

One Bromley Local Care Partnership Board

Date: Thursday 31 July 2025

Time: 9.30am – 11.30am

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

Chairmen: Dr Andrew Parson and Councillor Colin Smith

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

AGENDA

| No | Item | Enclosure | Presenter | Timing |
|-----------------------------------|--|-----------|--|--------|
| Opening Business | | | | |
| 1. | Welcome, introductions to the One Bromley Local Care Partnership Board and apologies for absence | Verbal | Chairmen | 09:30 |
| 2. | Declarations of interest | Enc. 1 | Chairmen | 09:32 |
| 3. | Public Questions received in advance of the meeting | Verbal | Chairmen | 09:35 |
| 4. | Minutes of the meeting held on the 19 June 2025 For approval | Enc. 2 | Chairmen | 09:40 |
| 5. | Actions for the Board For approval | Enc. 3 | Chairmen | 09:45 |
| For Approval | | | | |
| 6. | Bromley Learning Disabilities Strategy (2025-30) For approval | Enc. 4 | Sean Rafferty Victoria Purser James Postgate | 09:55 |
| 7. | Bromley Mental Health and Wellbeing Strategy (2025-30) For approval | Enc. 5 | Sean Rafferty James Postgate | 10:10 |
| 8. | One Bromley Partnership Integrator Proposal For approval | Enc. 6 | Dr Angela Bhan Mark Cheung | 10:25 |
| For Information and Noting | | | | |
| 9. | SEL Ageing Well Strategy For information and noting | Enc. 7 | Mark Cheung | 10:45 |

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| 10. | Partnership Report For information and noting | Enc. 8 | Dr Angela Bhan | 10:55 |
| 11. | Finance Month 2 Update For information and noting | Enc. 9 | David Harris | 11:05 |
| Reports from Key Sub-Committees for Noting | | | | |
| 12. | Primary Care Group Report For information and noting | Enc. 10 | Harvey Guntrip | 11:15 |
| 13. | Contracts and Procurement Group Report For information and noting | Enc. 11 | Sean Rafferty | 11:20 |
| Closing Business | | | | |
| 14. | Any Other Business | Verbal | All | 11:25 |
| Appendices | | | | |
| 15. | Appendix 1: Glossary of Terms | Enc. 12 | For information | |
| Next Meeting: | | | | |
| | The next meeting of the One Bromley Local Care Partnership Board will be held on the 25 September 2025 and will start at 9:30am in Bromley Civic Centre, the Council Chamber (Phase 1, Floor 0), Churchill Court, Westmoreland Road, Bromley, Kent, BR1 1DP – NEW PREMISES | | | |

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

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

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

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

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

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

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

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

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

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| Dr Nada Lemic | London Borough of Bromley | Director of Public Health | No interests declared | | | |
| David Walker | Bromley Third Sector Enterprise | Chief Executive Officer | Indirect Interest | Wife is Business Manager of a medical software company that supplies PROMs to NHS. | 03/01/2023 | |
| | | | Non-Financial Professional Interest | Elected Councillor, London Borough of Lewisham | 03/05/2024 | |
| Jacqui Scott | Bromley Healthcare | Chief Executive Officer | Financial Interest | Chief Executive of Bromley Healthcare | 01/04/2024 | |
| Sean Rafferty | London Borough of Bromley | Joint Appointee between ICS and LBB; Chair of Bromley Contracts and Procurement Group | No interests declared | | | |
| Harvey Guntrip | South East London ICB | Lay Member for Bromley | No interests declared | | | |
| Dr Ruth Tinson | Bromley LMC | Chair | No interests declared | | | |
| Dr Hannah Josty | Bromley LMC | Vice Chair | No interests declared | | | |

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

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| Christine Harris | South East London ICB | PA/ Business Support- Bromley | No interests declared | | | |
| Gemma Alborough | South East London ICB | Business Support Lead – Bromley | No interests declared | | | |
| Dr Claire Riley | Orpington PCN | Orpington PCN Clinical Director, GP Partner Green Street Green Medical Centre, One Bromley PCN Clinical Lead Strategy, Interface and Neighbourhoods | Financial Interest | GP Partner at Green Street Green Medical Centre, practice is member of Orpington PCN. The practice is also a member and shareholder in BGPA. | 01/01/2013 | |
| | | | Non-financial professional interest | Clinical Director Orpington PCN. | 01/11/2022 | |
| | | | Indirect Interest | Spouse is Associate Director of Wilkinson Eyre Architecture firm who occasionally tender for public building design in the healthcare sector. | 04/10/2009 | |

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

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| Dr Bridget Hopkins | Stock Hill Surgery Five Elms PCN | GP Partner, Stock Hill Surgery PCN Clinical Director, Five Elms One Bromley PCN Clinical Lead Strategy, Interface and Neighbourhoods | Financial Interest | GP Partner at Stock Hill Surgery | 05/10/2018 | |
| | | | | Practice is a member of Bromley GP Alliance | 04/02/2000 | |
| | | | Indirect Interest | PCN Clinical Director, Five Elms PCN | 2023 | |

One Bromley Local Care Partnership Board
Minutes of the meeting on 19 June 2025
Held in The Council Chamber,
Bromley Civic Centre

Present:

| Name | Title and organisation | [Initials] |
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| 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 |
| Harvey Guntrip | Lay Member – Bromley, NHS South East London | HG |
| Dr Bridget Hopkins | Clinical Director, Five Elms PCN and One Bromley PCN Clinical Lead Strategy, Interface and Neighbourhoods | BH |
| Dr Nada Lemic | Director of Public Health, London Borough of Bromley | NL |
| Jan Noble | Interim Chief Executive Officer, St Christopher's Hospice | JN |
| Dr Claire Riley | Clinical Director, Orpington Primary Care Network and One Bromley PCN Clinical Lead Strategy, Interface and Neighbourhoods | CR |
| Jacqui Scott | Chief Executive Officer, Bromley Healthcare | JS |
| Cllr Diane Smith | Portfolio Holder for Health and Care, London Borough of Bromley | DS |
| Dr Hasib Ur-Rub | Chair, Bromley GP Alliance | HU-R |
| David Walker | Chief Executive Officer, Bromley Third Sector Enterprise | DW |
| Members (Non- voting): | | |
| Mark Cheung | One Bromley Programme Director, NHS South East London | MC |
| Paulette Coogan | One Bromley People and System Development Director, NHS South East London | PC |
| Dr Hannah Josty | Vice-Chair, Bromley Local Medical Committee | HJ |
| Dr Ruth Tinson | Chair, Bromley Local Medical Committee | RT |
| In Attendance: | | |
| Jodie Adkin | Deputy Director - Urgent & Emergency Care Transformation and Delivery, NHS South East London | JA |
| Gemma Alborough | Business Support Lead – Bromley, NHS South East London | GA |
| Christine Harris | PA/Business Support – Bromley, NHS South East London | CH |
| David Harris | Associate Director of Finance, NHS South East London | DH |
| James Postgate | Associate Director, Integrated Commissioning, London Borough of Bromley and NHS South East London | JPo |
| Elliott Ward | Associate Director, Strategy Development and Delivery, One Bromley | EW |
| Apologies | | |
| Angela Helleur | Site Chief Executive, Princess Royal University Hospital and South Sites, King College Hospital NHS Foundation Trust | AH |
| Sean Rafferty | Joint Assistant Director of Integrated Commissioning, NHS South East London and London Borough of Bromley | SR |

Three members of the public were in attendance.

Actioned by

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| 1. | Welcome, Introductions to the One Bromley Local Care Partnership Board & Apologies for Absence | |
| 1.1 | Councillor Colin Smith welcomed members and attendees to the One Bromley Local Care Partnership Board meeting. | |
| 1.2 | Apologies for absence were noted as recorded above. | |
| 2. | Declarations of Interest | |
| 2.1 | The declarations of interest register was noted; there were no additional declarations made in relation to items on the agenda. | |
| 3. | Public Questions | |
| 3.1 | There were no questions received. | |
| 4. | Minutes of the One Bromley Local Care Partnership Board Meeting 27 March 2025 | |
| 4.1 | The minutes were APPROVED as an accurate record of the meeting. | |
| 5. | Actions for the Board | |
| 5.1 | <p>The action log was reviewed.</p> <p>An update was given by Iain Dimond and James Postgate for <i>Action 27.03a - Feedback to be given at the next meeting relating to comments on the CAMHS service.</i></p> <p>Iain Dimond confirmed he had liaised with colleagues from the Local Medical Committee (LMC) and Primary Care Network (PCN) Clinical Directors following the meeting, and discussed the improvements in services that had been made and the current challenges. The importance of having conversations to address issues as they emerge has also been noted.</p> <p>James Postgate shared four slides around current CAMHS performance. Since the pandemic, the service caseload had increased from 900 children to over 1200 children. These levels remained for a couple of years, with increased waiting times and clients presenting with higher levels of acuity. Efforts were made to mitigate the longer waits, and much work has been undertaken to prevent worsening mental ill health in children and young people. Possibly as a result of the prevention and initiatives to address the long waits, here has been a drop in CAMHS activity in the last year, with lower levels of referrals, fewer children in crisis and a reduced caseload of around 800 children.</p> <p>The improvement in performance might be as a result of a range of transformation initiatives undertaken between 2022- 2025, these included:</p> <ul style="list-style-type: none"> • Integrated Single Point of Access – This opened in April 2024 and is run jointly by Bromley Y and CAMHS (Oxleas). • Bromley Y Mental Health Support Teams to improve mental health and well being– Currently cover sixty-three schools, with expansion to cover all schools planned. • CYP Mental Health A&E Data Deep Dives – Undertaken for three years and provided detailed information on crisis cases. • Recovery and Resilience Service – Bromley Y support for children “just below” CAMHS threshold. • Empowering Parents, Empowering Communities – Initiative to support families that are struggling with mental health. | |

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| | <ul style="list-style-type: none"> • CAMHS Home Treatment Team – Opened March 2025, providing an alternative to psychiatric admission. • Kooth App – Online wellbeing support and counselling across SEL, digital services rolled out across CYP Mental Health. • New children's homes in Bromley, including a mental health crisis step-down service (2024-26). <p>Average waiting times had decreased from 53 weeks in May 2024 to 12 weeks by April 2025. It is recognized that there is still more to do.</p> <p>There remain challenges in speed of children and young people getting speedy help relate to the neurodevelopmental and learning disabilities pathway, with work ongoing to move capacity around to address waiting lists.</p> <p>There has been a year-on-year decrease in the number of children and young people attending A&E due to mental ill health. There has also been a 19% decrease in the number of children and young people requiring a hospital admission due to mental ill health since 2018. Joint work across education and health have been supporting schools to help children and young people at higher risk.</p> <p>Iain Dimond noted that through the success of the CAMHS Provider Collaborative, money previously spent on high-cost admissions has been reinvested into strengthening the crisis offer, to include home treatment teams for children and young people. Our capability to respond in a mental health crisis has increased.</p> <p>Dr Andrew Parson noted that there is a lot of work underway and that all parts of the system are under pressure, knowing what is going on is important.</p> <p>The action was noted as closed.</p> | |
| 5.2 | The Board NOTED the action log. | |
| 6. | Urgent and Emergency Care Recovery and Winter Planning Update | |
| 6.1 | <p>Jodie Adkin took the slides as read and outlined the process undertaken for the review of last winter and updated on the progress of planning for this year. Winter officially finished on 31st March, however in Bromley our planning was extended to April, to support the system through the bank holidays.</p> <p>A rigorous evaluation was undertaken at the end of April which drew upon qualitative data from winter. Feedback was received from all partners across One Bromley, with a clinical reflection session undertaken to include representatives from primary, community and secondary care. This was brought together in a workshop facilitated by the A&E Delivery Board and chaired by Dr Angela Bhan. The session reflected on key learnings and ongoing challenges and identified twelve recommendations the system would like to take forward and address by next winter. Many of these relate to existing issues, it was important to ensure these continue to be supported alongside any new approaches.</p> <p>The twelve recommendations were noted as per the slide pack, along with the appendix, which gives feedback from each individual organisation. A work programme has been set up through the A&E Delivery Board to take forward the twelve recommendations and put us in a good position for next winter.</p> | |

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| | <p>The progress made and the strength of relationships built within the system were noted. There has been a significant improvement in A&E four-hour performance and a reduction in the variation in performance, meaning we are getting a more consistent quality and level of intervention within our A&E Department, symbolising a more embedded mainstreamed approach.</p> <p>Challenges remain and people are still being cared for in corridors during busy periods, however we are seeing some gains from the work undertaken over the last year.</p> | |
| 6.2 | <p>In considering the item, Board members had the following comments:</p> <ul style="list-style-type: none"> • Dr Angela Bhan noted that the appendices had not been circulated, but that these could be sent to members after the meeting. It was asked that the twelve recommendations be noted in the minutes. <p>These are:</p> <ol style="list-style-type: none"> 1. Develop a more proactive, system wide flu plan. 2. Develop the support around care home residents to reduce the need for avoidable hospital attendance including fully embedding the new falls bundle. 3. Support the London Stroke Network Clinical Video Assessment for Stroke proposal. 4. All partners pledge to develop and use UCPs in line with patient wishes and Treatment Escalation Plans. 5. Further consider opportunities around a paediatric assessment unit as part of an integrated paediatric pathway. 6. Continue to embed and grow the virtual ward integrated in reach pathway and Hospital at Home support to care homes. 7. Continue to develop a robust front door and pathways, which avoid unnecessary use of hospital-based services especially for winter conditions. 8. Continue to develop escalation frameworks across the whole system including: <ol style="list-style-type: none"> i) Acute site based integrated control centre. ii) More integrated decision making around acute and LAS escalation. iii) OPEL framework delivered across primary care as part of escalation management. 9. Continuing to embed existing tools that enable joint working and better care for patients (e.g. Consultant Connect), whilst utilising digital tools to digitalise referrals and provide live information on system capacity. 10. An early prepared communications campaign to deliver key messages from a range of trusted sources relevant to target groups. 11. Review the medication pathways and post discharge support around medication. 12. Ensure there is robust and responsive support for unmet social needs with hospital not used unnecessarily. <ul style="list-style-type: none"> • The plan for next winter would also come to this meeting. Dr Bhan echoed comments around the strength of partnership working and the use of data and evidence to adjust plans as needed. The clinical input from all parts of the system had been strong. • Councillor Colin Smith asked where the extra resource would come from as we move towards increased demand for services. | |

- Jodie Adkin responded that all organisations have detail within their own organisational plans regarding managing winter pressures. Overall volumes increase marginally during winter; challenges are often more around staffing challenges due to illness. There are no additional monies available to support during winter, we must utilise existing budgets and plan our resources for the whole of the year and manage surges in activity alongside other demand.
- Councillor Smith asked if staff would thus be expected to manage with existing beds and staff.
- Jodie Adkin responded that this is unfortunately the reality, with staff caring for more patients and in more difficult conditions. Wherever possible we try not to open more beds and instead provide more support in the community, for example the Hospital at Home Service to support patients to receive acute intervention at home. This aligns with the national policy for care to move from hospital to the community.
- Harvey Guntrip asked if we need to step up triage through 111 or through the main ambulance call centre for the 23% of callers who were not conveyed and that were not managed through the hear and treat pathway.
- Jodie Adkin replied that the Urgent and Emergency Care Plan for 2025/26 focuses on how we as a system are supporting the London Ambulance Service and how they are supporting themselves. There is more that can be done on this.
- Jacqui Scott asked of the twelve recommendations, what the three main identified areas are.
- Jodie Adkin confirmed that these aligned with the three main pillars of the winter plan: Prevention, Reaction and Response and how we support those who have required an acute admission to get home, recover, regain independence and live well.
- There was also an underlying recommendation around communications and engagement. Access to the Bromley winter webpage had increased this year along with in person visits to community venues such as Wellbeing Hubs to explain which services are available and how to access them.
- Dr Parson gave thanks for the report. It was interesting that data showed that the volume of people presenting does not change significantly during winter. In primary care, extra clinics are put on during this period. If there are no additional resources available, it was asked if improved systems were being made available instead.
- Jodie Adkin noted that there had been a recent presentation on same day care and national policy shifts. In primary care the total triage model would be part of this, it was planned for this approach to be reflected across the Urgent Treatment Centre. Digital interoperability between services is also being considered to help refer patients appropriately and enable information sharing. Understanding somebody's acuity or risk level helps decision making as to where they should be seen, ensuring patients are seen in a timely way and in the right place.
- Dr Hasib Ur-Rub noted the prevention element and managing long-term conditions. It was asked if we have broken down the data on what is coming in during winter into more granular detail. Anecdotally Dr Ur-Rub had heard that there are mental ill health related attendances during this period. This would help to understand what is causing the additional pressures at this point of the year.
- Dr Nada Lemic noted that we must remember that flu vaccination uptake rates had decreased in both residents and staff, which would have an impact on the number of cases during winter. It needs to be considered

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| | <p>how we can improve this. There can still be outbreaks of illness in care settings.</p> <ul style="list-style-type: none"> • Iain Dimond believed Dr Ur-Rub was correct that there is seasonal variation in mental ill health, however this was often encountered more by primary rather than secondary care. A meeting had taken place with colleagues from King's to consider the challenges around those with mental ill health remaining in the Emergency Department longer than hoped. • Jodie Adkin would share details from the qualitative review undertaken. There are still some gaps in data intelligence and the insight this provides. The team also look at service waiting times to help triangulate data. Feedback from clinicians and organisations included how difficult it was to support patients during these challenges. • Dr Bhan gave thanks for the work undertaken to bring the system together over winter. There is an increased instance of acute exacerbations of chronic diseases during the winter months. We often get real time data from the hospital as to what patients are coming in with, this is often not unexpected, but rather that patients are more unwell during this period. Whilst we look at flu and covid, there are numerous other viruses circulating, and we do not always have a clear idea of data on this. Information sharing required further work, to ensure that providers across the system are aware of any outbreaks. Whilst there are not any new resources available, we do profile what we already have so that we can put a few extra elements in place during winter. The Primary Care Hubs run by Bromley GP Alliance had a significant impact. The work done to support people with chronic lung disease in the community through Bromley Healthcare will have helped avoid acute exacerbations and admissions to hospital. The point about vaccination is right, we have seen a reduction in uptake partly because of vaccination fatigue, where people feel they have had a lot of vaccinations and do not want more. The next winter plan will come back to this meeting in the coming months. | |
| 6.3 | <p>Per the recommendations of the paper, the Board:</p> <ul style="list-style-type: none"> • NOTED the positive performance achieved by a strong system response to winter pressures. • DISCUSSED and SUPPORTED the recommendations for winter preparedness. <p>PROVIDED feedback on any areas the Local Care Partnership have a particular interest in and would like to be brought back for discussion.</p> | |
| 7. | Integrated Neighbourhood Teams Multiple Long-Term Conditions Focus | |
| 7.1 | <p>Elliott Ward updated on the approach taken for the rollout of Integrated Neighbourhood Teams (INTs). The paper was taken as read, with two slides highlighted.</p> <p>The latest progress in Bromley was noted, this included:</p> <p>Initial Focus Populations - Groups had been aligned with the strategy and included:</p> <ul style="list-style-type: none"> • Residents with three or more long-term conditions • Residents aged 65+ living with frailty • Residents 0-18 with a health or social need • People discharged from a hospital admission. | |

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| | <p>Bromley Integrated Neighbourhood Teams Intervention Models:</p> <ul style="list-style-type: none"> Developed either in Bromley, across South East London or London region more broadly. Bromley has been leading on elements of this including B-CHIP and Integrated Care Networks and Frailty. There is a new multiple long-term conditions model being developed. It was noted that we do not always need more resources, redeployment of existing resources can make a real difference. <p>Localisation in each INT</p> <ul style="list-style-type: none"> These are about local needs and assets, meaning that we need to work with staff and residents across the system to understand impact and develop governance to support delivery. We are attempting a cascade approach, starting with South West INT. There is a longer timeline anticipated for development to enable the opportunity to work through some of the model and governance interplays ahead of broader rollout. We can use data and feedback to help us engage with residents and embed prevention focus. The local case for, theory of and methodology for change would be considered throughout this period to then take this through the governance process. We think there is something we can do to inspire staff to be involved in the change and enable the system to think differently. The first leadership meeting of South West INT had been held, and the GP Academic Half Day had been utilised to discuss INT development with their teams. | |
| 7.2 | <p>In considering the item, Board members had the following comments and questions:</p> <ul style="list-style-type: none"> Harvey Guntrip asked how we socialise another change for patients without causing concern or confusion. Jacqui Scott asked if some consideration had been given to how we evaluate this, to include consideration of defined outcomes and the impact on existing teams and organisations. David Walker was conscious that there could be a number of people in the community who have long-term conditions that we may not be aware of. It was asked what can be done to better identify this group whilst avoiding overwhelming primary and community care services. Elliott Ward responded that this will be a communications challenge, with a national and local communications piece in progress. The importance of localisation and engagement work was noted. It was important to be clear on the timeline for achieving the benefits of this model. A lot of resource and energy is being put into developing a SEL wide theory of change for INTs. This was to be refined during August, to include consideration of multiple long-term conditions and frailty and provide the metrics for evaluating impact. By the end of September there would be a set of tools available across SEL to allow us to identify the shifts in patient flow and where activity sits and will sit. At the same time, our timetable runs slightly ahead of that, this is a long-term change programme, and we will not have all the answers in year one. We have a large patient cohort of people over sixty-five experiencing multiple long-term conditions. We need to consider the digital technologies available to support our population. Dr Bridget Hopkins noted that her practice is in South West INT. The opportunity to meet as a PCN was very positive, non-clinical staff appreciated being invited along and the opportunity to talk to colleagues | |

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| | <p>from other practices. There were some concerns amongst GPs as to how management of the additional patients in INTs would be resourced.</p> <ul style="list-style-type: none"> • Dr Claire Riley noted that herself and Dr Hopkins are supporting the other INTs to start working together and undertake Academic Half Days to understand how this will work for general practice. Learning could be shared with other system partners if helpful when speaking with their staff about the changes. • Iain Dimond believed that these slides started to bring the concept of neighbourhood working to life and liked the model of care. This needs to be undertaken in partnership with people, with the appropriate resource from existing staffing available to support in development. If we get that right, this speaks to proactive care. It was asked if we have the resources there to undertake this proactive work whilst dealing with existing workloads. • Dr Nada Lemic asked if we have considered the training and development needs of staff across the system in relation to this holistic assessment approach. • Elliott Ward agreed with that the points raised and noted that the rollout in South West INT is to be used to understand resource needs and any challenges that need to be addressed, for example access to specific programmes or systems. It was noted that Paulette Coogan and colleagues are looking at the organisational development piece around this workstream. | |
| 7.3 | The Board NOTED the latest developments in INTs and ENDORSED the cascade and multiple long-term condition focus agreed by the One Bromley Executive. | |
| 8. | Communications and Engagement Annual Report | |
| 8.1 | <p>Paulette Coogan took the report as read, noting that this document highlights the activity of the One Bromley Communications and Engagement Workstream for 2024-25.</p> <p>Key areas were highlighted for noting:</p> <ul style="list-style-type: none"> • The first part of section four includes several areas we have worked on jointly as a partnership; this is increasing year-on year. The outcomes and next steps were noted, with an attempt to pull out impacts where possible. • Work undertaken by individual organisations was also outlined, we share learning and work together to avoid duplication of our communication and engagement activity. Colleagues work together to decide priorities and share campaigns. • Section 6 outlined how we have promoted some of our achievements from the last year. • There was also a high-level section included noting high level focuses for the future, this included work on INTs and engagement with our workforce and residents over the coming years. | |
| 8.2 | <p>In considering the item, Board members had the following comments and questions:</p> <ul style="list-style-type: none"> • Dr Parson thanked Paulette Coogan and colleagues for the report, noting the large amount of work undertaken across the partnership. • David Walker noted that this is a positive report and underestimates the day-to-day ongoing work. It was asked what plans are in place to continue this work given upcoming changes in the ICB. • Paulette Coogan responded that the relationships built will continue, with highly active partnership in the group. This workstream began prior to One Bromley and it was felt this would endure. | |

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| | <ul style="list-style-type: none"> Dr Parson asked for his thanks to be given to the Communications and Engagement Workstream, especially amidst reduced capacity and the volume of work undertaken. | |
| 8.3 | The Board CONSIDERED the content of the report and gave feedback on any improvements in activity that might be considered for 2025/26. | |
| 9. | Partnership Report | |
| 9.1 | Dr Angela Bhan took the report as read and welcomed any comments or questions. | |
| 9.2 | There were no comments or questions raised. | |
| 9.3 | The Board NOTED the Partnership Report. | |
| 10. | Month 12 SEL ICB Finance Report | |
| 10.1 | <p>David Harris presented the Month 12 2024/25 Finance Report, which was taken as read. The following highlights were noted:</p> <p><u>SEL ICB Month 12 Financial Position</u></p> <ul style="list-style-type: none"> The SEL ICB reported an £87k surplus position at year end against its revenue resource limit. The ICB achieved all financial duties for the financial year. <p><u>2025/26 Budgets</u></p> <p>The Bromley budget for 2025/26 was signed off in May, with a total delegation of £273,923k. the borough is currently forecasting a breakeven position for the year.</p> | |
| 10.2 | <p>In considering the report, Board members had the following comments:</p> <ul style="list-style-type: none"> Dr Parson thanked David Harris and the team for this work and noted the positive financial position at year end. | |
| 10.3 | The Board NOTED the Month 10 Finance Update. | |
| 11. | Primary Care Group Report | |
| 11.1 | <p>Harvey Guntrip took the report as read and welcomed any questions.</p> <p>There were no questions or comments raised.</p> | |
| 11.2 | The Board NOTED the Primary Care Group Report. | |
| 12. | Contracts and Procurement Group Report | |
| 12.1 | Mark Cheung took the report as read; there were no questions or comments raised. | |
| 12.2 | The Board NOTED the Contracts and Procurement Group Report. | |
| 13. | Performance, Quality and Safeguarding Group Report | |
| 13.1 | Harvey Guntrip took the report as read; there were no comments or queries raised. | |
| 13.2 | The Board NOTED the Performance, Quality and Safeguarding Group update. | |
| 14. | Any Other Business | |
| 14.1 | <p>There was none raised.</p> <p>Dr Andrew Parson formally closed the public meeting.</p> | |
| 15 | Appendix 1: Glossary of Terms | |
| 15.1 | The glossary of terms was noted. | |
| | Date of Next Meeting: Thursday 31 st July 2025 at 09.30am | |

One Bromley Local Care Partnership Board – Action Log

| Log no. | Action point | Date raised | Responsible | Due Date | Status | Comments |
|---------|--|-------------|-------------|------------|---------------|--|
| 19.06a | Additional slides to be shared for the Urgent and Emergency Care Recovery and Winter Planning Update item following the meeting. | 19/06/2025 | Jodie Adkin | 31/07/2025 | Closed | The additional slides have been circulated, action closed. |

One Bromley Local Care Partnership Board

DATE: Thursday 31st July 2025

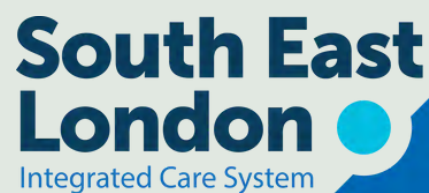
| Title | Bromley Learning Disabilities Strategy 2025-2030 |
|--------------------------------------|--|
| This paper is for decision | |
| Executive Summary | <p>In August 2024, Bromley Council and NHS South-East London ICB commissioned the experts from the Ideas Alliance to speak to Bromley residents with learning disabilities and autism, as well as their carers, families and providers. The Ideas Alliance visited services, held conversations, ran events and hosted a photography project. This enabled residents to show and talk about what matters to them. The Ideas Alliance hosted a final meeting with all participants in November 2024. This work has informed this strategy, ensuring that the voices of residents with learning disabilities is at the heart of this plan.</p> <p>From the needs assessment, engagement work and visions of both the council and South East London Integrated Care Board informed by the citizens insight of local people, five key themes were developed that underpin the new strategy. These are:</p> <ul style="list-style-type: none">• Preparing for Adulthood• Self-Empowerment• A Healthy Life• A Good Home• Learning, Work and Independence <p>Each of these themes will be owned by a co-production task and finish group and will:</p> <ul style="list-style-type: none">• Ensure that people with learning disabilities will always have freedom of choice to help them maximise their independence.• Ensure carers are recognised, valued, and supported without compromising their wellbeing and life opportunities (links to the Bromley Carers Plan). <p>The delivery of the strategy will be overseen by the Bromley Learning Disabilities Partnership Board which comprises key delivery stakeholders. The Partnership Board will report on its work to implement the strategy jointly to: the One Bromley Executive, the Bromley Joint Commissioning Board and the Adult Social Services Leadership Team.</p> |
| Recommended action for the Committee | <ul style="list-style-type: none">• Agree and support the Learning Disabilities Strategy 2025-2030• Support the development of an action plan to deliver the strategy over the next 5 years. |

| | | |
|---------------------------------|--|---|
| Potential Conflicts of Interest | None | |
| | | |
| Impacts of this proposal | Key risks & mitigations | N/A |
| | Equality impact | Please see attached Equalities Impact Assessment |
| | Financial impact | N/A |
| | | |
| Wider support for this proposal | Public Engagement | This strategy has been co-produced with people in Bromley who have learning disabilities along with their families and carers and will be delivered in a collaborative way. |
| | Other Committee Discussion/ Internal Engagement | This Strategy was signed off at LBB PDS on the 19 th June 2025 and the LBB Executive on 25 th June 2025. |
| Author: | Victoria Purser, Head of Complex and Long Term Commissioning | |
| Clinical lead: | | |
| Executive sponsor: | Sean Rafferty, Assistant Director of Integrated Commissioning/Director of Integrated Commissioning – LBB/ICB | |

BROMLEY LEARNING DISABILITIES STRATEGY

2025 to 2030

for the London Borough of Bromley and
NHS South-East London Integrated Care Board (ICB)





**Our vision and plan for
empowering people with
learning disabilities to
lead fulfilling and
independent lives**

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FOREWORD

We are pleased to introduce **Bromley's Integrated Learning Disability Strategy for 2025 to 2030**. This is a vision and plan for empowering people with learning disabilities to lead fulfilling and independent lives.

These plans have been co-produced with people who have a learning disability, residents, families, carers and other organisations that support people in Bromley. We have brought together a clear and strong evidence base to inform our plans, including independent research on people's needs developed by the Public Health Action Support Team (PHAST). Most importantly we have worked with the independent engagement experts, Ideas Alliance, who have led co-design work on the strategy with residents who have a learning disability.

The strategy sets out five themes to take forward improvements for residents who have a learning disability. These five themes reflect the aspirations of people who have a learning disability and their families and other carers that emerged from the co-production work and is supported by the needs assessment. The themes and their priorities call for lasting change.

The Council, the NHS South East London Integrated Care Board (ICB) and the co-production group have developed a single and joint Learning Disabilities Strategy. We recognise that we can only make the real difference to the lives of people who have a learning disability by working together and by giving leadership and support to the other agencies that touch upon the lives of people who have a learning disability, their families and other carers. Together, we are committed to creating innovative, person-centred support that meets the diverse needs of our residents, addressing current challenges while focusing on solutions and opportunities for the future.

Delivering this strategy at time when public finances are stretched and when health services are being nationally reorganised presents us with some challenges. However, we do not see this as a reason for diluting our ambitions and the aspirations of people who have a learning disability. The first year of delivery has a clear focus on putting in place the building blocks for change and bringing together the partnerships and resources that we will need to deliver into the future. Our plans to make this strategy happen will emerge from these early steps.

We thank everyone who contributed to this strategy, and we look forward to working together to achieve better lives and an inclusive, thriving community in Bromley. Progress will be reported to the One Bromley Local Care Partnership and through Bromley Council's Adult Care and Health Policy Development and Scrutiny arrangements.



Councillor Diane Smith

Portfolio Holder for
Adult Care and Health

Bromley Council



Dr Andrew Parson

GP and Clinical Chair,
One Bromley
Local Care Partnership

NHS SEL ICB – Bromley



**Representatives of the
Co-production Group**

Bromley Together

EXECUTIVE SUMMARY

Our **Bromley Learning Disabilities Strategy for 2025 to 2030** sets out a bold and inclusive vision for improving the lives of people who have learning disabilities in the London Borough of Bromley.

Developed jointly by **Bromley Council** and the **NHS South East London Integrated Care Board (ICB)**, and co-produced with residents, families, carers and local organisations, this strategy aims to ensure that people who have learning disabilities can lead fulfilling, independent, and healthy lives as valued members of their communities.

OUR VISION

To create a Bromley where people who have learning disabilities:

- ✓ Are empowered to make choices about their lives
- ✓ Live in safe, suitable homes within their communities
- ✓ Have access to meaningful education, employment, and social opportunities
- ✓ Receive high-quality, person-centred health and care support

KEY THEMES

The strategy is built around five core themes:

1

Being Positively Prepared for Adulthood

Supporting young people from age 14 with early transition planning, tailored services, and seamless movement into adult life.

2

Our Communities

Promoting friendships, reducing loneliness and enabling people to participate fully in community life through inclusive, accessible services.

3

A Healthy Life

Improving physical and mental health outcomes through annual health checks, community-based care and proactive support to reduce hospital admissions.

4

A Good Home

Expanding housing with care options, reducing out-of-borough placements and supporting independent living close to family and friends.

5

Learning, Work and Independence

Increasing access to education, training, employment and volunteering to support independence and personal growth.

EVIDENCE-BASED AND CO-PRODUCED

The strategy is informed by:

- A comprehensive **needs assessment** conducted by the Public Health Action Support Team (PHAST).
- Extensive **co-production** with residents and carers, led by the Ideas Alliance.
- Alignment with local and regional strategies, including Bromley's Adult Social Care and Housing with Care strategies.

DELIVERING CHANGE

Implementation will be led by the **Bromley Learning Disabilities Partnership Board**, with oversight from key governance bodies. An annual action plan will track progress, supported by joined-up commissioning and a strong provider workforce.



MEASURING SUCCESS

Success will be measured through:

- Increased access to local housing, education and employment.
- Reduced reliance on out-of-borough placements.
- Improved health outcomes and service satisfaction.
- Greater involvement of people who have learning disabilities in shaping services.



OUR VISION

The London Borough of Bromley's Adult Social Care Strategy for 2023 to 2028 sets out the following vision:

"Making Bromley an even better place to live for older people, residents with a disability and/or long-term health condition, and those who care for others by supporting people to live as safely, independently, and healthily as possible with the right care at the right time."

This strategy is complimented by a Housing with Care Strategy for 2023 to 2033 which states:

"Our vision is for older people and vulnerable adults, to have a home that will be safe, promote independence, and support good health and wellbeing and quality of life."



It also supports the NHS South East London Integrated Care System (ICS) Learning Disabilities and Autism vision, which is set out below:

“The vision of the South East London Learning Disability and Autism Programme is for people with a learning disability or autistic people to achieve equality of life chances, live independently as much as possible, and receive the right support from mainstream health and care service.”

IDEAS ALLIANCE

In 2024, Bromley Council and NHS South East London ICB commissioned the experts from the Ideas Alliance to speak to Bromley residents who have learning disabilities and autism, as well as their carers, families and providers.



The Ideas Alliance visited services, held conversations, ran events and hosted a photography project. This enabled residents to show and talk about what matters to them. This work has informed this strategy, ensuring that the voices of residents with learning disabilities is at the heart of this plan.

Many residents with learning disabilities set out that they wanted to build relationships to feel less lonely and to gain the tools to thrive. People of all ages set out their aspirations for their lives which included having good health, meaningful employment and a place to call a home of their own. At the heart of these aims was the desire to live as independently as possible, with dignity and excellent mental and physical health.



“See us as people and let us choose.”

The final report of the Ideas Alliance concluded that: *“people with learning disabilities want relationships, purpose and to feel part of community life like anyone else. They want innovative support to help them live independently and fully.”* The report highlighted a number of key areas of focus from residents with learning disabilities as set out below:



We love going places – The Ideas Alliance saw and heard about many fantastic activities and supports for people who have a learning disability in Bromley. They heard that getting out and about is crucial, however complex people’s needs are, and that this need to go out should feel supported and enriching.



Make it easier – The Ideas Alliance heard that residents who have learning disabilities wanted more opportunities to be active, to have purpose and be part of the community. People who have learning disabilities want more places to go, exciting activities to take part in and employment opportunities.



Collaborate, with care – The Ideas Alliance heard how carers wanted to move to a more collaborative approach to working with those who provide services.



Age matters – The Ideas Alliance heard how people who have learning disabilities want to spend more time with people their age. This included a particular need to focus on young people transitioning from childhood to adulthood.



Let us be part of the change – The Ideas Alliance heard frustration from residents who have learning disabilities about not seeing action to make improvements. The most important thing about the new Learning Disability Strategy, they said, is to take action on what people have said, and to do this with people.

FROM THE CO-PRODUCTION AND PEER LED ENGAGEMENT, THE FOLLOWING THEMES HAVE BEEN IDENTIFIED FOR ACTION.

Each theme will be owned by a co-production task and finish group and will:



Ensure that people who have learning disabilities will always have freedom of choice to help them maximise their independence.



Ensure carers are recognised, valued and supported without compromising their wellbeing and life opportunities (this links to the Bromley Carers Plan).



1

THEME 1

BEING POSITIVELY PREPARED FOR ADULTHOOD



YOU TOLD US THAT...

The transition from childhood to adulthood can be very difficult

Give early support to prepare for adulthood

Transition planning is crucial for people who have learning disabilities as it helps ensure a smoother and more positive experience as they move from childhood to adulthood. It involves proactive planning, coordination of services and personalised support to address their specific needs and goals. By focusing on strengths, abilities and aspirations, transition plans can reduce anxiety, improve outcomes and help individuals to achieve their full potential.

Provide age-appropriate support for young adults

Within the first year of this strategy, we will work with young people who have a learning disability, their families and other carers to design and put in place a dedicated support offer for young adults. This will include a range of supports that will help young adults to develop their both their independence and their networks.

Improving the transition from childhood to adulthood for young people who have a learning disability to better support people who have learning disabilities to live at home and or close to family and friends.

WHAT WE AIM TO DO



Early support and prevention

We will put in place comprehensive support to help children and young people prepare for adulthood, with tailored health and care support for those who have a learning disability. This is crucial as it will help ensure a smoother and more positive experience as individuals move from childhood to adulthood. It will involve proactive planning, the coordination of services, and personalised support to address specific needs and goals. By focusing on strengths, abilities, and aspirations, individual transition plans will reduce anxiety, improve outcomes and help individuals to achieve their full potential.



Multi-disciplinary planning

We will ensure that there is early multi-disciplinary planning for children and young people transitioning to adult's services across mental health, education, and children's and adult's social care.



Seamless transition

We will ensure a tailored and tapered shift of support for people transitioning from children to adults learning disabilities services, including those young people who have Special Educational Needs and Disabilities (SEND).



Care leavers

We will develop a tailored support offer for young adults who have learning disabilities who recently left the care system or have previously have been looked after by a foster carer.

WHY IS THIS IMPORTANT ?

Children and young people who have a learning disability who are supported by children, education and family services will receive this help until they become an adult. At this point they may transition to support provided by the adult social care service. This transition can be challenging for young people who have a learning disability and their families. It combines a change of services and professionals at the very time when individuals are also negotiating wider changes to their life such as leaving full time education. In the coming period, Bromley Council plans to develop a new service offer for younger adults transitioning from the care of the Council's children, education and family services, which will include a range of high quality social, educational and vocational opportunities.

WHAT ARE SOME OF THE THINGS WE ARE ALREADY DOING ?



Transition planning – including Education, Health and Care Plans (EHCPs).



Working with Care Leavers.



0-25 work programme.



Working with current service providers to develop more community-based provision for younger people.

2

THEME 2

OUR COMMUNITIES



YOU TOLD US THAT...

Safe spaces where individuals feel respected and not judged are highly valued, as they provide comfort and a sense of belonging

WHAT WE AIM TO DO



Friendships and peer support

We will improve peer support to enable people who have learning disabilities and their networks to help each other, to navigate challenges and enhance individual wellbeing. This will include emotional support, practical assistance or simply being a listening ear. Peer support, in particular, emphasises the value of connecting with others who understand similar situations, fostering a sense of belonging and mutual understanding.



Healthy relationships

We will support people who have learning disabilities to form and maintain healthy relationships through access to education about healthy boundaries, communication and consent. This will equip people with the skills to recognise and avoid unhealthy relationships and inappropriate behaviours. Furthermore, education can foster understanding and empathy, leading to more fulfilling and balanced relationships.



Tackling loneliness

We will reduce the loneliness/isolation felt by people who have learning disabilities through effective communications activities, residents who have learning disabilities led-events and tailored “no wrong front door” approaches to access services.



Helping more people to live in their community

By improving support to people who have learning disabilities in our community, particularly young adults, we can better support them to live with their families or in a place of their own in the Borough.



Day opportunities

Develop our day opportunity community hub services to provide people who have learning disabilities with a broad range of skills, including communication, problem-solving, social skills and self-care. These are skills that are essential for building independence, managing daily life and fostering personal wellbeing.



Help people get about

Through travel training and helping people with learning disabilities manage their personal safety and self-care, we will support more people to walk and travel about their community to increase their social, education and employment opportunities.

WHY IS THIS IMPORTANT ?

Friendship and other relationships fulfil emotional, social and psychological needs. They provide support, companionship and a sense of belonging. Relationships are crucial for personal growth as they offer opportunities for learning, understanding oneself and developing empathy. People who have learning disabilities might feel more isolated than others and can often need help and support in connecting to others.

WHAT ARE SOME OF THE THINGS WE ARE ALREADY DOING ?



Provide various local day opportunities hubs to be accessed through Direct Payments.



Working with providers to provide health and wellbeing events and information awareness events.



Transforming the Learning Disabilities Partnership Board to empower the residents who attend to run the meetings.



Implementing the Bromley Loneliness Strategy.



3

THEME 3 A HEALTHY LIFE



YOU TOLD US THAT...

Illness and worries about the future can be a huge cause of stress for people who have learning disabilities, their families and carers

WHAT WE AIM TO DO



Promoting excellent physical health and wellbeing

We will champion excellent physical health and wellbeing outcomes for people who have learning disabilities through effective communication activities, service user led events and targeted support to tackle obesity, smoking, drugs and alcohol abuse and common mental health disorders.



Free NHS health checks

We will deliver free annual NHS health checks for people who have learning disabilities in Bromley, with a particular focus on improved health outcomes following a health check.



Reduce hospital admissions

We will reduce inappropriate hospital admissions for people who have learning disabilities through joined up care planning, improved risk management actions and tailored packages of support for people at risk in the community.



Specialist community support

We will provide specialist, tailored healthcare and support for people who have learning disabilities in the communities in which they live.



Learning from early deaths

We will undertake multi-agency reviews of any early deaths of people who have learning disabilities in Bromley to identify areas for improvement and to ensure any lessons are learned from this.

WHY IS THIS IMPORTANT ?

Good health is vital for people who have learning disabilities. This is a group that often experiences poorer physical and mental health outcomes than the general population, leading to higher rates of preventable deaths and reduced quality of life. People who have learning disabilities have a higher risk of developing various health conditions, including cardiovascular disease, diabetes, and respiratory illnesses. Annual health checks and proactive healthcare can help identify and address health problems early, improve outcomes and increase life expectancy.

WHAT ARE SOME OF THE THINGS WE ARE ALREADY DOING ?



Free annual physical health checks are offered to all residents who have learning disabilities over the age of 14.



The Bromley Community Learning Disability Team (CLDT) provides care and support to adults who have learning disabilities whose needs cannot be met by universal health services working with the Intensive Community Support Team (ICST). The ICST provides intensive support for people who have learning disabilities when there is a risk of hospital admission or placement breakdown.



Undertaking learning from lives and deaths reviews (LeDeR). These reviews coordinate all information that we can gather, enabling key insights that support service improvements for people who have a learning disability and those who have autism.



4

THEME 4

A GOOD HOME



YOU TOLD US THAT...

You want to be able to choose where you live, and you want to be able to invite friends over and feel safe with supportive staff

WHAT WE AIM TO DO



Closer to families

Through improving our community support offer to people who have a learning disability, particularly for young adults, we can better support people to live with their families or in a place of their own in the Borough.



Housing options

We will expand housing options for people who have learning disabilities so that people have more choice in where they live, including living safely in the private rented sector or by increasing other opportunities for people to have a place of their own through access to Extra Care and Sheltered Housing schemes and increased access to Shared Lives support.



Tenancy sustainment

We will develop tailored support for people who have learning disabilities at risk of homelessness to sustain their own tenancies.



Specialist equipment and home adaptations

We will increase the number of people who have learning disabilities benefitting from specialist equipment, home adaptations and assistive technology to enable them to stay living safely and independently in their own home.



Residential and nursing care closer to home

We will enable more people who have learning disabilities who need nursing and care homes to access these in the borough. For some people who have a learning disability, living in a care home will be the best place for them to live.

The Council's Quality and Provider Relationships Team will support care home providers through quality assurance and by bringing providers together to share best practice.

WHY IS THIS IMPORTANT ?

A safe, secure, and well-maintained home provides a foundation for physical and mental wellbeing, enabling people to thrive in many aspects of their life. Good housing positively impacts health, family stability, community engagement and employment prospects. Many housing schemes also provide people who have learning disabilities with the extra support they need, both during the day and at night. For some people with very complex disabilities, a care home within a community setting could be the best place for them to be.

WHAT ARE SOME OF THE THINGS WE ARE ALREADY DOING ?



Developing new schemes, including the Bellegrove Supported Living scheme.



Community equipment service to support people to live as independently as possible.



Continuing to develop the Housing with Care Board to ensure a joined up and consistent approach to housing for all.



5

THEME 5

LEARNING, WORK AND INDEPENDENCE



YOU TOLD US THAT...

Learning happens through activities like training courses, art, music and work

WHAT WE AIM TO DO



Employment

We will place access to meaningful and long-term useful occupation at the centre of people's journey to independence, supporting people who have learning disabilities to sustain employment, volunteering opportunities, and access to training and lifelong education.



Further education engagement

We will work with local further education colleges and other education and training providers to support people who have learning disabilities to develop their knowledge and skills that will give them opportunity to seek work.



Engage with local employers

We will work with local employers and other agencies who can support people who have learning disabilities into meaningful paid or voluntary work.



Maximise financial benefits

We will support people to make sure that they are able to access the financial support that they have an entitlement to, including benefits.

WHY IS THIS IMPORTANT ?

Employment can be crucial for people who have learning disabilities as it fosters independence, improves wellbeing and enhances social integration. It provides financial stability, boosts self-esteem and confidence, and allows individuals to contribute meaningfully to society. Employment can help prevent isolation and loneliness, offering opportunities for social interaction and skill development.



WHAT ARE SOME OF THE THINGS WE ARE ALREADY DOING ?



Developing the Scadbury (Day Services) offer and capacity to provide more opportunities for developing employment skills.



Working closely with Bromley Together on a number of small projects to improve co-production.



Working with organisations, such as the Department of Work and Pensions (DWP), Trading Standards and housing, to attend the Learning Disabilities Partnership Board and provide information and raise awareness on provision for adults who have learning disabilities.



UNDERPINNING APPROACH

Placing the co-design of services, partnership working and joined up commissioning at the heart of delivering this strategy.

WHAT WE AIM TO DO

Co-production

We will ensure that people who have learning disabilities are fully involved in shaping the design of their own service offer – placing service user engagement and co-production at the core of the delivery of this strategy.

This extends to the Learning Disabilities Partnership Board that is Co-Chaired by a Bromley resident who has a learning disability.

Access for all

We will tackle the unequal access of learning disability services in Bromley by improving links into those communities and groups who, when in need, often do not feel able to come forward for help.

Partnership delivery

We will embed partnership working between learning disabilities, care and support providers, the Council and ICB, placing joined-up working at the heart of learning disabilities services planning and delivery.

Workforce

We will promote a strong learning disability provider workforce in Bromley across health, care and support services – creating a skilled and sustainable workforce able to deliver the best outcomes for people who have learning disabilities.

Joined-up commissioning

We will bring together the learning disability commissioning resource across the Council and NHS to deliver the actions of this strategy.

WHY IS THIS IMPORTANT ?

People who have a learning disability are best placed to shape and design their own service offer. They know what services they need, what they don't need, what works and what doesn't work. The Ideas Alliance engagement exercise that underpins this strategy was able to hear from many people who have learning disabilities. A common theme was that they wanted others to “**see us as people and let us choose**”. One measurement for the success of this strategy will be whether it fully involves residents who have learning disabilities in leading improvements to services and driving forward change. The strategy also requires a strong partnership of lead organisations and other partners to deliver its action plan. A commissioning approach which is joined-up, with a coordinated use of common resources, is also critical to the success of delivering this strategy.



GATHERING DATA AND INSIGHT

We know that we need more data to support our work going forward. We will measure things including:

- What proportion of people go to residential care placements – we want this to go down.
- What proportion of people are placed in residential placements out of borough – we want this to go down.
- The proportion of adults that are supported into higher education – we want this to go up.
- The proportion of adults that are supported into work or volunteering opportunities – we want this to go up.
- The proportion people with a learning disability that have a health check with their GP – we want this to go up.
- The number of carers that are receiving support in their caring role – we want this to go up.

We will have engagement events and develop surveys to show:

- How confident people feel to access events and support in their local communities.
- How in control people feel of their lives.
- How happy people feel in their relationships.
- How supported families and carers feel in their caring roles.
- How supported young people feel as they transition between children's and adults' services.

We will work with the providers of commissioned services to ensure that:

- Performance data is complete and up to date to ensure good quality provision and good value for money.
- Personal outcomes for all people accessing services are properly recorded, reviewed and updated.
- Capacity data is current to ensure that people can access services that are right for them at the right time.

LEARNING DISABILITIES – OUR RESOURCES

In 2024/25, Bromley Council spent £63.4m on learning disabilities services.

The vast majority of this resource is spent on residential settings for adults with long-term challenges. Whilst the Council and ICB will always maintain key health and care services, this strategy envisages a shift, over time, towards more local and community services.

The Bromley Council learning disabilities budget in 2025/26 is £66.9M with the ICB budget at £1.3M.

| | LBB | SEL ICB |
|---|--------------|-------------|
| | £ million | £ million |
| Community health services (learning disabilities) | 2.25 | 0.61 |
| Day services | 2.62 | |
| Direct payments | 7.50 | |
| Bromley Talking Therapies | | |
| Learning disabilities health checks | | 0.12 |
| LD Care Management | 1.44 | |
| Individual LD packages of care | | 0.58 |
| Residential and nursing services | 27.56 | |
| Respite | 0.60 | |
| Supported living services | 23.39 | |
| Shared Lives | 0.60 | |
| Transport | 0.90 | |
| Sub-Total | 66.85 | 1.31 |

HOW WE WILL DELIVER THIS STRATEGY

This strategy sets out a commitment between Bromley Council and NHS South East London Integrated Care Board (ICB) to work together to improve outcomes for residents who have learning disabilities in the borough.

The Bromley Learning Disabilities Partnership Board will give oversight to the strategy with the Learning Disabilities Delivery group responsible for developing an action plan and managing the day-to-day delivery of the strategy, supported by commissioners. These groups will report on their work jointly to: the One Bromley Executive; the Bromley Joint Commissioning Board; and the Bromley Adult Social Services Leadership Team.

The strategy will be subject to a mid-period review by the end of 2027 in order to consider progress against the priorities and to set out any changes needed to meet the overall aims.



LEARNING DISABILITIES IN BROMLEY – NEEDS ASSESSMENT

BACKGROUND – INDEPENDENT NEEDS ASSESSMENT

In 2024, Bromley Council and NHS South East London Integrated Care Board (ICB) commissioned the experts at Public Health Action Support Team (PHAST) to deliver a comprehensive needs assessment across learning disabilities and all-age mental health and wellbeing services in the borough. The final needs assessment report can be found on Bromley Council's website – www.bromley.gov.uk/jsna

A summary of the key findings from the comprehensive needs assessment is set out over the following few pages.



BROMLEY ADULTS LEARNING DISABILITIES – FINANCES

In Bromley approximately 50% of gross expenditure of the adult social care budget is spent on services for residents who have learning disabilities (51% in 2020/21 and 49% in 2021/22).

In the five years leading to 2021/22, gross expenditure on learning disability support for adults increased by 26% from 2017/18. This is twice the rate for London.

There are multiple factors contributing to these increasing costs, some of which are:

- The increase of prevalence of people with learning disabilities.
- More people with profound learning disabilities surviving childhood.
- People with learning disabilities are living for longer but often with more complex social care and health conditions.
- More people with learning difficulties are living in community settings rather than with their parents.
- Spending on people with learning disabilities in Bromley is greater than that for other London boroughs and the rest of England. This suggests that it is possible to provide high quality support for residents with learning disabilities whilst improving the value for money of services.



BROMLEY ADULTS LEARNING DISABILITIES – PEOPLE AND SOCIAL CARE SUPPORT

People aged 18-64 predicted to have a moderate or severe learning disability, and hence likely to be in receipt of services:

| Bromley statistical data | 2024 | 2025 | 2030 | 2040 |
|---|---------|---------|---------|---------|
| All adult population (18-64) | 202,700 | 203,300 | 205,300 | 208,600 |
| Adult Learning Disabilities estimate* | 4,916 | 4,931 | 4,992 | 5,088 |
| Adult Moderate/Severe Learning Disabilities estimate* | 1,131 | 1,135 | 1,151 | 1,172 |

* Source: Projecting Adult Needs and Service Information (PANSI): www.pansi.org.uk

As at mid-March 2023, adult social care caseloads identified 783 adults requiring support with a primary need as a learning disability.

As observed over 2020 to 2023, the rate of growth in those people with a learning disability needing support is 1.9% a year. If this trend continues the 2040 estimate relates to 93% of those forecasted to have a moderate or severe need. This projects a possible 64% growth between 2023 and 2040. That would be more than 500 additional people with a learning disability accessing social services.

BROMLEY ADULTS LEARNING DISABILITIES – DEMOGRAPHIC TRENDS

The demographic makeup of adults with learning difficulties in Bromley shows a diverse and evolving picture.

The projected figure for the number of adults up to the age of 64 with a mild, moderate or severe learning disability in Bromley in 2020 is 5,003 or 2.4%. This is predicted to increase by 3.9% over the following 5 years.

Around 1,250 or 2.1% of adults 65 and over are estimated to have a learning disability in Bromley. This is predicted to increase by 7.3% over the following 5 years.

Medical advances mean that more young people with profound and multiple disabilities are surviving to adulthood and those with complex and multiple disabilities are living longer. The number of children making the transition to adult services is also growing.

In Bromley, whilst the fastest-growing age group is currently those aged 65 and over, it is the younger adults that are front-loading the growth moving up the age profile over time. Over the last three years, the adult social care caseload for 18-24 year olds has seen a 92% increase.

The number of adults with Autistic Spectrum Disorders in Bromley is also expected to increase from 1,959 in 2023 to 2,044 in 2040. This represents an overall increase of 4.34% over the 17-year period.

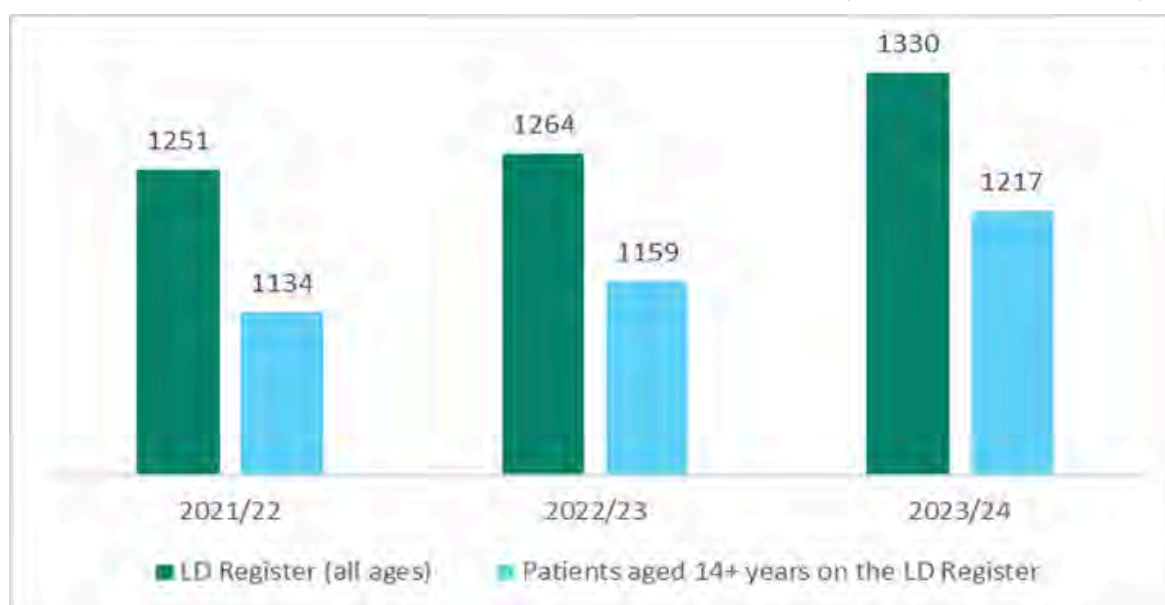
NUMBER OF NHS PATIENTS ON THE LEARNING DISABILITIES REGISTER

In the financial year 2021/22, the Bromley Learning Disabilities Register for all ages began with 1,208 patients in April and experienced a steady increase over the months, reaching 1,251 by March. For patients aged 14+ years, the count started at 1,102 in April and showed a gradual increase, ending at 1,134 in March – but with a spike of 1,143 in November 2021.

In the following year, 2022/23, the Learning Disabilities Register for all ages began with 1,256 patients in April. The numbers remained relatively stable throughout the year, closing at 1,264 in March. This year showed minor month-to-month variations but maintained an overall steady state. For the 14+ age group, the year started with 1,137 patients in April and ended at 1,159 in March.

The most significant changes occurred in the financial year 2023/24. The Learning Disabilities Register for all ages started at 1,300 patients in April, with a substantial rise to 1,469 by December, and ending at 1,478 in March. This period marked the highest increase rate among the three years, especially in the latter half of the year. For patients aged 14+ years, the numbers also increased markedly, starting at 1,193 in April, peaking at 1,367 in February, and maintaining that peak into March. This year showed the most significant increase, reflecting either an increase in the diagnosis of learning disabilities or an enhancement in the registration process.

Number of patients on the Learning Disabilities Register (2021/22 to 2023/24)

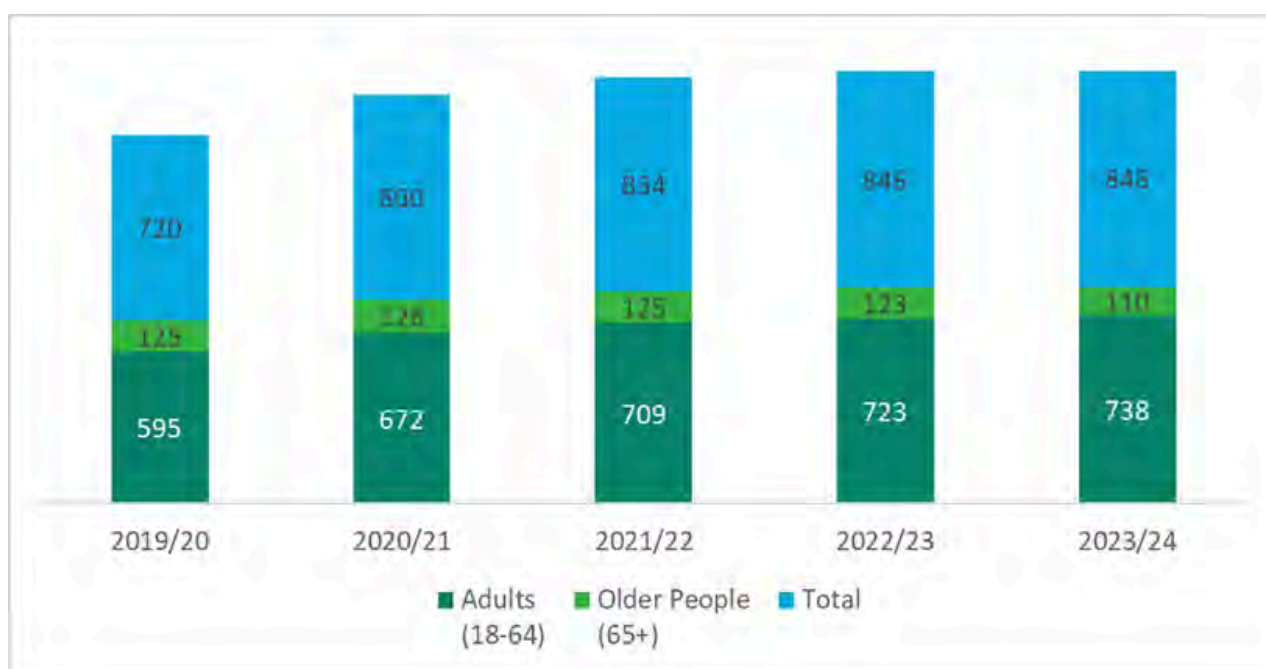


ADULTS WITH LEARNING DISABILITIES RECEIVING LONG-TERM SUPPORT AT ANY POINT

All services

Over the five-year period, there has been a significant increase in the number of adults (aged 18-64) receiving long-term support. The number of adults increased from 595 in 2019-20 to 738 in 2023-24, which is an overall rise of 24%. In contrast, the number of older people (aged 65+) receiving long-term support has fluctuated slightly but ultimately decreased.

Number of adults with learning disabilities receiving long-term support at any point -
All services (2019/20 to 2023/24)



Gender

Throughout the five years, males consistently represented around 60-61% of those residents receiving long-term support for their learning disabilities. The count of males increased from 441 in 2019-20 to 516 in 2023-24. Meanwhile, females made up the remaining 39-40%, with their numbers rising from 279 in 2019-20 to 332 in 2023-24.

Ethnicity

The majority of people with learning disabilities were white, consistently representing around 82% of the total. The percentage of those from mixed/multiple ethnic groups increased slightly from 1.9% in 2019-20 to 2.7% in 2023-24.

Asian/Asian British individuals saw a gradual rise from 3.9% to 4.1% over the same period. Black/African/Caribbean/Black British individuals' proportion increased from 6.1% in 2019-20 to 6.7% in 2023-24. Individuals from Other ethnic groups increased slightly from 1.1% to 2.00%.

Learning disability condition

The numbers of adults with Autism rose from 18 in 2019-20 to 23 in 2023-24 (3% of the total). Those with Autism (excluding High Functioning Autism) increased from 141 in 2019-20 to 171 in 2023-24 (20% of the total). Individuals with an Autism Spectrum Diagnosis doubled from 4 in 2019-20 to 8 (0.9% of the total) in 2023-24. Meanwhile, the number of individuals with Learning Disabilities grew from 557 (77% of the total) in 2019-20 to 646 (76% of the total) in 2023-24.

Residential and nursing home services

In April 2025, 186 Bromley adults with a learning disability are supported in a range of residential care and nursing care settings. Many of these settings are outside of the Borough and in some cases far away from family homes. This is because there are not affordable high intensity services in the Borough to help people remain closer to home.

Over the last five years, 72% of adults receiving residential and nursing services from Bromley local authority were in out of borough services (this number ranges from 172 to 192 adults). In 2023-24, it was the highest (77.5%) it has ever been in these five years. Conversely, 22% of adults were living in residential and nursing services located in the borough services in 2023-24. The result has been an ongoing pull of resources out of Bromley, with fewer options to develop improved community services within the borough. This pattern needs to be reversed.

270 residents with a learning disability are currently living in the borough in supported living accommodation through arrangements with social landlords and care and support providers. This strategy aims to support more people now and into the future through supported living and other housing with care options such as Extra Care Housing, Sheltered Plus, Shared Lives and Homeshare.

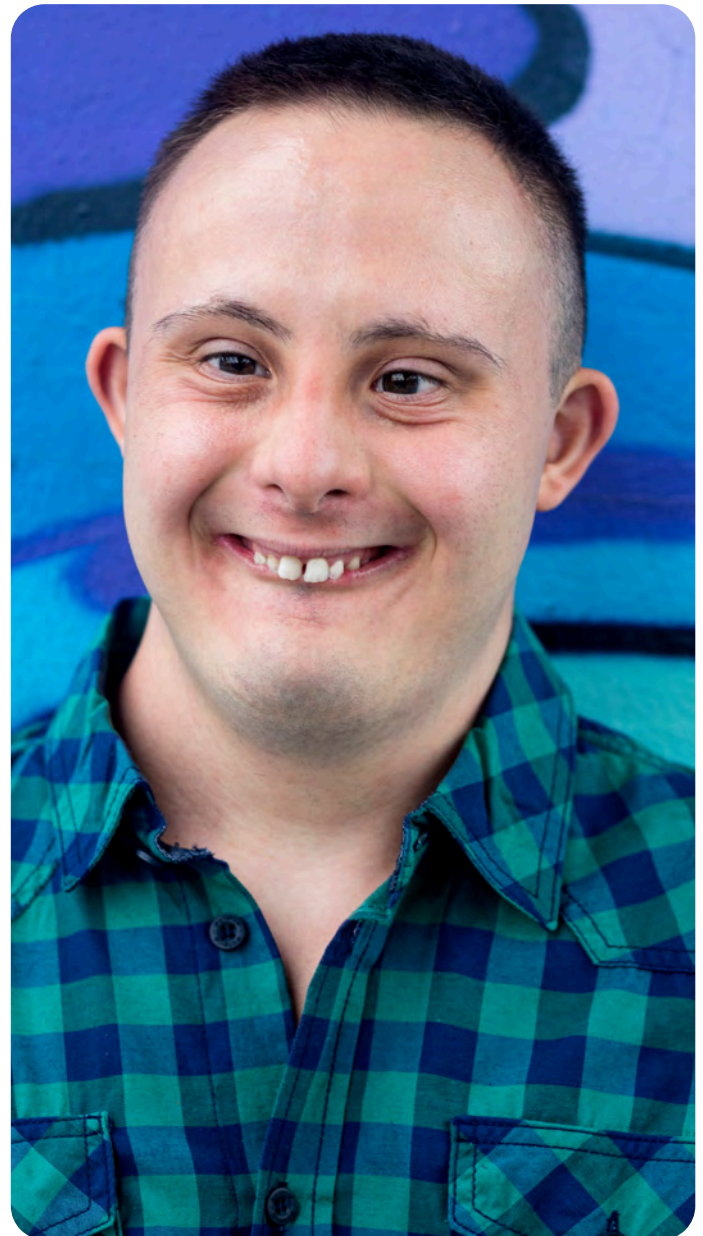
Bromley Council's Housing with Care Strategy launched an ambitious programme to develop the housing with care market over the coming 10 years. The intention is to develop a model of provision that is both preventative and least restrictive. Where possible, our strategy will increase the volume of Housing with Care options and delay or avoid altogether the need for residential care.

Employment

4.8% of the adults with a learning disability are in a form of employment. Whilst this means that Bromley has a higher than average employment rates for people with learning disabilities when compared nationally, there is more to do to help more people into employment and to reach the average across other London boroughs (5.3%).

The Council commissions a series of employment support arrangements ranging from a dedicated employment support programme working with 30 people a year, to smaller schemes that help people access employment and volunteering skills.

This strategy sets out a vision for more people with learning disabilities to be able to access and sustain meaningful employment.



Direct payments

Over a five-year period from 2019-20 to 2023-24, the total number of individuals choosing direct payments over community services increased from 503 to 666. This represents an overall increase of 32% in five years. The most significant year-on-year increase occurred between 2019-20 and 2020-21 (15% rise). Subsequent years saw increases of 8% from 2020-21 to 2021-22, 6% from 2021-22 to 2022-23, and 2% from 2022-23 to 2023-24. Despite the slowing rate of increase in recent years, the overall trend shows a steady rise in the preference for direct payments for community services.

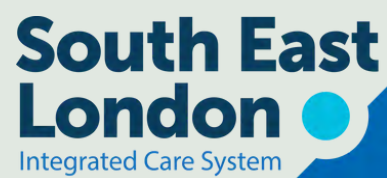
The number of working age adults receiving direct payments rose by 40% from 2019-20 to 2023-24, with consistent year-on-year increases. The local market of learning disability providers needs to be able to respond to this shift.





Produced by:

Adult Social Care
London Borough of Bromley
Bromley Civic Centre, Churchill Court
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Bromley, BR1 1AS



Equality Impact Assessment Form (EIA)



Proposed Project Title: Learning Disabilities Strategy 2025-2030

Date: 28 May 2025

Proposed Project Sponsor: Sean Rafferty, Asst Director for Integrated Commissioning

Proposed Project Manager: Victoria Purser, Head of Service Complex and Long term Commissioning

Stage 1 – screening to establish if the function has any relevance to any equality issue and/or monitored group i.e.

- Could the function affect one or more equality group in a different way to another group?
- Establish whether different equality groups have different needs
- Establish whether the function contributes to or hinders equality of opportunity

| | |
|----|--|
| 1a | <p>Please give a brief description of the function and its purpose*</p> <p>The Bromley Learning Disabilities Strategy 2025–2030 sets out a bold and inclusive vision for improving the lives of people with learning disabilities in the London Borough of Bromley. Developed jointly by Bromley Council and the NHS South-East London Integrated Care Board (ICB), and co-produced with residents, families, carers, and local organisations, this strategy aims to ensure that people with learning disabilities can lead fulfilling, independent, and healthy lives as valued members of their communities.</p> <p>Our Vision</p> <p>To create a Bromley where people with learning disabilities:</p> <ul style="list-style-type: none">• Are empowered to make choices about their lives• Live in safe, suitable homes within their communities• Have access to meaningful education, employment, and social opportunities• Receive high-quality, person-centred health and care support <p>Key Themes and Priorities</p> <p>The strategy is built around five core themes:</p> <ol style="list-style-type: none">1. Being Positively Prepared for Adulthood Supporting young people from age 14 with early transition planning, tailored services, and seamless movement into adult life.2. Our Communities Promoting friendships, reducing loneliness, and enabling people to participate fully in community life through inclusive, accessible services.3. A Healthy Life Improving physical and mental health outcomes through annual health checks, community-based care, and proactive support to reduce hospital admissions.4. A Good Home Expanding housing with care options, reducing out-of-borough placements, and supporting independent living close to family and friends.5. Learning, Work and Independence Increasing access to education, training, employment, and volunteering to support |
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Equality Impact Assessment Form (EIA)

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| | independence and personal growth. | | |
| 1b | <p>How would you classify the function type?</p> <p><input checked="" type="checkbox"/> The service is provided on the basis of an application and /or targeted then go to question 1c</p> <p><input type="checkbox"/> The service is open to all go to question 1d</p> | | |
| 1c | <p>Is the function accessible for all groups? Either tick the box 'Accessible to all groups' and provide <u>relevant evidence</u> OR tick the box for each group to whom the function is <u>not accessible</u> or for whom there may be needs or considerations to accommodate.</p> <table border="1"> <tr> <td> <input checked="" type="checkbox"/> *Accessible for all groups <input type="checkbox"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> Gender reassignment <input type="checkbox"/> Marriage & civil partnership </td><td> <input type="checkbox"/> Pregnancy & maternity <input type="checkbox"/> Race <input type="checkbox"/> Religion & belief <input type="checkbox"/> Sex <input type="checkbox"/> Sexual orientation </td></tr> </table> | <input checked="" type="checkbox"/> *Accessible for all groups <input type="checkbox"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> Gender reassignment <input type="checkbox"/> Marriage & civil partnership | <input type="checkbox"/> Pregnancy & maternity <input type="checkbox"/> Race <input type="checkbox"/> Religion & belief <input type="checkbox"/> Sex <input type="checkbox"/> Sexual orientation |
| <input checked="" type="checkbox"/> *Accessible for all groups <input type="checkbox"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> Gender reassignment <input type="checkbox"/> Marriage & civil partnership | <input type="checkbox"/> Pregnancy & maternity <input type="checkbox"/> Race <input type="checkbox"/> Religion & belief <input type="checkbox"/> Sex <input type="checkbox"/> Sexual orientation | | |
| 1d | <p>Is it likely that there will be a negative impact on one or more of the equality groups, or is it clear at this stage that it will be equality neutral? (No negative impact on the groups) Please tick in the box equality neutral OR tick the box for the group(s) that will suffer a negative impact. If you have ticked the box 'equality neutral' please provide evidence.</p> <table border="1"> <tr> <td> <input checked="" type="checkbox"/> Equality neutral <input type="checkbox"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> Gender reassignment <input type="checkbox"/> Marriage & civil partnership </td><td> <input type="checkbox"/> Pregnancy & maternity <input type="checkbox"/> Race <input type="checkbox"/> Religion & belief <input type="checkbox"/> Sex <input type="checkbox"/> Sexual orientation </td></tr> </table> <p>If you consider that the impact is Equality Neutral then go to question 1h Otherwise go to question 1e</p> | <input checked="" type="checkbox"/> Equality neutral <input type="checkbox"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> Gender reassignment <input type="checkbox"/> Marriage & civil partnership | <input type="checkbox"/> Pregnancy & maternity <input type="checkbox"/> Race <input type="checkbox"/> Religion & belief <input type="checkbox"/> Sex <input type="checkbox"/> Sexual orientation |
| <input checked="" type="checkbox"/> Equality neutral <input type="checkbox"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> Gender reassignment <input type="checkbox"/> Marriage & civil partnership | <input type="checkbox"/> Pregnancy & maternity <input type="checkbox"/> Race <input type="checkbox"/> Religion & belief <input type="checkbox"/> Sex <input type="checkbox"/> Sexual orientation | | |
| 1e | <p>What are the negative impacts associated with this function? Please list and give details then go to question 1f</p> <p>People with a learning disability are more likely to experience negative whole life outcomes when compared to the rest of the population. The purpose of the strategy is to put in place the resources and supports that can best mitigate, in so far as is possible, these differences in life outcomes.</p> <p>The data and engagement events have been crucial in shaping the strategy and forming the foundation for the five-year plan for Bromley borough. Based on the feedback and data analysis, no evidence has been found that suggests any negative impact on individuals with</p> | | |

Equality Impact Assessment Form (EIA)

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| | <p>protected characteristics.</p> <p>Though this is an adult's strategy, it does also include transitions and preparing for adulthood and is a continuation of strategies within Children's. It works alongside the All-Age Autism Strategy, The Bromley Adult Social Care Strategy and the Housing with Care Strategy. This strategy supports all families and carers of people with a learning disability. Therefore, it does not negatively impact anyone under the age of 18.</p> |
| 1f | <p>Are there positive impacts associated with this function? If yes, please list and give details.</p> <p>This Strategy has been co-produced by people living in Bromley with a learning disability and their families and carers. It is implemented to support them to live as independently as possible and enable them to have access to community support and a clear and understandable service office to increase their feelings of inclusion and to support their families and carers in their caring roles.</p> <p>The implementation phase will be led by the 5-priority theme co-production action groups ensuring that the needs of people are always put first. Overseen by the co-chaired Learning Disability Partnership Board, this targeted approach to service delivery will ensure better outcomes for people with learning disabilities.</p> <ol style="list-style-type: none"> 1. Being Positively Prepared for Adulthood This will target those aged 18-25 in helping them to make the transition between children and adult services, identifying where improvements can be made and ensuring good advice, guidance and self empowerment in decision making. 2. Our Communities This will target people who live at home with their families as well as those in supported living, shared lives and other housing options. Including a suitable day activities offer and age appropriate activities for evenings and weekends. 3. A Healthy Life This will ensure that everyone in Bromley with a learning disability has access to specialist support to help them maintain their physical health and wellbeing. It will also ensure that they have the right support and information during any hospital stays. 4. A Good Home Working in partnership with the Housing With Care Board, this group will ensure that people with learning disabilities have access to appropriate housing options, reducing the need for out of borough placements and ensuring people can live independently, close to family and friends and in a suitable environment for them. 5. Learning, Work and Independence This group will be exploring options to help support further education opportunities, as well as linking into employment initiatives and identifying volunteering opportunities. This group will also explore the use of technologies to support people into work and whilst they are in employment. |

Equality Impact Assessment Form (EIA)

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| 1g | <p>At this stage, what plans could be built in to address any negative impacts, and/or to add measures which promote a positive impact, or could you consider an alternative approach which may better achieve the promotion of equality?</p> <p>Whilst this strategy is for all people with learning disabilities regardless of other protected characteristic groups, we do acknowledge that The JSNA (Joint Strategic Needs Assessment) reports that the majority of people with learning disabilities are white, consistently representing around 82% of the total. The percentage of those from mixed/multiple ethnic groups increased slightly from 1.9% in 2019-20 to 2.7% in 2023-24 we need to be mindful of this in ensuring that we help to support all groups to access the services that will best support them and that we actively work to engage ethnic communities to ensure that accuracy of this reporting.</p> <p>Equality and accessibility are the core of this co-produced strategy, an easy read version of the strategy will also be available to support understanding. The implementation of this strategy will be continually reviewed, and our co-production groups will ensure that theme groups are held accountable for delivering outcomes and the accessibility of all initiatives are appropriate and proportionate to the expected outcomes for people.</p> <p>A corporate review of the services that support young people with a learning disability transitioning from the Children, Education and Families Service to the Adult Social Care Service concluded in April. This review has made recommendations for this cohort of residents and further work is to be done to develop the Adult Social Care Service input to this work. For example, the service will work to recommission a dedicated set of arrangements for these residents to better support their living in the borough.</p> |
| 1h | <p>The Council has a responsibility to promote positive attitudes to equal opportunities in public life. Has this responsibility been discharged in the application of this function? If yes give examples.</p> <p>No</p> |
| 1i | <p>Are there any Human Rights Issues? If so what are they?</p> <p>No</p> |
| 1j | <p>Is a full impact assessment required?</p> <p><input type="checkbox"/> YES – If you have established that there may not be equality of opportunity in 1c or assessed that there would be negative impact on an equality group in 1 d go to Stage 2</p> <p><input checked="" type="checkbox"/> NO - please sign off the process (stage 3) and fill in any actions identified, if any in the action plan.</p> <p><input type="checkbox"/> Don't know. i.e. not enough evidence. Please go to stage 2.</p> |

Stage 2 – full impact assessment

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| 2a | Does the function affect or impact on the public, whether directly or indirectly? |
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Equality Impact Assessment Form (EIA)

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| | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Don't know |
| | <p>Provide any relevant information here.</p> <p>The Strategy is targeted specifically at those residents with a learning disability and their families and other carers. There is an indirect impact of the strategy whereby the increase in community based support will give greater visibility of people with a learning disability in community settings alongside other residents.</p> |
| 2b | <p>Have complaints or feedback been received about the function and its effect on different equality groups?</p> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Don't know |
| | <p>Provide evidence by documenting all reliable up to date information.</p> <p>The strategy is informed by a wide ranging consultation and has been received positively by those who have engaged with the consultations and coproduction of the work.</p> |
| 2c | <p>Outsourced services - if the function is provided by external organisations/agencies on behalf of the Council please detail any arrangements you have to ensure that the function promotes equality; this may include contract conditions.</p> |
| | <p>Provide evidence by documenting all reliable up to date information.</p> <p>Almost all direct service provisions to adults with a learning disability are provided under contract by third party agencies commissioned by the Council and or ICB. All specifications and tendering arrangements are conducted with reference to the Council's and NHS procedures in support of positive equalities, diversity and inclusion.</p> <p>All contracted provisions are quality assured by the Council's and ICB's commissioning services.</p> |
| 2d | <p>Does the function have employment implications for Council staff</p> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Don't know |

Equality Impact Assessment Form (EIA)

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| | <p>Provide evidence by documenting all reliable up to date information.</p> <p>There will be limited impacts on Council employed staff beyond existing staff supporting the implementation of the strategy</p> |
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| 2e | <p>If you have established that the function does have an adverse impact on one or more of the groups, then you must identify whether this is justifiable. If not, then the function must be changed. Please set out the adverse impact and the business justification for continuing with this situation.</p> <p>N/A</p> |
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| | |
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| 2f | <p>Monitoring – give details of any monitoring being carried out on existing functions.</p> <p>All contracted services to adults with a learning disability are quality assured through the Council's and ICB commissioning arrangements.</p> <p>Block contracts are monitored through quarterly KPIs and contract review meetings. Placements are quality assured through annual social care reviews and provider assurance made by the Council Quality and Partner Relations Service.</p> <p>Additional data and insight collection will take place during the 5-year strategy term.</p> |
|----|--|

| | | | |
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| 2f (i) | <p>If this is a new function, or not currently monitored, are you planning to monitor the impact of the function</p> | | |
| | <input type="checkbox"/> yes | <input checked="" type="checkbox"/> no | <input type="checkbox"/> Don't know |
| | <p>If yes add details to action plan</p> <p>If no please explain why it is not considered appropriate to do so.</p> | | |

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| 2g | <p>Consultation – If you have not carried out consultation, or if you need to carry out further consultation who will you be consulting with and by what methods?</p> <p>This strategy was co-produced in consultation and continues to be led by those co-production groups and over seen by the Co-Chaired Learning Disabilities Partnership Board.</p> |
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Equality Impact Assessment Form (EIA)

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| 2h | <p>Evidence – what further evidence do you have about considerations with regard to equality issues that you have made concerning this function? e.g. audit reports, minutes from meetings or survey results</p> <p>See Strategy documents</p> |
| 2i | <p>Publishing – if the equality impact assessment forms part of an overall review then the results should be published as part of any report that goes forward to Elected Members. If not the findings of the impact assessment should be published on our Council's web site.</p> <p>Add details to action plan</p> |
| 2j | <p>Training and development - please list any staff training issues that have arisen as a result of conducting the impact assessment</p> <p>Add details to action plan</p> |

Equality Impact Assessment Form (EIA)



Stage 3 - GENERIC EQUALITY IMPACT ASSESSMENT ACTION PLAN

please list actions that you plan to take as a result of this assessment, continuing on a separate sheet if necessary. If appropriate these actions should be added to any business/service plan for the function.

| Issue | Action to be undertaken | Desired outcome | Action owner | Target date |
|--|--|--|--|---|
| (All Characteristics) Minimal data about the people currently accessing services | Working with providers to actively collect data relating to protected characteristics and recording them appropriately | Better understanding about the people currently accessing services, better targeted engagement | Victoria Purser, Head of Service Complex and Long Term Commissioning | March 2026 (Year one data collection, then ongoing) |
| (Age) More data and insight required in relation to transitions and what good looks and feels like for younger adults and their families and carers | An insight and engagement diagnostic to take place | Better understanding of what the needs of younger adults coming out of children's services are | Victoria Purser, Head of Service Complex and Long Term Commissioning | End of calendar year 2025 |
| (Ethnicity) Data from the JSNA not reflective of the general population | Targeting community work to ensure that ethnic communities and people from ethnic backgrounds are aware of and able to access services | Ensuring that everyone in the community has equal access to support services | Victoria Purser, Head of Service Complex and Long Term Commissioning | Ongoing |
| (Disability) Ongoing meetings of co-production groups | Ensuring the voices of people with learning disabilities are represented in our | Better service provision, understanding and empowered residents | All Co-production members and members of the Learning Disability Partnership Board | Ongoing |

Equality Impact Assessment Form (EIA)




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| | decision making | | | |
| (All Characteristics) Providers to have appropriate up to date training | Ensuring all providers of services and their staff have up to date equality and diversity training | Informed and suitable staffing across the service provisions (measured through data collection) | Victoria Purser, Head of Service Complex and Long Term Commissioning | Ongoing |

Signed:

Date:

One Bromley Local Care Partnership Board

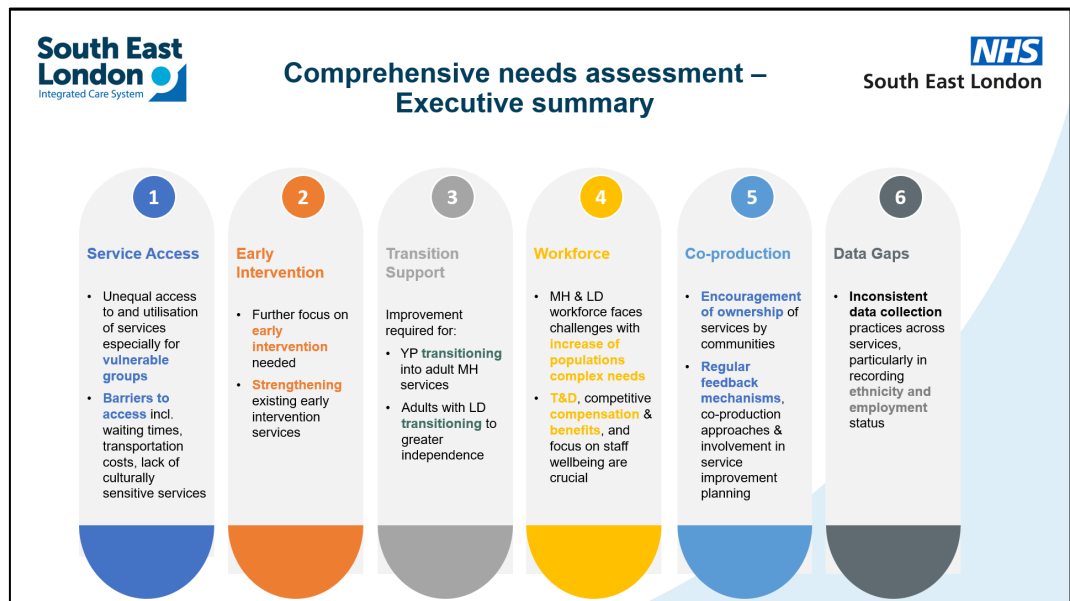
DATE: Thursday 31st July 2025

| Title | Bromley Mental Health and Wellbeing Strategy 2025-2030 |
|-----------------------------------|--|
| This paper is for approval | |
| Executive Summary | <p><u>Background – previous Bromley Mental Health and Wellbeing Strategy</u></p> <p>1.1. The previous Bromley Mental Health and Wellbeing Strategy (2020-25) was jointly developed by the London Borough of Bromley (LBB) and (the then) NHS Bromley Clinical Commissioning Group (CCG) in partnership with Oxleas NHS Foundation Trust and other key mental health providers. The strategy was the result of extensive co-production with residents with mental health challenges, placing the views of children, young people and adults who receive help from mental health and wellbeing services at the heart of the plan. The strategy also benefitted from particular engagement from the One Bromley Executive, Bromley Health and Wellbeing Board, Children, Education and Families (CEF) and Adult Care and Health Policy, Development and Scrutiny Committees (PDS).</p> <p>1.2. The Bromley Mental Health and Wellbeing Strategy (2020-25) has overseen a number of key successes during the period of its operation. These include:</p> <ul style="list-style-type: none"> the roll-out of three Mental Health Support Teams (MHSTs) in Bromley schools, providing “on the ground” support to teachers and pupils facing mental health challenges. the establishment of the Mental Health and Wellbeing Leads Network (MHWLN) between Bromley schools and local mental health and wellbeing services. the launch of an Integrated Single Point of Access (ISPA) between Oxleas CAMHS and Bromley Y, creating a single front door into services across the NHS and voluntary sector.  |

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| | <ul style="list-style-type: none"> • a significant reduction in waiting times for children and young people's mental health services in Bromley, which are now at their lowest point since 2015. • the establishment of a dedicated mental health practitioner role who supports children looked after (CLA) and care leavers. • the launch of the new Bromley Mental Health and Wellbeing Hub, an innovative NHS/voluntary sector partnership between Oxleas NHS Foundation Trust and South-East London Mind. The service includes key support around finding and sustaining employment. • the establishment of mental health practitioners in all of Bromley's Primary Care Networks (PCNs), placing specialist mental health support in all of the borough's GP Practices. • more people with common mental health challenges including stress, anxiety and depression able to access to Bromley Talking Therapies to get the help they need. • the launch of Bromley Support @ Home, an 80-bed support and housing service for people with long-term mental health challenges. The new service enabled people to take up tenancies for the first time, stepping down to more independent services. <p>1.3. The previous Bromley Mental Health and Wellbeing Strategy was developed in 2018-19, prior to both the covid-19 pandemic and the development of the South-East London Integrated Care System (ICS). Since the strategy was agreed, there have been further changes in mental health services locally, with a much higher demand for secondary and acute mental health care, and with a number of nationally-driven transformation projects. The local strategy has remained relevant however, with refreshed annual plans to drive forward its key priorities.</p> <p>1.4. In late 2023, the One Bromley Executive and LBB/ICB Joint Commissioning Board (JCB) agreed to commence work to develop a new 5-year All-Age Bromley Mental Health and Wellbeing Strategy. This strategy was to be developed coterminously with the new Bromley Learning Disability Strategy. It was later agreed both strategies would launch in summer 2025.</p> <p><u>Bromley Mental Health and Wellbeing Strategy (2025-30)</u></p> <p>1.5. Early into the development of the new Bromley Mental Health and Wellbeing Strategy, it was decided to develop a comprehensive needs assessment of children, young people's and adult's mental health and wellbeing provision, which could then be utilised to undergird the new strategy. There had been no recent baseline of mental health needs in the borough, and certainly nothing since the covid-19 pandemic. The Council and ICB therefore commissioned the expertise of Public Health Action Support Team (PHAST), to lead this work, with oversight provided across both integrated commissioning and public health. The needs assessment included learning disabilities as well as mental health and wellbeing.</p> |
|--|---|

1.6. The independent needs assessment was completed in November 2024 and was, according to PHAST, one of the most extensive of these projects that they had ever been involved with. The breadth of data across Bromley that the needs assessment was able to consider, crossing all-ages, and with detailed local authority, NHS and voluntary sector information, meant that the end result with a strong understanding of local need. The needs assessment is now complete and forms a part of the overall Bromley Joint Strategic Needs Assessment (JSNA).

1.7. The outcome of the needs assessment is set out below:



1.8. Alongside the independent needs assessment, development of the new strategy has included extensive engagement with key stakeholders. It has also included wide-ranging co-design activities with children, young people and adults who use local mental health and wellbeing services. This work has included:

- Individual and group workshops with key providers and other stakeholders on the needs assessment and proposed strategy priorities.
- A large-scale workshop across learning disabilities and all-age mental health providers and other stakeholders in November 2024 with over 60 attendees.
- Extensive engagement workshops with people who use mental health services, including people with long-term conditions. This included early engagement exercises in 2024 (linked to the procurements of Bromley MH Support@Home and the Bromley Mental Health and Wellbeing Hub) alongside dedicated engagement exercises in February-March 2025.
- Surveys to people with mental health challenges to help to inform the new strategy.

- In-depth workshops at the two mental health partnership boards to inform the new strategy.



November 2024 - learning disabilities and mental health strategy workshops





March 2025 – engagement event with people who use mental health services on the new strategy

1.9. From the needs assessment and engagement work, four key themes were developed that underpin the new strategy. These are:

- Living well with mental health challenges.
- Resilient communities.
- Joined-up care, education, health and housing services.
- Best use of community and public resources.

1.10. Five key priorities were also developed for the new strategy. These are:

- Priority 1: More targeted community prevention and early intervention services.

| | | |
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| | <ul style="list-style-type: none"> • Priority 2: Helping children and young people with more complex needs to thrive. • Priority 3: Joined-up, safe transitions from children's to adult's mental health and wellbeing services. • Priority 4: Better recovery outcomes for people with long-term mental health challenges. • Priority 5: Improved outcomes for older people with mental health challenges and dementia. • Underpinning approach: Place the co-design of services, partnership working and joined-up commissioning at the heart of delivering the Bromley Mental Health and Wellbeing Strategy. <div data-bbox="1002 360 1469 1014">  <p>Bromley Mental Health and Wellbeing Strategy 2025 to 2030 for the London Borough of Bromley and NHS South-East London Integrated Care Board (ICB)</p>  </div> <p>1.11. Bromley Council's Executive committee approved the Bromley Mental Health and Wellbeing Strategy (2025-30) on the 25th June. The Local Care Partnership Board are now being asked to give their approval to the strategy.</p> <p>1.12. It is proposed that an annual action plan is developed to take forward the strategy, with regular updates thereafter to relevant committees including One Bromley Executive.</p> | |
| Recommended action for the Committee | <p>That the Bromley Local Care Partnership Board:</p> <ol style="list-style-type: none"> 1. approves the Bromley Mental Health and Wellbeing Strategy - 2025-30 (Appendix A). | |
| Potential Conflicts of Interest | As set out in line with the Local Care Partnership Board's conflicts of interest policy. | |
| Impacts of this proposal | Key risks & mitigations | As set out in Bromley Council's and SEL ICB's corporate risk registers. |
| | Equality impact | As set out in the Equality Impact Assessment (EIA) for the Bromley Mental Health and Wellbeing Strategy, which is available on request. |
| | Financial impact | The Mental Health and Wellbeing Strategy (2020-25) was successful in delivering improved services whilst releasing efficiency savings. |

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| | | <p>The current financial context requires the new strategy to have an even greater focus on financial sustainability, with a particular need to drive forward value for money, in particular, in high-cost hospital and residential placements.</p> <p>One of the aims of the strategy will be to reduce both long mental health hospital stays and the number of people in residential placements due to mental ill health.</p> <p>In 2024/25, Bromley Council and NHS South-East London Integrated Care Board (ICB) spent £76.5m on mental health and wellbeing services (£13m from Bromley Council; £63.5m from NHS SEL ICB).</p> <p>There are no plans in the new strategy to reduce current services.</p> |
| | | |
| Wider support for this proposal | Public Engagement | The development of the new Bromley Mental Health and Wellbeing Strategy has included extensive engagement from people who use mental health services, with proposals to ensure that the delivery of the strategy itself involves co-production and co-design of changes at every stage. |
| | Local Care Partnership Board Stakeholder Discussions | <ul style="list-style-type: none"> • Children and Young People's Mental Health and Wellbeing Partnership Board • (Adults) Mental Health and Wellbeing Partnership Board • Joint Commissioning Board • One Bromley Executive • Bromley Health and Wellbeing Board • Children, Education and Families Policy, Development and Scrutiny (PDS) Committee • Adult Care and Health Policy, Development and Scrutiny (PDS) Committee • Portfolio Holder – Children, Education and Families • Portfolio Holder – Adult Care and Health • Bromley Local Care Partnership Board (final ICB decision-making body for strategy) • London Borough of Bromley Executive (final LBB decision-making body for strategy) |
| How does your project link into sustainability work? | <p>One of the underlying aims of the new Bromley Mental Health and Wellbeing Strategy is to support the sustainability of these services, in concert with wider work on system sustainability.</p> <p>The development of the new Bromley Mental Health and Wellbeing Strategy (2025-30) may have implications for the current way that local mental health services are commissioned and resourced.</p> | |

| | | |
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| | The coordination of and delivery for the new Bromley Mental Health and Wellbeing Strategy (2025-30) can be resourced through pre-existing capacity within the integrated commissioning team. | |
| Which of the following One Bromley Operating Priorities does your project align to? <i>(Please place an X in the box next to all that apply).</i> | Improve population health and wellbeing through prevention and personalised care. | X |
| | High quality care closer to home delivered through our neighbourhoods. | X |
| | Good access to urgent and unscheduled care and support to meet people's needs. | X |
| Author: | Sean Rafferty, Director of Integrated Commissioning, LBB/SEL ICB James Postgate, Associate Director of Integrated Commissioning, SEL ICB | |
| Clinical Lead: | Dr Rebecca Long – Clinical Lead - Mental Health and Quality Dr Bhumika Mittal – Clinical Lead – Children and Young People | |
| Executive Sponsor: | Janet Bailey, Interim Director of Children's Services, London Borough of Bromley Dr Angela Bhan, Place Executive Director, SEL ICB - Bromley Donna Glover, Director of Adult Services, London Borough of Bromley | |

Bromley Mental Health and Wellbeing Strategy 2025 to 2030

for the London Borough of Bromley and
NHS South-East London Integrated Care Board (ICB)





**Providing excellent
mental health and
wellbeing services for
residents in Bromley**

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FOREWORD

Mental Health is something that affects us all. There can be no health without mental health. Whether you are experiencing mental health challenges, caring for, living with, or working with someone who has mental ill health – mental health is everyone's business.

Nationally one in four people will experience a mental health challenge at some point in their lives. Across the country we have seen an increase in the number of people accessing health and care services in order to get help for individual mental health challenges - and this is no different in Bromley.

In 2020, Bromley Council and NHS South-East London Integrated Care Board (ICB) came together to agree the Bromley Mental Health and Wellbeing Strategy 2020 – 2025. This was the first time in the borough that the Council and NHS had come together around a single plan to improve mental health services for children, young people and adults. The result of this important collaboration has been very successful. The strategy was able to harness the collective resources of the local authority, NHS and other partners to lower waiting times, to launch new local services and to improve outcomes for children, young people and adults with long-term mental health challenges.

Given these achievements, we have decided to continue our joint work with the new **Bromley Mental Health and Wellbeing Strategy 2025 to 2030**. In many ways our approach with the new strategy will be a continuation of the previous plan, building on the foundations that we have built together. But we also want the new strategy to be a wake-up call. There are new areas of challenge. There is a call for further improvements to local services, the ongoing need to make a positive difference in the lives of people with mental health challenges, to help a group who often have poorer health and life outcomes than others.

The new strategy is underpinned by an independent assessment of local mental health need in the borough, which was undertaken by the Public Health Action Support Team (PHAST). The strategy has also been developed and shaped by Bromley residents who rely on good mental health services. In the coming years, as we deliver the Bromley Mental Health and Wellbeing Strategy, no matter what area of delivery is involved, we are committed to ensuring that patients and residents are at the forefront of driving forward improvements, with services co-designed with the very people who use them.

Delivering excellent mental health services for our population is becoming more challenging. In Bromley our population is both rapidly growing and ageing. A significant increase is expected in the proportion of people in the borough who are in older age. Whilst we have improved our community mental health offer, we still have too many people with mental health challenges who have long stays in hospital, too many people in long-term residential care, and too many people needing to go to A&E because of their mental ill health. The test of whether this strategy has been a success will ultimately be whether we can make a difference in these critical areas, keeping people safe but also, crucially, enabling more people with mental health challenges to thrive, to succeed and to stay healthy.



Councillor Kate Lymer

Deputy Leader and
Portfolio Holder for Children,
Education and Families

London Borough of Bromley



Councillor Diane Smith

Portfolio Holder for
Adult Care and Health

London Borough of Bromley



Dr Andrew Parson

GP and Clinical Chair,
One Bromley
Local Care Partnership

NHS SEL ICB – Bromley

EXECUTIVE SUMMARY

Bromley has taken big steps forward to improve outcomes for people with mental health challenges in the borough.

The previous Bromley Mental Health Strategy (2020-25) delivered shorter waiting times for mental health services, established new partnerships between the NHS and voluntary sector to enable more blended models of health and support, and helped more people with long-term mental health challenges to live independently in their own home. The strategy put in place additional mental health support in schools, in GP surgeries, for care leavers, for people with anxiety and depression, and for people having an experience of psychosis for the first time.

Important though these improvements are, there is still more to do. In 2024, Bromley Council and NHS South-East London Integrated Care Board (ICB) jointly commissioned a comprehensive needs assessment of learning disabilities and all-age mental health and wellbeing in the borough. The needs assessment was undertaken by the independent experts from Public Health Action Support Team (PHAST) and now forms a part of the overall Bromley Joint Strategic Needs Assessment (JSNA). The needs assessment highlights much that is going well in Bromley in relation to all-age mental health provision. It also highlights some areas where the borough needs to go further to improve outcomes and also where there are emerging challenges for Bromley's mental health services that need to be confronted.

The independent needs assessment underpins this new strategy, ensuring that the final plan is directed at those areas of challenge highlighted by local population and service data. A strategy driven by data alone however would not fully understand the individual experiences of people with mental health challenges. Nor would it be able to fully utilise the expertise held in the cohort of people who rely on mental health services, and who often have the answers in how to deliver improved services.

It is for this reason that the voices of the residents and people who use mental health services are at the forefront of this strategy. Throughout the period of this strategy's development, workshops and co-design groups have been running to ensure that people, both young people and adults, have been able to put forward their own ideas, and to shape the final plan being set forth in this plan for the borough. Going forward the approach to delivering the strategy itself will see residents and people who use services involved at every stage of planning and shaping improvements. The delivery of the strategy will see changes co-produced with residents. Their voices are, and will continue to be, at the heart of every aspect of transformation work.

The all-age approach to the previous mental health strategy was a particular strength. Individual mental health challenges often start early in life. If the right help is provided at this formative time, further help may not be needed when that person becomes an adult. There are also particular challenges for people with mental health challenges in the period in which young people transition from children's to adult's services. It is a time, across England, when there are higher levels of hospital admissions due to mental ill health, and in which there is a more acute need for services across care, education, health and housing to come together, delivering joined-up planning and services. This is a challenging period for many young people, and particularly so for people with autism spectrum condition (ASC), where there are higher hospital admissions than other groups.



November 2024 - Learning disabilities and mental health strategy workshops



March 2025 – Engagement event with people who use mental health services on the new strategy

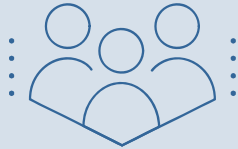
It is for these reason that the new Bromley Mental Health and Wellbeing Strategy (2025-30) will remain a vehicle for delivering improvements across the whole lifespan of the population, and also for focusing on particular groups at higher risk including those who fall within the protected characteristic categories set out in the Equalities Act 2010, notably Lesbian, Gay, Bisexual and Transgender (LGBTQ+) and Black, Asian and Minority Ethnic (BAME) communities.

Bromley currently spends £76.5m on all-age mental health services across both the Council and the NHS. The majority of this resource is spent on higher-end treatment and hospital services. Whilst the Council and ICB will always maintain a place for people to go in a crisis, in order to access the urgent help and treatment that they need, the Mental Health and Wellbeing Strategy (2025-30) sets out a plan in which, over time, there will be an ongoing shift towards more prevention, early intervention and community services. The approach will mean less people requiring hospital stays or placements in residential care homes. For children and young people, and particularly those with Special Educational Needs and Disabilities (SEND), it will mean more people with mental health challenges are able to stay in their own school and home, often with additional support. By releasing resources from high-cost hospital and residential placements, there will be the opportunity to deliver and invest in better local services in Bromley.

The Bromley Mental Health and Wellbeing Strategy (2025-30) sets out a **vision for mental health and wellbeing services in the borough around the following four key themes:**



Living well with
mental health
challenges



Resilient
communities



Joined-up
care, education,
health and
housing services



Best use of
community and
public resources

The strategy is then organised around **five priority delivery areas**. These are:



Priority 1

More targeted community prevention and early intervention services



Priority 2

Helping children and young people with mental health and emotional wellbeing challenges to thrive



Priority 3

Joined-up safe transitions from children's to adult's mental health and wellbeing services



Priority 4

Better recovery outcomes for people with long-term mental health challenges



Priority 5

Improved outcomes for older people with mental health challenges and dementia



Underpinning approach

Place the co-design of services, partnership working and joined-up commissioning at the heart of delivering the Bromley Mental Health and Wellbeing Strategy

The priorities in the new strategy have changed somewhat from the previous plan, with a new emphasis on children's to adult's services transitions. Also new is a focus on older age and dementia. From the previous plan, there remain priorities around prevention, early intervention and recovery outcomes, however these have progressed to provide a greater focus on targeted help, on independence, on employment, on support for carers, on dignity and housing, and on the ability of people, through the course of their period of mental ill health, to step-down from more specialist and acute services to community support in their own local neighbourhoods.

Over the last five years, a number of new mental health and wellbeing services have been established. These will be key components in the delivery of the new plan. In both the children's and adult's sphere, embedded partnerships between the NHS and voluntary sector have been fostered, with single points of access (SPA) across different services being put in place to ensure that there is a "no wrong door" approach to people seeking help. More joined-up working arrangements have also been established between care, education, health and housing. The building blocks to deliver the new Bromley Mental Health and Wellbeing Strategy (2025-30) are, for the most part, already in place. There are significant opportunities to use the coming five years to make significant progress to develop these foundations further and to move at pace towards better mental health outcomes in the borough overall.

The Bromley Mental Health and Wellbeing Strategy (2025-30) does not sit in isolation to other plans in the borough, noticeably the Bromley Children and Young People's Plan, the Special Educational Needs and Disabilities (SEND) Strategy, the Bromley Adult Social Care Strategy, the One Bromley Local Care Partnership (LCP) Strategy, the Bromley All-Age Autism Strategy and the Bromley Learning Disabilities Strategy – the last of which has been developed in tandem with this plan. All of these strategies will work together to coordinate better service provision and to ensure common outcomes for the borough are delivered.

The coming years will see further changes to the policy landscape in which this strategy is delivered, not least with a new national NHS plan which will be launched in late 2025. The strategy will also have to adapt, year on year, to any other new developments, whilst keeping an overall focus on what is needed to deliver improvements in Bromley.

KEY ACHIEVEMENTS

MENTAL HEALTH AND WELLBEING STRATEGY

2020 to 2025

The last Bromley Mental Health and Wellbeing Strategy (2020 to 2025) was developed just prior to the Covid-19 pandemic, with the early years of its delivery overshadowed by the impact of that seismic period.

During this time, the previous borough plan for mental health needed to adapt quickly to focus on rising demand in the wake of the pandemic, rising waiting times, changing population needs, and challenges related to bereavement.

The success of the last strategy shows what can be done when the local authority, NHS and other partners pull together to drive forward improvements. Indeed, the 2020 to 2025 period was one of considerable change in mental health services with many key achievements.

For children and young people's mental health and wellbeing services:

- ➔ In 2021, the Council and ICB jointly commissioned Bromley Y, our core prevention and early intervention service for children and young people. The service included enhanced support services for families, a more intensive offer for children at higher risk and a broad offer for children and young people with Special Educational Needs and Disabilities (SEND).
- ➔ Three Mental Health Support Teams (MHSTs) were rolled out to Bromley schools between 2021 to 2024. The teams provide “on the ground” support to teachers and pupils dealing with mental health challenges, and are targeted at schools most in need of help.
- ➔ The Mental Health Schools Network was established between Bromley Schools and children and young people's mental health and wellbeing services, providing a critical bridge between education and health.
- ➔ In 2023-24 the Oxleas NHS Foundation Trust crisis team was established for children and young people at higher risk, followed by the new CAMHS Home Treatment Team (HTT) and the children's to adult's services transitions project.
- ➔ In 2023-24 Bromley also commenced a new early intervention service for children and young people with eating disorders across the NHS and voluntary sector.
- ➔ Across South-East London Bromley worked with other boroughs to establish a dedicated service for children and young people who have experienced sexual abuse, and an online app which provides safe counselling and wellbeing advice for children online.

- ➔ The joint CAMHS/Bromley Y Integrated Single Point of Access (ISPA) was opened in April 2024, which provides a single front door to children and young people's mental health services across the NHS and voluntary sector.
- ➔ The strategy also drove forward an expansion of the children and young people's mentoring programme, the establishment of a mental health practitioner role for care leavers and dedicated support to children and young people in the Youth Justice System (YJS).

For adults mental health and wellbeing services:

- ➔ In 2022, Mental Health Practitioner (MHP) roles were established in GP Practices across the borough, supporting primary care to better meet the needs of people with mental health challenges, and delivering physical health checks for people with serious mental health challenges.
- ➔ A new joint funding panel across the Council, Oxleas NHS Foundation Trust and the ICB was also established in 2022 to ensure that, going forward, combined packages of health and care for residents are delivered in a joined-up way.
- ➔ At the same time, the Council and ICB rolled-out a new personal health budget (PHB) service, which includes mental health. The service enables residents to take up the opportunity to hold and direct the budgets for their own health and care services.
- ➔ Throughout this period an improved employment support services for people with mental health challenges was rolled-out in Bromley, which included the nationally recognised Individual Placement and Support (IPS) employment service.
- ➔ Between 2022 to 2024, the Council and ICB undertook a large-scale transformation programme of mental health support and housing services, enabling more than 80 people to live more independently – taking on their own tenancies for the first time. This was done through a co-production exercise with residents, who shaped and designed their new service offer.
- ➔ In 2024, the Council and ICB opened the new Bromley Mental Health Hub – an innovative NHS/voluntary sector partnership between Oxleas NHS Foundation Trust and South East London Mind. The new Hub includes the single point of access for adults seeking help with mental health and wellbeing challenges.
- ➔ The strategy also oversaw an expansion in Early Intervention in Psychosis (EIP) help, improved “step down” support for people with long-term challenges and more people able to access help with common mental health problems with Bromley Talking Therapies.

The Bromley Mental Health and Wellbeing Strategy (2020 to 2025) is now complete with an opportunity to learn the lessons on what went well as the borough progresses into a new plan. Many of the services established in the last five years provide a foundation to drive forward improvements in mental health outcomes for residents over the coming period.

OUR VISION

The Bromley Mental Health and Wellbeing Strategy 2025 to 2030 is founded on an overarching vision to provide excellent mental health and wellbeing services for residents in Bromley.

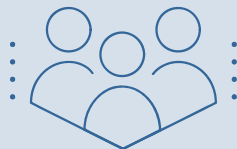
Mental health and wellbeing play a crucial role in the overall health of individuals, impacting their quality of life, productivity, and ability to contribute positively to society. Promoting and safeguarding good mental health is essential for fostering thriving, resilient communities.

The burden of mental health challenges is substantial, affecting people of all ages and backgrounds. Mental health challenges can lead to significant emotional, social, and economic consequences. They can also impose a heavy financial burden on healthcare systems, social services, and the economy as a whole.

The overarching vision for Bromley mental health and wellbeing services was developed in consultation with residents. The overarching vision is set out below:



Living well with
mental health
challenges



Resilient
communities












Joined-up
care, education,
health and
housing services



Best use of
community and
public resources











Living well with mental health challenges

-  People with mental health challenges will be helped to self-manage their own mental health.
-  Children and young people with mental health challenges will be supported to stay at their school, with additional help to prevent Emotional Based School Avoidance (EBSA).
-  Children and young people with Special Educational Needs and Disabilities (SEND) will have a tailored offer of support to help to stay safe and best manage their mental health challenges.
-  People with mental health challenges will be able to live with dignity and independence.
-  People with mental health challenges will be helped to live in the places where they want to live, in quality housing, and with access to green spaces and other community resources.
-  People with mental health challenges will be supported to find and sustain employment, to learn new skills and to take up apprenticeships and volunteering opportunities.
-  People with mental health challenges who have any of the protected characteristics set out in the Equalities Act 2010 will be given particular and bespoke help to access services and to get the help that they need.
-  For people who have required a stay in hospital due to mental ill health, there will be help for them to recover and to safely and sustainably return to independent living outside of services.
-  People with mental health challenges will be supported to have better physical health outcomes through help to improve lifestyles and access to local community health services.



Resilient communities

-  People with mental health challenges will be helped to stay safe in the communities in which they live.
-  Mental health services will be delivered on a neighbourhood basis, joining up around individuals in the places that they live.
-  The families, friends and carers of people with mental health challenges will be able to access information, advice and support – better enabling those who help others to be helped.
-  Carers of people with mental health challenges will be provided with particular help and support to help them perform their critical role in supporting their loved ones.
-  People at higher risk will benefit from multi-agency work across health, housing, and care (and for children and young people, also education) to better coordinate support and other help.
-  People with mental health challenges will be able to access specialist mental health help and support in their local community – they will not need to go to hospital for this help.
-  An excellent Voluntary and Community Services (VCS) mental health and wellbeing offer will be fostered and grown, putting in place the local building blocks for healthier communities.
-  Access to emergency, hospital and treatment services for mental ill health is crucial; there will however be a particular focus on creating a strong prevention and early intervention offer in the community so that people at risk are able to get help prior to requiring these services.



Joined-up care, education, health and housing services

- ✓ Mental health services in Bromley will help ensure that people are kept safe from harm, whilst treating people with dignity and compassion – as we would wish to be treated by others.
- ✓ People with mental health challenges will be supported to manage their own mental health challenges and to live longer healthy lives outside of services.
- ✓ People can and do recover from mental ill health – there will always be the care and support to help people recover and to live as independently as possible in places that they wish to live.
- ✓ There will be parity between physical health and mental health, and people who have both physical health and mental health challenges will be provided with joined-up health and care support.
- ✓ There will be joined-up planning and delivery of public services across care, education, health, housing and Voluntary and Community Services (VCS) for people with mental health challenges.
- ✓ There will be joined up commissioning for mental health services across the Council and ICB.
- ✓ The mental health workforce in Bromley will be supported to work in a joined-up manner across care, education health, housing and the VCS – always providing compassionate, skilled and professional support and placing the resident at the heart of their own care and support.





Best use of community and public resources



The Council and ICB will design and deliver person-centred mental health services, which are underpinned by evidence, and which support people to lead full and happier lives.



There will be a single “front doors” into children, young people and adults mental health services so that anyone requiring services gets the right service at the right time, every time.



Service innovation and continuous improvement will be promoted by developing services that have been co-produced with residents.



The Council and ICB will work together to commission services using the total resources available for mental health in Bromley – putting in place what is needed locally together.



CASE STUDY

Sadie, 13

Sadie was referred to Bromley Y for help with obsessive-compulsive disorder (OCD) type symptoms including excessive handwashing and fears of infection. Cognitive behaviour therapy (CBT) was deemed to be the best course of treatment. She was referred to the specialists at Xyla for online support. Sadie was seen within 2 months. Through her 10 online CBT sessions, Sadie made remarkable progress. Her therapist encouraged her to make small changes and manageable goals were set throughout treatment. She was able to go to family gatherings and stay overnight away from home. By the end of sessions Sadie reported that her mood was 8/10 and had accomplished a goal of eating food with her fingers.



CASE STUDY

Claire, 71

"Until I found fellow wives in the same boat, I felt totally isolated. My husband was diagnosed with dementia on Christmas Eve. After that we made contact with Bromley Dementia Support Hub. That was excellent. I was given a support worker, and they came forth with all sorts of information. We felt we were in the loop and getting help." The couple were invited to join a pilot dementia café group, which Claire found helpful for meeting others, including a neighbour. "The more I understand dementia, the more able I am to deal with things. Being able to understand the processes that his mind is going through is really quite useful. It gives you the power to understand that us carers are actually in charge, despite all the difficulties, it's up to us to defuse things. That was quite empowering."



WHAT WE NEED TO DO

– OUR PLAN ON A PAGE OR TWO

In Bromley a strong foundation of mental health and wellbeing services has been established across the Council, NHS and voluntary sector.

These services however are under pressure. A large proportion of Bromley's mental health resources are committed to people needing long stays in hospital or residential placements. Too many children and young people, particularly girls, and those with autism spectrum condition (ASC), are not able to stay in school because of their mental health. The period in which young people transition to adulthood is also a particularly risky period, with higher levels of A&E attendances due to mental ill health. Too many people with long-term mental health challenges are not able to sustain employment or live independently in their own home. Bromley's population is both growing and ageing, with more people with long-term mental health challenges entering older age. The number of people living with dementia in the community is also increasing.

To meet these challenges will require a coordinated effort across care, education, health and housing. The five priorities in the Bromley Mental Health and Wellbeing Strategy are:



Priority 1

More targeted community prevention and early intervention services



Priority 2

Helping children and young people with mental health and emotional wellbeing challenges to thrive



Priority 3

Joined-up safe transitions from children's to adult's mental health and wellbeing services



Priority 4

Better recovery outcomes for people with long-term mental health challenges



Priority 5

Improved outcomes for older people with mental health challenges and dementia



Underpinning approach

Place the co-design of services, partnership working and joined-up commissioning at the heart of delivering the Bromley Mental Health and Wellbeing Strategy

For children and young people with mental health challenges, this means that we will provide help to enable you to stay in school, with targeted support for those with Special Educational Needs and Disabilities (SEND). We will ensure that there is both early and specialist help through our innovative NHS and voluntary sector mental health and wellbeing partnership, including through an enhanced single point of access (SPA) linked to social care, education and GP services. For children looked after (CLA), care leavers and those in the youth justice system, we will provide particular and tailored mental health support. And for those approaching adulthood, we will ensure a joined-up, multi-agency approach to planning for your needs post-18, with a seamless transition to adult services for those requiring ongoing help. For children and young people with long-term mental health challenges we will provide specialist support, enabling you to safely step down to other services when you are ready to do so. For children at higher risk, high-quality and safe children's homes in the borough will be provided, with holistic wraparound support offered across care, education and health. We will seek to tackle the stigma that still exists around mental health and help ensure that everyone who needs help can access this quickly and safely.

For adults, this means that we will give you the tools and help to overcome common challenges like anxiety and depression, whilst providing both early and specialist help through the joint NHS and voluntary sector Bromley Mental Health Hub, our single point of access (SPA) into adult mental health services. We will also provide mental health support in GP surgeries and enable people with serious mental illness (SMI) to take up a free physical healthcheck. At the heart of our offer will be support to help people to find and sustain employment, tackling the blight of worklessness and poor mental health. We will reduce over-long stays in hospital through safe and speedy discharge processes, and reduce the number of people in residential settings, by enabling more people to live independently in their own homes, sometimes with extra help. For people in more specialist and acute services, when able, we will help you to step down to local and community provision. More people will be empowered to take up a personal budget, and everyone will be treated with dignity and respect.





PRIORITY 1

More targeted community prevention and early intervention services

We will further develop our mental health and wellbeing prevention and early intervention offer, placing a particular focus on ensuring that services are targeted at those most in need.

What we aim to do

Mental health neighbourhood team

We will establish neighbourhood teams across Bromley which incorporate a strong mental health offer.

Reduce stigma

We will take steps to reduce the stigma suffered by people with mental health challenges through effective communications activities, resident-led events and tailored “no wrong front door” approaches to access mental health and wellbeing services.

High-risk groups

We will provide tailored health and community support to key groups at higher risk of having mental health challenges in particular people with a protected characteristic as set out in the Equalities Act 2010, notably the LGBTQ+ and Black, Asian and Minority Ethnic (BAME) communities.

Autism spectrum condition (ASC)

We will deliver the Bromley All-Age Autism Strategy.

Targeted digital offer

We will further develop the Bromley mental health digital offer to ensure that it reaches those people who would most benefit from this.

Early help to schools

We will provide a comprehensive offer to schools to support children and young people with mental health challenges, including further development of the mental health schools network, tailored support around Emotionally Based School Avoidance (EBSA) and “team around the school” support to schools with complex needs.

Children and young people’s integrated single point of access+

We will take the next steps to further develop the joint NHS/Voluntary and Community Services (VCS) Integrated Single Point of Access (ISPA), creating an embedded and mature service, improved links with children’s social care, education and GP Practices, and an enhanced early offer of help as part of the ISPA.

Children and young people’s autism spectrum condition (ASC)

We will ensure short waits for children and young people seeking a diagnosis for Autism Spectrum Condition (ASC), with an excellent clinical and community offer of support for children and families prior to, during and following a diagnosis.

Special educational needs and disabilities (SEND)

We will provide a tailored offer of mental health support for children and young people with Special Educational Needs and Disabilities (SEND), with timely advice to support joint care planning and reviews.



Dynamic support registers for people with learning disabilities and autism

We will update our Dynamic Risk Registers (DSRs) for children, young people and adult's with learning disabilities and autism (including mental health challenges) at higher risk, with a focus on making sure that the individual's voice is heard as part of every aspect of their care and health, and delivering multi-agency early interventions that reduce crisis situations.

Sustaining meaningful employment

We will place accessing meaningful and long-term useful occupation at the centre of people's journey to independence, supporting people with mental health challenges to sustain employment, volunteering opportunities, and access to education and training.

Adults mental health single point of access (SPA)

We will establish an enhanced Mental Health Single Point of Access (MH-SPA) which includes Bromley Talking Therapies and has improved links with adult social care, Bromley Well, and primary care.

Mental health primary care offer

We will develop an improved mental health primary care offer which enables people, wherever possible, to access excellent mental health support through their GP without requiring secondary MH services.

Free NHS healthchecks for people with long-term mental health challenges

We will deliver free physical healthchecks for people with long-term mental health challenges, which will be accessible through each individual's GP surgeries. We will increase uptake of healthchecks for those who most need these and ensure that there are positive outcomes for people following a healthcheck.




Suicide prevention

We will deliver the Bromley suicide prevention strategy (linked to the Bromley Suicide Prevention Strategy).

Why is this important?

Early help is often critical to preventing a mental health challenge from turning into a crisis. Over the last five years, the Council and ICB have made big steps to develop prevention and early intervention services for people with mental health challenges in Bromley. The result is a number of innovative NHS and voluntary and community sector (VCS) partnerships, that help people to get the lower level help they need before their needs become more acute and intensive. Underpinning these services are the single points of access (SPA) into children, young people and adults mental health and wellbeing services, as well as specialist mental health support in schools and in GP surgeries.

What are some of the things we are already doing?

-  **Bromley children's and young people's mental health and wellbeing service (BMHWS)**
Bromley Council and NHS South-East London ICB jointly commissioning the BMHWS for children and young people with mental health challenges, which is delivered by the local voluntary and community organisation Bromley Y. This is a critical prevention and early intervention service which offers short evidence-based interventions, with support up to the age of 25 for care leavers and some young adults with Special Educational Needs and Disabilities (SEND). The service also provides a digital offer and online resources to support children, their families and other carers. The service works in partnership with the Bromley Children's and Adolescents Mental Health Service (CAMHS).
-  **Mental health support teams (MHSTs) in Bromley schools**
The MHST offer covers both primary and secondary schools in the borough. Mental health practitioners work on a tailored offer of support in each school, which often involves evidence-based interventions with individual pupils, groups and also "whole school" approaches to support improvements. There are currently three MHSTs in Bromley with a fourth team due to be established in the coming period.
-  **Bromley children and young people's integrated single point of access (ISPA)**
The new children and young people's ISPA is a joint "front door" run as an integrated approach between Bromley Y and Bromley CAMHS. The ISPA provides joint screening and triaging for children and young people seeking help, ensuring that everyone is able to receive early help, in the right place, where they need this.

✓ **Online wellbeing offer**

The online Kooth app provides tailored information and advice for children and young people with emotional wellbeing challenges. The offer includes counselling support, moderated forums and other online resources.

✓ **The Bromley [adults] mental health hub**

The new Bromley mental health hub is the primary prevention and early intervention adult mental health community and emotional wellbeing service in the borough. The Hub provides a range of best practice services and interventions that help adults with mental health and emotional wellbeing challenges to improve their mental health, overcome identified individual problems, better connect with their communities, become more active and healthy, access employment and learning opportunities and live more happily and independently. The service hosts the adults mental health single point of access (MH-SPA). The Hub is delivered by South East London Mind in partnership with Oxleas NHS Foundation Trust.

✓ **Bromley Well**

Bromley Well provides a range of voluntary and community services (VCS) which help residents to improve and maintain their health and wellbeing. The services include help for unpaid carers, for adults with long-term health challenges, information and advice, and – in partnership with the Bromley mental health hub – support around mental wellbeing and employment. Bromley Well is delivered by a partnership of local voluntary and community services.



✓ **Free NHS healthchecks for people with a serious mental illness (SMI)**

Bromley offers free physical healthchecks for people with long-term mental health challenges, which can be accessed in each individual's own GP Practice. The healthchecks provide information and advice to people, enabling any health problems to be picked up early. With a healthcheck, individual health outcomes can be improved through tailored after-check interventions, as well as lifestyle and other changes.

✓ **Bromley talking therapies**

This service provides a range of talking therapies, psychological interventions and guided self-help support to people with common mental health challenges including low mood, depression, anxiety and panic attacks. The therapy offer includes cognitive behaviour therapy (CBT). The service offers long-term support for those who need this help, counselling and, for those wanting to access employment, dedicated advisors. The service is delivered by Bromley Healthcare, working in close partnership with the BMHWH and Oxleas NHS Foundation Trust.





PRIORITY 2

Helping children and young people with mental health and emotional wellbeing challenges to thrive

We will help children and young people with mental health and wellbeing challenges to thrive, promoting excellent mental wellbeing, and ensuring that there is help and risk support available to enable individuals to reach their full potential, with tailored support to their families and carers.

What we aim to do

Thrive

We will embed the NHS thrive framework's five domains of thriving, getting advice and signposting, getting help, getting more help and getting risk support in every aspect of children and young people's services.

Children's home and children looked after (CLA)

We will provide a specialist CAMHS offer to complex children and young people in children's homes in Bromley, including the new children's homes under development. We will also provide, in particular, tailored mental health support to Children Looked After (CLA) and care leavers with long-term mental health challenges.

Step down support from mental health services

We will develop improved joined-up decision making across education, social care and CAMHS around crisis cases, including safety planning and online safety.

Youth justice service

We will refresh the tailored health offer for children and young people under the Youth Justice Service, ensuring that there is, in particular, excellent mental health support and opportunities of support for first time entrants to the criminal justice system and to prevent reoffending.

Prevention of unnecessary hospital admissions

We will coordinate multi-agency planning to prevent children and young people with learning disabilities and autism (including those with mental health challenges) from requiring a hospital admission where this is not necessary. This will include the coordination of Care, Education and Treatment Reviews (CETRs) which have the voice of the individual, their family and/or carers at the core of everything that they do.

Prevention of homelessness

We will prevent homelessness or a readmission to hospital for young people with mental health challenges by putting in place excellent supported living schemes with tailored mental health community support.

Why is this important?

Early help is often critical to preventing a mental health challenge from turning into a crisis. Over the last five years, the Council and ICB have made big steps to develop prevention and early intervention services for people with mental health challenges in Bromley. The result is a number of innovative NHS and voluntary and community sector (VCS) partnerships, that help people to get the lower level help they need before their needs become more acute and intensive. Underpinning these services are the single points of access (SPA) into Children's, Young People's, and Adult's mental health and wellbeing services, as well as specialist mental health support in schools and in GP surgeries.



CASE STUDY

Julie, 55 (carer)

"My occupational therapist suggested I contact Bromley Well to get support for myself as I spend my life caring for my partner. At first, I brushed it off – I didn't think I needed any support. He is the main focus, so why should I get any support? Luckily the therapist was very persistent. I got in contact with the mental health carers team. Given how hesitant I was to get support, I now see how important it is that the team are so welcoming. Straight away, I felt comfortable, and I felt like they really understood what I was going through. I've learnt that it's important to look after myself. If you don't look after yourself, you won't be as resilient looking after the person you're caring for. It's also important to build compassion not just for the person you're supporting but for yourself."

What are some of the things we are already doing?

- ✓ **Bromley children's and adolescents mental health service (CAMHS)**

Bromley CAMHS is a specialist service supporting children and young people with persistent mental health challenges, including those at a higher level of risk. CAMHS provides a multi-disciplinary approach to delivering tailored support, psychological interventions, cognitive behavioural therapy (CBT), dialectical behavioural therapy (DBT) and other best practice interventions. The service works in partnership with Bromley Y to provide joined-up mental health pathways across the NHS and voluntary and community sector (VCS). The service also provides dedicated support to children and young people in the criminal justice system and to those requiring emergency help and immediate help.
- ✓ **Maudsley centre for child and adolescent eating disorders (MCAEDs)**

Children and young people with an eating disorder are able to access world-class specialist support in the South-East London MCAEDs service. The service provides a range of interventions including outpatient clinics, intensive programmes and treatment for those with avoidant restrictive food intake disorder (ARFID). The service is provided by the South London and Maudsley NHS Foundation Trust (SLAM).
- ✓ **Mental health support to the youth justice service (YJS)**

Bromley CAMHS a one part of a holistic health offer in the YJS, which also includes nursing, speech and language, and occupational therapy inputs. Bromley YJS also includes a liaison and diversion offer for children and young people with mental health challenges, including those who are first-time offenders, and those who are at risk of re-offending, helping to re-direct individuals away from criminal activities.
- ✓ **Children looked after (CLA) and care leavers**

Children looked after (CLA) and care leavers have a higher prevalence of mental health challenges than other groups. For this reason Bromley Council and South-East London ICB work closely together to provide bespoke, joined-up health and care support to this group, including children's home and supported living placements. A dedicated mental health practitioner for care leavers also ensures that this group is able to receive focused support and help.





PRIORITY 3

Joined-up, safe transitions from children's to adult's mental health and wellbeing services

We will ensure that there is joined-up planning of services for young people transitioning to adult mental health and wellbeing services, with ongoing support for those who need help.

What we aim to do

Preparing for adulthood

We will put in place comprehensive support to help children and young people prepare for adulthood, with particular tailored health and care support for children and young people with mental health challenges.

Multi-disciplinary planning

We will ensure that there is early multi-disciplinary planning for children and young people transitioning to adult's services across mental health, education, and children's and adult's social care.

Special educational needs and disabilities (SEND)

We will ensure seamless transitional support between children and young people's and adult's services for children and young people with Special Educational Needs and Disabilities (SEND) who require mental health support.

Seamless transitions

We will ensure tailored and tapered support for children and young people transitioning from children's to adults mental health and wellbeing services.

Care leavers

We will develop an enhanced mental health offer for children looked after (CLA) and care leavers approaching the age of 18.

Why is this important?

Preparing young people for adulthood is a critical role performed by every family and community. For young people with mental health challenges, this can be a particularly fraught and risky period. At a time when what services each individual is entitled to is changing, there is an urgent need for early, joined-up planning and support across care, education, health and housing. At every step, the needs of the individual, their family and/or carers is paramount – ensuring that the voice of the young person is heard as they begin their time as an adult.

What are some of the things we are already doing?

Preparing for adulthood

All organisations that work with young people have a critical role in providing the tools and help to support young people to prepare for adulthood. This is particularly important in relation to children with Special Educational Needs and Disabilities (SEND), children looked after (CLA) and care leavers, and children in the criminal justice system. In Bromley a preparing for adulthood (PfA) project has been established to ensure that, no matter what support a young person needs, there will be help to ensure that they are able to access this help.

Special educational needs and disabilities (SEND)

For children with special educational needs and disabilities, there is often a need for focused and tailored support across care, education and health during the period leading up to adulthood, and indeed up to the age of 25. The Council and ICB work in partnership to ensure that the right support is in place around SEND, with early planning to ensure a smooth transition from children's to adult's services

Children's to adult's mental health services transitions

Oxleas NHS Foundation Trust has established a lead transitions role across Bromley CAMHS and Adult Mental Health Services. The role ensures that there is early planning for young people and their families in the period leading up to the age 18, with clear pathways into adult mental health services for those needing ongoing help. This is a critical time for young people with mental health challenges, and the more early planning that can take place, including introductions by the young person to the different teams and workers in adults services, the more likely it is that there can be seamless continuity of care during this time.



Learning disabilities and autism dynamic support registers (DSRs)

In Bromley there are two dynamic support registers, one for children and young people, the other for adults. The DSRs are lists of those people in Bromley with learning disabilities and autism (including mental health challenges) who, because of these conditions, are at a heightened risk of unnecessary hospitalisation. The ICB brings together social care, education and health services to develop bespoke plans and help for individuals on the DSR, to de-escalate problems and, wherever possible, to prevent a needless hospital admission. There is joint work between the children and young people's and adult's DSRs to ensure that there is early planning in place for young people approaching the age of 18, ensuring continuing of care wherever possible.



CASE STUDY

Shanice, 29

"I will cherish how much I've grown thanks to the support of the Bromley Mental Health Hub". When Shanice first came to the hub, she was experiencing work-related stress that had a knock-on effect on her mental health. She explains, "I started my journey feeling insecure, unable to trust and in fear due to the ongoing work-related stress. I'm grateful that I had the hub as a safe space and that I was given the time to heal. I have found all my mental health advisor's advice, support, patience and help to be invaluable." Shanice was also signposted to local opportunities to boost her confidence and form connections in her community.



PRIORITY 4

Better recovery outcomes for people with long-term mental health challenges

We will maximise recovery outcomes for people with long-term mental health challenges, promoting timely discharges from hospital, step down services and independent living.

What we aim to do

Carers

We will provide tailored support to those who have a caring role for people with mental health challenges, including young carers. We will support carers to have a fulfilling life alongside their caring role, which will include access to respite and short breaks support, access to social groups and access to employment and education support. (linked to Bromley carers charter).

Personal budgets

We will ensure that everyone who would benefit from a personal health and care budget in mental health services is able to take up this offer.

Ensuring dignity

We will ensure that the preferences, independence, and dignity of people in mental health community services are the bedrock of provision, with residents, wherever able, having control over their own health and care.

Reduce hospital stays

We will ensure that people with mental health challenges are not kept in hospital settings for longer than necessary due to a lack of move-on options. We will also refresh mental health hospital discharge pathways to end any unnecessary waits.

More people living in their own homes

We will ensure a joined-up approach across care/health and housing that means that people with mental health challenges, when ready, can move seamlessly into their own homes. By doing this, we will reduce the number of people who are unnecessarily in residential care placements.

Prevent homelessness

We will prevent homelessness or a readmission to hospital for people with long-term mental health challenges by putting in place effective resettlement into the community, and ongoing tenancy support when people move into their own home.

Continuing healthcare

We will ensure that people with mental health challenges with a primary need related to their health are able to access continuing healthcare (CHC) support, with a seamless transition between social care and CHC.

Why is this important?

People can and do recover from mental ill health. The journey from a mental health problem back to living healthily however can be extremely challenging. Many people are only able to succeed on this critical journey with care and help. Everyone will also have their own personal recovery journey which will probably look very different to another person's, may take a longer or shorter amount of time, and which will often have a unique and very individualised end goal. The support put in place can make all the difference, with success often looking like a return to school to sit exams, or to start a job after a period of worklessness, for someone to take-up their own tenancy, or to start exercising again. In all these matters, the Council and ICB have a key role in fostering the right services to help and support this recovery.

What are some of the things we are already doing?



Oxleas NHS Foundation Trust

Oxleas is the primary mental health NHS Trust across the boroughs of Bromley, Bexley and Greenwich. The Trust provides specialist community mental health teams supporting local residents with mental health conditions including psychosis, personality disorder, depression and anxiety. The Trust also provides inpatient hospital services, including Green Parks House located on the site of the Princess Royal University Hospital (PRUH). Oxleas has a number of mental health practitioners (MHPs) who work with GPs to ensure strong links between Oxleas and primary care, and delivers the single point of access into adult mental health services in partnership with the Bromley mental health hub. Oxleas also delivers social care services for adult with mental health challenges in partnership with the London Borough of Bromley.

✓ **Bromley mental health support@home**

In 2022, Bromley Council and SEL ICB commenced a two-year transformation project to improve outcomes for adults with long-term mental health challenges. The transformation resulted in 50 people taking up their own tenancies for the first time, with the establishment of new mental health supported living services in Bromley and the opening of the new Bromley mental health support@home service. An investment plan was agreed in which £1.9m of capital improvements on mental health accommodation is now being implemented – ensuring that people’s homes are fit-for-purpose. Further work is now taking place to help more people to “step down” to their own homes as part of the Bromley mental health support@home service.

✓ **Joint funding for people with mental health challenges**

In 2022, Bromley Council and SEL ICB established the Bromley Joint Funding Panel. The panel is jointly chaired by leads from the Council and ICB and ensures that adults with mental health challenges are able to access funding for tailored joint health and care packages of support.



CASE STUDY

Jim, 40

A firefighter, Jim developed post-traumatic stress disorder (PTSD) after being involved in a rescue operation where multiple lives were lost. Despite his experience in handling emergencies, he began struggling with intense flashbacks, nightmares, and a constant feeling of being on edge. Following an assessment with Bromley Talking Therapies, Jim was offered trauma-focused cognitive behavioural therapy (TF-CBT). Over 16 weekly sessions, Jim worked with his therapist to gradually process his traumatic memories in a controlled way. He learned to challenge self-blame and guilt associated with the event. Exposure therapy helped him confront distressing triggers, while relaxation techniques and grounding exercises improved his ability to manage anxiety.



PRIORITY 5

Improved outcomes for older people with mental health challenges and dementia

We will provide joined-up help and support for older people with mental health challenges, including those with dementia. We will provide excellent community services for older people with mental health challenges that helps to tackle the blight of loneliness.

What we aim to do

Tackling loneliness

We will drive forward work that tackles the blight of loneliness and isolation for older people with mental health challenges. (linked to the Bromley Tackling Loneliness Strategy).

Dementia diagnosis

We will deliver early, speedy, and accurate identification of dementia for residents.

Dementia community support

We will ensure that there is a tailored approach of support in the community that supports residents and their carers prior to, during and after a diagnosis of dementia.

Dementia support for people in care homes

We will provide a tailored offer of support for people with dementia in care homes in line with the national enhanced health in care homes framework. This will ensure that people in care homes with dementia have the right support and that services across health and care are coordinated around these individuals to prevent any unnecessary hospital admissions.

Planning for mental health older age

We will ensure that there is early planning in place across health and care services to support adults with mental health challenges who are entering older age.





Older people mental health offer

We will develop tailored housing and extra care housing services for older people with mental health challenges to be able to live as independently as possible.

Why is this important?

Bromley's population is both growing and ageing. Many working age adults with mental health challenges will soon be entering old age, with a need to plan early to support this group to prepare for their older years with dignity and independence. In Bromley there will be more people with dementia, with a need for speedy and safe diagnostic services, and for excellent community help for both residents and their carers.

What are some of the things we are already doing?

-  **Dementia diagnosis**
Oxleas NHS Foundation Trust provides the core diagnostic service for dementia in Bromley, delivering a safe and effective screening and diagnosis care pathway for this condition. Oxleas also provides support around other challenges related to memory. The service provides pre and post diagnostic support and advice, with specialists on hand to help individuals with dementia to live as healthily and independently as possible.
-  **Dementia hub**
The Bromley dementia hub is the core community service to get advice and help around dementia. The service includes a memory lane, wellbeing and exercise café. The hub also includes particular help for those who have early onset dementia.
-  **Care home dementia team**
The Bromley care home dementia team provides specialist training and advice to care homes to support people with dementia who live in these settings.
-  **Extra care housing**
Bromley provides extra care housing for older people who require some level of care and support but who, in the schemes, are still able to live independently. The services include support for people with mental health challenges who are in older age.



UNDERPINNING APPROACH

Place the co-design of services, partnership working and joined-up commissioning at the heart of delivering the bromley mental health and wellbeing strategy

At the heart of the Bromley Mental Health and Wellbeing Strategy will be the voices of residents with mental health challenges.

Through work to develop this strategy we were able to engage with residents who shaped these plans and who told us what they wanted. In taking forward the strategy, these same residents will lead the co-design and co-production of their own service offer.

This strategy will also be underpinned by strong partnership working between Bromley Council, NHS South-East London ICB, the voluntary sector and other partners and providers. The strategy will see more joined-up commissioning, bringing together all public and other resources available in Bromley to deliver this plan.



CASE STUDY

Sophia, 34

"I should have been broken but instead I have thrived. I was homeless and really struggling – I'd sofa surfed, lived in hostels, and I felt like I had no support. I'd been in hospital following a mental breakdown. I didn't know where to turn, but I found the Mental Health Hub online and with that found the employment group. The employment specialist was so impressive, compassionate and kind, and really pushed me in the right way. Even when I left the borough and wasn't eligible, she connected again when I moved back. I joined the Mental Health Hub's creative writing course and that ignited my passion for writing. I have now written a play and I use the skills that the classes developed to write songs. I've transitioned to a positive mindset and opportunities keep coming up."

What we aim to do

Co-production

We will ensure that people with mental health challenges are fully involved in shaping the design of their own service offer – placing resident engagement and co-production at the core of the delivery of this strategy.

Inequalities

We will tackle the unequal access to mental health services in Bromley by improving our links into those communities and groups who, when in need, often do not feel able to come forward for help.

Partnership delivery

We will embed partnership working between mental health services, care and support providers, the Council and ICB, placing joined-up working at the heart of mental health services planning and delivery.

Promotion of the mental health workforce

We will promote a strong mental health provider workforce in Bromley across health, care and support services – creating a skilled and sustainable workforce able to deliver the best outcomes for people with learning disabilities.

Joined-up commissioning

We will bring together the common mental health commissioning resource across the Council and NHS to deliver the actions of the Bromley Mental Health and Wellbeing Strategy.



Why is this important?

Children, young people and adults who use mental health services are best placed to know what they want from these services. By co-producing and co-designing the transformed mental health service offer in the borough, we will be able to best inform how we meet needs, and how we put in place innovative and tailored provision. Similarly, an approach which is jointly led by providers alongside the Council and ICB will ensure the best use of resources and expertise to spur change. An integrated commissioning approach will support leadership, delivery and value for money, whilst avoiding unnecessary duplication.



CASE STUDY

Paul, 22

Paul approached Bromley Talking Therapies after experiencing persistent worry and anxiety. He had been struggling with excessive concern about work, family, and health issues for several months. These worries led to disrupted sleep, physical tension, and difficulty concentrating. Paul was introduced to a guided self-help program. The program was structured around worksheets and exercises designed to help him challenge his unhelpful thought patterns and manage his anxiety. A psychological wellbeing practitioner provided weekly support sessions, offering feedback and encouragement. After six weeks, John reported a significant reduction in his worry. He felt more in control of his thoughts and had developed practical skills to manage anxiety.



What are some of the things we are already doing?

✓ **Co-production**

Co-production is an approach to designing services that enables residents to be in the driving seat. In co-production, the people who will benefit from the end support offer take a leadership role at every stage of the creation and shaping of this, which is thereafter put in place for them. The Council and ICB take a co-production approach to the delivery of new services, as seen previously in the development of mental health support@home and the Bromley mental health hub.

✓ **Bromley mental health and wellbeing partnership boards**

The delivery of the Bromley mental health and wellbeing strategy requires a partnership approach across a wide range of stakeholders. In Bromley, this work is led by the two mental health and wellbeing partnership boards – one for children and young people, the other focused on adult's services. These boards will oversee the delivery of this strategy and ensure that every priority is delivered jointly by those best placed to make these improvements. In all aspects of the delivery of the Bromley Mental Health and Wellbeing Strategy, a partnership approach will be taken – with changes led by and driven by those people who have a stake in mental health improvements in Bromley.

✓ **Integrated commissioning**

Responsibility for delivering the Bromley Mental Health and Wellbeing Strategy will be held by the Council and ICB's integrated commissioning service. This team brings together the common commissioning resources of both organisations to prevent duplication and drive forward change across care, education and health.



CASE STUDY

Jane, 22 (care leaver)

The mental health practitioner for care leavers has made a significant impact on my life, and I truly believe he deserves recognition for the outstanding work he does. He played a crucial role in helping me start medication—something I was strongly against for a long time due to my fears. Another moment that stands out is when I started my nail course. There were many days when my anxiety and depression made it difficult to attend, but the practitioner was always there to encourage me. He even became my client at one point! Whenever I've faced communication challenges or problems, I know I can reach out to him.

MENTAL HEALTH – OUR COMMON RESOURCES

In 2024/25, Bromley Council and NHS South-East London Integrated Care Board (ICB) spent £76.5m on mental health services.

The vast majority of this resource is spent on specialist hospital services and residential settings for children, young people and adults with long-term mental health challenges. Whilst the Council and ICB will always maintain key crisis and treatment services, this strategy envisages a shift, over time, towards more prevention, early intervention and community services.

£76.5m

spent on mental health services in 2024/25

The Bromley mental health budget in 2024/25 is set out below:

| | LBB | SEL ICB |
|---|---------------|--------------|
| Children and Young People (CYP) Mental Health | | |
| Specialist CYP Eating Disorder Services | | £1.4m |
| Child and Adolescent Mental Health Services (CAMHS) | | £5.5m |
| CYP wellbeing services, and early support in schools | £466K | £2m |
| Individual MH packages of care, children looked after (CLA) | £2.1m | £2.1m |
| Online counselling and support | | £83K |
| CYP ASC family support service | £27K | £27K |
| Adults Mental Health | | |
| Adult inpatient and community specialist mental health services | | £42.6m |
| Bromley Talking Therapies | | £3.9m |
| Individual MH packages of care, aftercare services (s117) | £9m | £2.5m |
| Bromley Support@Home | £1.3m | £1.3m |
| Bromley Mental Health Hub | £95K | £2m |
| Healthchecks for people with serious mental illness (SMI) | | £119K |
| Sub-Total | £13m | £63.5 |
| Total | £76.5m | |

HOW WE WILL DELIVER THIS STRATEGY

The Bromley Mental Health and Wellbeing Strategy (2025-2030) sets out a commitment between Bromley Council and NHS South-East London Integrated Care Board (ICB) to work together to improve outcomes for residents with mental health challenges in the borough.

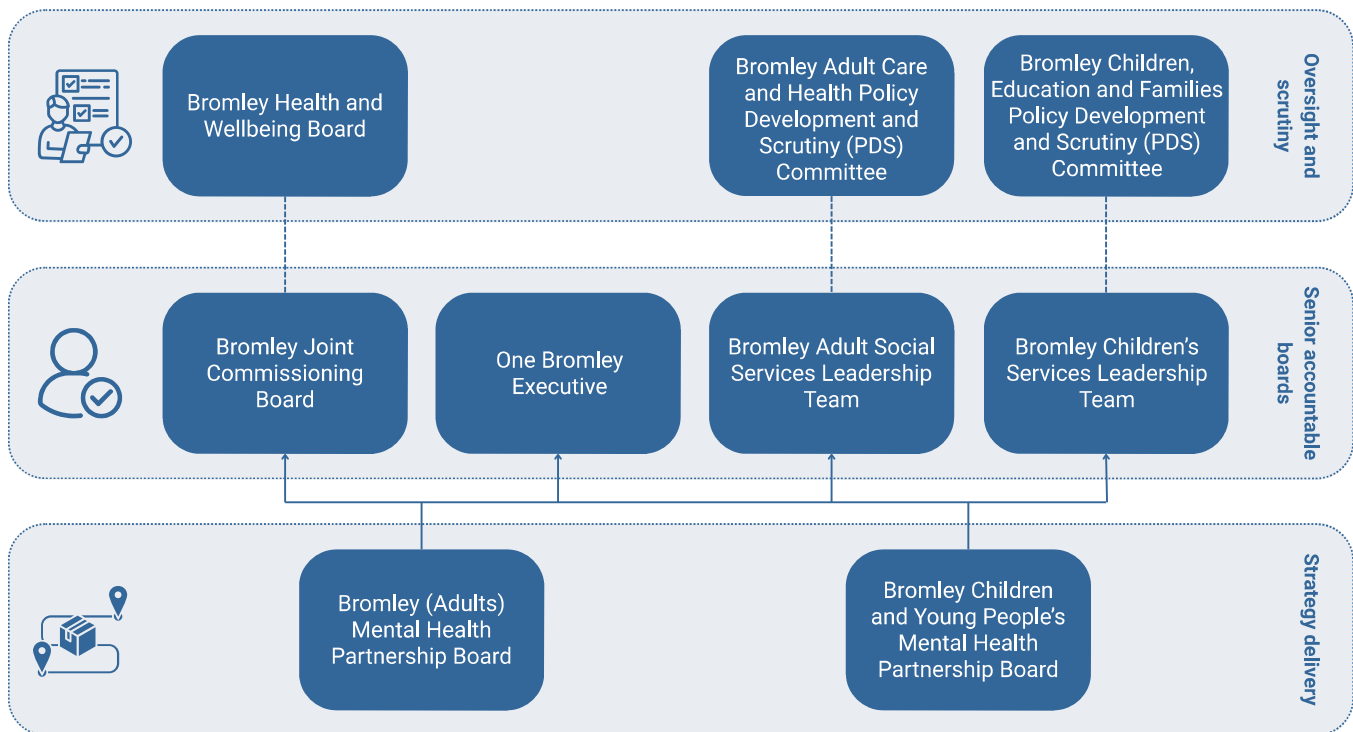
The strategy has been co-designed with residents with mental health challenges, and in concert with other key partners and service providers.

Delivery of the strategy will be led by the (i) Bromley [Adults] Mental Health and Wellbeing Partnership Board and (ii) Bromley Children and Young People's Mental Health and Wellbeing Partnership Board both of which are comprised of key delivery stakeholders. The two partnership boards will continue to work together to deliver the all-age priorities of the strategy. The Partnership Boards will report on their work to implement the strategy jointly to the One Bromley Executive, the Bromley Joint Commissioning Board, the Children's Services Leadership Team and the Adult Social Services Leadership Team.

Oversight of the work arising from the strategy will also be provided by the Bromley Health and Wellbeing Board and by Bromley Council's Children, Education and Families and Adult, Care and Health Policy Development and Scrutiny (PDS) Committees.



Governance arrangements



The two Bromley Mental Health and Wellbeing Partnership Boards will together develop an annual action plan with key partners which sets out details of what actions need to be taken each year in order to deliver on the borough's strategic priorities. The action plan will be refreshed annually, with progress reported to the senior accountable boards. The action plan will include key performance metrics to enable the outcomes of the strategy to be measured.

The joint Council/ICB Bromley Integrated Commissioning team will be accountable for the coordination of the two partnership boards and the delivery of the action plan as a whole.

The strategy will be subject to a mid-period review by the end of 2027 in order to consider progress against the priorities and to set out any changes needed to meet the overall aims at this time.



MENTAL HEALTH AND WELLBEING IN BROMLEY – NEEDS ASSESSMENT

Background – independent needs assessment

In 2024, Bromley Council and NHS South-East London Integrated Care Board (ICB) commissioned the experts at Public Health Action Support Team (PHAST) to deliver a comprehensive needs assessment across learning disabilities and all-age mental health and wellbeing services in the borough. The final needs assessment report can be found on Bromley Council's website – [Bromley Joint Strategic Needs Assessment \(JSNA\)](#).

A summary of the key findings from the comprehensive needs assessment is set out below.

Children and young people's mental health and wellbeing

COVID-19 had a profound impact upon all populations in Bromley, especially children and young people. The pandemic exacerbated risks of long-term harm to children's health outcomes, widened health inequalities and left vulnerable, disadvantaged children more exposed.

Once schools re-opened during the covid pandemic in March 2021, there was a significant increase in referrals to children and young people's mental health services in Bromley.

Children and young people presented to Bromley CAMHS and Bromley Y with more complex and multi-faceted mental health challenges.

Since that time, there has been a decrease in referrals to both services, with Bromley Y now seeing similar levels of activity as before the pandemic. Whilst waiting times have fallen significantly, Bromley CAMHS continues to see high-levels of activity, which points to an increase in more complex needs overall. This is also seen, at this time, in a relatively high demand for eating disorder services.

Growing up in Bromley

The Growing up in Bromley survey, conducted in 2024 across 15 secondary schools and one special school, provides important insights into the mental wellbeing of 4,692 young people in the borough. The survey revealed that between 66% and 78% of pupils worry about at least one issue frequently, with girls particularly affected – 27% of them reported worrying about five or more issues. This highlights the disproportionate emotional burden carried by female pupils, who appear to face higher levels of anxiety compared to their male peers. This could be a reflection of various pressures, including academic stress, social expectations, and concerns around body image, all of which tend to impact girls more acutely during adolescence.

Moreover, the survey showed that worry about schoolwork increases with age, from 31% in Year 7 to 54% in Year 13. Only 4% of pupils reported never worrying about exams or tests.

Resilience levels among pupils varied, with 24%-45% reporting low resilience and only 17%-19% displaying high resilience, highlighting the need for structured support in building emotional coping mechanisms. The data shows that while 34%-39% of pupils remained calm and learned from their mistakes, a majority (59%-63%) showed persistence by seeking help when struggling.

An average score of 24 on the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS) indicates moderate mental wellbeing overall. However, 4%-5% of pupils recorded low scores showing a clear subset that requires additional mental health support. Optimism about the future was noted among 37%-45% of students, yet the low awareness of local support services, especially among younger pupils (29%-43% have never heard of these services), points to a gap in service accessibility or awareness. Furthermore, the fact that only 1%-7% of students have used these services suggests barriers to engagement that need to be addressed.

Body image continues to be a concern, with 7%-15% of pupils never thinking about their appearance and 17%-23% reporting negative feelings about how they look. Despite these concerns, 66%-77% of students said they have an adult they can talk to if worried, but concerningly, 5%-8% reported self-harm as a coping mechanism when stressed.

Children and young people's prevention and early intervention services

While services like Bromley Y and Mental Health Support Teams (MHSTs) in schools are actively engaged in prevention and early intervention, the high referral rates to specialist services like CAMHS and the increasing need for specialist help suggest that more needs to be done to strengthen early intervention and reduce escalation to higher levels of care.

The data on children looked after (CLA) and care leavers also highlights the need for targeted support for these vulnerable groups, as they often present with complex mental health needs including anxiety, mood disorders and trauma.

The provision of evidence-based interventions, whole school approaches, consultations, increased staffing levels and diverse support services indicates a proactive stance towards addressing mental health and wellbeing needs.

Prevalence of selected mental health conditions in children and young people (including Autism Spectrum Condition)

| | 2018/19 | 2019/20 | 2020/21 | 2021/22 | 2022/23 |
|----------------|--------------|-------------|-------------|-------------|-------------|
| Bromley | 110.5 | 84.7 | 52.2 | 98.6 | 78.8 |
| London | 75.7 | 67.6 | 65.1 | 75.0 | 61.7 |
| England | 89.8 | 91.2 | 89.8 | 99.8 | 80.8 |

NB: caution must be taken when reviewing 2020/21 figures as these are heavily impacted by the COVID-19 pandemic.

Hospital admissions for mental health conditions (<18yrs) across Bromley and statistical neighbours, crude rate per 100,000

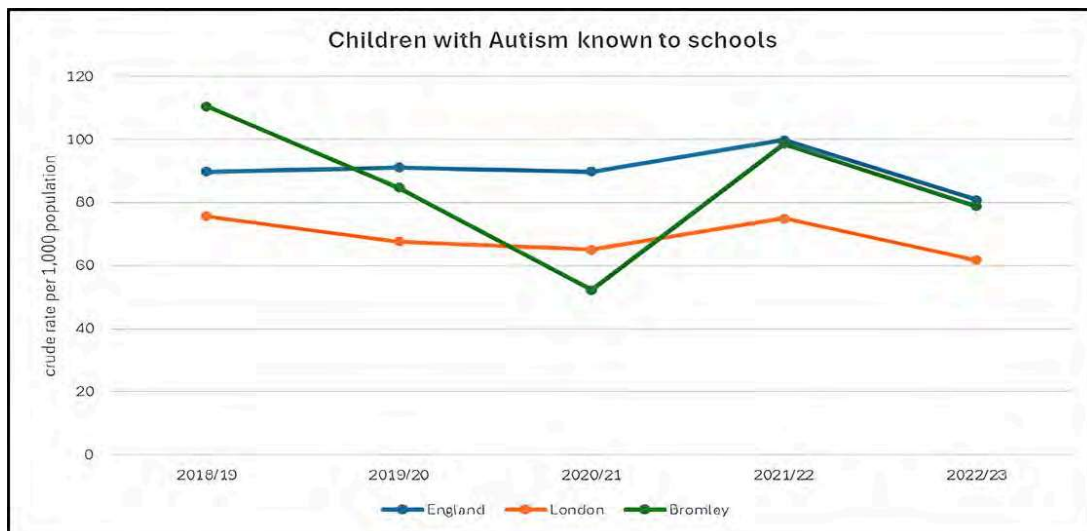
Hospital admission rates fluctuate across all areas over the five-year period. This variability could be due to several factors, including changes in service provision, awareness of mental health issues, and population demographics.

Bromley's referral rate is generally higher than the London average, particularly in 2018/19 and 2021/22. This could indicate a higher prevalence of mental health needs in Bromley.

Bromley has a higher rate of children and young people's crisis cases in the ages of 16-24, noticeably in relation to young people with autism spectrum condition (ASC). This may relate to challenges in transitioning between children's and adult's services.

Bromley also has a higher number of children with ASC than the average for London (though not England). Children with ASC are more likely to have mental health needs than other pupils.

Children with Autism known to schools, crude rate per 1,000 population, Bromley compared to London and England



The prevalence of school age pupils with social, emotional and mental health needs varies across males and females but is generally more prominent in males. The trend is increasing and becoming more acute in Bromley.



Adult's mental health and wellbeing

Approximately 10.8% of registered patients in Bromley have been diagnosed with depression. This makes Bromley the sixth highest London borough for recorded depression rates. Mixed anxiety and depression are among the most common mental health disorders in the UK, affecting around 7.8% of the population.

In Bromley, the prevalence of common mental health disorders among adults is a significant concern.

People aged 18-64 predicted to have a mental health problem, Bromley

| Bromley statistics | 2024 | 2025 | 2030 | 2040 |
|---|----------------|----------------|----------------|----------------|
| All adult population (18-64) | 202,700 | 203,300 | 205,300 | 208,600 |
| Adults predicted to have a common mental disorder* | 38,571 | 38,684 | 39,037 | 39,621 |
| Adults predicted to have a common mental disorder (%) | 19.03% | 19.03% | 19.01% | 18.99% |
| Adult Moderate/Severe Learning Disabilities estimate* | 1,131 | 1,135 | 1,151 | 1,172 |

* Source: *Projecting Adult Needs and Service Information (PANSI)*: www.pansi.org.uk

The Bromley Joint Strategic Needs Assessment (JSNA) highlights that severe mental illnesses, such as schizophrenia and bipolar disorder, also have a notable presence in the area. Bromley has a suicide rate of 9.8 per 100,000 for men and 2.9 per 100,000 for women ranking Bromley 28th out of 33 London boroughs. There is also a concern with dual diagnosis, where individuals suffer from both mental health disorders and substance misuse issues.

Suicides continue to be more prevalent in males, up to three times the rate in females, whilst rates of admission for intentional self-harm continue to be more prevalent in women and young people. There is need for work to identify further risk factors in people who intentionally self-harm in Bromley and tailor services for the affected local population.

Adult's prevention and early intervention services

The data suggests that adults prevention/early intervention services in Bromley are making a difference "upstream" for adults with mental health and wellbeing challenges. The data shows a decrease in alcohol-related hospital admissions, indicating potential success in early interventions targeting alcohol misuse. The high number of referrals to Talking Therapies, particularly self-referrals, suggests increased awareness and proactive help-seeking behaviour, which can prevent escalation to more severe mental health conditions.

Services like the Bromley Mental Health Hub specifically addresses the needs of vulnerable groups like pregnant women and new mothers, potentially preventing mental health issues associated with these life stages.

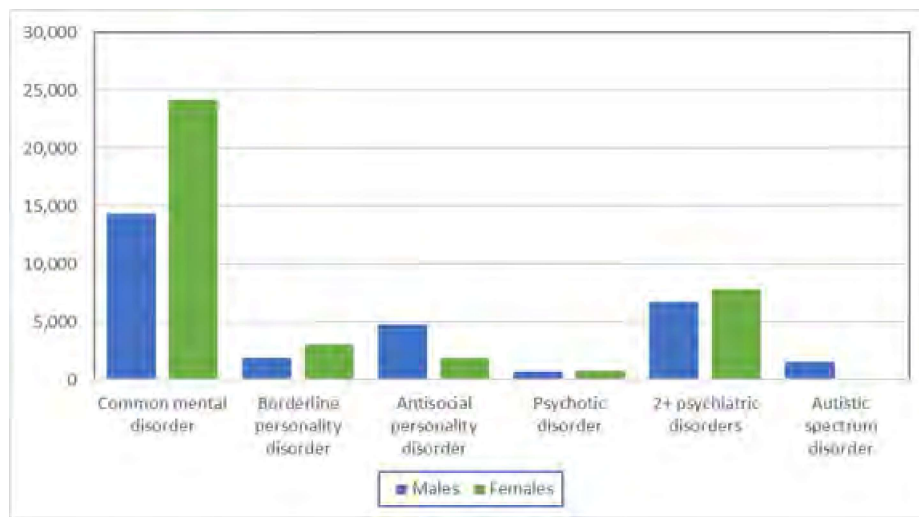
The needs assessment also highlighted the strength of Bromley's employment support services for people with mental health challenges, whilst noting that more needed to be done to help people (notably people with long-term mental health challenges) into work and to sustain employment.

Counts of selected mental health conditions in adults (including Autism Spectrum Condition)

The following figures show the number of people recorded with specific mental health conditions, broken down by gender. Females significantly outnumber males in most of the categories, particularly in common mental health disorders and those people with complex emotional needs.

Males have a higher prevalence of antisocial personality disorder which aligns to broader national trends. Autistic spectrum disorders are far more prevalent in males which is consistent with known diagnostic patterns.





* Source: *Projecting Adult Needs and Service Information (PANSI)*: www.pansi.org.uk

Focus on specific groups e.g. high-risk groups, vulnerable groups

In Bromley, several high-risk and vulnerable groups face significant mental health challenges. These groups often require targeted support and interventions to address their specific mental health needs.

In Bromley there are often long periods of stay in mental health hospitals for Working Age Adults (WAA). A focus for the new Bromley Mental Health and Wellbeing Strategy will be wherever possible to reduce the period of time people need to stay in hospital settings for non-clinical reasons. Similarly, there are too many people in residential settings who, with additional help, could be helped to live safely and independently in their own homes.

Older adults, particularly those over 65, have a higher prevalence of dementia and depression, often linked to isolation and physical health issues. Low-income groups experience increased rates of anxiety and depression due to financial stress and limited access to resources. People from ethnic minorities in Bromley also have higher rates of severe mental illness, potentially due to socio-economic factors and barriers to accessing mental health services.

People from the LGBTQ+ community in Bromley faces higher prevalence rates of anxiety, depression, and suicidal ideation, largely due to stigma, discrimination, and lack of support. Although there is little local data to support this, studies show that between 20% and 60% of LGBTQ+ people deal with these issues at some point in their lives.

The population of homeless people in Bromley has a higher prevalence of severe mental illness and substance abuse disorders, exacerbated by unstable living conditions and lack of access to healthcare. Refugees and asylum seekers in the area also face elevated rates of PTSD and depression, often due to trauma experienced in their home countries and during migration.

Needs assessment - conclusions

From their work, the experts at Public Health Action Support Team (PHAST) set out the following recommendations, which were drawn out of the comprehensive needs assessment:

Changing population needs

- There is a growing and ageing population in Bromley.
- The period in which children and young people with mental health challenges transition into adult services is particularly risky, with more hospital admissions reported.
- More people with mental health challenges are living into older age often with complex health needs.

Prevention and early intervention

- Early intervention services need to be more joined-up.
- Services need to be targeted at those groups/people prior to a crisis intervention.
- Not enough people with mental health challenges are in employment or sustaining employment.

Treatment and health/crisis care

- Too many people are staying in mental health hospitals for long periods of time.
- Services often focus on managing risks and crisis cases; not on step-down/independence.

Recovery and Long-Term Conditions

- People with mental health challenges are not able to access long-term, secure housing and end up “stuck” in or returning to services.
- People with stable and well-managed mental health challenges are not always able to step-down to primary care or non-residential living situations.

Produced by:

Adult Social Care
London Borough of Bromley
Bromley Civic Centre, Churchill Court
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Bromley, BR1 1AS



One Bromley Local Care Partnership

DATE: Thursday 31st July 2025

| Title | One Bromley Partnership Integrator Proposal |
|--|---|
| This paper is for information/decision/discussion | |
| Executive Summary | <p><u>Bromley Integrator Proposal</u></p> <p>The Role of the Integrator at Place is set out in the London Target Operating Model for Neighbourhood Health Services in London (May 2025).</p> <ul style="list-style-type: none"> • The integrator will host the identified integration functions required to enable primary, community, mental health, acute specialist, local authority, VCFSE and other partners to work together effectively at neighbourhood level. • The integrator will be vital to ensuring the effective delivery of INTs working within place partnerships, operating at a level of scale to allow sufficient organisational resources, capacity and capabilities to be available across all associated neighbourhood teams, whilst drawing on the local knowledge, experience and relationships from local professionals and communities. <p>In June 2025, the SEL ICB Chief Executive wrote out to all SEL LCPs to set out their arrangements for the system integrator to support and drive forward Neighbourhood Working.</p> <p>For Bromley Place, it is proposed that the One Bromley Partnership will be the Integrator. Supporting the One Bromley Partnership will King's College Hospital FT as the Integrator Host.</p> <p>The details of the proposal are included in <u>attachment 1 – One Bromley Integrator Proposal</u>. The proposal provides responses to the four questions asked of Place.</p> <p><u>One Bromley Executive Meeting 10th July 2025</u></p> <p>A meeting was convened on 10th July at the PRUH of the One Bromley Executive to agree the proposal to be put forward at the Local Care Partnership Meeting on 31st July.</p> |

It was agreed that the One Bromley Partnership would be put forward at the Integrator for Bromley and key principles were set out for the One Bromley Executive to take forward:

- Parity of voice for all One Bromley partners
- Shared decision making
- Use of resources and any delegation to be agreed by the partnership
- Engagement with relevant partners, patients and the public
- Work in partnership with Strategic Commissioners to use a population health management approach to delivering care and driving equity
- Programme of Organisational Development to support the development of this new partnership
- Working collaboratively and sharing key roles and responsibilities among partners

For the role of Integrator Host, South-East London ICB had set out the clear expectation that it needed to be an organisation of sufficient scale, maturity and public accountability to undertake the role and that this should be a single statutory organisation. Integrator and Integrator Host roles have been approved in four other SEL Places setting out a single local NHS organisation as the host role.

A joint proposal was received from the Bromley PCNs, BGPA and Bromley Healthcare to collaborate as the Host. The contents of the proposal were welcomed as providing many aspects on how the One Bromley Executive could work together in a collaborative way to drive forward the development of neighbourhood care. However, with the criteria set out by the SEL ICB and the agreed proposals from other Borough Places, it would be unlikely that this proposal would be approved.

It was agreed that King's College Hospital FT would be the most suitable organisation as Integrator Host and would meet the approval requirements from SEL ICB. Positive discussions were held regarding how King's would support the One Bromley Partnership as Integrator Host

- Support from the King's Senior Leadership for the One Bromley Partnership.
- Extensive experience in hosting other organisations, accounting for them separately as required.
- The ability to bring in experience in many of areas the set out as the role of the integrator, such as population health management, digital and data and service redesign.
- Expertise and knowledge on many of the support functions, such as HR, legal, finance, estates etc

| | | |
|--------------------------------------|---|--|
| | <u>Next Steps</u> <ul style="list-style-type: none"> To formally submit Bromley Place proposal to SEL Chief Executive Office for approval Development of a Memorandum of Understanding and an Alliance Agreement, updating the existing agreements to reflect the proposed arrangements for the Bromley Integrator Assessment of the local Integrator Arrangements against the SEL Maturity Framework To support early development and implementation of the Integrators and aligned to our operating plan principles, the ICB will make available non-recurrent funding of £250k per place integrator arrangements, the use of which will be aligned to the maturity assessment and signed off by the One Bromley Partnership. | |
| Recommended action for the Committee | <p>For Bromley Place, it is proposed that the One Bromley Partnership will be the Integrator. Supporting the One Bromley Partnership will King's College Hospital FT as the Integrator Host.</p> <p>The One Bromley Local Care Partnership is asked to approve this proposal for submission to the SEL ICB.</p> | |
| Potential Conflicts of Interest | None | |
| Impacts of this proposal | Key risks & mitigations | If arrangements for the Place Integrator are not agreed or approved, this will significantly impact on the development of Neighbourhood Care in Bromley and potential loss of available resources. |
| | Equality impact | This will continuously be assessed through the programme of Neighbourhood development. Promoting equality and reducing inequalities is a key objective of the National and Local programmes. |
| | Financial impact | The development of Neighbourhood Services is a key area in supporting financial sustainability in the NHS. |
| Wider support for this proposal | Public Engagement | To be developed as a key part of the Neighbourhood Development Programme. |
| | Other Committee Discussion/ Internal Engagement | One Bromley Executive Meeting (inc. 10/07/25 & 24/07/25) Integrated Neighbourhood Team Development Group |
| Author: | One Bromley Programme Director | |
| Clinical lead: | N/A | |
| Executive sponsor: | Bromley Place Executive Lead | |

The Integrator Function Bromley Place Arrangements

1. Which statutory bodies and partners are included within the integrator arrangement being proposed?

If the arrangement is a partnership arrangement, which organisation would act as the lead organisation?

- It has been agreed that the One Bromley Partnership will be the Integrator for Bromley Place. This is a development of the already well-established and mature partnership model and meets the key features of an integrator as set out in the South-East London Principles:
 - Organisationally mature and able to operate at scale
 - Part of the Existing Landscape
 - Recognised as a partner and collaborator
 - Credible and trusted
- The Partnership arrangements have been in place since 2016 and has a strong track record of delivery integrated care, including Integrated Care Networks, Hospital@Home (Children and Adults), Virtual Ward and the Bromley Children's Health Integrated Partnership. The partnership worked collaboratively together through various challenges, such as the Pandemic, winter planning and the recent Synnovis Cyber-attack.
- Supporting the One Bromley Partnership will be Kings College Hospital FT as Integrator Host, which recognises the requirement for Host to be a Statutory Body with sufficient size, scale, maturity to host the functions of the Integrator.

The Bromley Place Integrator

- One Bromley Partnership

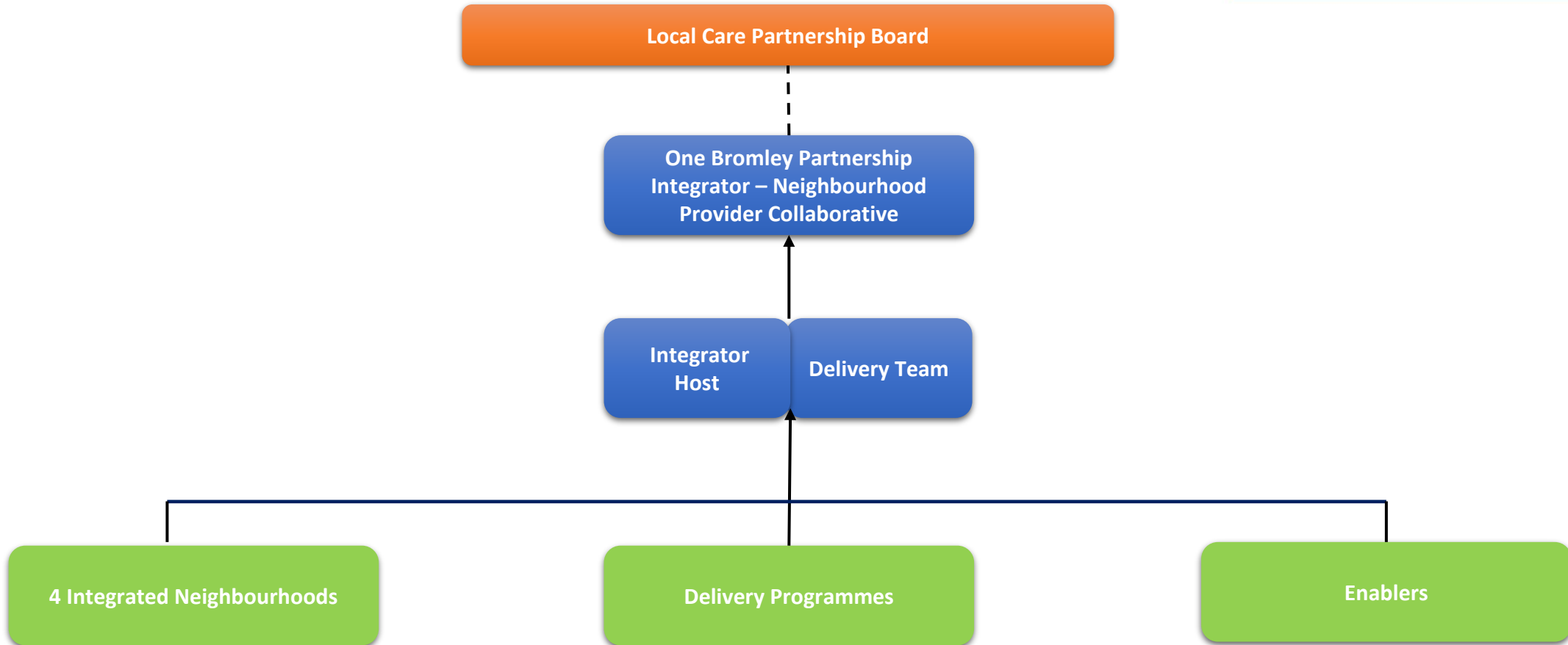
- The One Bromley Partnership will be established as a Neighbourhood provider collaborative made up of the existing provider partners / members of the One Bromley Executive.
- The members of the partnership include local statutory organisations, including the London Borough of Bromley, as a provider, primary care representatives and strong Voluntary and Social Enterprise organisations, as set out below.

| Sector | Provider | Statutory Organisation |
|---------------------------------|--|------------------------|
| Primary Care | Bromley Primary Care Networks | |
| Primary Care – GP Federation | Bromley GP Alliance | |
| Community Services | Bromley Healthcare CIC (Social Enterprise) | |
| Mental Health | Oxleas | ✓ |
| Third Sector | Bromley Third Sector Enterprise | |
| Hospice | St Christophers | |
| Acute | Kings College Hospital (Integrator Host) | ✓ |
| Local Authority (as a provider) | London Borough of Bromley | ✓ |
| Community Pharmacy | Local Pharmacy Committee | |

2. What shared decision-making structures are planned to be put in place to support the integrator arrangements, and how is parity of voice being considered to enable effective neighbourhood working?

- The relationship will be governed by a new Memorandum of Understanding / Alliance Agreement (builds on existing Alliance Agreement) setting out the role of the One Bromley Partnership as integrator and the development plan supported by key agreed principles. The partners will need to work in a new way together to deliver the ambitions of the NHS 10-year plan in improving health and care for the residents of Bromley through neighbourhood working. This will require bringing together and coordinating the partners in delivering the work programmes to meet the agreed strategic objectives. Decisions to be taken by the One Bromley Partnership Executive will be according to the following agreed principles:
- Parity of voice for all One Bromley partners
- Shared decision making
- Use of resources and any delegation to be agreed by the partnership
- Engagement with relevant partners, patients and the public
- Work in partnership with Strategic Commissioners to use a population health management approach to delivering care and driving equity
- Programme of Organisational Development to support the development of this new partnership
- Working collaboratively and sharing key roles and responsibilities among the partners

Place Structure



- The One Bromley Partnership will be directly accountable to strategic commissioners within the Local Care Partnership Board
- The Host organisation, with the delivery team, will be accountable for delivery to the One Bromley Partnership

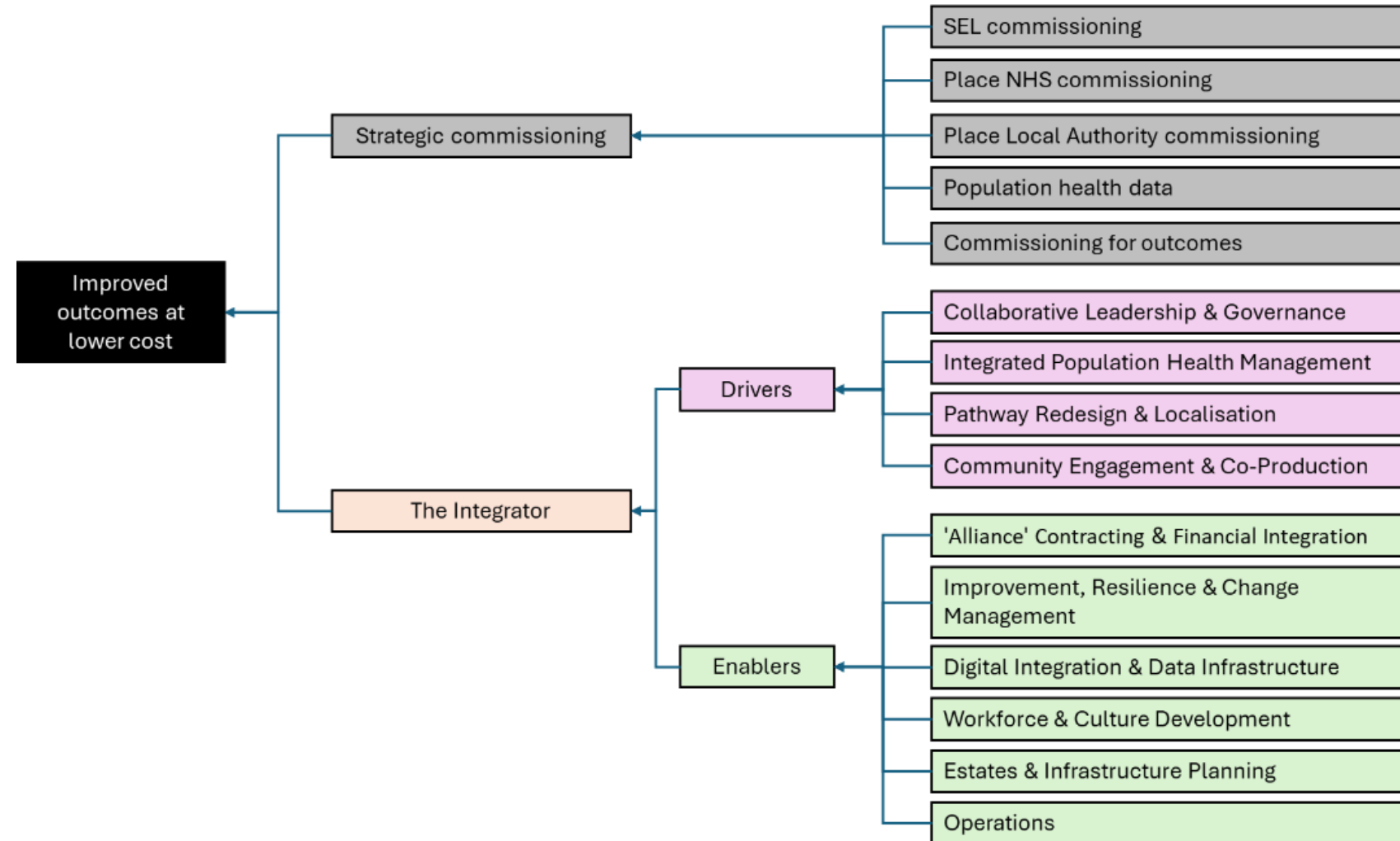
Functions of the Integrator

This piece looks to further the collective understanding of the granular functions of the integrator

We want neighbourhood working to drive up outcomes and down cost. The thought process here is:

Strategic commissioners will review population health management data and commission the providers of Bromley, collectively, to deliver improved outcomes.

- The integrator will take the lead in redesigning care pathways to refocus on prevention and co-ordination of care.
- This requires leadership to bring providers together to understand their population and design new services
- It then requires a series of enablers to put these designs into action



Role of the Integrator Host (Kings)

| Requirement | Integrator Host |
|--|---|
| <ul style="list-style-type: none">• Drawn from existing institutions• Organisationally mature and able to operate at scale• Senior and experienced enough to be credible and influential• Able to operate in alignment with INT geographies• Part of the landscape across INTs | <ul style="list-style-type: none">• A single statutory organisation but with clear line of accountability to the One Bromley place partnership• An established part of the One Bromley Partnership• Engagement and support from the senior leadership to deliver the integrator requirements |
| <ul style="list-style-type: none">• Provide essential infrastructure across existing sectoral and organisational boundaries | <ul style="list-style-type: none">• Support from the Host on all back-office functions, or to work with other One Bromley partners |
| <ul style="list-style-type: none">• Establish a population health management approach to support the delivery of the place INT development | <ul style="list-style-type: none">• Support from the Host bringing in other organisations and resources such as Kings Health Partners in establishing a common PHM approach across the Borough developing and providing the tools and analysis to support neighbourhood working.• Support from Trust teams, including business intelligence and finance in developing modelling required to monitor outcomes and other proxy measures of success |

Role of the Integrator Host (Kings)

| Requirement | Integrator Host |
|--|---|
| <ul style="list-style-type: none"> Accountability and Reporting to the One Bromley Partnership – as set out in the London Target Operating Model | <ul style="list-style-type: none"> The establishment of a separate division, accounting for the use of resources through the One Bromley Place Partnership Regular, transparent reporting and monitoring on the use of those resources to One Bromley Partnership |
| <ul style="list-style-type: none"> Change and Transformation – to support the delivery team (in the first instance) in the providing change management support to deliver INTs | <ul style="list-style-type: none"> Dedicated staff to deliver and support the agreed programmes of work set out through the One Bromley Programmes |
| <ul style="list-style-type: none"> Enablers – Support the cross-system solutions on enablers to support the development of INTs. Including, workforce, digital and IT and estates | <ul style="list-style-type: none"> Use of subject matter experts and resources to support the delivery of the Borough wide work and plans |
| <ul style="list-style-type: none"> Back Office – establish agreed ways of working for cross organisational operational infrastructure | <ul style="list-style-type: none"> Support of teams, such as HR (as host employer), finance, risk management, information governance, legal, quality assurance etc. Finance, HR support and recruitment responsive to the needs of the partnership, reflecting requirements to progress developments at pace in line with the SEL ICB timetable |

3. How will the integrator arrangement ensure that sufficient resources are secured and in place to deliver the integrator function either through the lead organisation, or via a broader partnership approach? It is recognised that the function will grow over time.

- The One Bromley Partnership Executive will lead on shared decision making on resources as a Neighbourhood Provider Collaborative, ensuring representation from all key place stakeholders at Place.
- The Integrator will be supported by the Integrator Host, Kings College Hospital FT reporting to the One Bromley Partnership Executive
- Resources will be drawn together from all One Bromley partners to deliver the integrator function and Neighbourhood Delivery. This will include existing SEL Borough ICB resources identified to support Neighbourhood Delivery as set out on the ICB Blueprint.
- The principles around the reporting and the use of resources will be governed by the Alliance Agreement.
- The Integrator Host will create a separate ring-fenced division to support the Integrator, allowing for the transparent reporting of any resources held on behalf of Partnership and the hosting and employment of staff, as required.
- This function will develop over time, as the development of Neighbourhood progresses and further contractual arrangements are published.
- The over-riding principle is one of collaboration across partners to work together to identify resources of sufficient scale and expertise required to progress neighbourhood development.

4. What will be the first priorities for the integrator arrangements to support effective neighbourhood working, considering the South East London focus on delivery of integrated neighbourhood teams for our three priority populations?

- There is already an established Programme Structure in place to deliver the Neighbourhood working which aligns with:
 - South East London Neighbourhood Delivery Plan, setting out the Priority populations
 - One Bromley Five Year Strategy – developed and signed off by all One Bromley Partners
 - The Bromley Health and Well Being Plan – Joint delivery plan
- This ensures the continued buy-in from all local partners
- PMO arrangements in place to monitor the progress on the work programme
- Development of the MLTC model well underway, piloting with the SW Bromley INT.
- Integrated pathways are already in place for frailty (through the Integrated Care Networks) and Children with complex Needs (through the BHIP model). These are being aligned with the Integrated Neighbourhood Developments and SEL strategies, including the Ageing Well Framework.
- Fundamental to this will be the development of the population health management approach, with a focus on information sharing across all partners, effective use of data and information to inform strategic commissioning, service redesign and delivery
- Infrastructure and enablers, such as finance and contracting, digital, workforce and estates, are essential building blocks, which will be built on existing strong partnerships in these areas.

Initial focus populations

Groups aligned to strategy:

- Residents with 3+ long term conditions
- Residents aged 65+ living with frailty
- Residents 0-18 with a health or social need
- People discharged from hospital admission

Bromley INT intervention models

New:

- Multiple long term conditions model (piloted in SW INT)

Existing align to INT & expand:

- Integrated Care Networks
- B-CHIP
- Hospital discharge pathway
- Same day care

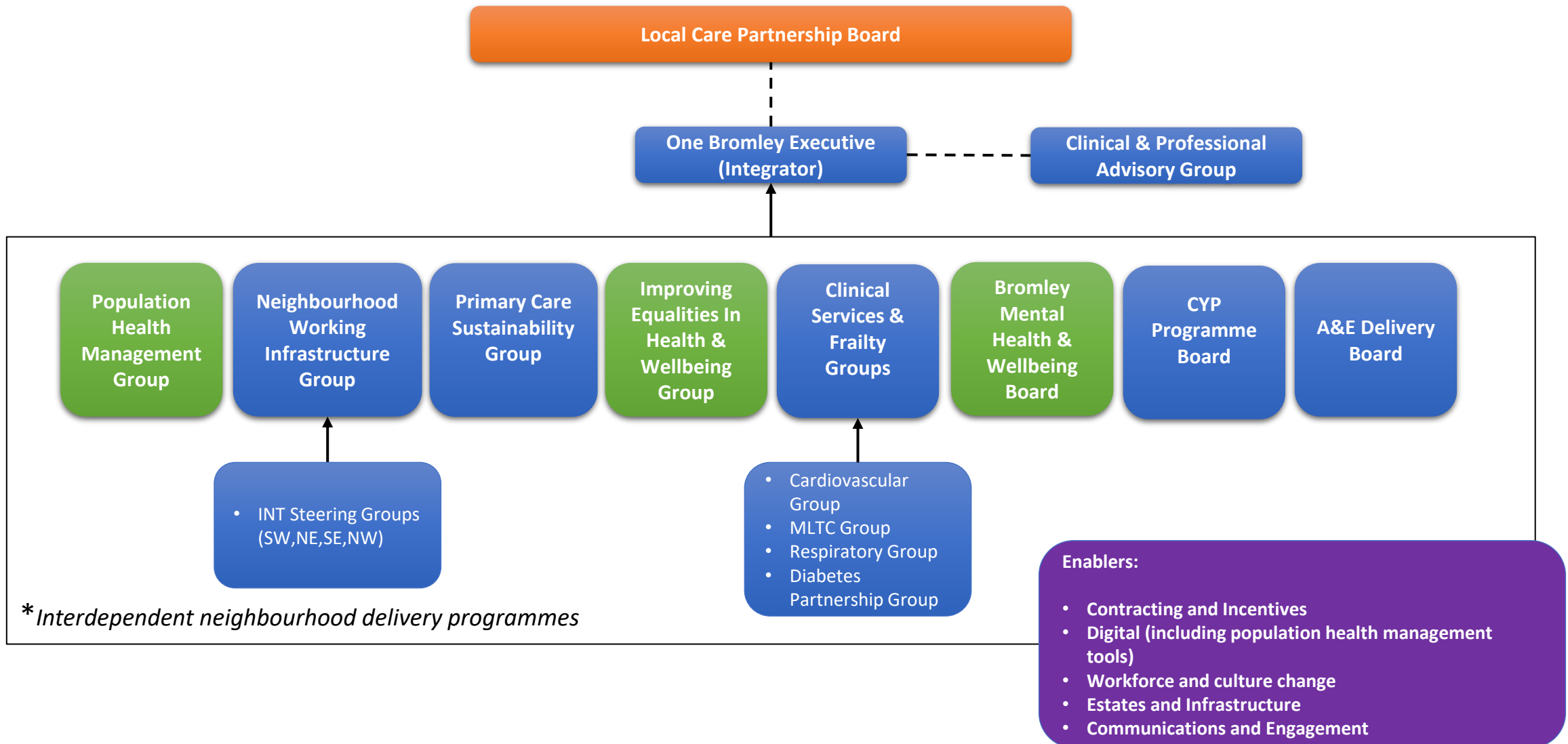
Localisation in each INT

Go-live order:

- South West, North East, South East, North West INT

Approach:

- Public and staff engagement
- Localise to INT resources – community assets and services already provided
- Stakeholder engagement



One Bromley Local Care Partnership Board

DATE: Thursday 31st July 2025

| Title | SEL Ageing Well Strategy |
|--------------------------------------|--|
| This paper is for information | |
| Executive Summary | <p>The One Bromley frailty strategy has been refreshed following 4 workshop events held in October and November 2024. A quality improvement approach was used to develop a short to medium term deliverable action plan. This approach outlined further opportunities to develop a person-centred model with a focus on prevention and proactive care. In summary, the immediate next steps include:</p> <ol style="list-style-type: none">1. Use of consistent frailty recognition tools2. Standardised frailty competency training for staff3. Consistent health messaging4. Greater understanding of frailty provision <p>In the medium-term, plans are underway to transform the proactive care pathway that uses the current Integrated Care Networks to deliver frailty Integrated Neighbourhood Teams (INTs).</p> <p>SEL ICB developed an Ageing Well Framework between January and March 2025 involving multiple stakeholders including colleagues from Bromley. The framework forms part of the approach to implement INTs for priority population groups including older and complex individuals.</p> <p>The framework describes a shift to earlier identification, prevention and holistic care using community-based assets to increase self-help, prolong independence and quality of life. The scope includes both health and the wider determinates of health, i.e. social care and housing.</p> <p>At a local level, work has commenced to assess and benchmark against the framework to ensure consistency in the delivery approach across SEL recognising there will be differences in population demographics. The initial review has identified good alignment with the Ageing Well framework and the local One Bromley frailty strategy but with some potential gaps to delivery.</p> <p>Key areas of focus include:</p> <ul style="list-style-type: none">• Improving health promotion to ensure the wider benefits of frailty services are known |

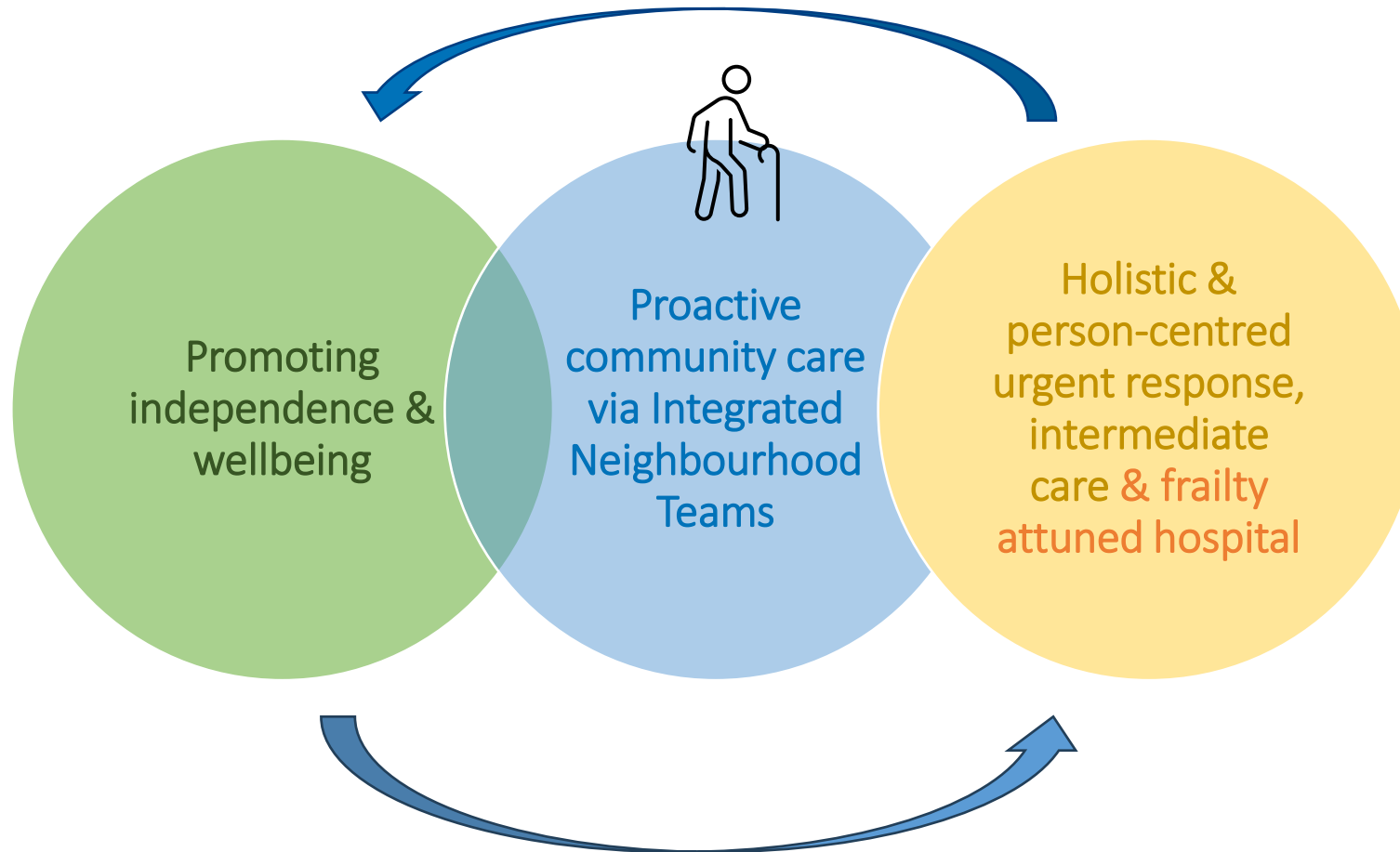
| | | |
|--------------------------------------|--|---|
| | <ul style="list-style-type: none"> Building on the strong foundation of the well established Integrated Care Networks and transitioning the proactive care pathway into frailty Integrated Neighbourhood teams Developing a frailty competent workforce and consistent use of tools including Comprehensive Geriatric Assessments (CGAs), Clinical Frailty Scores (CFS) and Universal Care Plans (UCPs) <p>The papers attached are for information highlighting:</p> <ul style="list-style-type: none"> First paper: Summary of the SEL Ageing Well framework and the key areas of our local One Bromley Frailty strategy. Second paper: Executive summary of the Aging Well strategy. A full copy of the documents is available on request. | |
| Recommended action for the Committee | The Local Care Partnership is asked to note the alignment between the SEL Ageing Well Framework and the One Bromley Frailty Strategy and to provide feedback on identified gaps and proposed next steps. | |
| Potential Conflicts of Interest | None identified | |
| Impacts of this proposal | Key risks & mitigations | <p>Key risk: Ensuring progress and delivery against the local strategy and SEL Ageing Well framework which is responsive to emerging risks and aligned to the needs of the growing older population in Bromley.</p> <p>Mitigation: Delivery of the local and SEL Ageing Well framework will be managed by the One Bromley Frailty Collaborative with reporting lines to the One Bromley Executive and Clinical & Professional Advisory Group.</p> |
| | Equality impact | The Ageing Well framework promotes equalities by recognising and respecting individual background, aspirations and needs. Equality impact will be assessed locally for Bromley. |
| | Financial impact | The focus of the Ageing Well framework and the One Bromley frailty strategy is to focus on early identification, prevention and self-help to support individuals to stay healthier at home and to reduce the potential need for more expensive episodes of care. |
| Wider support for this proposal | Public Engagement | SEL frailty framework team has undertaken engagement with local residents to understand what aging well means. |

| | | |
|--------------------|---|---|
| | Other Committee Discussion/ Internal Engagement | <p>SEL Ageing Well framework & the One Bromley Strategy has been presented & discussed at:</p> <ul style="list-style-type: none"> - One Bromley Clinical & Professional Advisory Group - One Bromley Frailty Collaborative <p>Ongoing stakeholder meetings have also been held with senior leads across acute, community, primary care, social care and London Ambulance Service.</p> |
| Author: | Head of Integrated Care, One Bromley | |
| Clinical lead: | Clinical, Care & Professional Leads for Frailty & Older People, One Bromley | |
| Executive sponsor: | Programme Director, One Bromley | |

SEL Ageing Well Framework & One Bromley Frailty Strategy

July 2025

The SEL Ageing Well Framework



Cross cutting themes and enablers

Frailty at scale

Clinical frailty tools

Data & digital

Workforce development

Adjustments

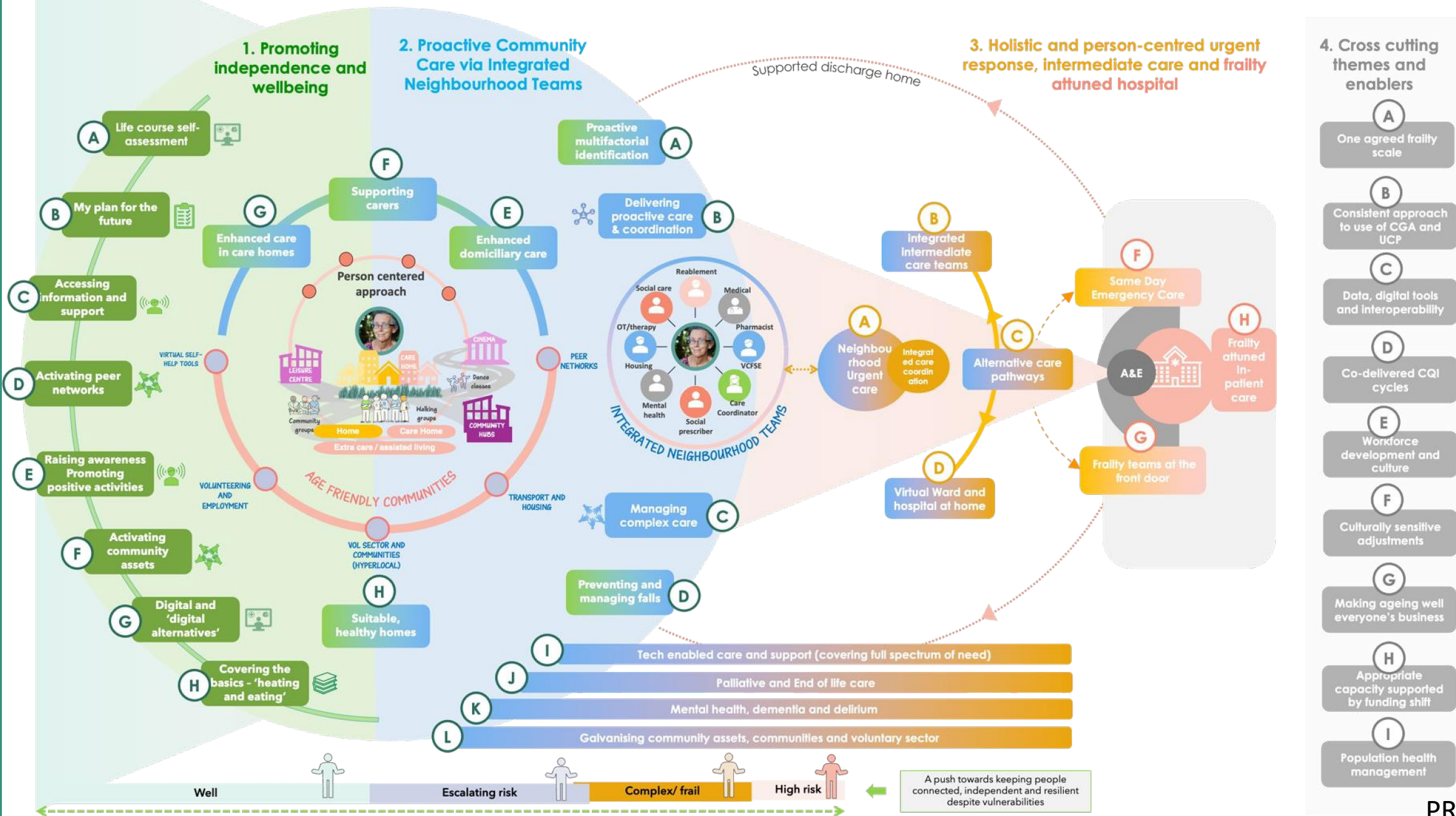
Ageing everyone's business

Capacity & funding shift

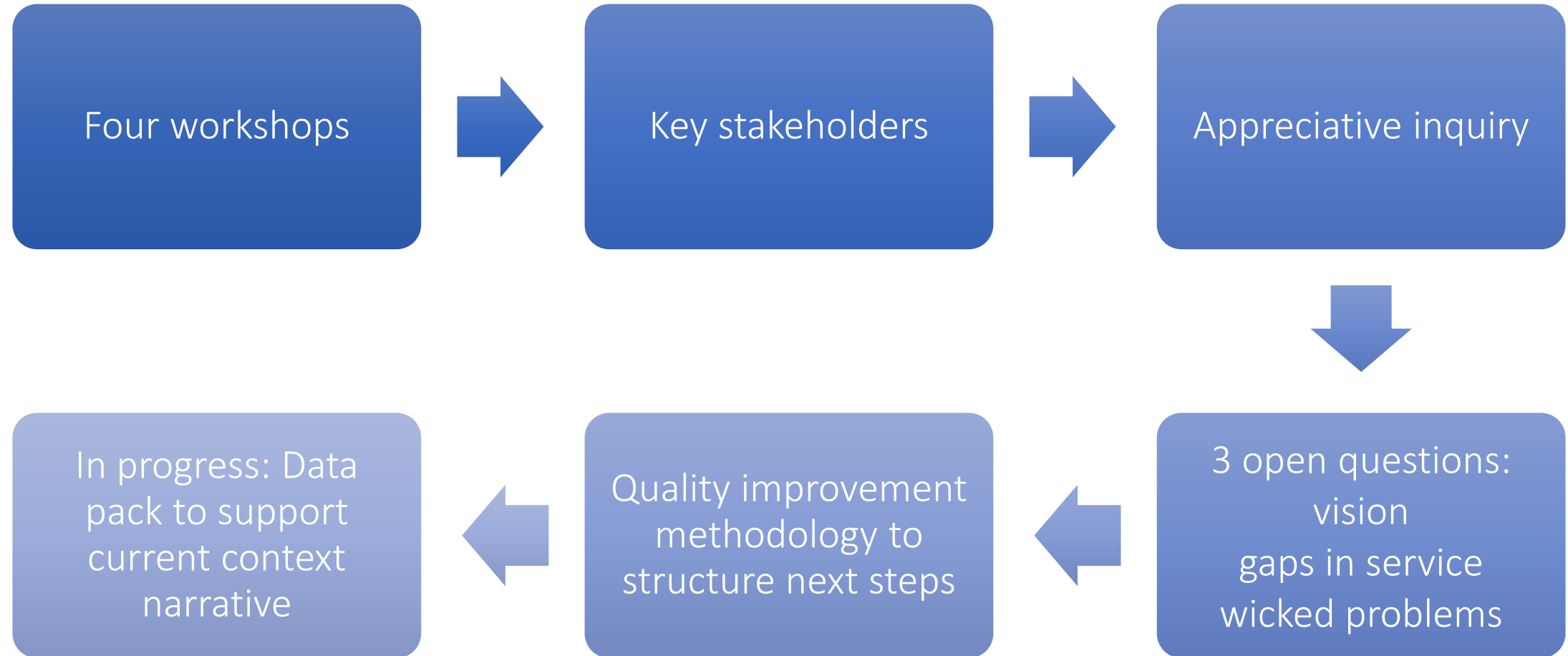
Population Health Management

'Age without limits: You say, your way': The SEL Ageing Well framework

The SEL Ageing Well Framework



Approach used for the Bromley frailty strategy refresh



DESIGN: Countermeasures/ recommendations

■ Immediate

1. Service landscape map for clinicians across Bromley to understand frailty pathway services open to their patients'
2. Co-ordination of providers to use the same frailty recognition tool (Clinical Frailty Scale)
3. Develop and implement a health promotion message for frailty prevention and improved healthspan
4. Align provider organisations in developing a frailty competent workforce

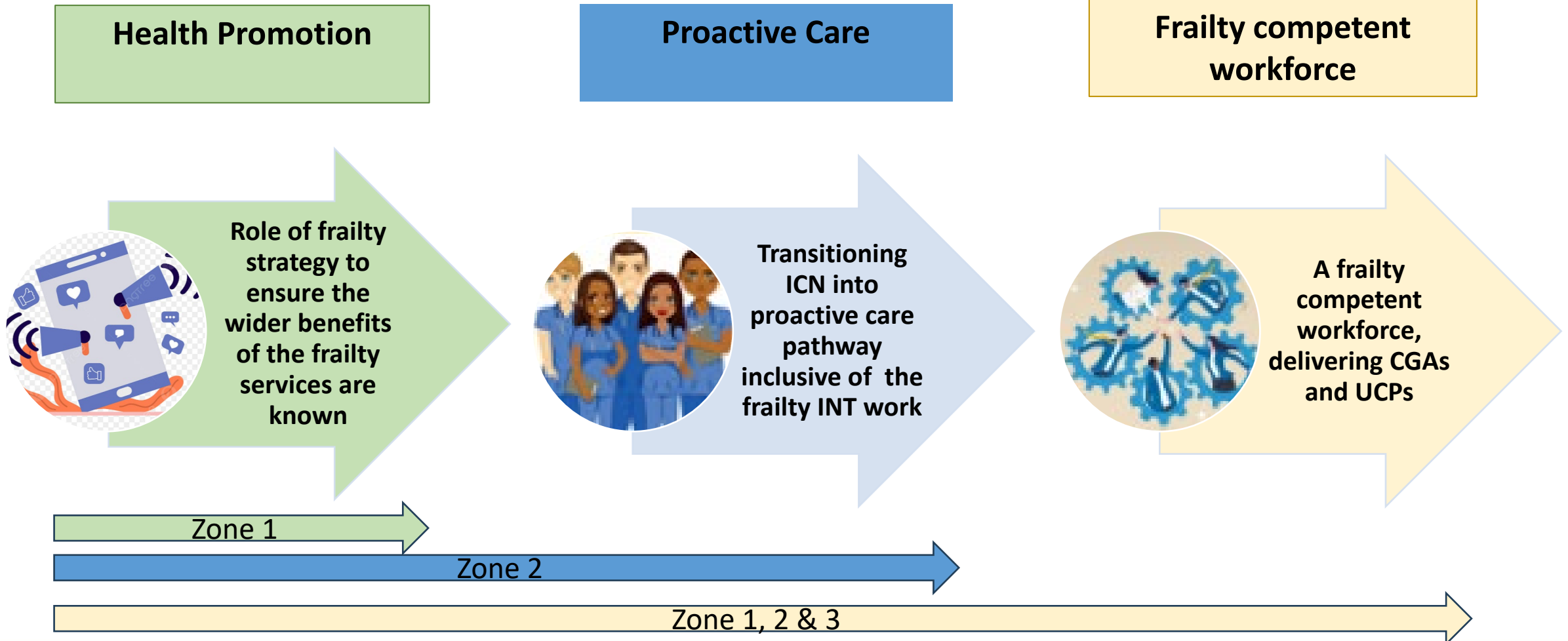
■ Medium-term

1. Develop a model for Frailty integrated neighbourhood team with a single point of access and teams of teams responding to urgent needs (reactive care pathway such as community based frailty Same Day Emergency Care) and supporting independent living through comprehensive geriatric assessment and advance care planning* (proactive care pathway)

* See London Frailty Network / BGS guidance: [NHS England — London » Frailty](#)

Aligning SEL Ageing Well and local Frailty Strategy

Potential gaps for delivery between SEL Ageing Well Strategy and alignment with the One Bromley Frailty Strategy.
Areas of focus



Local Achievements

Bromley Frailty Services

King's College Hospital
NHS Foundation Trust

Bromley
Healthcare
better together

Oxleas
NHS

StChristopher's
More than just a hospital

BIS
Bromley Integrated System

Bromley GP Alliance

Bromley
Primary Care Networks

Bromley
LONDON BOROUGH

South East London
Clinical Commissioning Group



PRUH

Acute Frailty Assessment Unit

Same-day emergency care for frail, older patients.
M-F 08h00-18h00, contacted via Consultant Connect on 0208 138 0186



Community

Hospital at Home

Admission avoidance & remote monitoring.
M-F, 9h00-17h00
Refer via SPA: 020 8315 8750 (option 2)

Rapid Response

Same-day assessment.
M-S, 8h00-20h00
Refer via SPA: 020 8315 8750 (option 2)

Home & Bed Rehabilitation

Refer via SPA 020 8315 8750 (option 1)



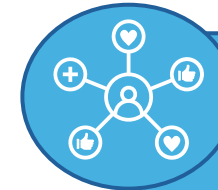
Community

Integrated Care Networks

MDT assessment & care planning.
Referrals via GP
For other referrals, see [form](#)

Falls Prevention Service

Therapy-led assessment.
M-F, 9h00-17h00
Refer via 0300 330 577



Social Care

Adult Social Care

Care Act assessment & support, restart pre-existing care packages.
M-F, 8h30-17h00. Refer [email](#)

Reablement

Support post-illness or hospital admission.
M-F, 8h30-17h00
Acute clinicians refer via D2A passport
Community teams via [portal](#)



Bromley Well

Take Home & Settle Service

Post-hospital assistance.
M-F, 9h00-21h30, w/e, 9h00-17h00
Refer via TOCB

Post-Discharge Settling Service

Settling in service.
M-F, 9h00-17h00. Refer via TOCB

Handy Person

Service for minor repairs & security.
Refer [here](#)



Bromley Well

Dementia Respite at Home

Up to 3 hours a week home support.
M-F, 9h00-16h30
Refer via Council, financial assessment required. Click for [info](#)

Community Befriending

Home support & help with socialising. Click for [info](#)



Mental Health

Older Adults Mental Health

Known to Oxleas for dementia & challenging behaviour or MH.
M-F, 9h00-17h00. Refer via [email](#)

Memory clinic

Assessment, diagnosis & intervention.
M-F, 9h00-17h00
GP referrals via [email](#)

Dementia Support Hub

Support, advice & diagnosis.
Contact via [email](#) or telephone



St Christopher's

Specialist Care Referrals

More info, see [here](#)

Heart Failure Service

Support for breathlessness, fatigue & fluid build-up.
Referral info, see [here](#)

Frailty Recognition: Clinical Frailty Scale

Clinical Frailty Scale



1 Very Fit – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.



7 Severely Frail – Completely dependent for personal care, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).



2 Well – People who have no active disease symptoms but are less fit than category 1. Often, they exercise or are very active occasionally, e.g. seasonally.



8 Very Severely Frail – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.



3 Managing Well – People whose medical problems are well controlled, but are not regularly active beyond routine walking.



9 Terminally Ill – Approaching the end of life. This category applies to people with a life expectancy <6 months, who are not otherwise evidently frail.



4 Vulnerable – While not dependent on others for daily help, often symptoms limit activities. A common complaint is being “slowed up”, and/or being tired during the day.



5 Mildly Frail – These people often have more evident slowing, and need help in high order IADLs (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.



6 Moderately Frail – People need help with all outside activities and with keeping house. Inside, they often have problems with stairs and need help with bathing and might need minimal assistance (cuing, standby) with dressing.

Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia**, they cannot do personal care without help.

Frailty competency: British Geriatric Society GS e-learning

Course options

The elearning course is accessible for free, funded by the BGS and NHS England until the end of June 2026.

Participants can progress through the module chapters and undertake the multiple-choice questions.

Achieving 80% or higher in the assessment modules results in course certification.

The total course is likely to take you 540 minutes to complete. Approximate timings for individual modules are:

| | |
|---|-------------|
| Understanding and Communicating Frailty | 120 minutes |
| Identifying Frailty | 150 minutes |
| Managing Frailty | 150 minutes |
| Building Systems Fit for Frailty | 120 minutes |

Course learning is divided into four modules:

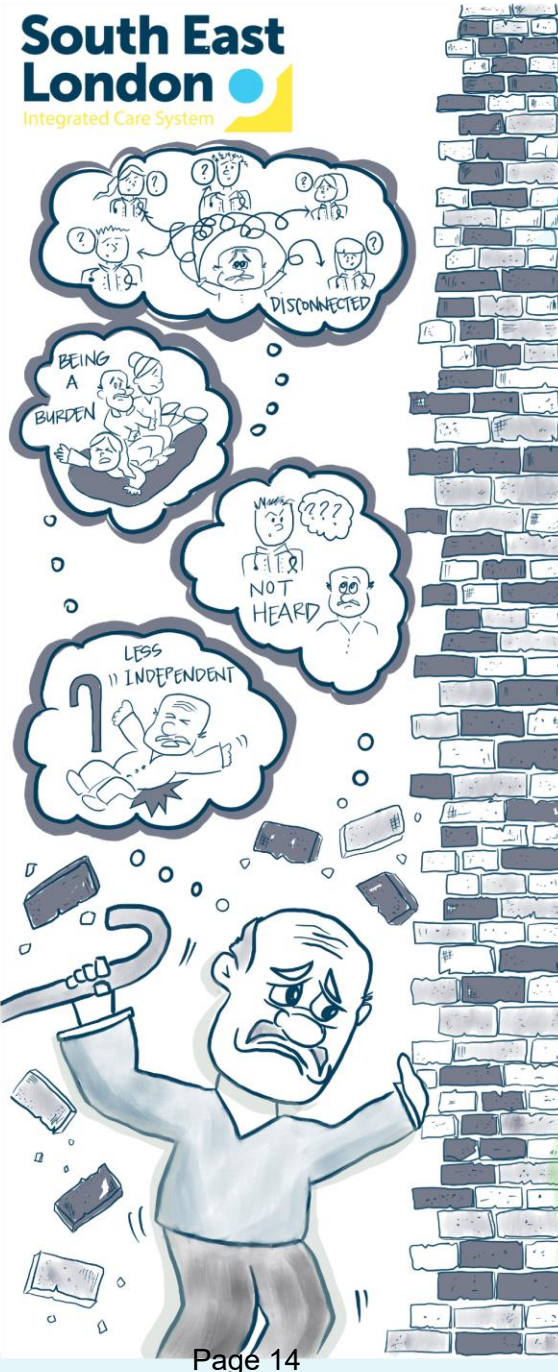
- **Module 1: Understanding and Communicating Frailty**
- **Module 2: Identifying Frailty**
- **Module 3: Managing those living with Frailty**
- **Module 4: Building Systems Fit for Frailty**

1. Executive Summary

Executive summary

Introduction

- The SEL Ageing Well framework was developed between January and March 2025 driven by multiple stakeholders at Place and involving colleagues from across the whole SEL system. The framework builds on the good work already underway at Place, enabling Places to incorporate it as part of their local development. The framework will help us to share success between Places, develop parity and a consistent offer for SEL, recognising the need for local variation.
- Over 170 SEL colleagues and stakeholders have been involved in multiple working sessions to develop a shared vision and ambition for the framework with over 70 colleagues taking part in 3 face to face workshops to define the detail.
- The focus of the framework is initially on those aged 65+ including those at all stages of the frailty continuum (mild, moderate and severe). However, it is recognised that many of the elements included apply to younger cohorts showing earlier signs of ageing or frailty. The framework is not just health focused. It encompasses the wider factors and determinants pertinent to ageing well such as destigmatising ageing, building age friendly communities, the role of the carer and tackling social isolation. Definitions of ageing well and frailty were shaped as part of the work to achieve a focus on what would be important.
- The Ageing Well framework is aligned with and enabled by other emerging SEL strategies for example, Integrated neighbourhood Teams, Long Term Conditions and Urgent Community Response; recognising the interplay between these. The framework also aligns with key national directives such as the 2025/26 NHS Operating Guidance, 2025/26 Neighbourhood Health Guidelines and Lord Darzi's investigation in 2024.



Executive summary .. *continued*

Why we want to promote ageing well

- There are compelling reasons for promoting ageing well in SEL. More than 61% of non-elective beds are utilised by those age 65+ (equivalent to 1594 beds at a cost of over £250m in 2023/4).
- At least 12% of these admissions (154 per day) are due to ambulatory care sensitive conditions and therefore could be avoided with more effective management in the community.
- 50% of frail patients also stay in hospital for over 21 days, adding to the severity (and consequences) of hospital acquired disability.
- For those aged 65 and above admission costs and associated A&E attendance rates are higher in SEL compared to national benchmarks
- By 2028 the SEL over 65 population is expected to grow by 18%, adding to the above pressures. There is therefore a need to shift the focus to earlier identification and prevention – whilst equally supporting those at the other end of the frailty scale.
- The voices of residents also strongly point to the need for change. Over 100 residents were spoken to as part of the work. Their views, along with those captured from existing engagement work have helped inform priorities within the framework. For example, residents highlighted the need to feel more respected, trusted, listened to and believed.
- Residents need more help with the practicalities of life but want to remain independent and resilient despite vulnerabilities. They want purpose and connection and to be seen as ‘whole’ beings, equal to younger people. They also want to see more joined-up services that intervene with each other on their behalf.
- Unpaid carers want more flexible support and respite opportunities to help them to continue in their roles.
- A graphic has been produced that distills the views and aspirations of residents and is included in this report.

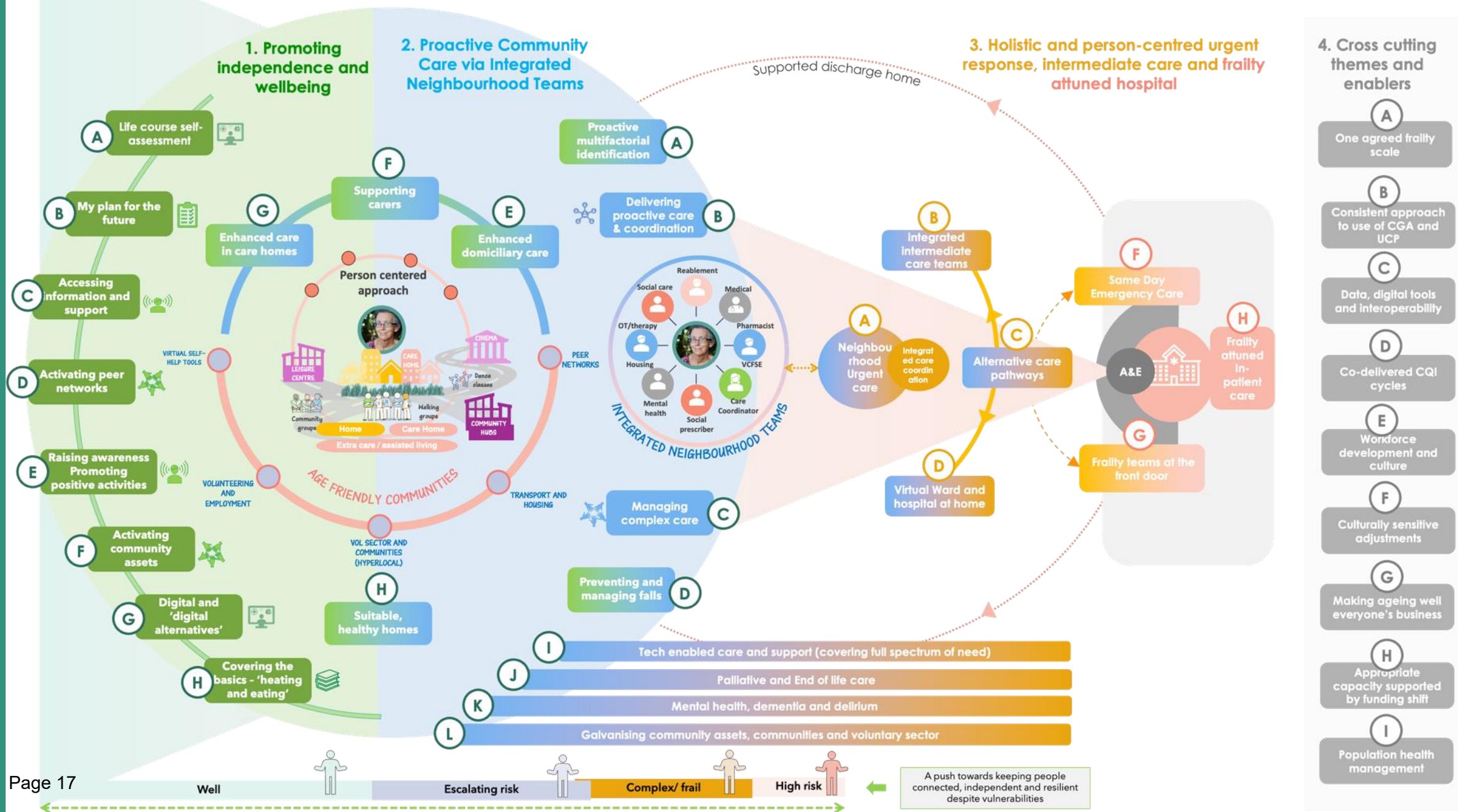
Executive summary .. *continued*

'Age without limits: You say, your way': The Ageing Well framework

- The framework comprises three interconnected zones, enabling people to move easily between zones based on where they are in their journey. The underlying principles and values relevant to all zones are also captured, such as the need for seamless navigation, a focus on active and engaged living and effective self-help.
- Zones are:
 - **Zone 1: Promoting independence and Wellbeing** – Supporting people to age well, maintain independence and social participation
 - **Zone 2: Proactive Community Care via Integrated Neighbourhood Teams** – Early identification of frailty and well-coordinated community-based care/response to exacerbation
 - **Zone 3: Holistic and person-centred Urgent Response, Intermediate Care and Frailty Attuned Hospital** – Neighbourhood based urgent response, step up/step down intermediate care, hospital front door and inpatient care
- Key principles and requirements for the care and support of people living with mental health problems, dementia and/or delirium are also captured for each zone. Palliative and end of life care and support needs are also summarised.
- A single overarching diagram that captures all the key elements of the framework per zone is provided. Each of these elements is then described in a zone summary, followed by more detailed description of each of the elements. These descriptions of each element include the factors and principles considered most important to SEL colleagues and reference some example initiatives already underway in SEL where good outcomes are being achieved.
- A range of enablers have been identified as critical to the development of the framework and a brief description of each is included. Key enablers include moving towards one agreed frailty score, a consistent approach to the use of tools such as Comprehensive Geriatric Assessment (CGA) and the Universal Care Plan (UCP), Workforce Development and Culture and Population Health Management (PHM).

'Age without limits: You say, your way': The SEL Ageing Well framework

The SEL Ageing Well Framework



Executive summary .. *continued*

How will we know we are making a difference?

- Outcomes that can be used to monitor and evaluate the success of the framework have been defined in areas such as quality of life, the effectiveness of support provided and whether we are reducing health inequalities for this population. Following review these outcomes have been further refined and prioritised. Potential key performance indicators for each outcome are suggested and an example system-level dashboard is outlined.

How will we implement the framework?

- Key success principles for implementing the framework are described, based on learning from elsewhere. The key to success during delivery is to emphasise a focus on people – for example, creating meaning, engaging and taking people on the journey, developing the right skills and motivations and providing strong leadership that inspires and establishes clear accountability.
- An overview implementation road map is provided summarising the key next steps at Place and SEL levels to deliver and embed the framework. As part of this it is proposed that Places assess themselves against the framework to help identify opportunities and priorities for delivery. These can then feed into (existing) local roadmaps for delivery.
- It is recommended that these roadmaps include definition of the ideal local care model and plans for local leadership, resources and project and change management methods. In parallel, demand and capacity modelling can take place to understand the impacts and shape the ‘left shift’ in resources required to invest in delivery. Implementation is likely to be phased and will need to be supported by a robust project delivery team and clarity on what support will be provided to Places.
- A QI methodology will be required that enables real-time learning and improvement and sharing of success between Places.

Executive summary .. continued

Next steps

Continued work is now required to support Places to adopt it as part of local design, planning and delivery. This includes:

- Broadening the engagement and socialisation of the model with stakeholders
- Individual Place led self-assessment against the framework, assess gap / opportunity for development
- Creation of Place roadmaps for implementation.

Appendices

- A set of appendices are provided which include a record of key outputs from workshops that have helped in shaping the framework and a summary of external cases studies and recognised best practices from elsewhere.

The picture on the right depicts the vision as defined during the resident and carer engagement sessions. Illustration done by an artist.



One Bromley Local Care Partnership Board

DATE: Thursday 31st July 2025

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

Partnership Report – July 2025

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1. One Bromley Local Care Partnership Programmes

Fit for the Future – New 10 Year Health Plan

Earlier this month, the government launched a new 10 year plan for the NHS. Significant improvements in health and the way people access health services are being proposed. This plan proposes that we maximise the use of digital technology and AI, as well as use advances in genomics, to improve health outcomes and reduce variation between different populations.

It is proposed that there are 3 radical shifts:

- hospital to community
- analogue to digital
- sickness to prevention

The link to the plan is [here](#):

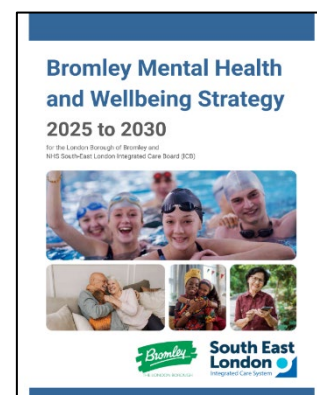
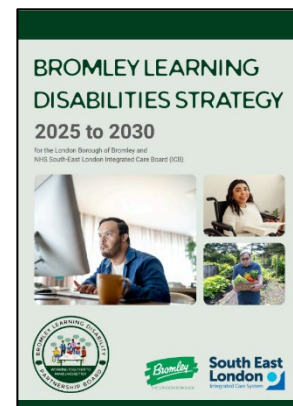
The plan fits in well with the ambitions of the One Bromley system, and further consideration will be given to the contents of the plan, especially in relation to the development of Integrated Neighbourhoods.

Bromley Learning Disabilities Strategy 2025 to 2030 and Bromley Mental Health and Wellbeing Strategy 2025 to 2030

NHS South-East London ICB (Bromley) and the London Borough of Bromley have jointly agreed new five-year strategies for learning disabilities and for mental health strategies. The new strategies were developed following an independent assessment of learning disability and mental health need in the borough, and were co-produced with local residents.

The Bromley Learning Disabilities Strategy (2025-30) sets out how the ICB and Council will work together with other key partners to enable people with learning disabilities in the borough to live fulfilling, independent lives. The plan sets out how we will support young people to smoothly transition to adulthood, how we will promote better health and wellbeing, how we will increase housing options for people with learning disabilities, and how we will help more people to access and sustain employment. This is the first time that the ICB and Council have come together around a single plan for learning disabilities and sets out a common vision and approach which will deliver key changes in this area.

The Bromley Mental Health and Wellbeing Strategy (2025-30) is the second joint plan that the ICB and Council have put forward for the borough, and it builds on a considerable track record of success from the last 5-year plan. The new strategy is an all-age approach, founded on a vision for improvements for people with mental health challenges. The strategy has five priorities: prevention and early intervention, helping children and young people to thrive, joined-up safe transitions from children's to adults services, better recovery outcomes for people with long-term conditions and improved outcomes for older people with mental health challenges and dementia.



Plans to improving vaccination uptake in Bromley

Bromley has a clear plan for vaccinations in 2025/26 with the ambition to increase uptake across all winter immunisations, both for the patients and for staff members.

A Flu improvement trajectory has been agreed for the 65+ and Under 65 at-risk patients with practices supported by:

- Development of new and targeted promotional materials including hyper-local press
- Alignment of eligible cohorts with relevant charitable partners to support vaccine promotion and awareness
- Attending PCN events to speak directly to eligible patients
- Dedicated outreach events aimed solely at the at-risk populations
- Development of a new easy read letter for LD patients
- Encourage coadministration with Covid vaccination where possible for patient convenience
- Use MECC (making every contact count initiative) opportunities to cross-promote RSV, Flu and Covid appointments to eligible cohorts.

The childhood immunisations offer is being strengthened by:

- Development of a Childhood Immunisation plan to include hyper-local analysis of uptake and enable finely targeted interventions
- Continued partnership with Maternity partners to maximise access to RSV and Pertussis vaccination for pregnant women and commence early engagement for Childhood Immunisations.

Childhood Asthma

The CYP Asthma Working Group has recently been reestablished to drive improvements for children with asthma across Bromley, notably the local delivery of the 'national asthma bundle,' supported by the join up of primary, secondary and community services. The group is actively engaged in mapping the existing asthma services across the borough, with the aim of identifying gaps, overlaps and opportunities, which include, though not exclusively, community provision, admission avoidance, 48 hour follow ups, timely asthma plan reviews, and appropriate diagnostic capacity of asthma.

An initial options appraisal has been developed to align CYP diagnostic services into the national initiative to develop all-age diagnostic respiratory hubs. The options are being taken forward to understand workforce capacity, financial sustainability, and alignment with partners' mid/long-term intentions for enhanced community-based provision.

Quality Improvement Project – Improving Care Leavers' Access to Primary Care

Research consistently shows Care Leavers have significantly poorer health outcomes compared to their peers, across physical, mental and social domains. These can be compounded by difficulties navigating services due to limited support networks, and the cessation of statutory health assessments at age 18, thus further widening disparities as children transition to adulthood. A project was established in Bromley as part of the wider Children Looked After work, to identify and address some of the issues.

A number of challenges were identified, for example:

- Care Leavers are not identified or flagged on general practice lists, thus limiting opportunistic and proactive engagement in addressing their health needs. Consistent and accurate coding is required
- Links between community health services and general practices could be strengthened to ensure that when someone leaves care, they can be offered physical and mental health checks and access to free prescriptions
- Attitudes and awareness of the needs of Care Leavers in primary care could be enhanced so that young people are not misunderstood and specific services can be offered
- Moving from CAMHS to adult mental health services can be challenging for Care Leavers

These issues are being addressed by all agencies. Practices are now more consistently being told when a young person is about to leave care and primary care staff are encouraged to code the person as a 'care leaver.' Awareness of the needs of Care Leavers and use of the Care

Leaver code is being promoted through training events and Practice Bulletins and updates. Services are being earmarked for care leavers such as designated sexual health clinic slots available twice a week for Care Leavers through Sexual Health Bromley.

Within mental health services, a pilot project is already in place, led by Bromley CAMHS and Oxleas ADAPT, which includes the appointment of a Transition Worker to improve mental health pathways for 16-25 year old.

Future work may consider the following initiatives:

- establishing further links with Care Leavers and the Bromley Leaving Care team
- developing clinician training focused on improving awareness and engagement
- further work on coding
- enhancing mental health pathways
- supporting digital and healthcare literacy among Care Leavers
- considering the further needs of underrepresented groups such as Unaccompanied Asylum-Seeking Children, young mothers and homeless Care Leavers.

Integrated Neighbourhood Teams Implementation Update

- The One Bromley Executive INT Development sub group continues to oversee and progress the implementation of neighbourhood working in Bromley. We already have in place a neighbourhood health service for children and young people through our 'B-CHIP' service. We also have a community frailty multi-disciplinary team in the community to support our frail population and various proactive and community centred working. We continue to develop these offerings.
- South West INT provides the testbed for our new multiple long term conditions approach, building on the 'multiple morbidity model of care' pilots in Bromley and across South East London, while learning from our existing neighbourhood working in Bromley. This includes proactively identifying people who would benefit from the service, engaging with residents and bringing together the right third sector, social, health and other services around them to deliver a co-ordinated response to what are often multi-factorial health and life challenges. This recognises that no single agency or professional can achieve for our population that which we can by working together, and that by being proactive in our approach we can improve residents' outcomes while mitigating demand growth for health and care agencies. Work in South West INT is progressing to schedule.

2. Princess Royal University Hospital and South Sites

Finance

Final year-end financial position

We recorded a deficit of £33.7 million for the 2024/25 financial year, which is slightly better than the planned deficit of £40.1 million we agreed in the autumn of last year.

Cost-improvement plans

We delivered cost-savings worth £50.8 million during 2024/25, which was £15 million short of the £65 million we agreed in the plan we set ourselves at the start of the last financial year.

Financial Planning for 25/26

We must deliver an underlying financial deficit of no more than £120 million by March 2026. If we achieve this, we will receive an additional £120 million in one-off funding.

Our end of year deficit position of £120 million for this financial year is dependent, however, on us delivering cost-savings totalling £82.4m between April 2025 and March 2026.

This is £10 million more than the £72.4 million previously communicated, but there is no change to the cost savings ask of our Care Group and corporate teams. The additional £10 million will be met by a number of additional corporate cost-saving schemes.

Referral to treatment – Elective Care – Trust Wide

Special cause improvement with a consecutive run of Referral to Treatment (RTT) incomplete performance above the mean for 7 since months since November 2024.

RTT performance remained static with 62.20% of patients waiting under 18 weeks in May and continues to achieve the target of 60.81% for this month.

The total Patient Treatment List (PTL) reduced below 84,000 for May which reflects pathways removed as part of national sprint validation work.

There has been a consecutive run of 65 week wait patients below mean for over 7 months since October 2024.

The number of patients waiting over 65 weeks increased from 103 patients waiting at the end of April to 162 for May which is above the Operation Plan target of 68 for the month.

Over 100 of the 65 week wait patients are in General and Bariatric surgery and ophthalmology.

Emergency Performance – PRUH and South Sites

There has been a consecutive run of performance exceeding mean performance for seven months since January 2025.

4 hour All Types performance decreased slightly from 74.06% in April, to 72.96% in May achieving the Operating Plan target of 70.1% for the month.

Cancer

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

Performance for April was 75.5% and has reduced to 74.7% in May which is below target for both months.

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

Performance has improved for the previous 3 months to 73.6% for April, which is above the target of 69.9% for the month. Performance has reduced to 64.8% for May with breaches in breast, colorectal, hepatobiliary and pancreatic (HpB)and urology.

31 day performance has reduced to 90.0% in April but still achieving the target of 88.2% for the month.

Further reduction in performance for May to 86.5% which is below the 3 sigma control limit and below the target of 88.5% for the month.

Diagnostic Performance

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

DM01 performance worsened from 47.47% reported in April to 49.19% in May and not achieving the monthly target of 31.6%.

Apollo/EPIC

Staff across all KCH hospitals and locations continue to work from one integrated patient record, Epic. Almost 660,000 patients have registered for MyChart across King's and GSTT, with 248,159 of these at King's. Patients using MyChart are less likely to miss (DNA) their appointments. In December KCH patients DNA rate was 5.0% rather than 10.5% for non MyChart patients.

There are pilot areas across both Trusts which are currently enabling self- service scheduling, rebooking and short notice cancellations – these tools will scale up over the next 12 months to many more services.

We are in consultation with NHSE and the integration with NHS app will commence sometime between October 2025 and March 2026.

Estates

Our capital programme continues.

Endoscopy Unit

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

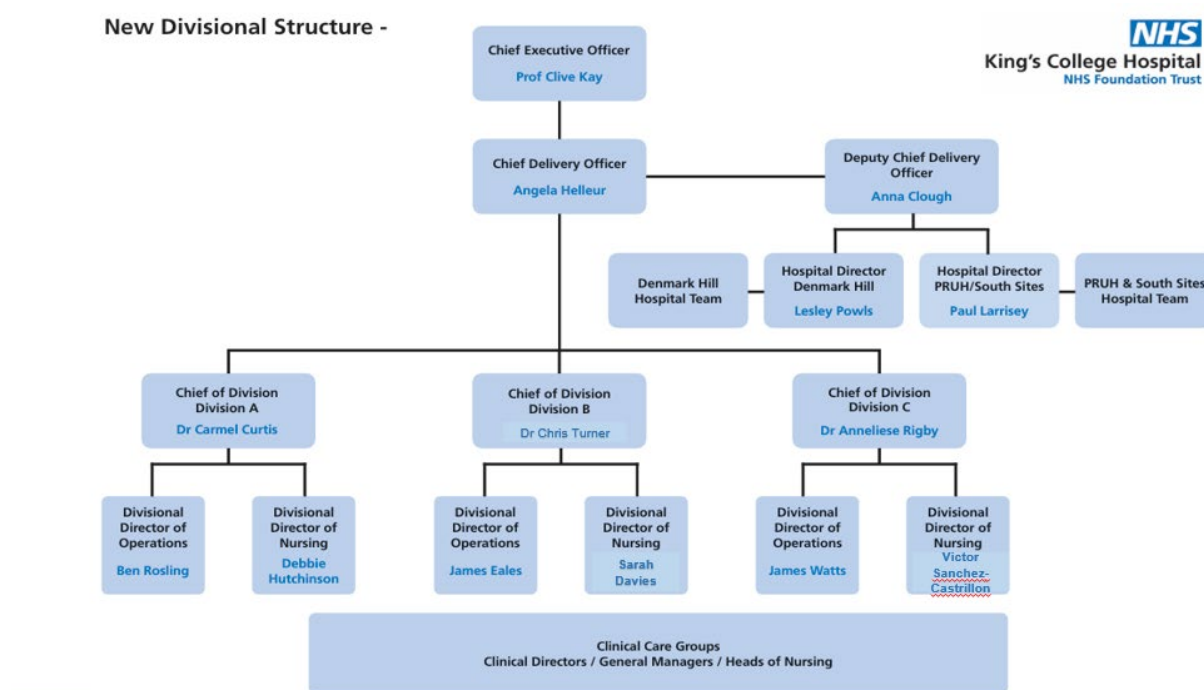
Radiology Upgrades

Mammography replacement remains under review.

Flow upgrades and other developments

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

New Divisional Structure from 1 July 2025



3. London Borough of Bromley - Adult Social Care

As mentioned in the ICB section, there are two important new strategies that have been recently approved by Bromley Council, the Learning Disability Strategy and the Mental Health and Wellbeing Strategy. Both were co-produced with residents. The Mental Health and Wellbeing Strategy builds on the previous strategy that has already delivered improved outcomes for residents experiencing mental illness through joint working between health and social care. The Learning Disability Strategy brings together anew our ambitions to support more residents to live the lives they chose within Bromley and reduce reliance on support outside of the borough. These ambitions will now be turned into an action plan and delivery will have oversight of the Learning Disability Partnership Board.

Adult Social Care continues to embed its new pilot front door model, providing a strengthened first response to residents and to safeguarding concerns. The first evaluation is underway and early signs are that residents are being helped in a more timely way. Other transformation work also continues, with a sharp increase seen over the last month in the installation of assistive technology into residents' homes to help us better understand their care needs, keep them safe and ensure the right sized package of care is put in place if needed. The co-production part of the programme is making good progress. 127 people to date have engaged in workshops to determine how we define and then embed co-production as our default way of working across our partnerships in Bromley. Workshops have included residents with lived experience and colleagues from a range of partner organisations including representation from the voluntary and community sector.

We now know that the CQC will visit the Council during the week beginning 15th September to undertake their onsite assessment of our delivery of adult social care services. They will meet with a number of partners, residents and providers in a variety of ways as part of that. Some of this will be in focus groups and interviews that we will arrange, but they are also likely to make contact with some LCP board members directly ahead of the onsite visit. Please contact ascbromleycqc@bromley.gov.uk if you would like to find out more or to be supported to prepare to give any feedback you are asked for.

4. St Christopher's Hospice

This report focusses on the work of St Christopher's in Quarter 1 2025-26.

St Christopher's new CEO, Steve Smith started with the organisation on 30.06.2025, taking over from Jan Noble who has acted in the role of Interim CEO since October 2024.

This quarter has been a busy one from a clinical perspective, seeing 1895 people on our community caseloads across our five boroughs. This number has been relatively consistent over the last year,

Clinical recruitment has been effective over the last quarter resulting in a low vacancy rate.

The ward refurbishment is well underway. Works are progressing well although, as is often the case with complex building projects, there have been changes to the schedule. This means we are currently working towards both Nuffield and City Wards reopening for patients and visitors from Monday 15 September.

The Ward Refurbishment Project Team are working on a robust plan to support a smooth reopening of the wards and supportive transition for staff and volunteers working in these spaces. We will be in touch with teams directly in the coming weeks with more information.

Whilst we have experienced a slight delay at this stage of the project, we are still working towards our initial project completion date of Christmas for all internal works.

We have recently held a photography appeal which encouraged our local communities to submit photos of local people, places and nature to help make patient rooms and ward more welcoming for people who stay with us. We are delighted to share we had over 300 submissions – a phenomenal response! We are now working with a small group of patients, family members, staff and volunteers to select the images which will add interest and warmth to our spaces.

The House of Commons concluded Report Stage and Third Reading of the Assisted Dying Bill on 20th June 2025. The Bill passed by a narrow margin of 314 votes to 291 and will now progress to the House of Lords.

Key themes raised during Third Reading Debate:

- There was strong emphasis on the legal safeguards within the Bill, including the introduction of criminal penalties for coercion and mechanisms for regulatory oversight to protect vulnerable individuals.

- Several MPs expressed concern over the Bill's lack of detail, particularly in relation to end of life care options, and highlighted the need for increased funding for hospices as a compassionate alternative to assisted dying.
- MPs raised concerns that vulnerable and marginalised groups could be disproportionately affected by the legislation, particularly in the absence of equitable access to high-quality palliative care.
- Questions were raised about whether the proposed safeguarding panels could be effectively staffed, given the exiting workforce pressures and capacity challenges within the NHS.
- A broad range of faith-based perspectives were shared, with some MPs expressing opposition to the Bill on spiritual, moral or religious grounds.
- Several MPs pointed out contradictions in current law, such as the fact that a person can legally refuse food or hydration to hasten death but cannot lawfully access assisted dying under medical supervision.
- The Bill will now move to the House of Lords for further scrutiny and potential amendment.
- If passed in the Lords, it will proceed to Royal Assent.
- Due to the complex nature of the legislation, implementation is not expected until at least 2029.

St Christopher's view on Assisted Dying is that we continue to hold a neutral position to listen to patients, public, staff and volunteers. Our full position statement is available on our website alongside our community research and some of the other work we have done to lobby government. Follow this link to see it in full: <https://www.stchristophers.org.uk/about/policy-and-campaigns/>

5. Bromley Healthcare

Continuous Service Improvement at Bromley Healthcare

We are continuing to build a culture of continuous improvement at Bromley Healthcare, where staff are supported to spot problems, test ideas, and make changes that improve care for patients, carers and families. Our teams use a range of insights to identify what needs to change - from patient feedback and clinical audits to service data, complaints and staff suggestions. This helps us focus on what matters most to the people who use our services.

Here are some of the ways our teams are improving care:

Strengthening mental health support for new parents

We have strengthened how we support parents during their child's health reviews. Health visitors now include detailed mental health checks during the 1- and 2-year reviews, helping parents get support earlier if they are struggling. Clearer processes, improved staff training, and updated parent resources are all part of this change, supporting families during what can be a challenging time.

Quicker, local support for swallowing problems

Until recently, people with complex swallowing issues had to be referred out of area for assessment. Our Adult Speech and Language Therapy team now offers this service locally, so patients are seen faster, closer to home, with less stress and delay.

Virtual appointments for Therapies

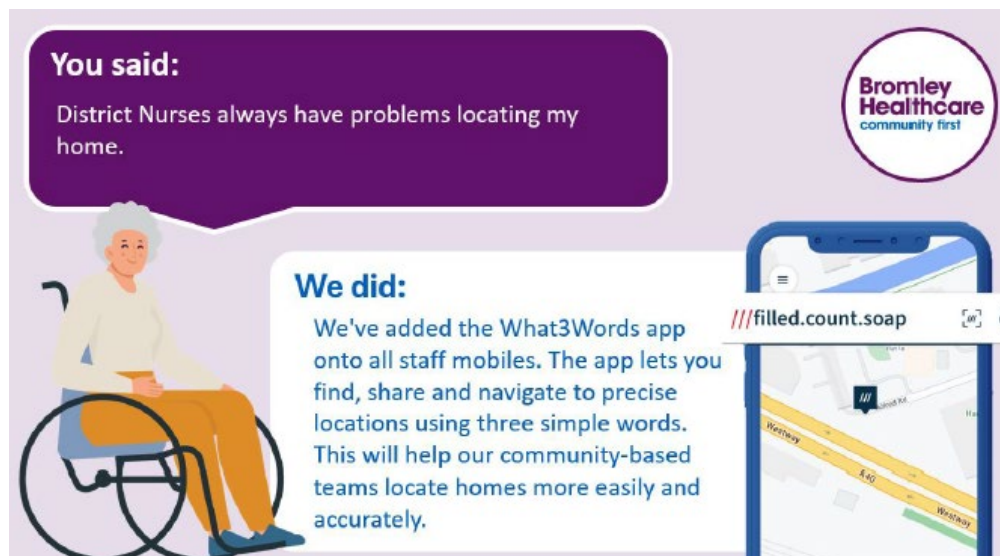
We are piloting virtual appointments for Occupational Therapy and Physiotherapy. Many patients prefer this flexible approach, and it has already cut OT waiting times in half. It is also better for the planet, since February 2025, it's saved over 800 miles of travel and hundreds of kilos of carbon.

Consistent care for care home residents

Our Tissue Viability team has developed clear dressing guidance for care homes, in partnership with the ICB. This helps staff provide more consistent wound care and gives residents faster access to the right treatment.

Improving access for children with learning disabilities

To support children with learning disabilities, our Children's Bladder and Bowel Nursing team has created new easy-read guides for incontinence and visual resources for appointments. These help reduce anxiety, improve understanding, and ensure every child is supported in a way that works for them. These guides are being rolled out across all our in-clinic services this year.



You said:

District Nurses always have problems locating my home.

We did:

We've added the What3Words app onto all staff mobiles. The app lets you find, share and navigate to precise locations using three simple words. This will help our community-based teams locate homes more easily and accurately.

Bromley Healthcare
community first

filled.count.soap

National recognition for Tissue Viability Nursing Team

During Legs Matter Week in June 2025, our Tissue Viability Specialist Nurse Gill Harman and the wider team were recognised with *Highly Commended* in the Changemaker Together for Change Award, presented by Legs Matter.

This national award celebrates healthcare teams that have made a real difference in how leg and foot conditions are treated. The team was recognised for their collaborative approach to improving care, outcomes, and support for patients with lower limb conditions.

We're proud to see their work highlighted at national level.

To mark Legs Matter Week 2025, our Tissue Viability Nursing team visited sites across Bromley to raise awareness of leg and foot conditions, share resources, and speak with patients and colleagues about prevention and care.

Find out more: <https://www.linkedin.com/feed/update/urn:li:activity:7339298731575410690>

Raising awareness of vaping harms among young people

Our School Nursing team recently delivered an interactive public health session on vaping at a local youth event. Using visual materials and creative activities, the session helped young people understand the health risks associated with vaping and opened up honest conversations. It's part of our wider work to support prevention and wellbeing in the community.



Tayane and Ayele at The Link Youth Centre

Spotlight on community dietetics

Our Community Dietitians recently held a drop-in session at Beckenham Beacon to speak with patients and the public about nutrition, healthy eating, and the role of dietitians in the community.

The team offered practical advice and answered questions about diet, lifestyle and health conditions, helping people understand how nutrition can support long-term wellbeing.

As part of the session, Community Dietitian Sonji shared her journey into dietetics and what motivates her in this rewarding profession. Events like this help us raise awareness of Community Dietitian roles as a career, the breadth of services available, and how nutrition advice can be tailored to individual needs.

Find out more here:

<https://www.linkedin.com/feed/update/urn:li:activity:7336059986705289216>

Dietitians Week
2-6 June 2025

Our dietitians support and empower people every day to make the right lifestyle choices to live well.

Swipe to read about how one of our Community Dietitians, Sonji, got her start

6. Oxleas

10 Year Health Plan

Oxleas welcomed the publication of the 10 Year Health Plan which includes the shifts:

- from hospital to community
- from analogue to digital
- from treatment to prevention

To achieve more personalised, accessible care and give more power to patients.

Chief Executive Ify Okocha said:

“The 10 year plan aligns well with our existing trust strategy. As a provider of NHS community physical and mental health services, we fully support the shift from hospital to community and believe developing our partnership working in neighbourhoods further will benefit local communities. We will now focus on how we can put these plans into action.

At Oxleas, our staff are committed to delivering great care to improve lives and I would like to thank colleagues and partners for their continued dedication to achieve this despite the pressures they face.”

Community Mental Health Services

Catherine Seabourne is the new Associate Director for Bromley Community Mental Health Services. Catherine has worked for Oxleas for many years and was previously our head of nursing appointed into a Bromley role when we were organised by boroughs. Therefore, she is delighted to be working in the Bromley system again. Catherine took up her role on 9th June and is working her way around the borough to meet partners.

Adult Learning Disabilities

Bromley ResearchNet has been very active across the borough in the last year. Formed in 2019, Bromley ResearchNet is a group of volunteers who work within Oxleas. Currently, the group consists of 7 volunteers with Learning Disabilities (LD) who have previously used, or are currently using, the Bromley Adult Learning Disabilities (Bromley ALD) Service.

The group is supported and co-facilitated by 6 members of the ALD staff team including representation from Psychology, Physiotherapy, Speech and Language Therapy and Mental Health Nursing.

The group meet weekly for one and a half hours. The aim of the group is to develop projects to improve the Oxleas ALD service itself, as well as several community projects aimed at tackling issues faced by the Learning Disabled population, such as bullying, harassment and loneliness.

Bromley ResearchNet aims to improve the lives of people with LD and to support them to be part of the community and for their voices to be heard.

They are currently working on:

- Online Safety Project (2023-25) designed to inform and teach people with LD about how to use the internet safely and how to avoid scams.
- Bromley Park Project designed to request and support the opening of public toilets in Norman Park, and to inform people of other green spaces across Bromley.
- Anti-Bullying Project (2021-ongoing).

Child and Adolescent Mental Health Services

The waiting time for initial assessment by Bromley CAMHS continues to reduce in line with national targets. In the past 12 months, the average waiting time for initial assessment had reduced from 23 to 12 weeks. Oxleas publishes monthly average assessment waiting times for Bromley CAMHS at: [Oxleas NHS Foundation Trust - Bromley CAMHS](#).

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

- Adolescent : 3 weeks
- Generic: 12 weeks
- Looked After and Adopted Children: 7 weeks
- Neurodevelopmental and Learning Disability: 12 weeks

Work also progresses in Bromley CAMHS to review and improve the clinical pathways and further develop the support offered to children, young people and their families while waiting for assessment or treatment. This includes the mobilisation of an Oxleas CAMHS Universal Pathway to reduce unwarranted variation and ensure care is delivered in line with best practice. We have also seen a positive reduction in vacancies across the service, supporting us to further reduce waiting times for specialist interventions.

We have seen an increase in crisis presentations at emergency departments, in line with usual seasonal fluctuations linked to exam pressures. There has also been a corresponding increase in demand for our new CAMHS Home Treatment Team. The service launched in April 2025 and delivers more intensive community support for children and young people who might otherwise require an admission to hospital. It offers brief interventions for up to 6 weeks for those aged 12-17 (up to their 18th birthday). The service operates from 8am-10pm, 7 days a week.

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

Supporting reservists and the wider armed forces community

The way Oxleas supports reservists and the wider armed forces community has been highlighted by NHS Employers as a beacon of good practice.

The trust features on the NHS Employers website as a case study on how to support members of staff who are also reservists in the armed forces. NHS Employers said: “The proactive steps taken by Oxleas NHS Foundation Trust to support Reservists and the Armed Forces community have delivered significant and positive outcomes for both staff and the organisation.”

For details, visit: [Recognising Reservists' unique skills and ensuring they can thrive | NHS Employers](#)

7. Bromley Third Sector Enterprise (BTSE)

BTSE/Bromley Well

The Bromley Well Service has continued to deliver high quality and consistent services receiving almost 17,000 referrals and supporting over 12,000 clients in 2024/25 a 20% increase on 2023/24.

Demand for support with benefits, housing and cost of living remains high with increasing numbers of clients presenting with multiple, interlinked problems which require more intensive casework and cross-agency coordination. We have also seen an increase in demand for Older People's Information and Advice Services including pensions and benefits checks. We receive referrals across the adult age range, however our largest is those aged 55-64. We realised well over £4m in benefits and grants for residents in 2024-25, with over £2m from our Forms Completion Service.

Our Hospital Aftercare services continue to perform effectively. This is in significant part due to the work of care navigators at the PRUH. The Frailty Care Navigators made 318 (Q4 270) Referrals and the Post Discharge Settling Service received 134 (Q4 96) referrals. This is a 40% increase and the highest ever number the service has received. Over 700 contacts were made with clients demonstrating the value and impact of the service. Our Take Home and Settle Service had 517 referrals – a 25% increase on the previous quarter.

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

Service Issues

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

We have seen a notable increase in those accessing our disability support services, with 128 Learning Disabilities referrals and 140 Physical Disabilities Referrals. Both pathways have a KPI of 60 per quarter. This quarter, a notable number of these referrals involved clients whose primary condition is autism which is proving particularly challenging for both teams.

Accessibility

One of the main drivers behind the introduction of the website online referral forms in June 2023 was to reduce resource intensive email traffic.

Evidence shows this has been extremely effective. Emails received are down by 40% over the last year.

We have been looking at the accessibility of all our communications. We have:

- Sourced and launched a website translator function.

- Conducted accessibility checks on our website, checking for screen reader access on a page by page basis.
- We have developed and tested our online referral form so that it directly populates our Charity Log client database. The form is scheduled to go live on 4 August and communications are being developed for stakeholders, staff and volunteers.

One Bromley Wellbeing Hub

The One Bromley Wellbeing in Glades has seen significant Information and Advice client numbers in recent months after a quieter January and February. We saw 106 clients between April and June, demonstrating consistent demand. The information and advice offer on Wednesdays is the only drop-in advice service in central Bromley.

Carers

For Carers Week 9-15 June 2025, Bromley Well invited carers of all ages to join us for some well deserved “me time” with an Adult Carers Party and a Young Carers Extravaganza! Both were very well attended.

News release on our website: <https://www.bromleywell.org.uk/news/celebrating-national-carers-we/>

Supported by NHS SEL ICB news and video of Young Carers - <https://www.selondonics.org/celebrating-unpaid-carers-in-bromley/>

We produced a full programme of social media posted with facts and figures about caring and a GP bulletin entry asking for GP teams to recognise and support carers.

Volunteers Week

We celebrated National Volunteers Week 2025, Monday 2 – Sunday 8 June 2025

Over the past year, Bromley Well volunteers have contributed over 37,500 hours.

News on website - <https://www.bromleywell.org.uk/news/celebrating-national-volunteer/>

Spotlight on volunteers - <https://www.bromleywell.org.uk/news/volunteers-week-2025-here-s-w/>

8. Primary Care Networks (PCN)

NHS Ten Year Plan

The NHS Ten Year Plan has made clear the Government’s commitment to shift care towards communities, expand digital capabilities and enhance preventative measures. Bromley PCNs are supporting general practice to continue the transformation of healthcare in line with these shifts and work closely with providers to deliver services at scale with other parts of the local health and social care system. With achievements such as the highest NHS App take up rate in South East London, an established cross-provider services such as the Bromley Child Integrated Partnership service (BCHIP) and hospital at home initiatives such as BP@Home - Bromley PCNs have already demonstrated innovation in close alignment with the vision described in The Ten Year Plan, and are committed to continuing this journey.

Preparations continue for Integrated Neighbourhood Teams (INTs)

The first of Bromley's four INTs to go live is South West INT which covers the footprints of Five Elms and Hayes Wick PCNs. All providers are engaging and playing an active part in the newly established INT Steering Group. The two PCNs recently held a joint Academic Half Day to engage with staff from all ten GP practices about how collaborative working will develop to improve the patient journey and the way they work with other system providers. Supported by the ICB and Bromley PCN Strategy, Neighbourhood and Interface leads, clinical and non-clinical staff valued the opportunity to network with their fellow INT practices and gain an understanding of the broader vision of neighbourhood working and integrating with other local organisations.

Bromley Health and Wellbeing Cafés continue to expand

There are now 11 local Wellbeing Cafes and Hubs run by Bromley PCNs designed to promote mental and physical health. Held at regular intervals, often at local church halls and community centres, the Cafés have become very popular amongst patients. The Cafés and Hubs are a community-based initiative designed to enable patients to try new activities, gain a sense of belonging and form friendship and connections within their community. The Cafés also empower patients to make informed decisions about their health and wellbeing and connect residents with local health and social care services, including those provided by the PCN and other partner organisations. Further information can be found on the Bromley PCNs website [here](#).

New patient risk stratification ambition for PCNs

PCNs continue to work with practices to support improved patient access to healthcare via digital telephony, consistent care navigation and online consultations during core hours. A new 'risk stratification' component within NHSE's Capacity and Access Improvement Scheme in 2025/26 means PCNs will be categorising all registered patients in accordance with risk of hospital admission, including identifying those that will most benefit from continuity of care, with a named GP where appropriate.

PCN Interface Leads working closely with newly appointed PRUH Primary Care Liaison Leads

The Bromley PCN Interface Leads supported King's with the recruitment of two Primary Care Liaison Leads, who have been appointed to support the improvement work across the primary and secondary care interface.

Laila Cunin, a General and Colorectal Consultant and Chris Lee, a Gynaecologist, have outlined their initial priorities:

1. Ensuring professional standards are respected for all communication between Primary and Secondary Care colleagues.
2. Improving the quality of discharge summaries and unifying the practice across PRUH and South sites ensuring sustainable practice.
3. Working with pharmacy assessing the feasibility but ultimately aiming to enable secondary care colleagues to prescribe for the patients into the community, freeing

appointments for both primary and secondary care. Also streamlining the patient pathway and reducing the dispensing workload for the hospital pharmacy.

PCN Showcase

| Hayes Wick PCN | |
|--|---|
| Total list size | 40,532 |
| Member practices | Addington Road Surgery, Forge Close Surgery, Station Road Surgery, Pickhurst Surgery, Wickham Park Surgery |
| PCN base | Station Road Surgery, West Wickham BR4 0PU |
| PCN infrastructure | 2 Clinical Directors 1 PCN ARRS Workforce Lead 1 PCN Project Lead 1 PCN Governance Lead 1 PCN Manager |
| ARRS staff | 1 Digital Transformation Lead 7 Clinical Pharmacists 1 First Contact Physiotherapist 1 Mental Health Practitioners 1 PCN GP Assistant 4 Care Co-ordinators 2 Social Prescribing Link Workers 1 PCN Lead Educator |
| Population health data highlights | <p>The March 2025 population health data for Hayes Wick PCN shows areas of strength and opportunities for improvement. Hypertension management is supported by targeted case finding and risk stratification, particularly for high-risk groups. Chronic kidney disease (CKD) prevalence stands at 5.2%, with good statin prescribing (78%). In diabetes care, the PCN achieved 63% completion of the 8 care processes, slightly behind SEL, with 43% of patients meeting all three treatment targets. Asthma prevalence is 5% with strong uptake of the recommended SABA-free pathway to improve asthma-related outcomes and environmental impact.</p> |
| Hub services | <ul style="list-style-type: none"> • Enhanced Access Hub: We run an Enhanced Access service on Monday to Wednesday at Station Road Surgery and Thursday to Saturday at Addington Road Surgery. • Same Day Access Hub: patients can be booked in for same day and urgent issues Monday to Wednesday at Station Road Surgery and Thursday to Friday at Addington Road Surgery. |

| | |
|---|---|
| | <ul style="list-style-type: none"> • E-Hub: We are successfully running E-Hub 5 days a week with a dedicated GP and admin team who triage and complete the online consultations. |
| Health Inequality project | <p>The Hayes Wick PCN Connected Living Café has continued to grow since its launch in February, offering a welcoming space for patients over 60 to connect, socialise, and access support. Our new timetable runs from May through to the end of July, featuring activities such as gardening led by the West Wickham Community Garden, health and wellbeing classes delivered by Bromley Well, as well as sessions focused on creativity, mindfulness, and self-care. Regular activities such as bingo, quizzes, and a popular joke and fun fact slot add to the friendly atmosphere.</p> <p>Our Social Prescribers Cat and Erica are available at each café to offer advice and signposting to local services, while NHS App Champions, Our PCN Care Coordinators: Beth and Jinal, provide support with installing and using the NHS App, including help with online consultations.</p> |
| Capacity and Access improvement initiative | <p>Addington Road Surgery currently operates a total triage model of service, with Forge Close Surgery following by end of the year.</p> |
| Flagship service | <p>Pathology Hub: established to provide a sustainable, centralised approach to managing the growing volume of test results generated across member practices. The Hub is staffed by a regular team of GPs who work closely with each practice to agree on clinical pathways and communication preferences. These GPs review all test results, patients are contacted via SMS, booked for appointments, or called directly if urgent action is required, supporting safe and responsive care. The Hub also offers the added benefit of continuity, with some GPs involved both in initial consultations and follow-up care. This model not only improves patient experience through prompt communication but also eases the administrative burden on individual practices, enhancing overall resilience and efficiency within the PCN.</p> |
| Future plans | <p>Continuing to develop the Integrated Neighbourhood Teams (INT) to improve collaborative working, winter illness hub planning and developing consistent diabetes support for practices despite previous challenges. The PCN is also exploring different triage models, with some practices considering total triage and others opting for a hybrid approach, to ensure services are both effective and aligned with patient needs and contractual requirements.</p> |

9. Bromley Public Health

Public Health Services Engagement Events

Aim of the Events

The primary aim of the Public Health Engagement Events was to improve awareness and uptake of Public Health services within the Bromley community by providing valuable information and networking opportunities for groups, volunteers and staff who work with local residents. These events were specifically designed for those who signpost to health services, ensuring they were well-informed about the resources available to support public health. As there are three new services recently commissioned by public health, we wanted to ensure that these gained some exposure among our stakeholders along with a reminder about our existing, established services.

Description of the Events

The first event was held on Wednesday, 5 June, and the second event took place on Wednesday, 9 July, both at The Community Café, Community House, in Central Bromley. These sessions were not open to the general public but were intended for community groups, volunteers, staff and professionals working with Bromley residents, with particular focus on social prescribers and community health champions. Each session featured presentations from services commissioned by the public health team, covering topics such as adult and children's weight management, sexual health, smoking cessation, and drugs and alcohol support. Attendees had the opportunity to network and engage with public health service providers, which include NHS teams and other provider organisations.

Achievements

There were approximately 12 attendees for each event. These were made up of social prescribers, community health champions and representatives from community groups.

- Enhanced knowledge of the various public health services available to Bromley residents, such as weight management, sexual health, smoking cessation and substance misuse support.
- Knowledge around how each service operates, the criteria for referrals and how to refer into services.
- Opportunities to network with other professionals and service providers, fostering collaboration and sharing best practices.
- The ability to better signpost residents to appropriate health services, ultimately contributing to improved public health outcomes in the community.
- These events were crucial steps towards making a positive impact on the health of Bromley residents by equipping a wide range of stakeholders with the necessary information and connections to signpost to public health services.

10. Bromley GP Alliance (BGPA)

Bromleag Care Practice

Covid-19 Vaccination Programme for Care Home Settings

On 17th June, we concluded our COVID-19 Spring Booser Campaign. This was made possible through the support of our additional workforce, which enabled Bromleag Care Practice to maintain business as usual while vaccination programme was delivered effectively. Our vaccination team of three ensured our most vulnerable community members residing in 43 care homes across the borough continue to be protected from COVID-19.

Wellbeing Cafes – Bringing Care and Connection to Our Communities

We are delighted to share the growing success of our Wellbeing Cafes, currently rotating across our Extra Care Housing sites each month. These cafes are creating meaningful moments for residents by offering:

- **Low-impact exercise classes** to support mobility and overall health.
- **Medication reviews** with our PCN Pharmacist, ensuring residents get the most from their treatments.
- **Diabetic foot checks** delivered with care by our skilled PCN Podiatrist.

The feedback has been overwhelmingly positive, with residents appreciating the personalised support and warm, community-focused atmosphere.

Strengthening Person-Centred Care Through Universal Care Plans (UCPs)

In February 2025, Bromleag Care Practice welcomed two experienced Palliative Care Nurses to support the development and delivery of Universal Care Plans (UCPs) for our patients.

Since joining the team, they have been making great progress, working diligently across our care homes to produce high-quality, personalised UCPs.

60% of Bromleag Care Practice patients (a total of 934) now have an active UCP in place.

UCPs are instrumental in promoting person-centred, compassionate care, ensuring that each patient's wishes, needs and values are clearly recorded and respected- particularly in times of crisis or at the end of life. The expertise of the Palliative Care Nurses is already making a clear impact, helping us deliver more coordinated, dignified care to those who need it most.

It is accessible to **all healthcare and social care professionals** involved in the patient's care – including Bromleag Care Practice, hospital teams, community services, ambulance crews and social care providers.

By ensuring that up to date, accurate information is available to everyone involved, the UCP supports joined-up, person-centred care.



A photo from a recent Wellbeing Café



Sarah Jackson – Nurse Practitioner
Joke Abimola – ANP
Tracey Leone – Practice Nurse
Gemma Gregory - HCA

Bromley GP Alliance Community Dermatology Service

The service continues to face rising referral volumes, with a 4% year on year increase recorded to date. Despite the growing pressure, the service continues to maintain service quality and is working with the Secondary Care Dermatology team toward reducing wait times for patients.

Central to this is the development of a demand and capacity model, which projects the impact of current referral trends on future wait times.



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

Bromley GP Alliance Community Phlebotomy Service

The service continues to seek improvements in operational efficiency, patient safety, and service reliability. One key update is the recent reinstatement of the Indexor system at select sites, designed to enhance sample logistics and streamline the chain of specimen handling.

Historically, sample transport logistics relied on manual tracking between phlebotomy sites and the laboratory. This created vulnerability to inefficiencies and occasional shortages of racks at clinic sites, impacting continuity of service.

After review and collaboration with logistics and Synnovis, the decision was made to reinstate the Indexor system as a sustainable solution to address these operational challenges.

Benefits of the Indexor System include:

- Improved chain of specimen handling.
- Each specimen is now associated with a unique identifier, enhancing tracking from clinic to laboratory.
- Minimises the risk of lost or misdirected samples.
- Increased efficiency in sample transport.
- Optimises the collection process for courier services, reducing turnaround time for sample delivery.
- Simplified stock management.

Clinics no longer need to manually match rack returns with collections, freeing up staff time and reducing storage demands.

The system introduces greater predictability and consistency to our daily operations and supports future scalability, allowing the model to expand as clinic volumes grow.



BGPA Phlebotomy Team

One Bromley Local Care Partnership Board

DATE: Thursday 31st July 2025

| Title | Month 2 2025/26 SEL ICB Finance Report | |
|--|---|-----|
| This paper is for information . | | |
| Executive Summary | <ul style="list-style-type: none">• The SEL ICB financial allocation at month 2 is £5,692,667k.• At month 2 the SEL ICB reported a breakeven position against its revenue resource limit (RRL).• In reporting this month 2 position, the ICB has delivered the following financial duties:<ul style="list-style-type: none">• Minor overspend (£26k YTD) against its management costs allocation, with the monthly cost of displaced staff being charged against the provision. The forecast outturn position on running costs is break-even.• Delivering all targets under the Better Practice Payments code; Subject to the usual annual review, delivered its commitments under the Mental Health Investment Standard; and• Delivered the month-end cash position, well within the target cash balance.• The 2025/26 Bromley ICB/LCP place budget at month 2 is £273,948k.• The Bromley ICB/LCP place year end forecast position is breakeven. | |
| Recommended action for the Committee | The Board is asked to NOTE the financial position. | |
| Potential Conflicts of Interest | N/A | |
| | | |
| Impacts of this proposal | Key risks & mitigations | N/A |
| | Equality impact | N/A |

| | | |
|---------------------------------|--|-----|
| | Financial impact | N/A |
| | | |
| Wider support for this proposal | Public Engagement | N/A |
| | Other Committee Discussion/ Internal Engagement | N/A |
| Author: | David Harris, Associate Director of Finance (Bromley), NHS South East London ICB | |
| Clinical lead: | N/A | |
| Executive sponsor: | David Maloney, Director of Corporate Finance, NHS South East London ICB | |

One Bromley Local Care Partnership Board

31 July 2025

Month 2 2025/26, SEL ICB Finance Report

Contents

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

Appendix 1 – M2 SEL ICB Finance Report

1. Key Highlights

- The SEL ICB financial allocation at month 2 is **£5,692,667k**.
- At month 2 the SEL ICB reported a **breakeven** position against its revenue resource limit (RRL).
- In reporting this month 2 position, the ICB has delivered the following financial duties:
 - Minor overspend (**£26k YTD**) against its management costs allocation, with the monthly cost of displaced staff being charged against the provision. The forecast outturn position on running costs is break-even.
 - Delivering all targets under the **Better Practice Payments code**;
 - Subject to the usual annual review, delivered its commitments under the **Mental Health Investment Standard**; and
 - Delivered the **month-end cash position**, well within the target cash balance.
- The 2025/26 Bromley ICB/LCP place budget at month 2 is **£273,948k**.
- The Bromley ICB/LCP place year end forecast position is **breakeven**.

2. Month 2 Bromley ICB/LCP Financial Position



South East London

| | Year to date Budget | Year to date Actual | Year to date Variance | ICB Budget | Forecast Outturn | Forecast Variance |
|---------------------------------|---------------------------|---------------------------|-----------------------------|----------------|---------------------|----------------------|
| | £'000s | £'000s | £'000s | £'000s | £'000s | £'000s |
| Acute Services | 1,353 | 1,353 | 0 | 8,119 | 8,119 | (0) |
| Community Health Services | 15,767 | 15,767 | 0 | 94,605 | 94,086 | 519 |
| Mental Health Services | 2,438 | 2,627 | (189) | 14,601 | 14,601 | 0 |
| Continuing Care Services | 4,689 | 4,776 | (86) | 28,137 | 28,656 | (519) |
| Prescribing | 8,459 | 8,459 | 0 | 52,642 | 52,642 | (0) |
| Other Primary Care Services | 338 | 338 | (0) | 2,026 | 2,026 | (0) |
| Delegated Primary Care Services | 11,718 | 11,718 | 0 | 70,310 | 70,310 | (0) |
| Corporate Budgets | 585 | 507 | 77 | 3,509 | 3,509 | 0 |
| Total | 45,347 | 45,545 | (198) | 273,948 | 273,948 | (0) |

- The borough is reporting an overspend of £198k at Month 2 and is forecasting a breakeven position at year end. It should be noted that the Primary Care and prescribing budgets have been reported as breakeven for Month 2 reporting purposes.
- The Community budget is forecasting a £519k underspend. This will be monitored as the year progresses and expenditure trends become clearer.
- The Mental Health budget is £189k overspent year to date due to pressures on cost per case and diagnostic assessment budgets. The forecast position is breakeven as the number of cost per case clients has reduced since the end of May. This will be closely monitored as a small increase in numbers can have a significant adverse impact upon the financial position.
- The Continuing Healthcare budget is £86k overspent year to date and the forecast is £519k overspent. This is due to a continuation of the gradual increase in adult CHC and FNC client numbers which has been seen over the past few years. This is partially due to an increase in the number of care home providers in the borough and there is a risk that this position will worsen during the year as more clients become eligible.
- The Corporate budget is £77k underspent year to date due to vacancies and the forecast is breakeven.
- Prescribing. The current position has been reported as breakeven as information is received two months in arrears. It is difficult to forecast the position in the early months of the year and caution should be taken with regards to the ongoing delivery of a breakeven position.
- The 2025/26 borough savings requirement is £13,130k. At month 2 the borough is on track to achieve these savings and is reporting full delivery of the target.

Appendix 1

SEL ICB Finance Report

Month 2 2025/26

Contents

- 1. Key Financial Indicators**
- 2. Executive Summary**
- 3. Revenue Resource Limit (RRL)**
- 4. Budget Overview**
- 5. NHS Continuing Healthcare**
- 6. Provider Position**
- 7. ICB Efficiency Schemes**
- 8. Corporate Costs**
- 9. Cash Position**
- 10. Metrics Report**
- 11. MHIS performance**

1. Key Financial Indicators

- The below table sets out the ICB's performance against its main financial duties on both a year to date (YTD) and forecast basis.
- As at month 2, the ICB is reporting a year to date (YTD) and forecast out-turn (FOT) **break-even position** against its revenue resource limit (RRL) and financial plan. Within this reporting, the ICB has delivered circa 93% of its YTD savings requirement.
- **All boroughs are reporting that they will deliver a minimum of financial balance at the year-end.**
- The ICB is showing a YTD overspend of **£26k** against the running cost budget. However, this is expected to be break-even at the year end.
- All other financial duties have been delivered for the year to month 2 period.

Key Indicator Performance

| | Year to Date | | Forecast | | |
|---|--------------|---------|-----------|-----------|--|
| | Target | Actual | Target | Actual | |
| | £'000s | £'000s | £'000s | £'000s | |
| Expenditure not to exceed income | 956,635 | 956,635 | 5,692,667 | 5,692,667 | |
| Operating Under Resource Revenue Limit | 956,635 | 956,635 | 5,692,667 | 5,692,667 | |
| Not to exceed Running Cost Allowance | 5,088 | 5,114 | 30,528 | 30,528 | |
| Month End Cash Position (expected to be below target) | 5,688 | 2,164 | | | |
| 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% | 95.4% | | | |
| Mental Health Investment Standard (Annual) | | | 534,854 | 544,483 | |

2. Executive Summary

- 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 **£5,692,667k**. In month, the ICB has received an additional **£51,058k** 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. Within this reporting, the ICB has delivered **£8.7m of savings** compared to the plan value of £9.4m.
- Due to the usual time lag, the ICB has not yet received any 2526 prescribing data - a break-even position is being reported against these budgets. We have received the final prescribing position for 2425, which was in line with the estimate made in the year-end accounts. Therefore, this will have no adverse impact upon 2526.
- The **continuing care** financial position is **£756k overspent** at month 2. The boroughs which are most impacted with overspends are Lewisham, Greenwich and Bromley which is a continuation of the trend from last year. Southwark has a small underspend, and Lambeth and Bexley are reporting break-even positions.
- The YTD position for **Mental Health** services is an overall **overspend** of **£1,093k**. The pressures on cost per case services are differential across boroughs with Bromley, Greenwich, Lambeth and Southwark being the most impacted. ADHD and ASD assessments are a pressure in all boroughs and the activity and costs have increased significantly in the early part of this financial year.
- The ICB is continuing to incur pay costs for the remaining displaced staff following the original MCR process. All associated costs are charged to the balance sheet provision which was set up for this purpose. Some staff will be leaving the ICB in June, which will still leave a small number of impacted staff who remain at the ICB.
- Three places are reporting overspends YTD at month 2 – **Bromley (£198k), Greenwich £329k, and Lambeth £78k**. However, a break-even position is forecast for all places. More detail regarding the individual place financial positions is provided later in this report.
- In reporting this month 2 position, the ICB has delivered the following financial duties:
 - Minor overspend (**£26k YTD**) against its management costs allocation, with the monthly cost of displaced staff being charged against the provision. The forecast outturn position on running costs is break-even.
 - Delivering all targets under the **Better Practice Payments code**;
 - Subject to the usual annual review, delivered its commitments under the **Mental Health Investment Standard**; and
 - Delivered the **month-end cash position**, well within the target cash balance.
- As at month 2 the ICB is reporting a **forecast break-even position** against its financial plan. More detail on the wider ICS financial position is set out the equivalent ICS Finance Report.

3. Revenue Resource Limit (RRL)

| | Bexley | Bromley | Greenwich | Lambeth | Lewisham | Southwark | South East London | Total SEL ICB |
|---|---------|---------|-----------|---------|----------|-----------|-------------------|---------------|
| | £'000s | £'000s | £'000s | £'000s | £'000s | £'000s | £'000s | £'000s |
| ICB Start Budget | 161,660 | 273,947 | 194,703 | 237,803 | 189,711 | 187,894 | 4,395,891 | 5,641,609 |
| <u>M2 Internal Adjustments</u> | | | | | | | | |
| In month internal movements | - | - | - | - | - | - | - | - |
| <u>M2 Allocations</u> | | | | | | | | |
| 25/26 Opening Baseline - Delegated Acute adj | - | - | - | - | - | - | 17,818 | 17,818 |
| Depreciation/amortisation - Additional Ringfenced Funding | - | - | - | - | - | - | 20,290 | 20,290 |
| Adjustment to reflect DPR plan details | - | - | - | - | - | - | -5,800 | (5,800) |
| Q1 Deficit Support Funding | - | - | - | - | - | - | 18,750 | 18,750 |
| M2 Budget | 161,660 | 273,947 | 194,703 | 237,803 | 189,711 | 187,894 | 4,446,950 | 5,692,667 |

- The table sets out the Revenue Resource Limit (RRL) at month 2.
- The start allocation of **£5,641,609k** is consistent with the Operating Plan submissions.
- During month 2, no internal adjustments were actioned.
- In month, the ICB has received an additional **£51,058k** of allocations, giving the ICB a total allocation of **£5,692,667k** at month 2. The additional allocations received in month were in respect of a delegated acute adjustment for specialised commissioning **£17,818k**, depreciation funding for providers **£20,290k**, an adjustment for specialised commissioning **(-£5,800k)** and **£18,750k** in respect of deficit support funding for Q1.
- Further allocations both recurrent and non-recurrent will be received as per normal throughout the year each month.

4. Budget Overview

| | M02 YTD | | | | | | | |
|-------------------------------------|---------------|---------------|---------------|---------------|---------------|---------------|-------------------|----------------|
| | Bexley | Bromley | Greenwich | Lambeth | Lewisham | Southwark | South East London | Total SEL CCG |
| | £'000s | £'000s | £'000s | £'000s | £'000s | £'000s | £'000s | £'000s |
| Year to Date Budget | | | | | | | | |
| Acute Services | 838 | 1,353 | 1,152 | 81 | 226 | 43 | 546,300 | 549,994 |
| Community Health Services | 4,235 | 15,767 | 6,731 | 4,978 | 5,677 | 6,295 | 46,670 | 90,354 |
| Mental Health Services | 1,775 | 2,438 | 1,459 | 3,956 | 1,329 | 1,777 | 106,654 | 119,387 |
| Continuing Care Services | 4,452 | 4,689 | 5,051 | 5,985 | 4,236 | 3,420 | - | 27,833 |
| Prescribing | 6,288 | 8,459 | 6,180 | 7,069 | 7,060 | 5,819 | (72) | 40,802 |
| Other Primary Care Services | 250 | 338 | 322 | 659 | 341 | 167 | 2,299 | 4,375 |
| Other Programme Services | 204 | - | 299 | - | - | 99 | 4,558 | 5,160 |
| Programme Wide Projects | - | - | - | - | 4 | 43 | 1,085 | 1,133 |
| Delegated Primary Care Services | 8,179 | 11,718 | 10,464 | 15,900 | 11,967 | 12,784 | (338) | 70,674 |
| Delegated Primary Care Services DPO | - | - | - | - | - | - | 36,729 | 36,729 |
| Corporate Budgets - staff at Risk | - | - | - | - | - | - | - | - |
| Corporate Budgets | 491 | 585 | 577 | 758 | 529 | 667 | 6,587 | 10,194 |
| Total Year to Date Budget | 26,712 | 45,347 | 32,234 | 39,386 | 31,370 | 31,112 | 750,473 | 956,635 |
| | | | | | | | | |
| | Bexley | Bromley | Greenwich | Lambeth | Lewisham | Southwark | South East London | Total SEL CCG |
| | £'000s | £'000s | £'000s | £'000s | £'000s | £'000s | £'000s | £'000s |
| Year to Date Actual | | | | | | | | |
| Acute Services | 838 | 1,353 | 1,152 | 81 | 226 | 43 | 546,283 | 549,976 |
| Community Health Services | 4,235 | 15,767 | 6,731 | 4,978 | 5,081 | 6,108 | 46,671 | 89,671 |
| Mental Health Services | 1,786 | 2,627 | 1,815 | 4,048 | 1,452 | 2,054 | 106,698 | 120,480 |
| Continuing Care Services | 4,452 | 4,776 | 5,327 | 5,985 | 4,714 | 3,337 | - | 28,590 |
| Prescribing | 6,288 | 8,459 | 6,180 | 7,069 | 7,060 | 5,819 | (72) | 40,802 |
| Other Primary Care Services | 250 | 338 | 322 | 659 | 344 | 167 | 2,299 | 4,379 |
| Other Programme Services | 204 | - | - | - | - | 99 | 4,170 | 4,473 |
| Programme Wide Projects | - | - | - | - | 4 | 36 | 1,085 | 1,125 |
| Delegated Primary Care Services | 8,179 | 11,718 | 10,464 | 15,900 | 11,967 | 12,784 | (338) | 70,674 |
| Delegated Primary Care Services DPO | - | - | - | - | - | - | 36,729 | 36,729 |
| Corporate Budgets - staff at Risk | - | - | - | - | - | - | - | - |
| Corporate Budgets | 454 | 507 | 573 | 743 | 498 | 632 | 6,428 | 9,836 |
| Total Year to Date Actual | 26,686 | 45,545 | 32,562 | 39,464 | 31,346 | 31,078 | 749,954 | 956,635 |
| | | | | | | | | |
| | Bexley | Bromley | Greenwich | Lambeth | Lewisham | Southwark | South East London | Total SEL CCG |
| | £'000s | £'000s | £'000s | £'000s | £'000s | £'000s | £'000s | £'000s |
| Year to Date Variance | | | | | | | | |
| Acute Services | (0) | 0 | 0 | (0) | (0) | 0 | 18 | 18 |
| Community Health Services | (0) | 0 | 0 | 0 | 597 | 187 | (0) | 783 |
| Mental Health Services | (11) | (189) | (357) | (92) | (123) | (278) | (44) | (1,093) |
| Continuing Care Services | 0 | (86) | (275) | 0 | (477) | 83 | - | (756) |
| Prescribing | - | - | - | - | - | - | - | - |
| Other Primary Care Services | (0) | (0) | 0 | (0) | (4) | (0) | 0 | (4) |
| Other Programme Services | - | - | 299 | - | - | - | 387 | 687 |
| Programme Wide Projects | - | - | - | - | - | 7 | 0 | 7 |
| Delegated Primary Care Services | - | - | - | - | - | 0 | - | 0 |
| Delegated Primary Care Services DPO | - | - | - | - | - | - | (0) | (0) |
| Corporate Budgets - staff at Risk | - | - | - | - | - | - | - | - |
| Corporate Budgets | 37 | 77 | 4 | 15 | 31 | 35 | 159 | 358 |
| Total Year to Date Variance | 27 | (198) | (329) | (78) | 24 | 35 | 520 | 0 |

- As at month 2, the ICB is reporting an overall year to date (YTD) **break-even** position, with emerging pressures in specific budgets.
- Due to the usual time lag, the ICB has not yet received any 25/26 prescribing data and so is reporting a break-even position against these budgets. For next month, the ICB will have the YTD information for April.
- We have received the final prescribing position for 2425, which was in line with the estimate made in the year-end accounts. Therefore, this will have no adverse impact upon 2526.
- The continuing care financial position is £756k overspent at month 2. The boroughs which are most impacted with overspends are Lewisham, Greenwich and Bromley which is a continuation of the trend from last year. Southwark has a small underspend and Lambeth and Bexley are reporting breakeven positions for these budgets.
- The YTD position for Mental Health services is an overall overspend of £1,093k. The pressures on cost per case services are differential across boroughs with Bromley, Greenwich, Lambeth and Southwark being the most impacted. ADHD and ASD assessments are a pressure in all boroughs and the activity and costs have increased significantly in the early part of this financial year.
- The ICB is continuing to incur pay costs for the remaining displaced staff following the original MCR process. All associated costs are charged to the balance sheet provision which was set up for this purpose. Some staff will be leaving the ICB in June, which will still leave a small number of impacted staff who remain at the ICB.
- Three places are reporting overspends YTD at month 2 – Bromley (£198k), Greenwich £329k, and Lambeth £78k. However, a break-even position is forecast for all places. More detail regarding the individual place financial positions is provided later in this report.

5. NHS Continuing Healthcare

- As of Month 2, the CHC budget reflects an overall overspend of **£756k**. Cost pressures vary across boroughs: **Lewisham, Bromley, and Greenwich** are reporting overspends, while **Bexley and Lambeth** are break-even, and **Southwark** shows an underspend of **£83k**.
- **Lewisham** is the largest contributor to the overspend at **£477k**, primarily driven by high costs among palliative care clients. The reported figure includes **£176k** for anticipated provider price increases.
- **Bromley** is reporting an **£86k overspend**, largely due to a provision of **£131k** for potential future price increases agreed with providers.
- **Greenwich** has an overspend of **£275k**, mainly attributed to a **£179k** provision for provider price increases and costs associated with Funded Nursing Care (FNC) clients.
- To manage provider price uplifts, an **ICB panel** has been established to review all price increase requests exceeding **1.5%**, meeting weekly to ensure consistency across the ICB, and to contain cost escalation. All borough financial positions include a provision for a **4% inflationary uplift**.
- On savings delivery, all boroughs have identified and made progress against their CHC savings plans, with **one borough exceeding its target**. However, increasing levels of activity and the prevalence of high-cost patients continue to create ongoing financial pressures on the CHC budget.

6. Provider Position

Overview:

- This is the most material area of ICB spend and relates to contractual expenditure with NHS and Non-NHS acute, community and mental health providers, much of which is within block contracts.
- In year, the ICB is forecasting to spend circa **£4,275,527k** of its total allocation on NHS block contracts, with payments to our local providers as follows:

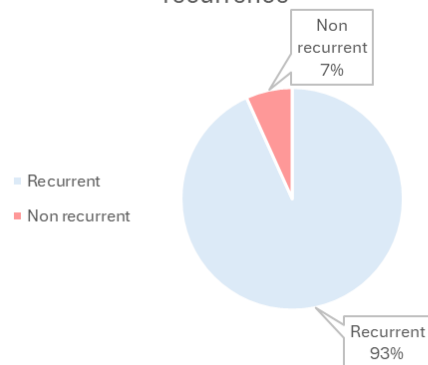
| | |
|---------------------------------|--------------------|
| • Guys and St Thomas | £1,075,902k |
| • Kings College Hospital | £1,162,501k |
| • Lewisham and Greenwich | £747,918k |
| • South London and the Maudsley | £365,160k |
| • Oxleas | £325,176k |
- In month, the ICB position is showing a break-even position on these NHS services, and a break-even position has also been reflected as the forecast year-end position.

7. ICB Efficiency Schemes at as Month 2

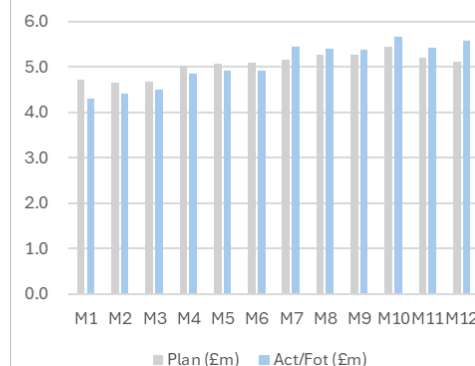
- The 6 places within the ICB have a total savings plan for 2025/26 of **£60.7m**. In common with the previous financial year, the key elements of the savings plans are in prescribing, continuing healthcare (CHC) and community services.
- The table to the right sets out the YTD and forecast status of the ICB's efficiency schemes as at month 2.
- As at month 2, overall, the ICB is reporting actual delivery of £8.7m slightly behind of plan (£9.4m).** At this stage in the financial year, it is too early for trends to emerge, but the annual forecast is to slightly exceed the efficiency plan (**by £0.1m**), although this will need ongoing close monitoring.
- The current risk rating of the efficiency plan is also reported. At this stage in the year, **£4.4m** of the forecast outturn of has been assessed by the places as **high risk**.
- Most of the savings (**93%**) are forecast to be delivered on a recurrent basis.

| | M2 YTD | | | Forecast YE | | | Forecast - Risk | | |
|----------------------|------------|------------|--------------|-------------|-------------|------------|-----------------|-------------|------------|
| | Plan | Actual | Variance | Plan | Forecast | Variance | Low | Medium | High |
| Providers | £m | £m | £m | £m | £m | £m | £m | £m | £m |
| Bexley | 1.3 | 1.3 | 0.0 | 7.7 | 7.7 | 0.0 | 4.7 | 3.1 | 0.0 |
| Bromley | 2.2 | 2.2 | 0.0 | 13.1 | 13.1 | 0.0 | 8.6 | 3.9 | 0.6 |
| Greenwich | 1.6 | 1.6 | 0.0 | 9.4 | 9.4 | 0.0 | 6.8 | 1.6 | 1.1 |
| Lambeth | 1.7 | 1.2 | (0.5) | 12.6 | 12.6 | 0.0 | 1.0 | 9.1 | 2.4 |
| Lewisham | 1.5 | 1.4 | (0.1) | 9.0 | 9.1 | 0.1 | 3.0 | 6.0 | 0.0 |
| Southwark | 1.2 | 1.2 | (0.0) | 8.9 | 8.9 | (0.0) | 6.7 | 1.8 | 0.3 |
| SEL ICB Total | 9.4 | 8.7 | (0.7) | 60.7 | 60.8 | 0.1 | 30.8 | 25.5 | 4.4 |

Forecast efficiencies by recurrence



Monthly phasing of efficiencies



8. Corporate Costs – Programme and Running Costs

| Area | Annual Budget | Year to Date | | |
|--------------------------|---------------|--------------|-----------|----------|
| | | Budget | Actual | Variance |
| | £ | £ | £ | £ |
| Boroughs | | | | |
| Bexley | 2,690,709 | 448,451 | 411,033 | 37,419 |
| Bromley | 3,343,200 | 557,200 | 479,824 | 77,376 |
| Greenwich | 3,179,603 | 529,934 | 525,860 | 4,074 |
| Lambeth | 4,189,976 | 698,329 | 683,761 | 14,568 |
| Lewisham | 2,960,448 | 493,408 | 462,424 | 30,984 |
| Southwark | 3,758,559 | 626,426 | 591,470 | 34,957 |
| Subtotal | 20,122,495 | 3,353,749 | 3,154,371 | 199,378 |
| Central | | | | |
| CESEL | 461,543 | 76,924 | 38,762 | 38,162 |
| Chief of Staff | 3,252,466 | 542,078 | 531,269 | 10,809 |
| Comms & Engagement | 1,702,148 | 283,691 | 261,064 | 22,628 |
| Digital | 1,696,449 | 282,742 | 250,261 | 32,481 |
| Digital - IM&T | 3,251,039 | 541,840 | 532,571 | 9,269 |
| Estates | 670,163 | 111,694 | 146,455 | (34,761) |
| Executive Team/GB | 2,516,029 | 419,338 | 381,752 | 37,586 |
| Finance | 2,844,256 | 474,043 | 408,878 | 65,164 |
| General Reserves | - | - | 0 | (0) |
| London ICS Network | (0) | - | 0 | (0) |
| Medical Director - CCPL | 1,613,413 | 268,902 | 276,231 | (7,329) |
| Medical Director - ICS | 278,282 | 46,380 | 38,589 | 7,791 |
| Medicines Optimisation | 4,583,281 | 763,880 | 645,129 | 118,751 |
| Planning & Commissioning | 8,555,671 | 1,425,945 | 1,266,311 | 159,634 |
| Quality & Nursing | 1,990,734 | 331,789 | 278,059 | 53,730 |
| SEL Other | - | - | 0 | (0) |
| South East London | - | - | 36,912 | (36,912) |
| Subtotal | 33,415,473 | 5,569,246 | 5,092,244 | 477,001 |
| Grand Total | 53,537,968 | 8,922,995 | 8,246,615 | 676,380 |

- The table shows the YTD month 2 position on programme and running cost corporate budgets.
- The ICB is continuing to incur the pay costs for staff at risk from the original MCR process, but these costs are not included in the table opposite as the costs are being charged to the provision made for the final pay costs and redundancy costs for this group of staff.
- The process of issuing notices to at risk staff has largely been completed with most of redundancy payments now having been made. Some staff will leave the ICB in June, which will leave just a small number of people who remain but have been displaced through this process.
- Work is ongoing to comply with latest request to restructure the ICB per the NHSE blueprint document. The impact of this work will be seen via this report later in the year.
- **Overall, the ICB is reporting an overall YTD underspend on its corporate costs of circa £676k, which is largely a result of vacant posts.**
- As highlighted in earlier slides, the ICB is **overspending (£26k YTD) against its management (running) costs allocation of £30,528k, however a year end break-even position is being forecast.**

9. Cash Position

- The Maximum Cash Drawdown (MCD) as at month 2 was **£5,691,833k**. The MCD available as at month 2, after accounting for payments made on behalf of the ICB by the NHS Business Authority (largely relating to prescribing, community pharmacy and primary care dental expenditure) was **£4,717,883k**.
- As at month 2 the ICB had drawn-down 17.1% of the available cash compared to the budget cash figure of 16.7%. In month 2, the ICB did not need to request a supplementary cash drawdown, nor has it in June. A supplementary cash drawdown was requested for April 2025, to clear old year creditors.
- The cash key performance indicator (KPI) has been achieved in all months so far this year, showing continued successful management of the cash position by the ICB's Finance team. The actual cash balance at the end of Month 2 was **£2,164k**, well within the target set by NHSE (**£5,688k**). **The ICB expects to utilise its cash limit in full by the year end.**
- ICBs are expected to pay 95% of all creditors within 30 days of the receipt of invoices. To date the ICB has met the BPPC targets each month, and it is expected that these targets will be met in full both each month and cumulatively at the end of the financial year.

| ICB | 2025/26 AP2 - MAY 25 | 2025/26 AP1 - APR 25 | 2025/26 Month on month movement | Cash Drawdown | Monthly Main Draw down £000s | Supplementary Draw down £000s | Cumulative Draw down £000s | Proportion of ICB ACDR cumulative % | KPI - 1.25% or less of main drawdown £000s | Month end bank balance £000s | Percentage of cash balance to main draw |
|---|-------------------------|-------------------------|---------------------------------------|------------------|------------------------------------|-------------------------------------|----------------------------------|--|---|------------------------------------|---|
| Annual Cash Drawdown Requirement for 2023/24 | £000s | £000s | £000s | | | | | | | | |
| ICB ACDR | 5,691,833 | 5,607,194 | 84,639 | Apr-25 | 435,000 | 20,000 | 455,000 | 8.70% | 5,438 | 50 | 0.01% |
| Capital allocation | | | 0 | May-25 | 455,000 | 0 | 910,000 | 17.10% | 5,688 | 2,164 | 0.48% |
| Less: | | | | Jun-25 | 440,000 | 0 | 1,350,000 | | 5,500 | | |
| Cash drawn down | (910,000) | (455,000) | (455,000) | Jul-25 | | | | | | | |
| Dental | (16,520) | (8,469) | (8,050) | Aug-25 | | | | | | | |
| HOT | (379) | (188) | (191) | Sep-25 | | | | | | | |
| Prescription Pricing Authority | (47,052) | (22,867) | (24,184) | Oct-25 | | | | | | | |
| Pay Award charges | | | 0 | Nov-25 | | | | | | | |
| PCSE POD charges adjustments | | | 0 | Dec-25 | | | | | | | |
| Pension Uplift | | | 0 | Jan-26 | | | | | | | |
| | | | 0 | Feb-26 | | | | | | | |
| | | | 0 | Mar-26 | | | | | | | |
| Remaining Cash limit | 4,717,883 | 5,120,669 | (402,786) | | 1,330,000 | 20,000 | | | | | |

10. Metrics Report

- The ICB receives a metrics report from NHS England every month which is compiled from information from our ledger and nationally collated by SBS. **This ranks all ICBs against a set of national key financial metrics.**
- The report below relates to April 2025 as the May report will not be received until the end of June which is too late for this reporting cycle.
- In terms of performance, **SE London ICB has achieved 1st in the country again this month which is very positive.** The metric scores below shows that we now have 1 score of the maximum 5, with one score at 4.41 and all other scores above 3.
- Each score shown on this dashboard has several metrics sitting behind it, which relate to good financial practice. The ICB is currently scoring especially well in two areas (maximum score of 5 and one of 4.41) which are a) Accounts Receivable, showing the work undertaken in this area to reduce and manage debt and b) GL and VAT where all balance sheet reconciliations are up to date with no dated reconciling items. The finance team are continuing to strive to improve the scores in the 3 other areas.
- Further work is ongoing to establish how further improvements can be made.

| | | | | |
|----------------------------|---------------------------|--------|-----------|-----------------|
| Organisation Name | NHS South East London ICB | | | |
| Organisation Code | QKK | | Period | Apr-25 |
| Region | London | | Peer Rank | 1 / 42 ICB |
| | Feb-25 | Mar-25 | Apr-25 | 3 month average |
| Overall Score (max 25) | 19.61 | 19.93 | 19.52 | 19.69 |
| | Feb-25 | Mar-25 | Apr-25 | 3 month average |
| Accounts Payable - NHS | 3.89 | 3.63 | 3.42 | 3.65 |
| Accounts Payable - Non NHS | 2.78 | 3 | 3 | 2.93 |
| Accounts Receivable | 4.71 | 4.76 | 4.41 | 4.63 |
| General Accounts | 3.23 | 3.54 | 3.69 | 3.49 |
| GL and VAT | 5 | 5 | 5 | 5.00 |

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

Summary

- SEL ICB is required to deliver the Mental Health Investment Standard (MHIS) by increasing spend over 2024/25 outturn by a **minimum of the growth uplift of 4.37%, a target of £534,854k**. This spend is subject to annual independent review.
- There are two changes in the MHIS target for 2025/26.
 - the MHIS target now includes £42,754k of Service Development Funding (SDF) transferred into the ICB baseline
 - there is now a separate MHIS target for Delegated Specialised Commissioning of £89,325k where responsibility has been transferred to the ICB from NHSE for services delivered through contracts managed by the South London Partnership (the Mental Health Provider Collaborative)
- MHIS excludes:
 - spending on Learning Disabilities and Autism (LDA) and Dementia (Non MHIS eligible).
 - out of scope areas include ADHD and the physical health elements of continuing healthcare/S117 placements
 - spend on SDF and other non-recurrent allocations, noting that the majority of SDF funding has been transferred into the ICB baseline.
- The 2025/26 planned spend exceeds the MHIS target as result of funding to support financial recovery and further investment in areas formerly funded through SDF and forming part of ICB core allocations.
- Slide 3 summarises the 2025/26 SEL ICB MHIS Plan. As at Month 2 we are forecasting MHIS delivery of **£544,483k**, exceeding the target by **£9,629k** (1.80%). This is made up of planned over-delivery as described above. Slide 4 sets out the position by ICB budget area.

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

Risks and Mitigations

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

The following actions are being taken:

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

11. Summary MHIS Position – Month 2 (May) 2025/26

| Mental Health Spend By Category | | Total Mental Health Plan 31/03/2025 Year Ending £'000 | Mental Health - NHS Actual 31/05/2025 YTD £'000 | Mental Health - Non-NHS Actual 31/05/2025 YTD £'000 | Total Mental Health Actual 31/05/2025 YTD £'000 | Mental Health - NHS Forecast 31/03/2026 Year Ending £'000 | Mental Health - Non-NHS Forecast 31/03/2026 Year Ending £'000 | Total Mental Health Forecast 31/03/2026 Year Ending £'000 | Total Mental Health Variance 31/03/2026 Year Ending £'000 |
|---|-----|---|---|---|---|---|---|---|---|
| Category | | | | | | | | | |
| Children & Young People's Mental Health (excluding LD) | 1 | 54,741 | 7,981 | 1,103 | 9,084 | 47,884 | 6,614 | 54,498 | 243 |
| Children & Young People's Eating Disorders | 2 | 3,632 | 605 | 0 | 605 | 3,632 | 0 | 3,632 | 0 |
| Mental Health Support Teams in Schools | 21 | 9,779 | 1,116 | 514 | 1,630 | 6,694 | 3,085 | 9,779 | 0 |
| Perinatal Mental Health (Community) | 3 | 9,834 | 1,639 | 0 | 1,639 | 9,834 | 0 | 9,834 | 0 |
| NHS Talking Therapies, for anxiety and depression | 4 | 37,007 | 5,011 | 1,145 | 6,156 | 30,068 | 6,872 | 36,940 | 67 |
| A and E and Ward Liaison mental health services (adult and older adult) | 5 | 19,597 | 3,266 | 0 | 3,266 | 19,597 | 0 | 19,597 | 0 |
| Early intervention in psychosis 'EIP' team (14 - 65yrs) | 6 | 13,337 | 2,223 | 0 | 2,223 | 13,337 | 0 | 13,337 | 0 |
| Adult community-based mental health crisis care (adult and older adult) | 7 | 43,005 | 7,095 | 73 | 7,168 | 42,569 | 436 | 43,005 | 0 |
| Ambulance response services | 8 | 1,211 | 202 | 0 | 202 | 1,211 | 0 | 1,211 | 0 |
| Community A – community services that are not bed-based / not placements | 9a | 140,738 | 20,393 | 2,919 | 23,312 | 122,361 | 17,758 | 140,119 | 619 |
| Community B – supported housing services that fit in the community model, that are not delivered in hospitals | 9b | 32,371 | 3,779 | 1,747 | 5,526 | 22,676 | 10,437 | 33,113 | (742) |
| Mental Health Placements in Hospitals | 20 | 7,928 | 1,155 | 118 | 1,273 | 6,931 | 685 | 7,616 | 312 |
| Mental Health Act | 10 | 6,405 | 0 | 1,486 | 1,486 | 0 | 7,593 | 7,593 | (1,188) |
| SMI Physical health checks | 11 | 831 | 119 | 20 | 139 | 712 | 122 | 834 | (3) |
| Suicide Prevention | 12 | 486 | 81 | 0 | 81 | 486 | 0 | 486 | 0 |
| Local NHS commissioned acute mental health and rehabilitation inpatient services (adult and older adult) | 13 | 142,443 | 23,741 | 0 | 23,741 | 142,443 | 0 | 142,443 | 0 |
| Adult and older adult acute mental health out of area placements | 14 | 9,680 | 1,598 | 17 | 1,615 | 9,587 | 20 | 9,607 | 73 |
| Sub-total MHIS (exc. CHC, prescribing, LD & dementia) | | 533,025 | 80,004 | 9,142 | 89,146 | 480,022 | 53,622 | 533,644 | (619) |
| Mental health prescribing | 16 | 10,533 | 0 | 1,755 | 1,755 | 0 | 10,533 | 10,533 | 0 |
| Mental health in continuing care (CHC) | 17 | 242 | 0 | 51 | 51 | 0 | 306 | 306 | (64) |
| Sub-total - MHIS (inc CHC, Prescribing) | | 543,800 | 80,004 | 10,948 | 90,952 | 480,022 | 64,461 | 544,483 | (683) |
| Learning Disability | 18a | 14,641 | 1,978 | 609 | 2,587 | 11,871 | 3,589 | 15,460 | (819) |
| Autism | 18b | 4,367 | 711 | 5 | 716 | 4,269 | 27 | 4,296 | 71 |
| Learning Disability & Autism - not separately identified | 18c | 47,723 | 1,423 | 7,192 | 8,615 | 8,539 | 42,193 | 50,732 | (3,009) |
| Sub-total - LD&A(not included in MHIS) | | 66,731 | 4,112 | 7,806 | 11,918 | 24,679 | 45,809 | 70,488 | (3,757) |
| Dementia | 19 | 15,225 | 2,250 | 289 | 2,539 | 13,501 | 1,731 | 15,232 | (7) |
| Sub-total - Dementia (not included in MHIS) | | 15,225 | 2,250 | 289 | 2,539 | 13,501 | 1,731 | 15,232 | (7) |
| Total - Mental Health Services | | 625,756 | 86,366 | 19,043 | 105,409 | 518,202 | 112,001 | 630,203 | (4,447) |
| Delegated Mental Health Commissioning Services | | | | | | | | | |
| (Specialised Commissioning MHIS categories): | | | | | | | | | |
| Specialised Mental Health (excluding Adult Eating Disorders) | 22 | 195 | 33 | 0 | 33 | 196 | 0 | 196 | (1) |
| Adult Eating Disorders | 23 | 3,114 | 519 | 0 | 519 | 3,114 | 0 | 3,114 | 0 |
| Adult Secure (excluding High Secure) | 24 | 69,965 | 11,661 | 0 | 11,661 | 69,965 | 0 | 69,965 | 0 |
| CAMHS and Low Secure CAMHS | 25 | 14,510 | 2,418 | 0 | 2,418 | 14,510 | 0 | 14,510 | 0 |
| Other CAMHS (excl T4 and Low Secure) | 26 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Perinatal (Mother and Baby Units) | 27 | 1,850 | 308 | 0 | 308 | 1,850 | 0 | 1,850 | 0 |
| Sub-total - Delegated Mental Health Commissioning Services (SC MHIS) | | 89,634 | 14,939 | 0 | 14,939 | 89,635 | 0 | 89,635 | (1) |
| Total - Mental Health Services | | 715,390 | 101,305 | 19,043 | 120,348 | 607,837 | 112,001 | 719,838 | (4,448) |

11. Summary MHIS Position M2 (May) 2025/26 - by budget area

| Mental Health Investment Standard (MHIS) position by budget area M2 2025/26 | | Year to Date position for the two months ended 30 May 2025 | | | | | | Forecast Outturn position for the financial year ended 31 March 2026 | | | | | |
|---|----------|--|----------------|---------------|--------------|----------------|-----------------------|--|----------------|---------------|---------------|----------------|-----------------------|
| | | Year To Date | SEL Wide Spend | Borough Spend | All Other | Total | Variance (over)/under | Annual Plan | SEL Wide Spend | Borough Spend | All Other | Total | Variance (over)/under |
| | Category | £000s | £000s | £000s | £000s | £000s | £000s | £000s | £000s | £000s | £000s | £000s | £000s |
| Mental Health Investment Standard Categories: | | | | | | | | | | | | | |
| Children & Young People's Mental Health (excluding LD) | 1 | 9,123 | 7,981 | 1,103 | 0 | 9,084 | 39 | 54,741 | 47,884 | 6,614 | 0 | 54,498 | 243 |
| Children & Young People's Eating Disorders | 2 | 605 | 605 | 0 | 0 | 605 | 0 | 3,632 | 3,632 | 0 | 0 | 3,632 | 0 |
| Mental Health Support Teams in Schools | 21 | 1,630 | 1,116 | 514 | 0 | 1,630 | 0 | 9,779 | 6,694 | 3,085 | 0 | 9,779 | 0 |
| Perinatal Mental Health (Community) | 3 | 1,639 | 1,639 | 0 | 0 | 1,639 | 0 | 9,834 | 9,834 | 0 | 0 | 9,834 | 0 |
| Improved access to psychological therapies (adult and older adult) | 4 | 6,168 | 5,011 | 1,145 | 0 | 6,156 | 12 | 37,007 | 30,068 | 6,872 | 0 | 36,940 | 67 |
| A and E and Ward Liaison mental health services (adult and older adult) | 5 | 3,266 | 3,266 | 0 | 0 | 3,266 | 0 | 19,597 | 19,597 | 0 | 0 | 19,597 | 0 |
| Early intervention in psychosis 'EIP' team (14 - 65yrs) | 6 | 2,223 | 2,223 | 0 | 0 | 2,223 | 0 | 13,337 | 13,337 | 0 | 0 | 13,337 | 0 |
| Adult community-based mental health crisis care (adult and older adult) | 7 | 7,167 | 7,095 | 73 | 0 | 7,168 | (1) | 43,005 | 42,569 | 436 | 0 | 43,005 | 0 |
| Ambulance response services | 8 | 202 | 202 | 0 | 0 | 202 | 0 | 1,211 | 1,211 | 0 | 0 | 1,211 | 0 |
| Community A – community services that are not bed-based / not placements | 9a | 23,456 | 20,393 | 2,919 | 0 | 23,312 | 144 | 140,738 | 122,361 | 17,758 | 0 | 140,119 | 619 |
| Community B – supported housing services that fit in the community model, that are not delivered in hospitals | 9b | 5,395 | 3,779 | 1,747 | 0 | 5,526 | (131) | 32,371 | 22,676 | 10,437 | 0 | 33,113 | (742) |
| Mental Health Placements in Hospitals | 20 | 1,321 | 1,155 | 118 | 0 | 1,273 | 48 | 7,928 | 6,931 | 685 | 0 | 7,616 | 312 |
| Mental Health Act | 10 | 1,067 | 0 | 1,486 | 0 | 1,486 | (419) | 6,405 | 0 | 7,593 | 0 | 7,593 | (1,188) |
| SMI Physical health checks | 11 | 139 | 119 | 20 | 0 | 139 | 0 | 831 | 712 | 122 | 0 | 834 | (3) |
| Suicide Prevention | 12 | 81 | 81 | 0 | 0 | 81 | 0 | 486 | 486 | 0 | 0 | 486 | 0 |
| Local NHS commissioned acute mental health and rehabilitation inpatient services (adult and older adult) | 13 | 23,741 | 23,741 | 0 | 0 | 23,741 | 0 | 142,443 | 142,443 | 0 | 0 | 142,443 | 0 |
| Adult and older adult acute mental health out of area placements | 14 | 1,613 | 1,598 | 17 | 0 | 1,615 | (2) | 9,680 | 9,587 | 20 | 0 | 9,607 | 73 |
| Sub-total MHIS (exc. CHC, prescribing, LD & dementia) | | 88,836 | 80,004 | 9,142 | 0 | 89,146 | (310) | 533,025 | 480,022 | 53,622 | 0 | 533,644 | (619) |
| Other Mental Health Services: | | | | | | | | | | | | | |
| Mental health prescribing | 16 | 1,755 | 0 | 0 | 1,755 | 1,755 | 0 | 10,533 | 0 | 0 | 10,533 | 10,533 | 0 |
| Mental health continuing health care (CHC) | 17 | 40 | 0 | 0 | 51 | 51 | (11) | 242 | 0 | 0 | 306 | 306 | (64) |
| Sub-total - MHIS (inc. CHC and prescribing) | | 90,631 | 80,004 | 9,142 | 1,806 | 90,952 | (321) | 543,800 | 480,022 | 53,622 | 10,839 | 544,483 | (683) |
| Learning Disability | 18a | 2,440 | 1,978 | 609 | 0 | 2,587 | (147) | 14,641 | 11,871 | 3,589 | 0 | 15,460 | (819) |
| Autism | 18b | 728 | 711 | 5 | 0 | 716 | 12 | 4,367 | 4,269 | 27 | 0 | 4,296 | 71 |
| Learning Disability & Autism - not separately identified | 18c | 7,954 | 1,423 | 2,020 | 5,172 | 8,615 | (661) | 47,723 | 8,539 | 11,185 | 31,008 | 50,732 | (3,009) |
| Learning Disability & Autism (LD&A) (not included in MHIS) - total | | 11,122 | 4,112 | 2,634 | 5,172 | 11,918 | (796) | 66,731 | 24,679 | 14,801 | 31,008 | 70,488 | (3,757) |
| Dementia | 19 | 2,537 | 2,250 | 209 | 79 | 2,538 | (1) | 15,225 | 13,501 | 1,257 | 474 | 15,232 | (7) |
| Sub-total - LD&A & Dementia (not included in MHIS) | | 13,659 | 6,362 | 2,843 | 5,251 | 14,456 | (797) | 81,956 | 38,180 | 16,058 | 31,482 | 85,720 | (3,764) |
| Total Mental Health Spend - excludes ADHD | | 104,290 | 86,366 | 11,985 | 7,057 | 105,408 | (1,118) | 625,756 | 518,202 | 69,680 | 42,321 | 630,203 | (4,447) |
| Specialised Mental Health (excluding Adult Eating Disorders) | 22 | 33 | 33 | 0 | 0 | 33 | 0 | 196 | 196 | 0 | £0 | 196 | 0 |
| Adult Eating Disorders | 23 | 519 | 519 | 0 | 0 | 519 | 0 | 3,114 | 3,114 | 0 | £0 | 3,114 | 0 |
| Adult Secure (excluding High Secure) | 24 | 11,661 | 11,661 | 0 | 0 | 11,661 | 0 | 69,965 | 69,965 | 0 | £0 | 69,965 | 0 |
| CAMHS and Low Secure CAMHS | 25 | 2,418 | 2,418 | 0 | 0 | 2,418 | 0 | 14,510 | 14,510 | 0 | £0 | 14,510 | 0 |
| Other CAMHS (excl T4 and Low Secure) | 26 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | £0 | 0 | 0 |
| Perinatal (Mother and Baby Units) | 27 | 308 | 308 | 0 | 0 | 308 | 0 | 1,850 | 1,850 | 0 | £0 | 1,850 | 0 |
| Sub-total - Delegated Mental Health Commissioning Services (SC MHIS) | | 14,939 | 14,939 | 0 | 0 | 14,939 | 0 | 89,635 | 89,635 | 0 | 0 | 89,635 | 0 |
| Grand Total Mental Health Services | | 119,229 | 101,305 | 11,985 | 7,057 | 120,347 | (1,118) | 715,391 | 607,837 | 69,680 | 42,321 | 719,838 | (4,447) |

One Bromley Local Care Partnership Board

DATE: Thursday 31st July 2025

| Title | Bromley Primary Care Group: July 2025 Report |
|--------------------------------------|--|
| This paper is for information | |
| Executive Summary | <p>The Bromley Primary Care Group (PCG) is responsible for decisions relating to the commissioning of primary medical services and to provide leadership and oversight for the delivery of high-quality services, strategic transformation and innovation in primary care across Bromley.</p> <p>The following items were considered at the July 2025 meeting of this group:</p> <p>a) 2024/25 PMS Premium achievement</p> <p>PCG received the 2024/25 achievement data from the Bromley PMS Premium, the quality improvement incentive scheme for Bromley GP practices.</p> <p>PCG noted the good achievement in breast and bowel screening uptake. There are some identified areas for improvement; these include end of life care and vaccination uptake. PCG discussed the possible causes and support needed in detail. The ICB team in Bromley will take forward the suggestions from PCG to support individual practices where needed.</p> <p>b) 2024/25 Enhanced Access Services</p> <p>PCG received the annual report on the Enhanced Access clinics, a service provided by Primary Care Networks (PCNs). These services are provided predominantly on weekday evenings and Saturdays.</p> <p>PCG noted that PCNs have provided the level of appointments required through this nationally commissioned service, with over 18,000 hours of clinical care provided through this service, equating to nearly 70,000 appointments.</p> <p>PCG was advised that the most popular appointments are with a GP and most commonly these are face-to-face appointments. PCG discussed the possible reasons for the 12% of unused appointments and the 7.8% of DNAs. PCG also discussed the risk of digital exclusion and how to maximise effective utilisation of this service for the benefit of patients.</p> <p>c) PCNs: Additional Roles Reimbursement Scheme</p> <p>PCG was provided with assurance of the use of the Bromley PCNs' allocation of funding for PCN clinicians and professionals through the Additional Roles Reimbursement Scheme (ARRS). The latest 2024/25 outturn data indicates that Bromley PCNs have utilised c.95% of the ARRS funding (subject to final</p> |

submissions). The recently introduced GP ARRS funding is increasing gradually, with five out of eight PCNs having an ARRS GP in post.

PCG noted the continued engagement with PCNs to utilise this scheme effectively.

d) Online Consultations: Contractual Change

From 1 October 2025 GP practices will be required to keep their online consultations tool open for non-urgent clinical requests throughout core hours, i.e. 8am-6.30pm. PCG was provided with a report on Bromley readiness ahead of this change.

PCG was advised that 32 practices have committed to maintaining an open online consultation tool during core hours as part of their 2024/25 Capacity & Access Improvement programme. All practices are aware of the forthcoming contractual change and have committed to introducing this change ahead of this date. The ICB has set up a working group for practices to provide structured support and advice for those in planning and implementation stages.

e) System Development Fund 2025/26

PCG received a proposal for allocation of the System Development Fund for primary care transformation. This included investment in the Bromley priority areas of workforce development and retention, digital transformation, at scale primary care aligned to the Primary Care Sustainability Programme and resilience support targeted towards individual practices. This proposal was endorsed by PCG.

f) Bromley Healthwatch: Q4 2024/25 and Annual Report

PCG was provided with the Quarter 4 2024/25 report from Bromley Healthwatch and the 2024/25 Annual Report. Bromley Healthwatch advised that 52% of feedback gathered for Quarter 4 relating to primary care was positive. Bromley Healthwatch also asked PCG to note a recently completed study on care for housebound residents with long term conditions; this was welcomed by PCG.

g) Ardens Manager implementation

PCG received a briefing on the implementation of new software commissioned by the ICB for GP practices across south east London, and the benefits of this for the improvement and development of GP services for their patients. It was noted that this system represented a considerable change for some aspects of general practice and requires ongoing support to ensure continued high quality care.

h) Other matters

PCG was provided with the minutes from the most recent Bromley Medicines Implementation Group for information.

| | | |
|--------------------------------------|--|---|
| Recommended action for the Committee | <p>The Local Care Partnership Board is asked to note:</p> <ul style="list-style-type: none"> • The work undertaken by the Primary Care Group • The endorsement for the proposed allocation of the 2025/26 System Development Fund for primary care | |
| Potential Conflicts of Interest | <p>Some members of the LCP and its sub-groups are providers of primary care services and potential recipients of funding streams. This was noted for the item on the 2025/26 System Development Fund for primary care.</p> | |
| Impacts of this proposal | Key risks & mitigations | The Primary Care Group takes responsibility for assurance of primary care risk identification and mitigation on behalf of the One Bromley Local Care Partnership. |
| | Equality impact | The Primary Care Group will ensure the equality, diversity and inclusion objectives of One Bromley are considered in the course of its work. |
| | Financial impact | N/A |
| Wider support for this proposal | Public Engagement | Public engagement is being undertaken directly through the individual schemes and initiatives. |
| | Other Committee Discussion/ Internal Engagement | N/A |
| Author: | Cheryl Rehal, Associate Director for Primary & Community Care, Bromley, NHS SEL ICB | |
| Clinical lead: | Dr Andrew Parson, Co-Chair, One Bromley Local Care Partnership & GP Clinical Lead | |
| Executive sponsor: | Harvey Guntrip, Bromley Lay Member, NHS SEL ICB | |

One Bromley Local Care Partnership Board

DATE: Thursday 31 July 2025

| Title | Bromley Procurement & Contracts Group – May / June 2025 Update |
|--------------------------------------|--|
| This paper is for information | |
| Executive Summary | <p>The Bromley Procurement & Contracts group supports the management and oversight of delegated budgets in terms of compliance with procurement and contract management requirements. The following items were discussed and agreed at the group's meetings on 29th May and 25th June 2025.</p> <p><u>Contract Award</u></p> <p>No contracts were awarded during this reporting period.</p> <p><u>Contract Extensions</u></p> <p>No contracts were extended during this reporting period.</p> <p><u>Contract Variations</u></p> <p>Bromley Healthcare – contract modification notices covering</p> <ul style="list-style-type: none">• Hospital @ Home – non-recurrent• Dental services – non-recurrent• Winter pressures 24/25 – non-recurrent• Wheelchairs – non-recurrent <p>Marie Curie – contract has been uplifted by the CUF for 25/26</p> <p><u>Procurements</u></p> <p>The following updates were noted: -</p> <ul style="list-style-type: none">• Denosumab – Intention is to follow Most Suitable Provider route. Four providers have expressed an interest. A review is underway to determine how best to assess the Most Suitable Provider from those that have expressed an interest. If it is not possible to identify the Most Suitable Provider, then a Competitive process may need to be followed.• Phlebotomy – The Committee agreed to endorse the Bromley Clinical Pathway Transformation Group's preferred option of a revised service model and agreed to the proposed budget with revised tariffs for the Community Phlebotomy Service. The Committee also agreed to proceed with Most Suitable Provider in terms of procurement route. If it is not possible to identify the Most Suitable Provider, then a Competitive process may need to be followed. |

| | | |
|--------------------------------------|--|--|
| | <ul style="list-style-type: none"> • Cardiology Diagnostics Service – The Committee agreed to endorse the proposed budget and to proceed with preparations for a Competitive procurement. Noting that further work is required in determining the weightings of the Key Criteria used to assess bidders to ensure that the bidders are inclined to provide a good quality service within an affordable envelope. • Cardiac Rehab Service – The Committee agreed to proceed with Direct Award C to MyTime Active for the HeartSmart element of the service while discontinuing the FreshStart service. • Wheelchair Service – The Committee agreed to endorse the proposed joint Bexley, Bromley and Greenwich procurement approach to Wheelchairs and to support the development of a joint working group to define the delivery model, funding approach, and implementation plan. <p><u>Other key areas of discussion to note</u></p> <p>Contracts Pipeline – Contracts due to expire between July 25 – August 26 – The table in Appendix A indicates the commissioned services where the current contract is due to expire within the next 12 months and the potential procurement options for these services.</p> | |
| Recommended action for the Committee | The Committee is asked to note the work undertaken by the Procurement and Contracts group. | |
| Potential Conflicts of Interest | <p>Some of the organisations represented on the One Bromley Local Care Partnership are also providers working to the Integrated Care Board (ICB,) and will have current contracts with the ICB and will also be bidding for future contracts with the ICB.</p> <p>Care will need to be taken by both the Procurement and Contracts Group and this Board to identify and manage potential conflicts of interest in the procurement, award and monitoring of contracts.</p> | |
| Impacts of this proposal | Key risks & mitigations | The Procurement and Contracts Group has an important role in identifying and managing risks on procurement and contracting issues on behalf of the One Bromley Local Care Partnership. |
| | Equality impact | The Procurement and Contracts Group has a role to play in supporting the delivery of One Bromley equality, diversity and inclusion objectives. |
| | Financial impact | The costs of running the Procurement and Contracts Group will be met within existing ICB budgets. |
| Wider support for this proposal | Public Engagement | N/A |
| | Other Committee Discussion/ | N/A |

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| | Internal Engagement | |
| Author: | Sean Rafferty, Director of Integrated Commissioning, SEL ICB / Asst Director for Integrated Commissioning, LBB | |
| Clinical lead: | Dr Andrew Parson, Co-Chair One Bromley Local Care Partnership | |
| Executive sponsor: | Dr Angela Bhan, Place Executive Lead | |

| Appendix A | Service | Current End Date | Type | Status |
|-------------------|---|-------------------------|------------------------------|---|
| | Community Phlebotomy | 31/03/2020 | | Intention to use Most Suitable Provider route |
| | Community Denosumab | 30/03/2022 | | Intention to use Most Suitable Provider route |
| | Short term provision of beds and matrices (End of Life and Rehab) | 31/03/2026 | Active | Contract ending 31/03/2026 - commissioning reviewing options. |
| | Advocacy services | 31/03/2026 | Active | Contract ending 31/03/2026 - commissioning reviewing options. |
| | Cardiology Diagnostics | 31/03/2026 | Active | Intention to use the Competitive route |
| | Cardiac Diagnostics & Exercise on Referral Programme | 30/09/2025 | Active - Renewal in Progress | Intention to use Direct Award C |
| | Primary care enhanced services. Services: ADHD, DMARD, Phlebotomy, Gender Dysphoria, Gonadorelin, VMO, Safeguarding Adults and Children | 31/03/2026 | Active | Options to be reviewed in 2025 |
| | BGPA Community Anticoagulation Service | 31/05/2026 | Active | Options to be reviewed in 2025 |

Appendix 1: Glossary of Terms

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

Appendix 1: Glossary of Terms

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