant part due to the work of care navigators at the PRUH. Take Home and Settle service continues to have high demand receiving 466 (407) referrals last quarter with 99% of patients picked up within 30 minutes of discharge. The team supported our oldest client to date – a 104-year-old – to return home safely. Our Post Discharge Settling Service saw 134 (147) referrals with high levels of service satisfaction reported.

Two new staff are now in post within the Handy Person Service and service delivery is increasing with 298 completed referrals last quarter, well above our KPI of 150.

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

Service Issues

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

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

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

One Bromley Wellbeing Hub

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

The information and advice offer on Wednesdays is the only drop-in advice service in central Bromley. The Hub has now moved to the new Bromley Centre next to the Civic Centre and

funding confirmed for 2026-27. We are currently holding our Long Term Conditions support workshops at the Hub too.

Carers Week

Carers Week (8-14 June 2026) was very successful, with events on across all carers services, including a workshop for Mental Health Carrers on access to the Universal Care Plan (UCP) via the NHS App so carers can write their own Carers Contingency Plans (CCP) viewable across the health and care system.

Our Young Carers Youth Club launched on 12 June with funding secured by BTSE. Feedback is already very positive with some excellent testimonials.

8. Bromley Primary Care Networks (PCN)

Urgent Same Day Care

Primary Care Networks (PCNs) and GP practices continue to provide support to patients with urgent same day care. GP contract changes for 2026/27 include a new requirement that patients identified as clinically urgent will be dealt with on the same day. It is for the GP practice to determine which patients are clinically urgent. PCN Clinical Directors are working with ICB leaders to review practice websites where patients can be better informed of ways in which to access medical advice and support, including options available for self-referral.

Digital Transformation Leads (DTLs), employed at PCN level have also been supporting practices to ensure the data on practice systems regarding urgent same day care is being accurately reported.

Collaboration at scale

Following a series of practice engagement meetings with Bromley GP Alliance (BGPA) and the Local Medical Council (LMC), there was a strong consensus to proceed to examining legal options to help creating a GP collaborative between BGPA, Bromley PCNs and the LMC. Hill Dickinson Lawyers have been appointed and heavily involved in crafting options of new BGPA governance structures that reflect having the INT (Integrated Neighbourhood Teams) PCN pairings holding a new leadership position in the strategic direction BGPA may take. Changes are envisaged well in advance of the end of this financial year, following further practice engagement and the collaborative will ensure to keep Local Care Partnership board members informed of any further developments.

Advice and Refer and the primary and secondary care interface

PCN Clinical Directors, ICB GP leads and LMC chairs have been collaborating with secondary care in supporting the role out of advice and refer in the latter part of the year. The Primary, Secondary and Community Care interface group, chaired by Dr Claire Riley, have been discussing this regularly and Dr Riley has also attended a local Kings meeting with consultant colleagues to discuss implementation plans. Through collaboration, leads aim to ensure the changes deliver patient care as optimally as possible with referrals being directed to the most

appropriate outcome whether that be advice or outpatient appointment for example. The continued engagement will be vital to ensure the changes bring benefits to the patients.

Primary Care sustainability and community pharmacy

PCN Clinical Directors and PCN pharmacists recently provided input into a Bromley wide meeting lead by consultancy agency PPL to inform South East London wide work regarding identifying challenges and opportunities for Community Pharmacy in the transition to Neighbourhood health. Secondary care pharmacy leads as well as ICB representatives were also invited and an important discussion was had regarding possible local opportunities to drive change. There was acknowledgement of the constraints of national contracts and the importance to look for local solutions including digital and communications.

9. Bromley GP Alliance (BGPA)

No One Left Behind – BGPA's Homeless Health Project becomes a Service!

Bromley GP Alliance (BGPA) is delighted to announce that its award-winning Homeless Health Project, which has been running successfully for the past three years, has secured funding from NHS South East London ICB to become an ongoing service.

Based at the United Reformed Church and delivered alongside Bromley Homeless Charity, the clinic provides on the day management for acute and chronic health care needs for people experiencing homelessness.

Over the past three years, the service has grown through close working with local One Bromley partners and now offers access to a wide range of support, including podiatry, optometry, dentistry and other specialist support such as mental health. What began as a volunteer-led GP Thursday Night Clinic during the winter months has grown into an established and highly valued service supporting some of Bromley's most vulnerable residents. This initiative has evolved from a volunteer-run effort into a funded project and is now recognised as an essential health service. This funding will enable BGPA to expand its reach, supporting more individuals who are homeless or at risk of homelessness and helping to ensure they can access the care they need.

The service not only addresses significant health inequalities but also demonstrates the success of collaborative working, bringing together healthcare partners and charitable organisations to deliver high-quality care. BGPA looks forward to building on the strong foundations already in place and continuing to work collaboratively with One Bromley partners and Bromley Homeless Charity to improve health outcomes for some of Bromley's most vulnerable residents.

Dr Hasib Ur-Rub, Co-Chair of Bromley GP Alliance: "People experiencing homelessness are, internationally, poorly served for their health care needs, so it is very exciting that One Bromley has commissioned a homeless health service for clients living in the borough. This fills a much-needed gap for access to primary health care for this very vulnerable cohort of patients who may not want to or be able to access general practice services. The precursor to this service was a project by Bromley GP Alliance working in close collaboration with the Bromley Homeless and supported by One Bromley which demonstrates the benefit of such a service to the clients and the overall health system in Bromley. This new service will build on the dedicated health hub concept of being tailored, integrated and trauma informed to deliver an invaluable service to a marginalised population."

Sarah Jackson, Advanced Nurse Practitioner, BGPA Homeless Health Service: "For the Bromley Homeless Health Project to now become an ongoing service is both a great achievement and a real assurance that this need has been recognised. People continue to present with serious and life changing health issues and I feel privileged to be able to work alongside Bromley Homeless Charity to make a true difference to people's lives."

Kim Sutton, Services Manager, Bromley Homeless Charity: "Watching this project move from a project to an ICB commissioned health service feels like a moment when the work stopped being temporary and became sustainable. I am proud to have been part of making that happen."

With this formal financial backing now in place, the team will work to extend its reach to the most vulnerable individuals across Bromley. The service aims to reduce the number of people experiencing homelessness presenting at A&E, attending GP practices where they are not registered, or relying on other urgent care services, by providing both initial and ongoing holistic care at Bromley's United Reformed Church.

With continued support from our One Bromley partners and Bromley Homeless Charity, we will further develop the service to ensure that the right care is delivered at the right time and in the right place. Our mission is to provide a safe, compassionate service that meets the needs of all, regardless of an individual's circumstances.

Left: *Sarah Jackson (Advanced Nurse Practitioner for BGPA's Homeless Health Service)*
Bottom centre: *Kim Sutton (Services Manager, Bromley Homeless)*
Top centre: *Yvette Evans (Senior Advice Worker, Bromley Homeless)*
Right: *Rachel Kirby (Senior Advice Worker, Bromley Homeless)*

BGPA Community Anticoagulation Service

BGPA is delighted to share that the Bromley Anticoagulation Service has been awarded a two-year contract extension, which is excellent news for the long-term sustainability and continued development of the service.

Our team will continue to support patients requiring warfarin monitoring, review their ongoing treatment and initiative DOACs (Direct Oral Anticoagulants) for patients newly diagnosed with atrial fibrillation. Over the last financial year, we have successfully initiated 213 patients on DOAC therapy, exceeding our predicted activity of 159 patients. This represents a 34% increase above forecast, demonstrating the growing demand and positive impact of the service.

Looking ahead, we will be expanding our scope to include DOAC treatment reviews for patients who have been initiated on DOACs outside of BGPA, supporting a more comprehensive approach to anticoagulation management. This work forms part of an ongoing service transformation programme.

We have recently introduced an updated function within EMIS, enabling prescribing via EPS (Electronic Prescription Service) across both Lewisham and Bromley, while ensuring prescriptions are accurately aligned to the relevant budget codes.

Our Clinical Pharmacists continue to develop their skills and have completed training to support the screening and review of blood test results for denosumab patients. They have also gained a greater understanding of the service from an administrative perspective. This allows us to make better use of our colleagues' expertise, expand their scope of practice and strengthen our multidisciplinary approach.

We remain committed to continuously reviewing our processes and identifying further efficiencies to ensure the service continues to run smoothly, effectively and sustainably for both patients and staff.

BGPA Anticoagulation Team *(From left to right)*
Dagmara Cieniawska, Denise Bern, Jan Morgan, Shrina Shah

BGPA LAS NHS 111 Clinical Assessment Service

BGPA has been supporting London Ambulance Service (LAS) NHS 111 through the introduction of a dedicated Clinical Assessment Service delivering timely GP consultation to patients across Bromley Borough who have contacted NHS 111. This work also includes providing clinical assessment support to LAS by assessing and consulting with all Bromley-registered patients who are routed through LAS pathways.

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

The service formally commenced on Tuesday 17th February, initially launching as a three-month pilot programme, but the service has since been granted an extension until mid-August. Since going live, the team has completed **2894** consultations, as of 28th June.

On a weekly basis, the service provides a substantial level of additional clinical capacity. We deliver eight hours of dedicated GP support for each weekday, operating from 8am-12pm and 4pm-8pm, alongside extended provision at weekends, with 8am-10pm coverage. This equates to a total of 76 hours of additional GP-led clinical support per week, significantly strengthening system resilience during periods of peak demand.

The service is currently delivered by a small team of four GPs, providing regular clinical sessions and ensuring continuity of care. We anticipate increased flexibility and sustainability within the rota, supporting consistent, high-quality care for Bromley patients accessing NHS 111.

BGPA PCN T(am
(From left to right)
Carly Bone, Tiana Lawrence, Xavier Noel, Meg Merah

ENCLOSURE: 9
AGENDA ITEM: 11

ONE BROMLEY
WORKING TOGETHER TO IMPROVE HEALTH AND CARE

One Bromley Local Care Partnership Board

DATE: Thursday 30 July 2026

Title	**Bromley Primary Care Group: July 2026 Report**
This paper is for **information**	
Executive Summary	The Bromley Primary Care Group (PCG) is responsible for decisions relating to the commissioning of primary medical services and to provide leadership and oversight for the delivery of high-quality services, strategic transformation and innovation in primary care across Bromley. The following items were considered at the July 2026 meeting of this group: **a) Clinically urgent provision in Primary Care** PCG was updated on the new contractual requirement for general practice management of clinically urgent queries. Patients assessed by the GP as having a clinically urgent need should receive an appointment on the same calendar day. PCG was briefed on the national systems that are recording this metric and the ambition for 90% of all clinically urgent requests to be dealt with on the same day. Bromley is improving on the current figures, through better data recording, clarification of the requirements and collaborative work. This standard will continue to be monitored locally and at SEL-wide level over the course of the year. It was noted that where same day appointments are not recorded on the practice's appointments system (for example, where the appointment is through a Primary Care Network hub), the data will not reflect this as a same day appointment. Practices and PCNs have been made aware of this system limitation. **b) GP Premium achievement in 2025/26** PCG received the 2025/26 year end data for the GP Premium, setting out achievement figures for each of the component schemes. The data indicated improvement focus is required in relation to the indicators for end-of-life and childhood immunisation invitations. PCG was

advised of the support offered to practices with a particular need. The ICB is currently implementing a primary care analytics tool, to provide practices with up-to-date activity dashboards for the GP Premium and to help manage their workload relating to these areas of patient care.

c) Total Triage and Continuity of Care

The Bromley GP Clinical Fellow for Total Triage presented a summary of the initiatives undertaken and support provided to assist practices with the transition to a more comprehensive clinical assessment process for all medical requests into the practice. This change was associated with the newly introduced contractual requirement to maintain access throughout the day to the online consultations system, in the same way that practices maintain the telephone lines and keep their doors open to the surgery.

PCG welcomed the data indicating that the majority of practices are maintaining open online consultation systems throughout the day. Practices continue to have access to resources and expert support, should they need this.

PCG was also updated on scoping work underway to help expand continuity of care in general practice. Continuity is associated with improved patient experience, better health outcomes and reduced use of urgent and emergency care services. It is typically most beneficial for the most vulnerable patients, and those with complex health or social needs. PCG welcomed the project's aims and proposed approach.

d) Veterans awareness

A Bromley project is currently underway to increase awareness of veterans' health amongst GP practices. Veteran health needs can differ, and specialist support is available for veterans. The borough is estimated to have the highest number of veterans resident, but this is not reflected in GP clinical health systems. Addressing this will help to ensure that veterans can be better supported in their health needs.

At present, 25 GP practices in Bromley are accredited with the RCGP-led Veteran Friendly scheme, which reflects increased awareness about the health needs and services available specifically for veterans. The aim is to increase the number of practices which have achieved this accreditation, increase the number of veterans coded as such on their patient record and thereby help to improve care for veterans in Bromley.

PCG welcomed this work and the update on progress with this project.

	e) **GP engagement** In light of the current ICB restructure and the associated reduction in staff capacity, the Bromley team has undertaken a rapid review of GP engagement in order to ensure a sustainable arrangement can be provided. As a result of the review, communication vehicles will be streamlined and the frequency of practice visits will be adjusted. f) **Enhanced Access provision in 2025/26** PCG received an assurance report setting out the provision of Enhanced Access clinics during 2025/26. This service is provided by Bromley Primary Care Networks (PCNs), to offer additional primary care appointments on weekday evenings and on Saturdays. Bromley PCNs have provided above the requisite contracted number of appointments, with over 62,000 additional appointments provided through this route. However, there is a DNA rate of 6% and there were nearly 7,000 appointments not used. PCNs have been asked to review and reduce this under-utilisation. g) **Healthwatch 2025/26 annual report** Healthwatch Bromley shared the annual report for 2025/26. Healthwatch Bromley outlined some of the activities delivered during the previous year, including patient experience programmes, deep-dive service feedback projects and involvement in local service reviews. PCG thanked Healthwatch Bromley for the report.	
Recommended action for the Committee	The Local Care Partnership Board is asked to note the discussions and work undertaken by the Primary Care Group.	
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. Discussions at the July 2026 Primary Care Group did not directly present conflicts of interest for attendees of this meeting.	
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.

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	Equality impact	The Primary Care Group will ensure the equality, diversity and inclusion objectives of One Bromley are considered in the course of its work.
	Financial impact	N/A
Wider support for this proposal	Public Engagement	Public engagement is being undertaken directly through the individual schemes and initiatives.
	Other Committee Discussion/ Internal Engagement	N/A
Author:	Cheryl Rehal, Associate Director for Primary & Community Care, Bromley, NHS SEL ICB.	
Clinical lead:	Dr Andrew Parson, Co-Chair, One Bromley Local Care Partnership & GP Clinical Lead	
Executive sponsor:	Harvey Guntrip, Bromley Lay Member, NHS SEL ICB	

ENCLOSURE: 10
AGENDA ITEM: 12

ONE BROMLEY
WORKING TOGETHER TO IMPROVE HEALTH AND CARE

One Bromley Local Care Partnership Board

DATE: Thursday 30 July 2026

Title	**Bromley Procurement & Contracts Committee – May / June 2026 Update**
This paper is for **information**	
Executive Summary	The Bromley Procurement & Contracts group supports the management and oversight of delegated budgets in terms of compliance with procurement and contract management requirements. The following items were discussed and agreed at the group's meetings on 18th May and 24th June 2026. **Contract Awards** **Cardiology Diagnostics** – A 2-year contract with the option to extend by a further year was awarded to Express Diagnostics following completion of a Direct Award C process under the Provider Selection Regime. **Neighbourhood Health Homeless Service** – A 3-year contract was awarded to Bromley GP Alliance following completion of a Direct Award C process under the Provider Selection Regime. **Community Phlebotomy Service** – A 2-year contract with the option to extend by a further year was awarded to Bromley GP Alliance following completion of a Most Suitable Provider process under the Provider Selection Regime. **Contract Extensions** **Community Anti-coagulation Service** – This contract held by the Bromley GP Alliance was extended for 2 years in line with extension provisions contained within the contract. **Contract Variations** **Hands-on resilience support for GP practices (General Practice Supporters)** – A contract variation was completed to provide GP practices with support in efficiently recovering income due to them and thereby improving their sustainability. **Community Headache Service (Bromley GP Alliance)** – A contract variation was completed to expand the variety of drugs that the service can prescribe. **Procurements** The following updates were noted: -

	• **GP Out of Hours (Home Visiting)** – A Competitive Procurement has been undertaken, the evaluation stage has been completed, and contract award is in the process of being finalised. • **Wheelchair Services** – A joint Bromley, Bexley & Greenwich Competitive Procurement is under way, with an expected service go-live date of the 1st of April 2027. • **GP Enhanced Service (GPES)** – These contracts are in the process of being varied into the main GP contracts held by SEL Primary Care Central team. **<u>Other key areas of discussion to note</u>** **Contracts Pipeline** – Contracts due to expire between May 26 – April 27 The table in Appendix A indicates the commissioned services where the current contract is due to expire within the next 12 months and the potential procurement options for these services.	
Recommended action for the Committee	The Committee is asked to note the work undertaken by the Procurement and Contracts group.	
Potential Conflicts of Interest	Some of the organisations represented on the One Bromley Local Care Partnership are also providers working to the Integrated Care Board (ICB,) and will have current contracts with the ICB and will also be bidding for future contracts with the ICB. Care will need to be taken by both the Procurement and Contracts Group and this Board to identify and manage potential conflicts of interest in the procurement, award and monitoring of contracts.	
Impacts of this proposal	Key risks & mitigations	The Procurement and Contracts Group has an important role in identifying and managing risks on procurement and contracting issues on behalf of the One Bromley Local Care Partnership.
	Equality impact	The Procurement and Contracts Group has a role to play in supporting the delivery of One Bromley equality, diversity and inclusion objectives.
	Financial impact	The costs of running the Procurement and Contracts Group will be met within existing ICB budgets.
Wider support for this proposal	Public Engagement	N/A
	Other Committee Discussion/ Internal Engagement	N/A

ENCLOSURE: 10
AGENDA ITEM: 12

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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

ENCLOSURE: 10
AGENDA ITEM: 12

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Appendix A Service	Current End Date	Type	Status
Bromley - Hands-on resilience support for GP practices	31/08/2026	Active	Commissioner reviewing options
Equipment Rental - Bed Based Rehab unit	30/09/2026	Active	Commissioner reviewing options
Bromley Tailored Dispensing Service	31/10/2026	Active	Option to extend contract to be considered by Procurement and Contract Committee
GP OoH	30/11/2026	Active	Competitive procurement in progress
Diabetes	30/11/2026	Active	Commissioner 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	Commissioner reviewing options
Bromley Community Services	30/11/2026	Active – Renewal in progress	Direct Award C completed – new contract due to commence on 1/12/2026
Bromley Hospital Advocacy Service	31/03/2027	Active	Commissioner reviewing options
IRIS & Domestic Abuse GP Clinical Lead	31/03/2027	Active	Commissioner reviewing options – contract includes option to extend

Bromley Community Vasectomy service	31/03/2027	Active	Commissioner reviewing options – contract includes option to extend
Bromley Identification and Referral to Improve Safety (IRIS)	31/03/2027	Active	Commissioner reviewing options – contract includes option to extend
Community Headache Service	31/03/2027	Active	Commissioner reviewing options – contract includes option to extend
GP Websites	31/03/2027	Active	Commissioner reviewing options – contract includes option to extend

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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
		GP	General Practice
BLG	Bromley, Lewisham and Greenwich (Mind)	GPwER	GP with Extended Role
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)	IIF	Investment and Impact Fund
CYP	Children and Young Persons	IAG	Information, Advice and Guidance
DASS	Director of Adult Social Services		
DAWBA	Development and Well-Being Assessment	INR	International Normalised Ration (INR) Blood Test
DES	Direct Enhanced Service	INT	Integrated Neighbourhood Team
DM01	Diagnostics Waiting Times and Activity	IPOS	Integrated Palliative Care Outcome Scale

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WORKING TOGETHER TO IMPROVE HEALTH AND CARE

Appendix 1: Glossary of Terms

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