Healthier Greenwich Partnership (in public)

Date: Wednesday 29 July 2026
Time: 12.30 – 14.30 hrs
Venue: MS Teams Click here to join the meeting
Chair: Talia Barry

AGENDA

	Item	Page no.	Presented by	Time
Opening Business				
1.	Welcome, introductions and apologies	Verbal	Chair	12.30
2.	Questions from the public related to today's agenda – to be submitted in advance	Verbal	Chair	
3.	Declarations of interest (relating to agenda)	Verbal	Chair	
4.	Minutes of the meeting held 29 April 2026	p.2	Chair	
5.	Action Log and Matters Arising	p.10	Chair	
6.	Shared successes	Verbal	ALL	12:40
Public Engagement: Delivering our Healthier Greenwich Plan				
7.	SEND Reforms	PRES	David Borland	12.50
8.	Royal Borough of Greenwich update	p.11	Nick Davies	13:10
9.	Working with VCSFE and Greenwich Charitable Funds	Verbal	Sam Bennett	13:25
10.	Future of Eltham Palace Surgery - for approval	p.34	Jessica Arnold	13:45
Items for Noting				
11.	Healthier Greenwich Partnership report	p.50	Jessica Arnold	14:05
12.	Healthier Greenwich Charitable Funds update	p.54	Danielle Grant-Vest	
13.	Risk Register	p.56	Chair	
Closing Administration				
14.	HGP Forward Planner	p.63	Chair	14:20
15.	Any Other Business	Verbal	Chair	14:25
16.	Next Meeting in public: 28 October 2026		Chair	
Meeting closes at 14:30 hrs				

Healthier Greenwich Partnership
Held in Public via MS Teams
Minutes of the meeting held on 29 April 2026

Members		**Voting member**	**Apologies**
Talia Barry (Chair)	Deputy Chief Medical Officer, Lewisham and Greenwich NHS Trust (TB)	Yes	
Iain Dimond	Chief Operating Officer, Oxleas NHS Foundation Trust (ID)	Yes	
Nayan Patel	PCN Clinical Director (NaP)	Yes	
Niraj Patel	Chair, Greenwich Health (NiP)	No	
Gabi Darby	Acting Place Executive Lead, SEL ICB Greenwich (GD)	No	
Jon Devlin	Director of Partnerships, Greenwich & Bexley Community Hospice (JD)	Yes	
Lindsey MacLeod *currently on maternity leave, Vijay Sivapalan now representing LMC*	Greenwich LMC (Local Medical Committee) Chair (LM)	No	
Vijay Sivapalan	Greenwich LMC (Local Medical Committee) Chair (VS)	No	
Florence Kroll	Director of Children's Services (FK)	Yes	
Jo Sutcliffe	Deputy Chief Operating Officer, LGT (JS)	Yes	
Nupur Yogarajah	Clinical and Care Professional Lead for Greenwich (NY)	Yes	
David James	Chief Executive, Greenwich Health (DJ)	No	
Samantha Bennett	Director of Public Health, RBG (SB)	Yes	
Nick Davies	Director of Health and Social Care, RBG (ND)	Yes	
Jenny Ioseliani	Director of Children & Young People's Services, Oxleas NHS Foundation Trust (JI)	No	Yes
Awaiting confirmation of representative (Nick Snow/Annie Norton)	*GAVS*	Yes	
Joy Beishon	Chief Executive Officer, Healthwatch Greenwich (JB)	No	
Sarah Burchell	Service Director Adult Community Physical Health Services, Oxleas NHS Foundation Trust (SB)	No	
Lisa Wilson	Integrated Director of Commissioning, Adults, RBG (LW)	No	
Dave Borland	Integrated Director of Commissioning, Children, RBG (DB)	No	
Jessica Arnold	Director of Primary Care & Neighbourhoods, SEL ICB, Greenwich (JA)	No	
Patricia Ojo	Local Pharmaceutical Committee, Greenwich (PO)	No	
Johnson D'Souza	PCN Clinical Director (JdS)	No	

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In attendance	
Julie Mann	Business Support (Minutes) (JM)
Chris Dance	Assistant Director of Finance, Greenwich, SEL ICB (CD)
Shelley Whittaker	Engagement & Communications Manager, Greenwich, SEL ICB (SW)
Philip Darby	Associate Director of Integrated Commissioning and System Development (Ageing Well, Home First, Early Help), RBG (PD)
Rachel Matheson	Acting Joint Service Director, Adult Community Physical Health Directorate, Oxleas NHS Foundation Trust (RM)
Eugenia Lee	Clinical Lead, Population Health (EL)
Adebisi Olunloyo	Clinical Lead, CYP & Maternity (AO)
Dannielle Grant-Vest	Grants Manager, Groundwork London (DGV)
Members of the public	**1**
Tina Strack	

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1	**Welcome, introduction and apologies**
1.1	• Apologies as noted
2	**Questions from the public related to today's agenda**
2.1	• None received
3	**Conflicts of Interest - relating to agenda items**
3.1	• No Conflicts of interest were noted
4	**Minutes of the meeting in public held on 25 February 2026**
4.1	• The minutes of the meeting held on 25 February 2026 were accepted and approved as a true record of the meeting
5	**Action Log and Matters Arising**
5.1	• It was noted that there are no open actions on the Action Log • There were no matters arising
6	**Shared successes:** • Community engagement event on bowel cancer screening held for the Nepalese community in Plumstead, led by primary care and supported by the South East London Cancer Alliance. Over 100 people attended the event, demonstrating strong community engagement and the value of culturally responsive outreach • Wider engagement with the Nepalese community included hospice outreach, community listening, and a 12-week wellbeing and cultural programme for Nepalese mothers and children funded through the Greenwich Healthier Communities Fund • Progress of the Tobacco and Vapes Bill was noted as an important national public health development • Work linked to the South East London Women and Girls Health Hubs has been shortlisted in the patient involvement and choice category of the first NHS Excellent Awards • Recent GIRFT-supported review of mental health pathways and joint audit work between Lewisham and Greenwich NHS Trust and Oxleas highlighted improved collaboration and stronger focus on patient experience • The Council agreed the transfer of land at Langthorne Way for development of modern extra care housing, supporting older residents with independent living and on-site care
7	**Positive Partnership Story: S106 Funding awarded to Hospice** This item is for noting
7.1	• This papers for this item were included in agenda item '8. Age Well update' • The hospice provides specialist palliative care for Greenwich and Bexley residents through a 13-bed inpatient unit, community palliative care, the specialist palliative care team at Queen Elizabeth Hospital, CHC fast-track coordination, care delivery, care home placement, and wider rehabilitation, wellbeing, voluntary and community services • In a typical year, around 1,300 Greenwich residents are supported, with an average of two services accessed per person, supporting the Ageing Well priority of helping people remain well at home with rapid community pathways from Queen Elizabeth Hospital • A Section 106 award of £390,000 was confirmed at the end of March to support redevelopment of the inpatient unit • The redevelopment will address challenges linked to four-bedded bays, including infection control, same-gender ward management and reduced flexibility in admissions flow

	• The changes will also better meet the needs of local residents who may be less comfortable sharing a room at a very vulnerable time • The award is a significant achievement, and possibly the first example of a hospice receiving Section 106 funding – which also reflects a more democratic and system focussed approach to funding allocation • There is national interest in this model, and Greenwich intends to share learning on both hospice engagement and the wider system approach that enabled access to Section 106 funding • The Left Shift programme, funded by Lewisham and Greenwich NHS Trust over winter, placed a Band 8 advanced nurse practitioner in the Emergency Department to identify people with palliative needs early and support safe discharge home where admission was not required • The programme has identified patients not previously recognised as palliative, enabled rapid community referrals and fast-track arrangements, and in some cases ensured care support was in place at home immediately on discharge • The programme has been sufficiently successful to secure a further 12 months of ICB funding, with work now planned to embed the model further and assess whether it could be replicated elsewhere in South East London • Early learning suggests the model's success is linked to having a skilled practitioner able to hold sensitive conversations, work alongside consultants and support timely decision-making for patients nearing the end of life
7.2	Comments and observations: • The Left Shift model is a positive development for patients, especially with supporting clearer next steps and avoiding unnecessary admissions • Important to ensure that senior clinicians are involved as early as possible to support timely and appropriate decisions • Important to improve the decision- making process for residents in care homes, especially where unnecessary transfers to the ED could occur when there is no early senior clinical input • Noted that there needs to be more awareness of patient's preferences in relation to their wants for treatment (e.g.: end of life) • Consider developing a coordinated forum for discussing patients with complex needs that will include senior clinical decision makers, GPs and patients if applicable • It was suggested that multidisciplinary neighbourhood teams and proactive care models could help reduce the burden of multiple appointments and improve coordination of care • Further work is needed to explore how existing community and specialist infrastructure, including heart failure teams and consultant input, can better support this approach
7.3	Response • Universal Care Plans (UCPs) were identified as a key in supporting individual decision-making and reducing avoidable hospital attendance • It was noted that most people would prefer not to go to hospital unless necessary, reinforcing the importance of recording wishes and preferences in advance • There is great value using UCPs to capture individual desires and making it accessible across the system • There is ongoing work to improve UCP use, make completion easier, and strengthen links between conversations held in different settings and wider system planning, including primary care.
7.4	Actions • UCP usage to be shared at a future meeting or HGP Exec

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	• Bring details of an existing good-practice model, (started by Royal Free) for consideration at a future meeting.
8	**Age Well update** Papers were circulated in advance This item is for noting
8.1	**Introduction and overview** • Education health and care plans must be considered in INTS – must align and complement existing programmes • Adult work will impact positively on children, especially in the mental health area

8.2	**Implementation roadmap**
	• Ageing Well priorities include:
	  o co-production
	  o market shaping
	  o workforce development.
	• Home care redesign is progressing, with focus on enabling care, neighbourhood alignment, delegated health tasks and social value.
	• Support for unpaid carers has improved, including satisfaction, quality of life, social contact and access to information.
	• Future carers priorities include service redesign, stronger discharge support and development of a joint carers' strategy.
	• The integrated DHACT service supported more than 2,000 people in its first year.
	• Future digital work will focus on remote monitoring, earlier identification of need and better use of shared data
	• Key delivery areas are:
	  o Home First
	  o Virtual wards
	  o Falls prevention
	  o Frailty
	• UCPs into Virtual wards are performing strongly, with high levels of admission avoidance.
	• There has been good progress in falls prevention, medication review, frailty pathway development and neighbourhood-aligned frailty services
	• Significant progress was reported on the UCP, particularly in care homes.
	• Advance care planning, shared decision making and clear communication with residents and families remain central.
	• The new Transfer of Care Hub at Queen Elizabeth Hospital is strengthening discharge planning and reducing delays.
	• Hospice updates included £390,000 section 106 funding for inpatient unit redevelopment.
	• The left shift programme in the emergency department continues to support earlier palliative identification and community discharge.
	• Dementia remains a key priority, with further work planned on diagnosis, coding, post-diagnostic support and pathway improvement.

8.3	**Comments and observations**: • There is good scale and quality of Ageing Well work underway in Greenwich • Partnership delivery in Greenwich is doing well • There needs to be consistent strengths-based language across professional groups • A key principle is Shared decision making. • Important to communicate with residents in ways that empower them rather than creating dependency • Prevention should focus not only on people who are already frail, but also on pre-frail and mildly frail groups

	• Essential to adopt a 'whole system' approach which involves housing, community and social connections, neighbourhood's and Public Health • It was noted that there is a need for more detailed analysis on low dementia diagnosis rates in Greenwich, including coding issues, pathways and community engagement • Suggested that there is a future discussion on DHACT, dementia, workforce culture and common language • There is a need to use neighbourhood data more effectively to target investment to help move care more into communities
8.4	**Actions:** • A detailed dementia update to be shared at a later meeting • Future discussion on DHACT, dementia, workforce culture and common language
9	**Healthier Greenwich Charitable Funds update** Papers were circulated in advance Item is for noting
9.1	The Greenwich Healthier Communities Fund is distributing approximately £6.6 million of NHS charitable funding to VCSE organisations to help prevent and respond to health inequalities in Greenwich and is now in its third year of delivery. • To date, 161 projects have been awarded to 142 organisations, reaching all wards in Greenwich, with the highest concentration in the north and east of the borough; 88% of funded organisations are equity-led. • The fund operates through three main strands: o Enabling grants to build organisational capacity o Micro grants for smaller community-based projects o Delivery grants split across small, medium and large awards. • Funded activity includes: o Equipment and training for organisations o Community wellbeing and employability projects o After-school provisions o Projects for older people o Healthy eating and sports programmes o Support for people with learning disabilities o Warm Homes o Diabetes initiatives o Programmes tackling isolation. • Two large awards were made in the latest round, including support for Charlton Athletic Community Trust's Live Well social prescribing and mental health outreach work, and an Afro-Caribbean community-led prevention and wellbeing programme delivered in trusted settings such as barbershops • Early independent evaluation findings indicate: o Strengthened VCSE capacity o Stronger collaboration o Reduced isolation o Improved mental and physical wellbeing o Increased access to community space o Greater sustainability through innovation and partnership working • Micro and Enabling grants are due to open from 22 May and will remain open throughout the year, with applications assessed on a rolling basis

	• The Delivery strand timetable for 2026/27 is being reviewed to ensure alignment with wider neighbourhood working and the Royal Borough of Greenwich grants programme, with applications currently expected to open in July and awards anticipated in March • A gap was noted in the number of applications supporting the Age Well priority, and members were asked to help promote the fund to organisations working with older people, including projects such as dementia cafés and wider community support initiatives
9.2	**Comments and observations:** • Delivery grant applications were reviewed by a community assessment panel, which made recommendations on awards • Really good to note the community-led nature of the fund and seeing projects delivered in local and trusted community settings • There is interest from members to receive more information about future activities • It was noted that the charitable fund presents a significant opportunity to support neighbourhood priorities and strengthen place-based commissioning.
9.3	**Response:** • Application information and the fund newsletter will be circulated to help promote future opportunities • The Delivery grant programme is being paused briefly to align more closely with neighbourhood working and to explore how community intelligence can better inform local funding decisions • There is also wider partnership progress, including coordinators now in place across all four neighbourhoods, recruitment of clinical leads, and the start of design work to implement the CYP model in Greenwich
9.4	**Actions:** • Application information and fund newsletter to be circulated
10.	**HEALTHIER GREENWICH PARTNERSHIP REPORT** Papers were circulated in advance This item is for noting
10.1	• The document contains updates on activities from partners to help members and the public navigate links to organisational news and updates. • There has been a lot of progress in neighbourhood development, neighbourhood coordinators have been appointed for each neighbourhood, there are operational leads for physical health, social care and mental health. • We are in the process of nominating clinical leads via expressions of interest for each neighbourhood • Currently developing the design work for the implementation of the CYP model based on the South East London framework
10.2	• Members were asked to note the report
11.	**FORWARD PLANNER** Papers were circulated in advance This item is for noting
11.1	• The Chair noted that if anyone wants items included at future meetings, these should be emailed to JM •
11.1	**Actions:** • ALL to email JM with any future agenda items
12	**AOB**

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12.1	• Nothing was raised
	Next meeting in public: 29 July 2026

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Action Log - Open

Date of meeting	Minute reference	Action and updates	Lead	Deadline	Update/Date closed
24/06/2026	5	Consider how Healthwatch Greenwich resident insights can be used at partnership, neighbourhood and development sessions	Talia Barry/Gabi Darby/Lisa Wilson/partners	Ongoing	
24/06/2026	5	Develop work on compassionate care, civility and standardised referral processes across hospital and primary care	Talia Barry	TBC	
24/06/2026	6	Request extension of time for submission of Mental Health SIF	Gabi Darby	24/06/2026	Complete
24/06/2026	6	Focussed discussion about Mental Health SIF proposal to be arranged with primary care either through PCN CD forum or LMC	Jenny Lamprell/Iain Dimond/Lisa Wilson	25/06/2026	Complete
24/06/2026		Resolve access to chat function for meetings	Julie Mann	01/07/2026	Complete
24/06/2026		Items/themes for future agendas to be advised to Talia Barry or Julie Mann	ALL	Ongoing	

AGENDA ITEM 8

Healthier Greenwich Partnership

Date: 29/07/2026

Title	**Update on the RBG Health and Adults Services Change Portfolio**
This paper is for **noting**	
Executive Summary	• The RBG Health and Adults Services Change Portfolio covers major change programmes and projects that contribute to delivering political and strategic priorities in Greenwich • Political and strategic priorities are set across a range of forums: the Health & Wellbeing Board, Healthier Greenwich Partnership, and the Council's senior political and management leadership (GSLT). These priorities are captured in the Health and Wellbeing Strategy, and the Council's Corporate Plan & Medium Term Financial Strategy. The Health and Adults Services Vision (2026-2031) captures and elaborates on the contribution of the directorate to meeting these priorities. • The portfolio is the means through which the commitments in the Health and Adults Services Vision are delivered. It does this by breaking the work down into manageable programmes and projects, supported by appropriate leadership, delivery support and governance • An appendix with a list of all programmes is attached for visibility and awareness of the Healthier Greenwich Partnership. This includes visibility of: relevant lead(s), Senior Responsible Officer (SRO), sponsor, stage of delivery and reporting frequency to the Council's Change Board. This should be read alongside the Health and Adults Services Vision (2026-2031) to provide the appropriate framing and context on the strategic intent of these programmes • We welcome further discussion about any of the programmes included in scope of the portfolio with members of the Healthier Greenwich Partnership to develop collective understanding of dependencies with major change taking place in other parts of the system
Recommended action for the Committee	This paper is for noting.

Potential Conflicts of Interest	None identified	
Impacts of this proposal	Key risks & mitigations	None directly arising from the report
	Equality impact	None directly arising from the report
	Financial impact	The HAS Change Portfolio underpins delivery of savings commitments made to the Council's Medium Term Financial Strategy
Wider support for this proposal	Public Engagement	Not required for the direct purposes of the report
	Other Committee Discussion/ Internal Engagement	Not applicable
Author:	Nick Davies	
Clinical lead:	N/A	
Executive sponsor:	N/A	

Healthier Greenwich Partnership

Overview of RBG HAS Change Portfolio

Last updated: July 2026

Part 1 - Background

Introduction to the change programme

Health and Adult Services is delivering a coordinated programme of significant transformation work, overseen by the HAS Change Board. This covers strategically important projects and programmes that span multiple teams and are time-limited in nature — it does not include routine day-to-day activity.

The programme is guided by our co-produced five-year Health and Adult Services Vision (2026–2031), developed with residents and partners. The Vision sets out clear commitments around prevention, early intervention, joined-up working, and stronger community-based support, with defined measures so progress can be tracked over time.

There are currently 21 programmes in total, the majority linked to Medium Term Financial Strategy savings targets. Each project has a named lead and senior responsible officer, with overall coordination provided bya programme manager to ensure effective delivery and accountability.

Over the last five years, our HAS Change Programme has delivered improved outcomes and greater independence for residents. This has included strengthening our approach to delivering reablement, self-directed support, and strengths-based practice. Changes to homecare commissioning, in-house learning disability services, and the introduction of digital health and care technology have significantly improved our service offer. Together, these initiatives have supported significant financial savings while delivering more sustainable, person-centred care.

How change opportunities are prioritised

1. Understanding financial value

We need to ensure **good value for money** and that collectively we are **spending less, fairly and wisely.**

When we prioritise work, we will consider **Impact, Confidence & Effort (ICE)** in our up-front estimates. The resulting scores help us sift high-value work to the top.

$$\frac{\text{Impact (£)} \times \text{Confidence (\%)}}{\text{Effort}}$$

2. Considering other value

Once sifted, we'll apply **qualitative criteria** to decide which items then make the roadmap. **These might sometimes 'trump' financial value calculations, if sufficiently important.**

- **Regulatory/compliance/safety**
- **Resident impact (including depth and spread of impact)**
- **Resident equity**
- **Relationship & reputational**
- **Strategic and political importance**

3. Ensuring conditions for success

We need to decide whether we have the conditions for success, including:

- Is now the **right time** to move this idea forward? Will the **operational team** be ready to engage and adapt to the consequences of this change?
- Do we have a **service leader who can make timely decisions**?
- Do we have **energy** and **willingness** to change?
- Is this **feasible** from a technology point of view?
- Do we have **budget** to cover the total cost of the project, including design, implementation and maintenance?
- Do we have **people, skills** and **capabilities** to deliver and direct the work?

How change priorities are delivered

Change governance
How decisions are made

Political & senior management

- GSLT
- Cabinet
- GMT

Regional/partnership

- Healthier Greenwich Partnership

Cross directorate/Council wide

- Portfolio Board
- ILM
- Change Board

Operational

- AMT (operational decisions)
- Integrated Commissioning Leadership
- Practice Governance Group for policy & practice decisions
- Mosaic Delivery Board
- HAS Comms Group
- HAS Mosaic User Group

Find change opportunities

A series of conversations with service leadership, managers and staff to identify pressing challenges and opportunities to deliver financial savings and improve resident outcomes.

Who
- HAS leadership, managers & programme manager

Approved MTFS ideas

Known ideas (through current partnership working)

New ideas (proactive & reactive)

Scoping:
Developing a case for change and possible solutions

Prioritise change opportunities

Ideas are assessed against common criteria, based on financial impact, effort and confidence to deliver savings at programme review and prioritisation meeting

Who
- HAS leadership & programme manager

Policy & Strategy Change

Service Change
Provision & offer, pathway & operating model

Process & Product Change
digital services for residents and staff, process improvement & automation

Technology Change
System, integration, architecture & stack

Data Change
Data analysis and insights. Integration.

Content Change
Web content, text messages and letters

Deliver change

Change work is coordinated by the programme manager, ensuring effective delivery and governance. Progress updates are provided at Change Board

Who
- HAS leadership, managers, programme manager
- Digital
- Corporate leads including HR, procurement etc.

HAS Change Portfolio

Ongoing BAU change through high quality management

HAS Product Team

Mosaic Systems Team

Performance Team and Data Team

Content Transformation Team

How decisions are made

For policy & strategy change	For practice level change	For operational level change	For digital change
Greenwich Strategic Leadership Team (GSLT)/Healthier Greenwich Partnership (HGP) to define key strategic priorities & policy ↓ **Integrated Leadership Meeting (ILM)** to make decisions about detailed scope & sequence of strategic change ↓ **Change Board & HAS Leadership** oversees delivery	Practice Governance Group for policy & practice decisions	AMT	**All HAS staff** can express ideas to the Digital Team through manager and ADs. **Digital Team** oversees the long listing and early explorations of digital opportunities and ensure evidence of value, feasibility and viability. **Digital Team** facilitating the process of prioritization together with HAS leadership, Operational Teams, Commissioning Teams and Mosaic System Team. **ILM** to make decisions on which changes go ahead **Change Board, Ops and Commissioning Leadership** oversees delivery

Defining roles & responsibilities

Each project should have:

- **A project lead** accountable for successful delivery (this could be a Programme Manager, Delivery Manager, Forward Thinking Lead, Project Manager or Product Manager)
- **A project team** with time dedicated to project delivery (this could be a task and finish group or ongoing support)
- **Operational leads** responsible for the overall quality & provision of a service (typically an AD, Head of Service or Service Manager)
- **A senior sponsor** accountable for setting overall objectives, outcomes of a programme/project and can unblock any delivery issues.

Oversight & initial point of contact for all projects are led by the HAS change programme manager (Evie).

Part 2 - Measuring success

Measuring success

1. Improving outcomes for residents
2. Delivering our statutory duties
3. Getting best value for money and meeting our MTFS committments

1. Improving outcomes for residents

The Our Greenwich plan sets out our vision for everyone in Greenwich to live their best life.

Delivering this mission means that health and care services support people to live fulfilling and independent lives, and carers are supported.

Our Health and Adults Services Vision 2026-2031 sets out how we will deliver this mission. It includes an action plan to ensure that we are holding ourselves to account to the people we serve.

We'll use the outcome measures of the Our Greenwich plan, the ASCOF measures and regular updates on the delivery of our Health and Adult Services action plan to determine our overall effectiveness.

2. Delivering our statutory duties

Our statutory duties in providing adult social care services are set out in the Care Act 2014. Our effectiveness in carrying out those duties is reviewed and assessed by the Care Quality Commission (CQC).

Following our assessment, the CQC will produce a report with their findings and give an overall rating for the Council. The possible ratings are: inadequate, requires improvement, good or outstanding.

3. Getting best value for money

Owing to the size and proportion of the Council's overall spend, Health & Adult Services has the largest savings commitment of any directorate over the next four years.

The current savings performance of the programme is as follows:

- 2025/26: £8.34mn delivered against a commitment of £9.46mn
- 2026/27: £4.46mn currently projected against a commitment of £7.19mn

Part 3 - Overview of programmes

Our portfolio to prevent, reduce & delay

Prevention & early help:

- Voluntary and community sector review
- Supported employment
- Carers – all age approach
- Validating people are supported to live well

Community resilience:

- Mental health review
- Day opportunities & transport – older people
- Homecare and reablement review
- Market management (mental health, learning disabilities & older people)

Specialist housing and accommodation:

- Extra care development
- Shared lives & homeshare
- Learning disabilities accommodation
- Discharge to Assess (D2A) and step up/step down

Partnerships & joined-up support:

- Digital health & care technology
- Integrated neighbourhood health & care
- Adult social care redesign
- Home First Programme

Enablers:

- Equality, Diversity and Inclusion (EDI)
- New digital and data tools
- Practice & workforce development
- Information, advice & guidance
- ‘Making it Real’ co-production
- Market partnerships, shaping & management
- Performance, quality & assurance

26-27 Programmes

Programme/project	Status	Lead	SRO	Sponsor	Reporting frequency	Reporting date
Validating people are supported to live well	In progress	Carmen Gardier, Mike Corrigan, Jenny Lamprell, Phil Darby	Carmen Gardier, Mike Corrigan, Jenny Lamprell, Phil Darby	Nick Davies	Monthly	July
Market Management - Mental Health	In progress	Rikki Garcia	Jenny Lamprell	Lisa Wilson	Quarterly	August
Market Management – Learning Disability	In progress	Rikki Garcia	Jenny Lamprell	Lisa Wilson	Quarterly	July
Market Management - Older People	In progress	Kirsty Price	Phil Darby	Lisa Wilson	Quarterly	July
Improving Adult Social Care Staffing Models	In progress	Evie Clutton & Ibrahim Adekoya, Berilyn Moore	Carmen Gardier/Mike Corrigan	Nick Davies	Monthly	July
Health & Adult Services - Service Consolidation	In progress	Kirsty Price	Phil Darby	Lisa Wilson	Quarterly	August
Better Care Fund	In progress	Mike Cleary	Phil Darby	Lisa Wilson	One off	April

Our Vision for Health and Adult Services 2026-2031

Strength in People

Strength in Communities

Strength in Diversity

ROYAL borough of GREENWICH

Foreword

Our Health and Adults Services Vision for 2026-2030 aims to demonstrate a clear view of what we want life to look like for Greenwich residents, in which they are healthy, safe, fulfilled, independent and respected where they live.

This is an ambitious vision for our residents that supports us in delivering our care responsibilities, builds on the strengths we have as a borough and is grounded in the challenges faced by the council.

Our challenges are significant, with impacts from the austerity and the cost-of-living crisis, ongoing fallout from the Covid-19 pandemic and funding challenges faced by councils across the country.

To meet these challenges, we will build on our strengths. There is strength in our staff and workforce, who remain professional and innovative. There is strength in our communities, who demonstrate resilience and creativity. There is strength in diversity, and as a proud Borough of Sanctuary that welcomes and values the contributions of refugees, migrants and those seeking sanctuary, we demonstrate this every day.

How we deliver our vision is as important as the vision itself, focused on the future for Health and Adult Services within the Royal Borough of Greenwich. We know that working with partners in the NHS, housing, education and employment amongst others will be key to its success.

Our Health and Adults Services Vision has been developed alongside residents, staff and partners, and this commitment to co-production and engagement will be at the foundation of everything we do.

Cllr Mariam Lolavar
Cabinet Member for Health, Adult Social Care and Borough of Sanctuary

Our Vision:

The Royal Borough of Greenwich is committed to supporting adults of all ages to thrive, and live healthy, fulfilling, and independent lives. In 2024-2025 we supported over 5,000 residents with social care needs at any given time alongside over 2,500 unpaid carers who provide essential care for their loved ones. We also supported many of our residents through our Public Health services, such as Live Well Greenwich and Greenwich Get Active.

We know that receiving the right help at the right time can make a significant difference to the lives of our residents, and that building on the strengths of our residents by working in collaboration with communities is the most effective way to support them.

Health and Adult Services faces increasing financial challenges as a directorate, and to guide us as we continue to support our residents, we have developed a shared vision to guide us and ensure our residents are healthy, safe, fulfilled, independent and respected.

Healthy

Residents in Greenwich remain healthy for as long as possible. We will work in partnership to support the whole person, understanding their needs and strengths, responding equitably.

Safe

The local health and care system works together to ensure that residents and those that care for them are protected from the risk of harm and abuse, and are psychologically safe to speak openly and honestly about their experiences of care and support.

Fulfilled

Residents and carers thrive in Greenwich with meaningful lives, in line with their likes and dislikes, can undertake meaningful activities in the community they call home, and are able to maintain meaningful relationships with the people who matter most to them.

Independent

Greenwich residents and their carers are supported to thrive at home independently for as long as possible and can direct how they live their lives, including where they live and how they receive their support, building on their strengths and the assets in their communities.

Respected

Residents and carers are acknowledged as experts in their own lives, or those they care for, ensuring they receive high-quality care and support that reflects and celebrates the strength of Greenwich's diverse communities.

Our vision has been informed by the feedback and insights from people in Greenwich who access care and support, the unpaid carers who support them, as well as staff within our health and social care services. We did this because we want our focus to be grounded in the things that our residents tell us matter most to them.

Why do we need a vision?

This vision builds on the Our Greenwich Plan and the Greenwich Health and Wellbeing Strategy, as well as our previous Health and Adults Services Vision for 2021-2024. Whilst we are proud of the successes we have achieved, the landscape for health and social care has undergone significant changes, both nationally and locally.

The COVID-19 pandemic has left a lasting impact on our communities, services, and staff, the cost-of-living crisis has placed additional strain on people's health and wellbeing. Rising prices have disproportionately affected vulnerable residents, increased financial insecurity and deepened existing health inequalities, and many residents have reported negative impacts on their health due to increasingly polarised social and political climates.

There have been significant policy and legislative developments that have shaped the delivery of health and adult services including the Health and Care Act 2022, which established Integrated Care Systems across England, and national workforce challenges in health and social care, with recruitment, retention, and skills development becoming increasingly urgent priorities.

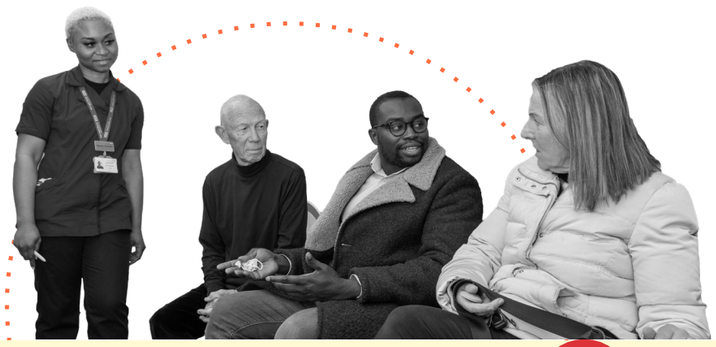
Locally, we have changed how we deliver on our responsibilities, with integrated commissioning arrangements with the NHS and closer working with colleagues across housing, employment and education. This follows clear feedback from residents that the issues most affecting their health and well-being are linked to wider determinants of health, such as housing, employment, social connection, and the lived environment.

Most pressingly we have increasing demand for care and support. In 2024 - 2025 we have supported over 5000 residents at any given time, supporting individuals with physical, sensory and learning disabilities to live independently, those with mental health needs to live a life that they choose, as well as our aging population to stay at home for longer.

Alongside this we have over 19,000 carers in Greenwich and in the last 12 months we've completed 2,553 carer assessments or reviews, many of whom are lifetime carers who have supported their loved ones through every stage of life. Carers are a vital backbone of our community, and we are proud to recognise their invaluable contributions.

We know that men in Greenwich spend 18.5 years of their life in poor health, and for women that's even longer at 23 years in poor health. Our public health intelligence shows that health inequalities in our most deprived communities, along with oppression and marginalisation based on race or sexuality at individual, institutional, and societal levels, increase the likelihood that residents will require care and support.

These changes and challenges mean that we need an overarching vision for Health and Adults Services that will guide and support the work that we do in the Royal Borough of Greenwich in the years to come.



Delivering our Health and Adults Services Vision:

We know that our residents are all different and have varying levels of need. Our vision commits to proportionalism, ensuring that support will be there for those who need it, but at a scale and intensity that reflects differing levels of need. We will do this to help residents live their life as independently as possible, building on their strengths and recognising that these too will be different across our population.

Delivering the vision will require us to work innovatively, embracing and scaling up new technologies, including our Digital Health and Care Technology service, and exploring opportunities that emerge from new technology.

We are committed to building even further on joint working outside of adult social care, building on the knowledge and expertise of Public Health, housing, employment and education professionals along with our NHS and Voluntary Community Sector partners.

Working with partners from across the council, NHS, and the community and voluntary sector as part of the Healthier Greenwich Partnership will allow us to build thriving communities where people feel heard, and empowered to live as independently as possible, in line with our future plans for neighbourhood health and care.

We know that the health and social care system in Greenwich will have to work openly and collaboratively with our communities and partners. This will require strong oversight, keeping us accountable and allowing others to see our progress. To achieve this, we have developed an action plan that will:

- Show the actions we will take to deliver this vision
- Show how we will know if we've succeeded
- Outline how we will work with residents and partners
- Explain how we will support our staff to embed the vision in their work.

Working together

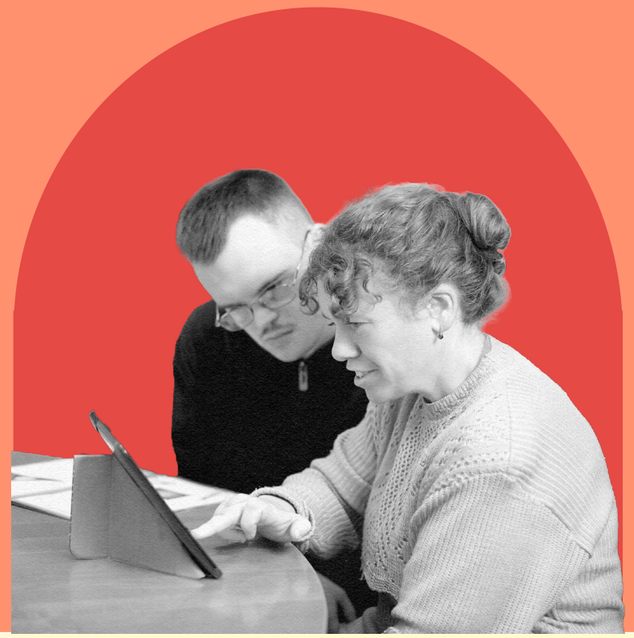
We want Health and Adult Services in Greenwich to be shaped by the people who know them best: those who use them, their families, carers, and communities. That is why we plan to put co-production at the centre of how we design, deliver, and review the support on offer.

Through this approach, we aim to:

- Stay grounded in what matters most – ensuring services are based on lived experience and real priorities.
- Improve quality and outcomes – designing support that works in practice and makes a real difference in people's lives.
- Build trust and accountability – creating shared ownership of decisions and the changes we make.
- Promote equity by ensuring diverse voices are heard and that services are fair, inclusive, and accessible to everyone in Greenwich, achieving equity in access, outcomes, and experiences.
- We are dedicated to creating a fair, inclusive and equitable system where every person, regardless of background, identity or circumstances, has fair access to high-quality care, support and opportunity.
- Our work is driven by a deep understanding of the inequalities that exist within health and social care and a commitment to dismantling barriers that perpetuate them. Through inclusive leadership, co-production with communities, and transparent accountability, we strive to ensure that all voices are heard and valued. Our focus on equality is not only about fairness, but also about achieving better outcomes for everyone through culturally competent practice and shared responsibility.

To support this, we will use the Think Local Act Personal (TLAP) 'Making it Real' statements as a foundation. These 'I' and 'We' statements capture what good support looks like from the perspective of people who use services, and what organisations need to do to make that vision a reality. They will help us stay accountable for the commitments we are making in this plan. You can see these in our action plan.

Above all, our intention is to create a cultural shift from doing things to people, to working with them in partnership. This will enable us to listen more deeply, respond more effectively, and embed lasting change, so that services in Greenwich genuinely improve lives.



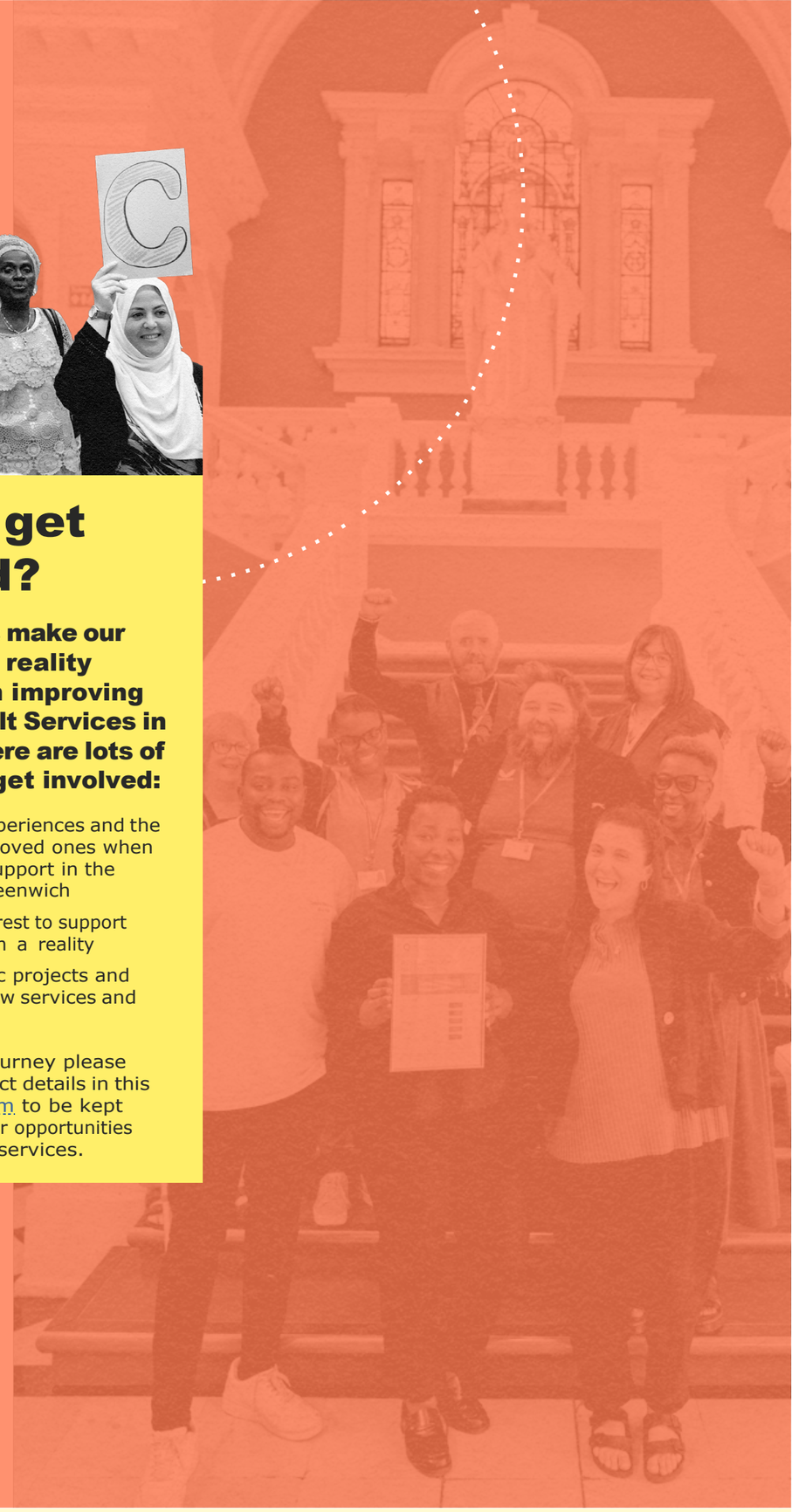
Want to get involved?

You can help us make our cultural shift a reality by joining us in improving Health and Adult Services in Greenwich. There are lots of ways you can get involved:

Tell us about your experiences and the experiences of your loved ones when receiving care and support in the Royal Borough of Greenwich

- Register your interest to support making this vision a reality
- Help us in specific projects and work to design new services and improve existing.

To join us on this journey please complete your contact details in this resident contact form to be kept informed about further opportunities to shape your local services.



Health and Adults Services Vision 2026-2031 - Action Plan:

To deliver our vision, we have identified key actions that we believe will enable people to feel healthy, safe, fulfilled, independent, and respected. We have grouped these under priority areas to track them more easily. Each area and the actions underneath build on what people have told us matters most to them, and each is supported by programmes of work that will help us turn our commitments into action.

These five priority areas are:

1. Using social care to transform people's lives

Ensuring that our social care assessments and reviews, as well as the way we commission and organise support, builds on the strengths of our residents and communities, as evidenced by outcomes for our residents that improve their lives.

2. Prevention and early help

Making sure people can get support early, stay well, and remain independent for as long as possible.

3. Community resilience

Strengthening our support offer, creating inclusive opportunities, and helping people feel safe and connected in their communities.

4. Housing and accommodation

Developing more suitable homes, expanding choice, and supporting safe transitions for people with care needs.

5. Partnerships across the system

Working across the system with health and care partners, carers, voluntary and community organisations and communities to deliver seamless, person-centred services, supported by innovation and technology.

1. Using social care to transform people's lives

Strengths-based social care transforms people's lives by empowering them to build on their abilities, make meaningful choices, and lead the lives they want with confidence and independence.

We will:

- Develop our strengths-based approach. This means that we recognise people as experts in their own lives and support them with clear information, strong connections and the right resources.
- Work with families, carers and partners to help people identify their own strengths and networks. This promotes independence, wellbeing and real choice, while helping to prevent, reduce and delay the need for formal care.

2. Prevention and early help

We aim to support people in maintaining their health, independence, and connection. By focusing on prevention and early help, we can reduce the need for intensive support later in life and help people flourish.

We will:

- Develop a targeted prevention offer to provide the right support at the right time.
- Shape and develop the system through targeted commissioning approaches to develop an early offer within our communities
- Provide our resident support offer to ensure those with social care needs can easily access advice, guidance, and early intervention, to support their wider wellbeing.
- Expand opportunities for supported employment, enabling more people with health conditions and disabilities to find and sustain meaningful work.
- Deliver a carers all-age approach, recognising and valuing the vital role of unpaid carers at every stage of life.
- Develop our Digital Health and Care Technology offer, supporting residents to remain safe and independent at home with new and innovative technologies.

3. Community resilience

We want people and communities to feel connected, supported, and able to thrive.

This means ensuring that local services and opportunities reflect the needs and aspirations of

4. Housing and accommodation

Having safe, suitable, and sustainable accommodation is central to people's health and independence. We will expand and improve the housing options available to adults with care and support needs.

We will:

- Deliver new extra care developments to provide high-quality housing with care on site.
- Expand Shared Lives and homeshare schemes, offering more personalized alternatives to traditional residential care.
- Undertake a review of accommodation for people with learning disabilities to ensure services reflect current and future needs.
- Expand the Mental Health Alliance of supported accommodation providers and buildings to benefit people recovering from a mental health crisis.
- Strengthen our Discharge to Assess and adjust pathways so people can return home safely after hospital stays, or receive the right support to avoid admission in the first place.

5. Partnerships across the system

We know people want services that feel seamless, coordinated, and tailored to their needs. We will work closely with partners across health, care, and the community to achieve this.

We will:

- Expand the use of Digital Health and Care Technology to improve access, independence, and efficiency.
- Develop integrated neighbourhood health and care models, bringing services closer to people's homes and communities.
- Build stronger partnerships with housing, education, and employment services to provide a wider range of services.
- Reorganise our adult social care service to be more responsive, strengths-based, and person-centred.
- Deliver the Home First Programme, an approach designed to help people receive the care they need in their own home when it's appropriate for them, including urgent and emergency care pathways, to ensure people are supported at home wherever possible.

the people.

We will:

- Complete a review to improve local mental health support, reduce stigma, and strengthen community-based provision.
- Carry out a review of our day opportunities services to ensure they continue to meet people's needs, promote inclusion, and offer meaningful activities.

- Develop our self-directed support offer, including Individual Service Funds to increase the options for residents to direct their care and support.
- Develop micro-enterprises and community assets to encourage personalised support options and develop resources to provide early help and support in the community.

AGENDA ITEM: 10

Healthier Greenwich Partnership

Date: Wednesday 29 July 2026

Title	Eltham Palace Surgery: Outcome of Strategic Review on the longer-term provision of care to patients	
This paper is for **approval**		
Executive Summary	The Care Quality Commission (CQC) cancelled the Eltham Palace partnership's legal authority to operate on the 19th March 2026 resulting in the urgent award of a 6-month Alternative Provider of Medical Services (APMS) caretaking contract to Eltham Medical Practice co located on the same site from 20th March 2026. The appointment of a caretaker has stabilised the care of patients and given the opportunity to consult with patients and review services for the longer-term provision of care for those patients registered with Eltham Palace Surgery. This paper presents the outcome of the strategic review and patient engagement and seeks HGP approval of the Primary Care Commissioning Board's recommendation to disperse the patient list.	
Recommended action for the Committee	Approval to disperse the patient list.	
Potential Conflicts of Interest	General Practice colleagues that may be a potential recipient of patients if agreement is given to disperse the list. Any member of the Partnership that may be a registered patient at Eltham Palace Surgery.	
Impacts of this proposal	Key risks & mitigations	None that arise directly from this report
	Equality impact	This will be completed once the preferred longer-term option has been agreed. However, the Initial Quality Impact Assessment identified no areas of concern
	Financial impact	The preferred option may result in limited, non-recurrent implementation costs associated with

		patient dispersal and transition arrangements. Any support would be considered through existing ICB processes and subject to affordability and approval.
Wider support for this proposal	Public Engagement	Healthwatch and patients have been notified of the caretaking arrangements via text messages, letters and practice communications, and have been invited to provide feedback and participate in shaping decisions on the longer-term future of the practice. Public engagement was undertaken through two engagement meetings held in May and June 2026, alongside a patient survey that enabled patients to express their views on the preferred option. Comprehensive details of the engagement process and outcomes are provided in Appendix 2 of the Strategic Review Report.
	Other Committee Discussion/ Internal Engagement	The HGP Board and the PCCB have been updated on the following occasions: **HGP Meeting dates** 19th August 2025 **PCCB Meeting dates** 24th July 2025 14th August 2025 25th September 2025 27th November 2025 22nd January 2026 26th March 2026
Author:	Maria Howdon, Assistant Director of Primary Care	
Clinical lead:		
Executive sponsor:	Jessica Arnold, Director of Primary Care and Neighbourhoods	

Appendix 1 - South East London Integrated Care System GP Contract Strategic Review

The purpose of this form is to support commissioners in determining future options for an expiring GP contract and to provide evidence for any decisions made.

Recommendations to be taken to Greenwich

Primary Care Commissioning Board on Thursday 23rd July 2026.

Some information in this form is CONFIDENTIAL and should be redacted where appropriate.

1. Practice and PCN Information

ICB Area: South East London **Borough:** Greenwich

Practice Name: Eltham Palace Surgery **Practice Code:** G83015

Current Provider: Caretaking arrangement with Eltham Medical Practice

Raw list size as of April 2026	5850
Weighted list size as of April 2026	5332

PCN Name: Eltham Health **Number of PCN Member Practices:** 5

PCN raw list size as of April 2026	84,310
PCN weighted list size as of April 2026	82,449

2. Contract Information

Current contract type:	Caretaking arrangement under an Alternative Personal Medical Services (APMS)
Contract start date:	20th March 2026
Contract expiry date:	19th September 2026
Contract extension period:	3 months
Contract end date after extension:	19th December 2026

Reason for contract expiration: The previous PMS contract held by 2 GP Partners (Drs Peters and Ribiero) was terminated following the Care Quality Commission

Appendix 1 - South East London Integrated Care System GP Contract Strategic Review

(CQC) cancelling the Partnerships' legal authority to operate on 19th March 2026. A temporary APMS contract of 6 months with the option to extend for a further 3 months was put in place with a Caretaker practice (Eltham Medical Practice) to ensure continuity of services to patients whilst the longer-term future was determined.

- **Has this contract already been extended beyond its natural term?**

  No.

- **Will an extension be required? (e.g. to allow for consultation / procurement)** Depending on the outcome of the strategic review, a further extension of up to 3 months might be required to disperse the patient list. However, should procurement be the preferred option, an additional 6 - 9 months may be required. An extension beyond the current contractual arrangement (6+3) is permissible for the purpose of procurement, by agreement with the provider.

- **Will any required extension fall within the allowable timescale in 2 above?**

  Yes

3. Background to this Practice

The Eltham Palace Surgery was established following a merger with Eltham Park Surgery in 2017. The aim at that time was to merge the two practices and become a partnership of four GPs with a list size of 10,000+ to ensure viability for the future. Following the merger, several of the Partners left the Partnership, leaving Drs Esme Peters and Jorge Ribeiro as the two remaining GP Partners on the contract.

In May 2023, CQC carried out a routine inspection resulting in the practice being rated as Inadequate overall, with the report containing remarks on the poor relationship between the two Partners. In April 2024 and February 2025, CQC visited and the poor relationship was remarked on again as having a negative impact on patient care and staff wellbeing.

Following the February 2025 inspection, the practice was served a notice of intention by CQC to cancel their registration. The practice appealed this decision and as part of CQCs processes were visited again in January 2026 prior to the Tribunal hearing. The findings again reflected ongoing concerns about the relationship between the partners. On 18th March 2026, the GP Partner who had appealed the CQC notice withdrew their appeal, resulting in the automatic cancellation of the practices registration on 19th March 2026. Consequently, the PMS contract was terminated on the same date.

Appendix 1 - South East London Integrated Care System GP Contract Strategic Review

The practice is located at Eltham Community Hospital, Passey Place, where Eltham Medical Practice is also based. The site is a purpose-built GP premise on the ground floor with good access for patients, including those with disabilities. Office space is on the second floor of the hospital site, accessed via a lift. All clinical services are provided on the ground floor.

The building is rented from Community Health Partnership (CHP) and described as a core site in the Greenwich Primary Care Estates Strategy, meaning that the practice is situated in a building deemed fit to deliver modern, joined up healthcare and will continue to be used to deliver services in the long term.

Eltham Palace's neighbouring practices, located within 1 mile of the site, are Eltham Medical Practice and Everest Health Partnership. New Eltham and Blackfen Medical Centre and Elmstead Medical Practice are located within 2 miles.

4. Workforce

The GP Partners served notice of redundancy on 19th March 2026 with all staff leaving the employ of the practice the same day. The Caretaking practice has used their existing workforce enhanced by temporary locum cover to ensure ongoing services to patients on a temporary basis.

5. Current Practice Performance

Contract management

Prior to CQC cancelling registration, two breach notices were issued to the partners; the first on 22 May 2024 and a second on 22 November 2024 following publication of the corresponding CQC reports.

A contract advisory notice was also issued to the practice on the 7 April 2025 regarding their management of complaints.

On 27th August 2025, a notice of proposal to terminate the PMS contract was issued by NHS South East London ICB, citing four grounds (termination by serving notice, non-compliance with remedial notices, repeated / further breaches and patient safety). This set a short stop date for termination of 31st March 2026 and a long-stop date of 31st July 2026.

eDec

An annual declaration was made for the practice by Eltham Medical Practice as caretaker in 2026. This showed full compliance with contractual requirements.

Appendix 1 - South East London Integrated Care System GP Contract Strategic Review

Feedback:
Results from the national patient survey 2025 and 2026

National Patient Survey 2025 performance

456 surveys sent out	112 surveys sent back	25 % completion rate

Where the practice scored higher than the ICS average:

Practice name	Were offered a time or day when making an appointment (%)
ICS	55
National	54
Eltham Palace PMS	59

Where the practicee scored lower than the ICS average:

Practice name	The reception and admin team helpful	Experience of contacting the practice as good	Health care professional good at listening	Good at treating with care and concern during appointment	Felt needs were met during the last appointment	Overall experience
ICS	81	68	86	84	88	73
National	83	70	87	86	90	75
Eltham Palace PMS	76	59	77	78	80	69

Friends and Family Test
The practice was contacted in January 2026 regarding non submission of FFT data.

6. PCN Considerations

The practice is a member of Eltham Health PCN, comprised of the following practices:

- New Eltham & Blackfen Medical Centre
- Elmstead Medical Clinic
- Eltham Medical Practice
- Everest Health
- Primecare PMS (South Street)

Appendix 1 - South East London Integrated Care System GP Contract Strategic Review

There are no recorded historical issues in collaborating with the PCN.

7. List Size Considerations

List size movement over time:

Date	Raw List Size	Weighted List Size
Latest list size, at **15th June 2026**	4,452	-
List size at start of the year, **1st April 2026**	5,950	5,332
List size at **1st January 2026**	7,549	7,380
List size at 1st **January 2024**	7,969	7,856

The practice list size has seen a steady decline in recent years. The cancellation of CQC registration on 19th March has resulted in the list continuing to reduce as patients choose to register elsewhere.

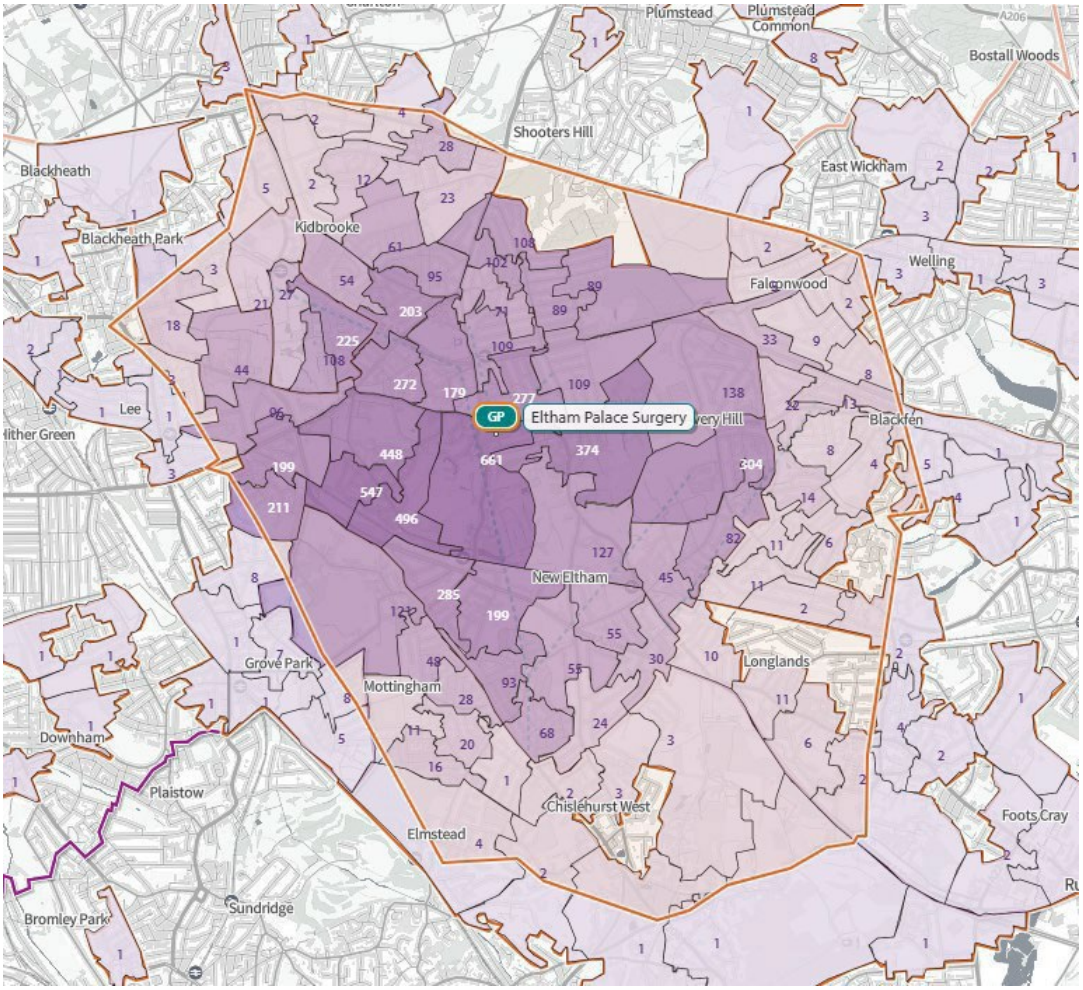
Raw figures remain consistently higher than weighted, reflecting demographic adjustments.

Potential for List Growth:

The practice is situated within an urban area not currently listed for significant regeneration projects in the same way that other areas of Greenwich are. It should be noted however that the current population of the area is unlikely to reduce, meaning the same level of primary care provision will need to continue.

Appendix 1 - South East London Integrated Care System GP Contract Strategic Review

Catchment Area



A heat map identifies the number of registered patients within the practice catchment area (January 2026). As expected, this shows that the majority of registered patients are clustered within the practice boundary, with small numbers of patients living in the surrounding areas.

8. Premises Considerations

Address of Current Premises: Eltham Community Hospital, 30 Passey Place, Eltham, London SE9 5DQ

Name of Landlord and Holder of Head Lease/Lease: Community Health Partnership.

Appendix 1 - South East London Integrated Care System GP Contract Strategic Review

Expiry Date of Current Lease/Sub Lease: The premises are currently leased and a License to Occupy has been awarded to the Caretaker for the period 20th March - 19th September 2026.

Are the Premises Statutorily and Contractually Compliant? Contractually, yes.

Will the Premises be available for GP Services following the Expiry of the current Contract? The use of the site will need to be reviewed should the patient list be dispersed and the numbers of patients needing primary care services on this site are known.

9. Demographic Considerations

Eltham Palace Surgery is located within the Eltham Town and Avery Hill electoral ward. The practice's patient population aligns with expected demographics locally and is not considered an outlier. The area is predominately White British, at roughly 63% to 69% in the immediate Eltham High Street and Avery Hill areas, which is significantly higher than the London average. Other ethnic groups include Black and Asian populations.

10. Local Practices Capacity

As part of this strategic review, officers have undertaken a review of local general practices capacity and quality to determine whether patients can expect an equivalent service from other local practices, should a dispersal of the list be required.

Local practices have confirmed significant capacity to register additional patients, should a dispersal of the list take place. Within existing resources, they can collectively accommodate in excess of the practice population as follows:

- Eltham Medical Practice = 4,400
- Everest Health Partnership = 2,500
- New Eltham and Blackfen = 175
- Elmstead and South Street – capacity to take on patients but number not specified

As practices can accommodate these patients within their existing sites, there are no additional costs expected in terms of increased rent reimbursement. The only exception might be Eltham Medical Practice, should a significant number of patients migrate to this practice. However, any increase in demise would be offset by the rent reimbursement currently being paid for the Eltham Palace Surgery demise within Eltham Community Hospital.

Appendix 1 - South East London Integrated Care System GP Contract Strategic Review

11. Comparative Performance of Local Practices in Eltham PCN vs. Eltham Palace Surgery

A review of published data for these practices, shows that Eltham Palace Surgery had the most challenges across the indicators below:

- QOF Clinical Achievement, Public Health, Additional Services, Vaccination & Immunisation: Official results are awaited for 25/26 but information provided in January 2026 showed that the practice had a significant amount of work to complete in the last quarter prior to year end on 31st March.
- Appointments & Access Timeliness:
  - Patient Experience GPPS Q16 Contact: Lowest in PCN at 59% (range 59 – 88%), GPPS Q32 Experience: Middle at 69% (range 58 – 91%)
  - FFT: Highest positive response rate at 96% (range 89 – 96%)

12. Wider Strategic Considerations

Do any of these strategic considerations impact upon the timescales dictated by the contractual constraints noted on page 1?

No

Do any of these strategic considerations preclude the use of the standard NHS England APMS contract with Place based service specifications for this service going forward?

No, there is no reason to preclude the use of the APMS contract; however the ICB has recently reprocured a contract in Thamesmead and this has taken more than a year to complete.

The ICB is committed to offering all patients and contractors equivalent services including the Greenwich PMS Premium specification and other enhanced services.

13. Equality and health inequalities

Advice from SEL ICB Quality colleagues has indicated that any assessment would need to be based on the preferred option; therefore this will be undertaken once a decision has been made by the Committee. Any recommendations from this assessment would need to be factored into the preferred option.

14. Patient engagement

There is a standard patient engagement process associated with re-procuring existing contracts following the initial commissioning decision. Will any of the options listed below require additional patient engagement or consultation prior to a final decision being made (e.g. for mergers, practice moves, dispersals)?

Appendix 1 - South East London Integrated Care System GP Contract Strategic Review

Patients have been informed that CQC have cancelled the GP Partnership's legal authority to operate, and that a caretaker has been appointed. This was undertaken via a letter to each household, text messages (where mobile telephone numbers were held for a patient) and hard copy communications available on site. During May and June, patients had the opportunity to put forward their views on the long-term future of the practice via face-to-face and virtual meetings as well as an online or hard copy survey. A total of 21 patients attended the meetings, and 237 responded to the survey.

The survey and patient engagement events both highlighted a clear and consistent message from patients: there is a strong preference to retain GP services at Eltham Palace Surgery rather than disperse patients. Survey findings show that 86.5% of respondents favoured appointing a new provider, driven primarily by the importance of the surgery's convenient location, continuity of care, and avoidance of the administrative and personal burden of re-registering elsewhere. Similarly, feedback from engagement events reinforced patients' attachment to the practice, with many expressing long-term registration at the surgery and a reluctance to move, alongside concerns about disruption to care and the impact on vulnerable patients. Across both sources, there were also recurring concerns about the capacity of neighbouring practices and uncertainty about whether alternative provision could adequately absorb patients.

However, despite this strong preference, pursuing an option to secure another provider is not considered viable for the ICB. Evidence presented during the engagement process indicates that the practice's list size is already low and continues to decline, making the contract increasingly unattractive to potential providers. This, combined with knowledge of the GP market, suggests there would be limited provider interest, meaning a procurement process would be unlikely to succeed or deliver value for money. Furthermore, a full reprocurement could take around a year, creating a prolonged period of uncertainty and reliance on temporary arrangements, which is not sustainable operationally or financially. Taken together, these factors mean that although patients favour retaining services on site, the option of finding a new provider is not feasible for the ICB to pursue.

Regarding concerns about the convenient location of the surgery, these are mitigated by the availability of other general practices on the same site and very nearby.

Regarding concerns about continuity of care, this is already not the case as the previous GP Partners' lost their registration in March 2026 and the entirety of the practice staff have left employment with the practice, so a different set of clinical and non-clinical staff are now providing care (i.e. there has already been a wholesale break in continuity).

Regarding concerns about the burden to patients of re-registering with new practices, patients are free to undertake this action at any point, and will be

Appendix 1 - South East London Integrated Care System GP Contract Strategic Review

encouraged to proactively register with a new practice is dispersal is the selected option. However, within the ICB Policy for practice list dispersal, any patienbt who does not re-register within a set period of time, usually 3-6 months, will then be allocated to another general practice. This would be the general practice that is closest to their home address, and the patient could re-register if they are not happy with their new practice at a later date or any time they so wish.

The full reports of the survey findings and patient engagement events are attached at Appendix 2.

Appendix 1 - South East London Integrated Care System GP Contract Strategic Review

15. Any other considerations not addressed elsewhere in this review?

Any new provider would be expected to work within the current PCN and Integrated Neighbourhood Team (INT) footprint.

Any recommendations from this assessment would need to be factored in, based on the preferred option.

CQC would want to ensure that any new provider of the Eltham Palace contract was addressing all the issues identified in a timely manner. It is unlikely that a provider would want to take over the contract as they would have to respond to the previous CQC report.

This would include the care taker if they continue in a care taker role for longer than the six months contract period.

A new Provider Selection Regime (PSR) came into force on 1 January 2024 and has been designed to give the authority more flexibility in selecting providers for health care services. However, the PSR still requires the ICB to consider value for money as an important criterion, and to be transparent, fair, and proportionate in their decision-making.

The PSR has three provider selection processes that relevant authorities can follow to award contracts for health care services:

- Direct award process (A, B or C)
- Most suitable provider process
- Competitive process

This contract is time-limited under the current emergency caretaking arrangements and may need to be re-awarded.

The following PSR options are available to the ICB once the existing contract has come to an end:

- If the proposed contract is not changing considerably and the provider is satisfying the existing contract and will likely satisfy the proposed contract to a sufficient standard, then the relevant authority may award the contract using direct award process C. This may not be wanted as the current provider would needed to demonstrate that they have addressed the findings of the CQC report.
- If the proposed contract is changing considerably or the relevant authority wants to seek new providers, then the relevant authority may award the contract using the most suitable provider process or the competitive process.

Short Term Financial Support - Whilst list dispersal is not expected to require ongoing contractual expenditure, there may be short-term implementation costs associated with supporting the safe transfer of patients to receiving practices. Any such support would be considered in line with the ICB's established discretionary funding principles and would be subject to affordability, approval and local circumstances. Officers consider any potential transitional costs to be non-recurrent and proportionate when compared to the longer-term costs and risks associated with

Appendix 1 - South East London Integrated Care System GP Contract Strategic Review

maintaining a separate contractual arrangement or undertaking a procurement process.

Options

Considering the evidence contained in this document, the following are the options for the future of this patient list:

1. Ask patients to register with another practice of their choice (list dispersal) and review the use of the site following completion of the list dispersal.
2. Direct Award C, where the existing provider is satisfying the existing contract and likely to satisfy the new contract, and the proposed contracting arrangements are not changing considerably.
3. Reprocure under a PMS or APMS contract - this would require an extension of the current contract for a period of up to 12 months to allow for this.

Alignment with ICB & Borough strategy

Do the options align with the ICB's or Boroughs strategy or vision, social value considerations or any proposed service developments?

Yes

Recommended Option
Option 1

Rationale:

Option 1. Ask patients to register with another practice of their choice (List dispersal).

This is the preferred option given that:

Advantages	Disadvantages
The small (and declining) list size would generally be considered unattractive for the bidder market.	Patients and staff will likely be worried and require reassurance on the next steps.
A new provider would not have to take on the liability and risks of addressing the CQC findings.	Practices may struggle to register large numbers of patients in a timely way.[i]
There is adequate capacity locally within general practices, within current resources.	A further extension of the caretaking contract may be required to enable a list dispersal, incurring an additional cost to the ICB[ii]
Based on evidence within this review, patients would receive a better quality	

Appendix 1 - South East London Integrated Care System GP Contract Strategic Review

service than they have experienced in recent years.	

If Option 1 is agreed, patients will be asked to register at another local practice. Option 1 avoids the ICB running a lengthy procurement process and aligns with NHS England's guidance for such scenarios. Due to the small list size of the practice and the CQC report, this option provides minimal disruption and is the most straightforward option. It will reduce the administrative burden, making it a more efficient and less disruptive solution overall. The ICB will need to engage with relevant ICB colleagues to agree a communication plan to engage with patients to ensure they are supported with messaging about their options for their ongoing care.

Option 2. Direct Award C, where the existing provider is satisfying the existing contract and likely to satisfy the new contract, and the proposed contracting arrangements are not changing considerably.

Following procurement advice, it is confirmed that this **does not apply** as the current contract was awarded on an urgent, temporary basis, therefore this is not a viable option under PSR. Conversely, Most Suitable Provider (MSP) cannot be used either, as there are multiple eligible providers that could deliver the service.

Option 3. Reprocure under an APMS contract. This would require an extension of the current contract for a further 12 months. This is permissible under PSR as an option, and the ICB would need to initiate a procurement process to find a new provider. Following procurement advice, there is a risk of no suitable bids, given the small list size, which tends not to be attractive to the market. A procurement exercise is costly and resource intensive, and would require an extension of the current contract to allow a full procurement to take place, which carries additional costs under the current arrangement.

Advantages	**Disadvantages**
Opportunity to secure a longer-term provider and retain the practice within Greenwich's portfolio of 29 general practices.	Time-consuming and resource intensive for the ICB.
	Costly to Greenwich primary care budgets both in terms of the procurement itself and the extension of the current caretaking contract to allow for it.
	A newly procured provider would be required to address the multiple, entrenched problems at the practice,

Appendix 1 - South East London Integrated Care System GP Contract Strategic Review

	bringing additional cost and liability to that provider.

Approval

Approval is sought for the recommended course of action as detailed above.

Names of Commissioners Completing this Form:

Maria Howdon/Nick Langford /Hung Van Nguyen

Date Form Completed: June 2026

Data sources:
SHAPE Place • Registered patients & contract catchments
Build a custom area profile - ONS
Search Results - Care Quality Commission
GP Patient Survey
NHS England » Friends and Family Test data
Appointments in General Practice - NHS England Digital
Report Definitions - Unwarranted Variation Dashboard - Power BI

[i] "SEL ICB Principles for Short Term Financial Support and Patient Allocation Admin Fees" sets out that ICBs may wish to consider support for practices to manage a large influx of new registrations during the practice closure process, which also applies to patient allocations post-closure.

[ii] The Primary Medical Care Policy and Guidance Manual (PGM) is an NHS England document that provides commissioners and GP contract holders with guidance if proposing to close a branch or disperse a list. It describes the requirements for engagement, decision making, and commissioner assurance. It does not give a set number of weeks or a standard timetable, and the timetable needs to be designed locally, allowing enough time for:

- Patient and stakeholder engagement.
- Decision making by the commissioner.
- Notice to the contractor, if they request closure.
- Notice to patients, which must be clear and accessible.
- Planned transfer of records and registration support.

Other areas have used eight to twelve weeks for engagement and operational planning.

AGENDA ITEM: 11

Healthier Greenwich Partnership

Date: 29 July 2026

Title	Partnership Report	
This paper is for **noting**		
Executive Summary	The paper provides update on news and activities by partners in the Healthier Greenwich Partnership	
Recommended action for the Committee	HGP to note the update.	
Potential Conflicts of Interest	None	
Impacts of this proposal	Key risks & mitigations	None arise directly from the report
	Equality impact	Not required for the direct purposes of the report
	Financial impact	Not Applicable
Wider support for this proposal	Public Engagement	Not required for the direct purposes of the report
	Other Committee Discussion/ Internal Engagement	Not Applicable
Author:	Julie Mann, Business Support Lead, Greenwich	
Clinical lead:		
Executive sponsor:	Gabi Darby, Acting Place Executive Lead, Greenwich	

Partnership Report – July 2026

Table of Contents

1. Healthier Greenwich Partnership (HGP)

The report that follows provides an overview of the activities of our partners across the Healthier Greenwich Partnership noting some challenges but also highlighting some excellent developments and contributions that have been achieved.

Greenwich has celebrated a number of successes over the last quarter including winning the Local Government Chronicle Award for the Digital Health and Care Technology programme and the Greenwich Women and Girl's hub forming one of the hubs which won the wider NHS Excellence Award in the ICB.

In addition, we have undertaken extensive engagement and design work to inform the deployment of Strategic Investment Fund in the borough and are pleased to have ICB approval to these plans and to be moving into implementation.

We have continued our series of Healthier Greenwich Partnership design labs, with excellent sessions on Housing, Employment and VCSFE collaboration opportunities in Neighbourhoods.

You can read more about our work here.

2. Royal Borough of Greenwich

The Healthier Greenwich Partnership reports directly into The Royal Greenwich Health and Wellbeing Board which is a statutory committee of the Council bringing together senior leaders from the NHS, Royal Borough of Greenwich, Healthwatch Greenwich, the Metropolitan Police, and the voluntary and community sector to work in partnership.

The Board aims to enhance health and wellbeing in Greenwich and address health inequalities borough-wide

You can find out more here.

For more information on local activities in the Royal Borough of Greenwich follow this link.

3. Update from Oxleas NHS Foundation Trust

Oxleas NHS Foundation Trust works with partners in Greenwich to provide a wide range of physical and mental health services, mostly in community settings.

Services include community health care such as district nursing and speech and language therapy, care for people with learning disabilities and mental health care such as psychiatry, nursing and therapies.

Multidisciplinary teams look after people of all ages working in close partnership with other parts of the NHS, local councils and the voluntary sector and through provider collaboratives.

4,000 members of staff work in many different settings including hospitals, clinics, prisons, children's centres, schools and people's homes.

Oxleas also manage hospital sites including Queen Mary's Hospital, Sidcup and Memorial Hospital in Woolwich as well as the Bracton Centre, our medium secure unit for people with mental health needs.

For the latest updates from Oxleas, visit Oxleas NHS | Oxleas NHS Foundation Trust

4. Lewisham and Greenwich NHS Trust (LGT)

Lewisham and Greenwich NHS Trust, (LGT), is a community-focused provider of local and acute care, delivering high-quality services to over one million people living across the London boroughs of Lewisham, Greenwich and Bexley, providing whole-life care and supporting communities to live healthier lives as well and taking care of them when they need us the most.

Employing almost 7,500 colleagues, affectionately known as Team LGT, we provide services at Queen Elizabeth Hospital in Woolwich, University Hospital Lewisham, and at over a dozen community settings in Lewisham. We also provide some services at Queen Mary's Hospital in Sidcup.

For full details of the latest Trust news, please see News | Lewisham and Greenwich

5. Community Hospice

The community hospice is a charity providing free, specialist palliative and end-of-life care to patients with terminal illnesses, their families and carers in the London's Royal Borough of Greenwich and Borough of Bexley

For full details of the latest Hospice news, please visit News | Greenwich & Bexley Community Hospice

6. Healthwatch Greenwich

Healthwatch Greenwich is an independent champion for people who use publicly funded health and social care services in the Royal Borough of Greenwich.

For full details of the latest Healthwatch Greenwich news, please visit: https://healthwatchgreenwich.co.uk/

7. Greenwich Healthier Communities Fund

Groundwork London is responsible for awarding grants from the NHS Greenwich Charitable Funds to community organisations across the borough that prevent and respond to health inequalities.

For more information, please visit our website, Greenwich Healthier Communities Fund - Groundwork

AGENDA ITEM: 12

Healthier Greenwich Partnership

Date: Wednesday 29 July 2026

Title	*Greenwich Healthier Communities Fund Update*	
This paper is for **noting/approval**		
Executive Summary	*Update on the Greenwich Healthier Communities Fund funding opportunities* ***Micro Grants*:** *Total budget of £150,000 to support pilot projects or the continued development of small, focused initiatives.* ***Enabling Grants:*** *Total budget of £50,000 to provide developmental and capacity-building support for local organisations based in Greenwich.* ***Delivery Small Grants:*** *Grants of £5,001 to £20,000 are also open.* ***Awards will be made after the closing date of 14 December 2026.*** ***Delivery Medium and Large*** *Currently being reviewed, and I will go live at the end of July* To stay informed, sign up to the Greenwich Healthier Communities Fund Mailing list; click here!	
Recommended action for the Committee	To note and raise awareness of the funding opportunity to all relevant organisations and encourage partnership working.	
Potential Conflicts of Interest	NA	
Impacts of this proposal	Key risks & mitigations	NA
	Equality impact	NA
	Financial impact	NA

Wider support for this proposal	Public Engagement	*NA*
	Other Committee Discussion/ Internal Engagement	*NA*
Author:	*Danielle Grant-Vest*	
Clinical lead:	*NA*	
Executive sponsor:	*Gabi Darby, Acting Place Executive Lead*	

AGENDA ITEM 13

Healthier Greenwich Partnership

Date: Wednesday 29 July 2026

Title	Greenwich Place Risk update for HGP	
This paper is for **noting**		
Executive Summary	The paper provides update about the latest review of some of the risks on Greenwich risk register. A range of actions are being undertaken to manage and mitigate the various risks.	
Recommended action for the Committee	HGP to note the update.	
Potential Conflicts of Interest	None	
Impacts of this proposal	Key risks & mitigations	None arise directly from the report
	Equality impact	Not required for the direct purposes of the report
	Financial impact	Not Applicable
Wider support for this proposal	Public Engagement	Not required for the direct purposes of the report
	Other Committee Discussion/ Internal Engagement	Not Applicable
Author:	Business Support Lead Greenwich SM	
Clinical lead:		
Executive sponsor:	Gabi Darby	

HGP Risk register update July 2026

There are currently 12 active risks on risk register following a review at the end of April 2026.

1. **Risks recently added to the Risk register** (*full details of all risks are available to review in the risk register)*

Risk No.	Risk Title
656	Greenwich Financial Balance 2026/27

2. **Risks reviewed during the period** (*full details of all risks are available to review in the risk register)*

Risk No.	Risk Title
465	Risk to development of an iThrive and preventative system approach to children's mental health and wellbeing including a new Single Point of Access and Schools offer
474	Risk to optimising and developing our Home First approaches by expanding virtual wards (including a virtual ward hub) to provide assessment, treatment and care to all patients in the place that they call home.
495	Risk relating to co-ordination of timely discharge support for residents.
574	Primary care premises lost / insecure lease agreements / other estates issues
599	Greenwich Dementia Diagnosis Rate
614	Risk of not achieving the National/Local trajectory for SMI Primary Health Checks
621	Risk of insufficient appointments in primary care creating delays in accessing clinical care or advice and which might result in possible harm or increase dissatisfaction with care delivery by patients and practice staff.
622	Risk of MMR Outbreaks in Greenwich
624	Risk to achieving the cancer screening target

625	Risk to achieving the ICB target (73.4%) and the national NHSE target (85%) for the management of hypertension to NICE guidance
635	Neurodevelopmental diagnostic pathways (autism and ADHD) - CYP and adults (Risk changed name and includes CYP)
645	Community MSK Procurement

3. Risk recently closed

615	Risk of not achieving the National/Local trajectory for LD Annual Health Checks
623	Risk of apathy in the community towards flu vaccinations
618	Risk of an overspend of the Greenwich Prescribing Budget for 2025/26
641	Integrated Community Equipment Service
596	Achievement of Financial Balance 2025/26 – New risk opened for new financial year.

Risk Register: Greenwich Place Risk Register

Risk ID	Risk Description	Initial Rating	Control Summary	Current Rating	Assurance in Place	Gaps in Assurance	Target Rating
465	There is a risk that we don't deliver on all areas of the high impact activity covered within this strand. This is as a result of current commissioning capacity. This has presented significant challenges to drive forward more complex large scale pieces of work. To mitigate against this risk re-prioritisation of other work is being undertaken to support delivery. The impact on HGP would be a higher risk that we don't deliver on all areas within this high impact activity. PLEASE NOTE: This is related to very major strategic projects and risk reviews should happen on six monthly basis.	12	Temporary utilisation of RBG funded commissioning capacity; alongside use of external capacity to support delivery of Single Point of Access., The establishment of multi-agency task and finish group to take forward the mental health in schools work., Establishment and maintenance of the Children's Mental Health and Wellbeing Partnership Board, Recruitment of partner to develop and implement the Single Point of Access for children's mental health and emotional wellbeing., CAMHS and Commissioner representation on the Entry to Care Panel to inform future support for children in our care at an individual level. ICB representation on the Corporate Parent Partnership Board and leading the Sub-Group on Health and Wellbeing in place.	12	The Healthier Greenwich Partnership Board has oversight of the delivery plan., Mental Health Steering Group will review and agree phases of delivery for the SPA development and Thrive model	No gaps in assurance have been identified at this time.	6
474	There is a risk that the Home First (HF), and associated social care allocations, will be insufficient to meet the needs of the programme moving forward. There is also a risk to the awareness of partners and colleagues across the system of the virtual ward provision. These risks are caused by; * The anticipated financial allocations being lower than anticipated for Virtual Wards (VW). * The shift of acute care into the community increasing costs in social care and other areas of primary and community care that do not have additional funding * The lack of a fully established dashboard tracking delivery of HF and VW and understanding impacts, the cause relates to a lack of join up and capacity related to data and performance. * The availability of skilled workforce to deliver the specialist and generalist roles needed in the community. * The lack of a communications strategy to widen awareness of the VW programme across partners and the wider workforce. The impact on the Healthier Greenwich Partnership would be challenges in understanding and demonstrating the impact and benefits of the Home First approach. This could lead to a loss of confidence amongst partners and a negative financial impact in other areas of the system.	9	Operational board overseeing delivery and meets regularly., The Strategic Board receives escalations from the Operations Board and have decision making functions about workforce and financial resources. Oversee the Home first dashboard.	9	The Operations Board oversees delivery of Home First, receives progress reports and escalates any concerns to the Strategic Board.	No gaps in assurance identified.	6
495	There is a risk that patients who are medically fit for discharge are unable to leave hospital. This can be caused by a combination of: internal hospital processes holding discharge up as well as pressure on community and social care services and a changing demographics of the borough. This could impact negatively on Trust A&E and elective performance as well as the best outcomes for residents.	16	•\tUEC Board has oversight of winter planning, BCF Planning Group has oversight of BCF which has main targets for discharge and admissions avoidance, including 22/23 Discharge Fund and 23/24 planning. Home First Board has oversight of TOCC review and initiatives that support discharge processes and outcomes., ·\tSEL Discharge Solutions and Improvement Group looking for sub regional solutions to common challenges such as data analysis and insight.	12	\tJoint commissioning Board, UEC Board, SEL Discharge Solutions and Improvement Group rolling out improvement plans for acute and mental health settings. •\tDischarge framework issued across SEL for implementation in borough	Lack of accurate and reliable data insight on delayed transfers of care and demand and capacity planning - this is however under development	9
574	Across the borough, there are a number of general practice estates that have leases coming for renewal or that may not be renewed, practices at risk of closure due to persistently poor CQC ratings, and practices that are in an excessively poor state of repair and no longer fit for purpose. Resolving these challenges is a costly and long term endeavour, such that unexpected problems at short notice are difficult to manage.	12	premises strategy approved by primary care commissioning board., Neighbourhood Hub development is focusing on mitigating risks on a geographic basis, Proactive approach to attracting s106/CIL to improve primary care estates	12	Alignment of neighbourhood hub development to the general practice risks., Responding to the Greenwich local plan to influence prioritisation of development in geographies of general practice risks.	Time scales of neighbourhood developments may not marry up with timescales for mitigating some of the general practice risks.	
599	The current dementia diagnosis rate in Greenwich is 64%. The target rate is 67% so there is a risk that we are not supporting people living with dementia to get a timely diagnosis	5	Working with primary care to ensure residents diagnosed with dementia are coded correctly on GP IT systems., Working with Oxleas Memory Service to identify any issues, Continue to work with Dementia Action Group to raise the awareness of dementia in local communities, continue with numerous activities to raise awareness of dementia, GP Fellow in place to support development of the Dementia Pathway	8	Oversight will fall under the home first board		4
614	Based on local position against key areas of local performance, (Q3/Mar 2025 data) from SEL ICB, Greenwich has not achieved the target physical health checks. There seems to be a slight disconnect with different providers and/or disconnect with SMI patients and/or their carers. There is a lack of co-ordination in call and recall across various providers/primary care. The impact of not providing a comprehensive PHC is potentially significant in terms of health outcomes leading to co-morbidites, hospital admissions and premature death. The role of Mental Health Practitioners is key to this task but again there was significant variance in their clinical portfolio across various practices. The lack of digital interoperability is another gap leading to data lost due to IT systems not able to communicate across Oxleas, Primary Care and occasionally VCS. The last reported performance for SMI PHC for year ending 2024/2025 was 49% across a SEL trajectory of 68% across the 6 core health check components.	5	Developing a robust awareness programme across Primary Care and Voluntary Care Sector, A regular agenda item on the Mental Health Oversight Committee to review performance, manage challenges and barriers and provide timely strategic support where required., Roll out a patient engagement event in collaboration with expert patient group/MIND etc to raise the importance of having annual; physical health checks for patients with SMI., Work with SEL and explore any avenues that can improve the workforce (e.g. ARRS staff) capabilities within primary care to undertake robust SMI PHC to ensure sustainability of improving health outcomes, Empower care providers to promote PHC for clients they manage through their care settings, Task and Finish Group	6	Mental Health Oversight & Co-ordination Board, Improvement plan reviewed quarterly and submitted to SEL Commissioning MH Lead.	There are no major gaps in controls however it is important to note that the SMI physical health checks is NO longer part of the 2025/26 Quality and Outcomes Framework (QOF), the aim of which was to reduce health inequalities. The risk therefore is SMI PHC may be impacted and will invariably have huge variance across Primary Care.	6
622	Insufficient MMR vaccination coverage in under 5s to maintin herd immunitiy. London has a multicultural population with communities where scepticisim around vaccination is historically more prevelant. It is highly unlikley in London broughs to reach the national 95% target coverage. Furthermore GP practices experience a range of workforce issues which undermine capacity to proactively or personally engage with communities.	9	MMR campaigns advertising clinic locations targeting parents in low uptake wards, MMR vaccinations offered in 3 community pharmacies, MMR booster vaccinations bought forward to 18 months of age, Initial pilot with a couple of practices to enhance recall for children aged 12 & 18 month via birthday cards in the month of September., Standards for childhood imms to be included in practice contract premiums., SOP has been completed and shared with all practices. This is now being used with individual practices to review and enhance delivery of vaccines., MMR vaccine changed to MMRV on 1 January 2026, awaiting to see impact on vaccine uptake.	9	Health Protection Board	ICB restructuring poses a risk to accountability, without clear ownership of immunisation performance in future organisation.	2

624	There is a risk that Greenwich may not achieve the cancer screening trajectory (bowel, cervical and breast) as set out in the LCP performance data report. The cancer screening is commissioned by NHS England and there is always a significant lag in the reporting - current data is from September 2024 for bowel and breast, and June 24 for cervical.	6	Based on the data in the LCP performance report, Greenwich is only 1% below the trajectory for each of the cancer screening programmes. In order to increase public awareness and uptake of cancer screening, the following actions have been taken, and continue to be: 'Bowel Screening we are meeting the national target 62% - Greenwich currently at 65.4% The national Cervical Screening or Breast Screening target is not currently being met across SE	9	Integrated working between ICB staff (Greenwich Place), Greenwich Public Health team and the CCPL for cancer on a targeted work plan to increase awareness of the importance of cancer screening and increase uptake., Greenwich won a bid to purchase breast models to take out in the community to show women how to look for lumps in their breasts. These will be used in outreach work and other opportunities to make improvements to breast screening., RBG colleagues have identified other workplaces to offer cancer screening information and training where interest found., Head and Neck Cancer - Training has been provided to interested barber shops in Greenwich with merchandise currently being distributed. PH are currently looking to undertake an evaluation., Cancer Alliance have provided some funding to do training around community champions and connectors to talk to people about the first signs of breast cancer. ICB working wtih RBG leads and have organised dates for 2 sessions of Talk Cancer training. 1 F2F and 1 online. 1st session held in January 25, SEL Cancer Alliance to provide £5k per borough to support VCSE LED projects to raise awareness of cancer screening programmes. - breast, bowel, cervical in all boroughs (Lung in Greenwich). Funding to be decided for events or other community driven initiatives and be allocated to single organisations. In Greenwich MetroGAV have shown an expression of interest and are awaiting an outcome to progress this. We are looking for VCSE organisations to host a gynae cancer awareness workshop from September 25 in parternship with the Eve Appeal . We are continuing to work closely with practices in Greenwich to provide support and resources to make involvements. CCPL has attended Nurse Fourm on 19th June to Talk about Cancer Screening in the borough and to raise awareness., Vacancy for PH Cancer Screening Lead - Post is currently out to advert and is required urgently to ensure this work is progressed.	No gaps identified	4
625	There is a risk that lower than target hypertension management within primary care may increase cardiovascular risk and contribute to poorer health outcomes for residents and future avoidable demand on secondary and acute health care services.	12	Clinical Excellence South East London' (CESEL) and the Greenwich LTC team work with practices and PCNs to ensure that they have the latest data regarding their hypertension management, together with a resource pack and best practice guidance on how to improve hypertension management. SEL also support with \Call to Action\ webinars to increase awareness with clinicians, showcase best practice and provide expert clinical advice., Increasing awareness with the general public through community outreach events (working with public health and the comms & engagement team) concerning the importance of having blood pressure checked and controlled., The 2025/26 priorities and operational planning guidance identifies increasing the percentage of patients with hypertension treated to NICE guidance to 85% by March 2026 as a national objective. For 2025/26, this will remain the primary aspirational goal for SEL. SEL will also pursue a 'minimum achievement' target (which will serve as the revised SEL ICB corporate objective) to achieve 73.4% for Greenwich. The current achievement is 68%.	12	The hypertension target is monitored by CESEL and is a regular agenda item on the LTCs Programme Group - to support improvements, Further outreach and engagement via the Comms & Engagement team and Charlton Community Trust, LTC CCPL and LTC Programme Lead have arranged a series of meetings with the PCN CDs over the next couple of months to discuss the hypertension management and opportunities to make improvements and understand any ongoing challenges.	No Gaps in Controls	9
635	There is a risk that residents experience excessively prolonged waiting times for autism and ADHD diagnostic assessments. This is due to sustained increases in demand, historical backlogs, and limited diagnostic workforce capacity. The delays adversely affect children and adults, increase reliance on private providers through 'Right to Choose', and create financial pressures for the ICB arising from non-contracted activity. Prolonged waits also undermine public confidence and impact delivery of national and local improvement commitments for mental health and neurodevelopmental services.	25	Greenwich is just formalising the Autism Strategy, and as part of the newly established integrated commissioning team, a performance tracker on the waiting times and financial impact will be created., Data analytics will need to be supported by Oxleas as the local provider for ADHD/ASD diagnosis to track the impact of these delays, as well as the financial impact., Data analytics will need to be supported by Oxleas as the local provider for ADHD/ASD diagnosis to track the impact of these delays, as well as the financial impact., Data analytics will need to be supported by Oxleas as the local provider for ADHD/ASD diagnosis to track the impact of these delays, as well as the financial impact., SEND Improvement Board oversight with joint leadership from local authorities and Directors of Children's Services to drive delivery of local improvement plans and monitor performance trajectories, SEND Improvement Board oversight with joint leadership from local authorities and Directors of Children's Services to drive delivery of local improvement plans and monitor performance trajectories, Waiting well and early support offers publicised through local offers and all-age autism services to provide information, advice and support before diagnosis, Waiting well and early support offers publicised through local offers and all-age autism services to provide information, advice and support before diagnosis, New integrated diagnostic pathway from April 2025 enabling movement between ADHD and Autism assessments, reducing duplication and re-referral delays, SEL-wide neurodevelopmental improvement programme established to oversee ASD and ADHD diagnostic pathways, waiting times, and consistency of the core offer across SEL boroughs / places	16	Oversight through the SEND Improvement Board, Place SEND Partnerships, and the SEL CYP MH and Wellbeing Partnership Board., Monthly contract and performance meetings with key providers., Regular reporting through ICB performance and finance structures on diagnostic activity, spend and trajectories., Periodic deep dives and review sessions through SEL CYPMH Delivery Group and borough governance., Autism Partnership Board reporting into Learning Disability and Autism Oversight Board and Mental Health Oversight and Co-ordination Board when appropriate	Inconsistent and incomplete BI reporting across places pending full implementation of the SEL-wide dashboard, Limited independent verification of data accuracy and trajectory modelling., Assurance over 'Right to Choose' activity and spend still under development.	6
645	There is a risk that delays or challenge within the Community MSK procurement process (including representations, legal challenge, or mobilisation slippage) could result in service disruption, reduced continuity of care, and adverse impact on patient access, waiting times, and outcomes. This may also create financial, reputational, and operational risks for the ICB if interim arrangements are required or if the procurement timetable cannot be delivered as planned.	12	Procurement conducted in line with the Provider Selection Regime (PSR) and published ITT documentation, Clear governance structure, including evaluation panels and representation panel, Legal and procurement oversight throughout the process, Contingency planning for contract extension or interim arrangements to maintain service continuity, Regular engagement with incumbent provider to support continuity of service, Clear mobilisation planning built into the procurement timetable	4	Regular reporting through programme and governance meetings, Commissioner oversight of service performance during any interim period, Contractual safeguards (e.g. no-fault termination clauses) within interim arrangements, Clear communication plan with providers and stakeholders	Limited assurance on provider workforce retention during mobilisation, Reduced ability to assure delivery of transformational service improvements during interim arrangements	2
656	Risk to place of not achieving statutory requirements to deliver financial balance within the designated envelope. During 2025/26 Greenwich delivered in line with the delegated borough budget. However given material and escalating prescribing, and activity driven pressures within Mental Health in respect to neurodevelopment pathway referrals (Adults & CYP) and Continuing Care Placements (Children), substantial non recurrent mitigations were required to achieve financial balance. The cost pressures trajectory is expected to continue into 2026/27, hence a material risk the borough will not be able to achieve recurrent financial balance if the full scale of the savings/efficiency plan is not delivered in full.	12	Monthly budget meetings with budget holders to review expenditure, progress of saving schemes and to ensure mitigation plans are in place where appropriate, Commissioning leads have been fully engaged with the 26/27 planning process, and through coordination with service leads, have prepared & assumed full ownership of the efficiency saving plans	12	Additional mitigations developed to address emerging pressures via the SEL Finance Sub-Group,		6

Conditional Format List

Cell	Initial Rating Less than or equal to 3
Cell	Initial Rating Between 4 And 7
Cell	Initial Rating Between 8 And 12
Cell	Initial Rating Greater than or equal to 15
Cell	Current Rating Less than or equal to 3
Cell	Current Rating Between 4 And 6
Cell	Current Rating Between 8 And 12
Cell	Current Rating Greater than or equal to 15
Cell	Target Rating Less than or equal to 3
Cell	Target Rating Between 4 And 6
Cell	Target Rating Between 8 And 12
Cell	Target Rating Greater than or equal to 15

Risk Register: Greenwich Place Risk Register

Risk ID	Risk Description	Initial Rating	Control Summary	Current Rating	Assurance in Place	Gaps in Assurance	Target Rating
465	There is a risk that we don't deliver on all areas of the high impact activity covered within this strand. This is as a result of current commissioning capacity. This has presented significant challenges to drive forward more complex large scale pieces of work. To mitigate against this risk re-prioritisation of other work is being undertaken to support delivery. The impact on HGP would be a higher risk that we don't deliver on all areas within this high impact activity. PLEASE NOTE: This is related to very major strategic projects and risk reviews should happen on six monthly basis.	12	Temporary utilisation of RBG funded commissioning capacity; alongside use of external capacity to support delivery of Single Point of Access., The establishment of multi-agency task and finish group to take forward the mental health in schools work., Establishment and maintenance of the Children's Mental Health and Wellbeing Partnership Board, Recruitment of partner to develop and implement the Single Point of Access for children's mental health and emotional wellbeing., CAMHS and Commissioner representation on the Entry to Care Panel to inform future support for children in our care at an individual level. ICB representation on the Corporate Parent Partnership Board and leading the Sub-Group on Health and Wellbeing in place.	12	The Healthier Greenwich Partnership Board has oversight of the delivery plan., Mental Health Steering Group will review and agree phases of delivery for the SPA development and Thrive model	No gaps in assurance have been identified at this time.	6
474	There is a risk that the Home First (HF), and associated social care allocations, will be insufficient to meet the needs of the programme moving forward. There is also a risk to the awareness of partners and colleagues across the system of the virtual ward provision. These risks are caused by; * The anticipated financial allocations being lower than anticipated for Virtual Wards (VW). * The shift of acute care into the community increasing costs in social care and other areas of primary and community care that do not have additional funding * The lack of a fully established dashboard tracking delivery of HF and VW and understanding impacts, the cause relates to a lack of join up and capacity related to data and performance. * The availability of skilled workforce to deliver the specialist and generalist roles needed in the community. * The lack of a communications strategy to widen awareness of the VW programme across partners and the wider workforce. The impact on the Healthier Greenwich Partnership would be challenges in understanding and demonstrating the impact and benefits of the Home First approach. This could lead to a loss of confidence amongst partners and a negative financial impact in other areas of the system.	9	Operational board overseeing delivery and meets regularly., The Strategic Board receives escalations from the Operations Board and have decision making functions about workforce and financial resources. Oversee the Home first dashboard.	9	The Operations Board oversees delivery of Home First, receives progress reports and escalates any concerns to the Strategic Board.	No gaps in assurance identified.	6
495	There is a risk that patients who are medically fit for discharge are unable to leave hospital. This can be caused by a combination of: internal hospital processes holding discharge up as well as pressure on community and social care services and a changing demographics of the borough. This could impact negatively on Trust A&E and elective performance as well as the best outcomes for residents.	16	•\tUEC Board has oversight of winter planning, BCF Planning Group has oversight of BCF which has main targets for discharge and admissions avoidance, including 22/23 Discharge Fund and 23/24 planning. Home First Board has oversight of TOCC review and initiatives that support discharge processes and outcomes., ·\tSEL Discharge Solutions and Improvement Group looking for sub regional solutions to common challenges such as data analysis and insight.	12	\tJoint commissioning Board, UEC Board, SEL Discharge Solutions and Improvement Group rolling out improvement plans for acute and mental health settings. •\tDischarge framework issued across SEL for implementation in borough	Lack of accurate and reliable data insight on delayed transfers of care and demand and capacity planning - this is however under development	9
574	Across the borough, there are a number of general practice estates that have leases coming for renewal or that may not be renewed, practices at risk of closure due to persistently poor CQC ratings, and practices that are in an excessively poor state of repair and no longer fit for purpose. Resolving these challenges is a costly and long term endeavour, such that unexpected problems at short notice are difficult to manage.	12	premises strategy approved by primary care commissioning board., Neighbourhood Hub development is focusing on mitigating risks on a geographic basis, Proactive approach to attracting s106/CIL to improve primary care estates	12	Alignment of neighbourhood hub development to the general practice risks., Responding to the Greenwich local plan to influence prioritisation of development in geographies of general practice risks.	Time scales of neighbourhood developments may not marry up with timescales for mitigating some of the general practice risks.	
599	The current dementia diagnosis rate in Greenwich is 64%. The target rate is 67% so there is a risk that we are not supporting people living with dementia to get a timely diagnosis	5	Working with primary care to ensure residents diagnosed with dementia are coded correctly on GP IT systems., Working with Oxleas Memory Service to identify any issues, Continue to work with Dementia Action Group to raise the awareness of dementia in local communities, continue with numerous activities to raise awareness of dementia, GP Fellow in place to support development of the Dementia Pathway	8	Oversight will fall under the home first board		4
614	Based on local position against key areas of local performance, (Q3/Mar 2025 data) from SEL ICB, Greenwich has not achieved the target physical health checks. There seems to be a slight disconnect with different providers and/or disconnect with SMI patients and/or their carers. There is a lack of co-ordination in call and recall across various providers/primary care. The impact of not providing a comprehensive PHC is potentially significant in terms of health outcomes leading to co-morbidites, hospital admissions and premature death. The role of Mental Health Practitioners is key to this task but again there was significant variance in their clinical portfolio across various practices. The lack of digital interoperability is another gap leading to data lost due to IT systems not able to communicate across Oxleas, Primary Care and occasionally VCS. The last reported performance for SMI PHC for year ending 2024/2025 was 49% across a SEL trajectory of 68% across the 6 core health check components.	5	Developing a robust awareness programme across Primary Care and Voluntary Care Sector, A regular agenda item on the Mental Health Oversight Committee to review performance, manage challenges and barriers and provide timely strategic support where required., Roll out a patient engagement event in collaboration with expert patient group/MIND etc to raise the importance of having annual; physical health checks for patients with SMI., Work with SEL and explore any avenues that can improve the workforce (e.g. ARRS staff) capabilities within primary care to undertake robust SMI PHC to ensure sustainability of improving health outcomes, Empower care providers to promote PHC for clients they manage through their care settings, Task and Finish Group	6	Mental Health Oversight & Co-ordination Board, Improvement plan reviewed quarterly and submitted to SEL Commissioning MH Lead.	There are no major gaps in controls however it is important to note that the SMI physical health checks is NO longer part of the 2025/26 Quality and Outcomes Framework (QOF), the aim of which was to reduce health inequalities. The risk therefore is SMI PHC may be impacted and will invariably have huge variance across Primary Care.	6
622	Insufficient MMR vaccination coverage in under 5s to maintin herd immunitiy. London has a multicultural population with communities where scepticisim around vaccination is historically more prevelant. It is highly unlikley in London broughs to reach the national 95% target coverage. Furthermore GP practices experience a range of workforce issues which undermine capacity to proactively or personally engage with communities.	9	MMR campaigns advertising clinic locations targeting parents in low uptake wards, MMR vaccinations offered in 3 community pharmacies, MMR booster vaccinations bought forward to 18 months of age, Initial pilot with a couple of practices to enhance recall for children aged 12 & 18 month via birthday cards in the month of September., Standards for childhood imms to be included in practice contract premiums., SOP has been completed and shared with all practices. This is now being used with individual practices to review and enhance delivery of vaccines., MMR vaccine changed to MMRV on 1 January 2026, awaiting to see impact on vaccine uptake.	9	Health Protection Board	ICB restructuring poses a risk to accountability, without clear ownership of immunisation performance in future organisation.	2

624	There is a risk that Greenwich may not achieve the cancer screening trajectory (bowel, cervical and breast) as set out in the LCP performance data report. The cancer screening is commissioned by NHS England and there is always a significant lag in the reporting - current data is from September 2024 for bowel and breast, and June 24 for cervical.	6	Based on the data in the LCP performance report, Greenwich is only 1% below the trajectory for each of the cancer screening programmes. In order to increase public awareness and uptake of cancer screening, the following actions have been taken, and continue to be: 'Bowel Screening we are meeting the national target 62% - Greenwich currently at 65.4% The national Cervical Screening or Breast Screening target is not currently being met across SE	9	Integrated working between ICB staff (Greenwich Place), Greenwich Public Health team and the CCPL for cancer on a targeted work plan to increase awareness of the importance of cancer screening and increase uptake., Greenwich won a bid to purchase breast models to take out in the community to show women how to look for lumps in their breasts. These will be used in outreach work and other opportunities to make improvements to breast screening., RBG colleagues have identified other workplaces to offer cancer screening information and training where interest found., Head and Neck Cancer - Training has been provided to interested barber shops in Greenwich with merchandise currently being distributed. PH are currently looking to undertake an evaluation., Cancer Alliance have provided some funding to do training around community champions and connectors to talk to people about the first signs of breast cancer. ICB working wtih RBG leads and have organised dates for 2 sessions of Talk Cancer training. 1 F2F and 1 online. 1st session held in January 25, SEL Cancer Alliance to provide £5k per borough to support VCSE LED projects to raise awareness of cancer screening programmes. - breast, bowel, cervical in all boroughs (Lung in Greenwich). Funding to be decided for events or other community driven initiatives and be allocated to single organisations. In Greenwich MetroGAV have shown an expression of interest and are awaiting an outcome to progress this. We are looking for VCSE organisations to host a gynae cancer awareness workshop from September 25 in parternship with the Eve Appeal . We are continuing to work closely with practices in Greenwich to provide support and resources to make involvements. CCPL has attended Nurse Fourm on 19th June to Talk about Cancer Screening in the borough and to raise awareness., Vacancy for PH Cancer Screening Lead - Post is currently out to advert and is required urgently to ensure this work is progressed.	No gaps identified	4
625	There is a risk that lower than target hypertension management within primary care may increase cardiovascular risk and contribute to poorer health outcomes for residents and future avoidable demand on secondary and acute health care services.	12	Clinical Excellence South East London' (CESEL) and the Greenwich LTC team work with practices and PCNs to ensure that they have the latest data regarding their hypertension management, together with a resource pack and best practice guidance on how to improve hypertension management. SEL also support with \Call to Action\ webinars to increase awareness with clinicians, showcase best practice and provide expert clinical advice., Increasing awareness with the general public through community outreach events (working with public health and the comms & engagement team) concerning the importance of having blood pressure checked and controlled., The 2025/26 priorities and operational planning guidance identifies increasing the percentage of patients with hypertension treated to NICE guidance to 85% by March 2026 as a national objective. For 2025/26, this will remain the primary aspirational goal for SEL. SEL will also pursue a 'minimum achievement' target (which will serve as the revised SEL ICB corporate objective) to achieve 73.4% for Greenwich. The current achievement is 68%.	12	The hypertension target is monitored by CESEL and is a regular agenda item on the LTCs Programme Group - to support improvements, Further outreach and engagement via the Comms & Engagement team and Charlton Community Trust, LTC CCPL and LTC Programme Lead have arranged a series of meetings with the PCN CDs over the next couple of months to discuss the hypertension management and opportunities to make improvements and understand any ongoing challenges.	No Gaps in Controls	9
635	There is a risk that residents experience excessively prolonged waiting times for autism and ADHD diagnostic assessments. This is due to sustained increases in demand, historical backlogs, and limited diagnostic workforce capacity. The delays adversely affect children and adults, increase reliance on private providers through 'Right to Choose', and create financial pressures for the ICB arising from non-contracted activity. Prolonged waits also undermine public confidence and impact delivery of national and local improvement commitments for mental health and neurodevelopmental services.	25	Greenwich is just formalising the Autism Strategy, and as part of the newly established integrated commissioning team, a performance tracker on the waiting times and financial impact will be created., Data analytics will need to be supported by Oxleas as the local provider for ADHD/ASD diagnosis to track the impact of these delays, as well as the financial impact., Data analytics will need to be supported by Oxleas as the local provider for ADHD/ASD diagnosis to track the impact of these delays, as well as the financial impact., Data analytics will need to be supported by Oxleas as the local provider for ADHD/ASD diagnosis to track the impact of these delays, as well as the financial impact., SEND Improvement Board oversight with joint leadership from local authorities and Directors of Children's Services to drive delivery of local improvement plans and monitor performance trajectories, SEND Improvement Board oversight with joint leadership from local authorities and Directors of Children's Services to drive delivery of local improvement plans and monitor performance trajectories, Waiting well and early support offers publicised through local offers and all-age autism services to provide information, advice and support before diagnosis, Waiting well and early support offers publicised through local offers and all-age autism services to provide information, advice and support before diagnosis, New integrated diagnostic pathway from April 2025 enabling movement between ADHD and Autism assessments, reducing duplication and re-referral delays, SEL-wide neurodevelopmental improvement programme established to oversee ASD and ADHD diagnostic pathways, waiting times, and consistency of the core offer across SEL boroughs / places	16	Oversight through the SEND Improvement Board, Place SEND Partnerships, and the SEL CYP MH and Wellbeing Partnership Board., Monthly contract and performance meetings with key providers., Regular reporting through ICB performance and finance structures on diagnostic activity, spend and trajectories., Periodic deep dives and review sessions through SEL CYPMH Delivery Group and borough governance., Autism Partnership Board reporting into Learning Disability and Autism Oversight Board and Mental Health Oversight and Co-ordination Board when appropriate	Inconsistent and incomplete BI reporting across places pending full implementation of the SEL-wide dashboard, Limited independent verification of data accuracy and trajectory modelling., Assurance over 'Right to Choose' activity and spend still under development.	6
645	There is a risk that delays or challenge within the Community MSK procurement process (including representations, legal challenge, or mobilisation slippage) could result in service disruption, reduced continuity of care, and adverse impact on patient access, waiting times, and outcomes. This may also create financial, reputational, and operational risks for the ICB if interim arrangements are required or if the procurement timetable cannot be delivered as planned.	12	Procurement conducted in line with the Provider Selection Regime (PSR) and published ITT documentation, Clear governance structure, including evaluation panels and representation panel, Legal and procurement oversight throughout the process, Contingency planning for contract extension or interim arrangements to maintain service continuity, Regular engagement with incumbent provider to support continuity of service, Clear mobilisation planning built into the procurement timetable	4	Regular reporting through programme and governance meetings, Commissioner oversight of service performance during any interim period, Contractual safeguards (e.g. no-fault termination clauses) within interim arrangements, Clear communication plan with providers and stakeholders	Limited assurance on provider workforce retention during mobilisation, Reduced ability to assure delivery of transformational service improvements during interim arrangements	2
656	Risk to place of not achieving statutory requirements to deliver financial balance within the designated envelope. During 2025/26 Greenwich delivered in line with the delegated borough budget. However given material and escalating prescribing, and activity driven pressures within Mental Health in respect to neurodevelopment pathway referrals (Adults & CYP) and Continuing Care Placements (Children), substantial non recurrent mitigations were required to achieve financial balance. The cost pressures trajectory is expected to continue into 2026/27, hence a material risk the borough will not be able to achieve recurrent financial balance if the full scale of the savings/efficiency plan is not delivered in full.	12	Monthly budget meetings with budget holders to review expenditure, progress of saving schemes and to ensure mitigation plans are in place where appropriate, Commissioning leads have been fully engaged with the 26/27 planning process, and through coordination with service leads, have prepared & assumed full ownership of the efficiency saving plans	12	Additional mitigations developed to address emerging pressures via the SEL Finance Sub-Group,		6

Conditional Format List

Cell	Initial Rating Less than or equal to 3
Cell	Initial Rating Between 4 And 7
Cell	Initial Rating Between 8 And 12
Cell	Initial Rating Greater than or equal to 15
Cell	Current Rating Less than or equal to 3
Cell	Current Rating Between 4 And 6
Cell	Current Rating Between 8 And 12
Cell	Current Rating Greater than or equal to 15
Cell	Target Rating Less than or equal to 3
Cell	Target Rating Between 4 And 6
Cell	Target Rating Between 8 And 12
Cell	Target Rating Greater than or equal to 15

	Aug-26	Sep-26	Oct-26	Nov-26
Healthier Greenwich Partnership	**26/08/2026** **12h30-14h30 - potential cancel**	**30/09/2026** **12h30-14h30**	**28/10/2026** **12h30-14h30**	**25/11/2026** **12h30-14h30**
	School Holidays 21/7/2026-1/9/2027		**School Holidays 26/10/2026-30/10/2026**	
	In Private - MS Teams	**In Private - MS Teams**	**In Public OR MS Teams - to be decided**	**In Private - MS Teams**
	Papers due 18/08	**Papers due 22/09**	**Papers due 20/10**	**Papers due 17/11**
Chair - Talia Barry (wef April 2026) **Business Support** - Julie Mann **Standard Agenda Items** -Welcome -Introductions and apologies -Declarations of interest -Minutes of previous meetings -Action Log -Public engagement: delivering our Healthier Greenwich Plan (focus on 'well' areas) - **Quarterly at Public Meeting** -HGP Partner's Report.- **Quarterly at public meeting** -HGP sub-committee report - **Public Meeting** - HGP Development - **Private Meeting** **Meetings in public** At least one meeting a year to be held in person - no hybrid opportunities **Developmental Workshops/Seminars - NOTE: No workshops will be held whilst the Design Labs are being held (labs due to end in Sept 2026)**; Held every quarter, in person only. Focus on working together across the partnership strategically	Board meeting in private (on MS Teams) Introduction and apologies Declarations of interest Minutes of previous meeting in private Action Log Standing item - updates from all partners on success/good news **Main Business/Themed Item** Feel Well Items for noting/limited discussion Forward planner	Board meeting in private (on MS Teams) Introduction and apologies Declarations of interest Minutes of previous meeting in private Action Log **Main Business/Themed Item** Stay Well Maturity matrix update + outcomes and impact measures for SIF workstreams update LGT transformation update Items for noting/limited discussion Forward planner	Board meeting in public Introduction and apologies Declarations of interest Minutes of previous meeting in public Action Log Standing item - updates from all partners on success/good news *Positive partnership story* **Main Business/Themed Item** Age Well Procurement decision: Community earwax removal service - Jane Thurston Healthwatch update - Joy Beishon Items for noting/limited discussion Healthier Greenwich Charitable Funds update HGP partners report Performance report Sub-committee report Risk register Forward planner	Board meeting in private (on MS Teams) Introduction and apologies Declarations of interest Minutes of previous meeting in private Action Log **Main Business/Themed Item** Items for noting/limited discussion Forward planner
Future Agenda items - not linked to specific meeting CYP focussed workshop Discussion on Autism & ADHD - link on transition from childhood to adulthood Proactive Care Regular updates from partners at meetings in private Workshop/seminar discussion - One of Neighbourhoods & Place alignment/ HIUs/ Mental health impact on physical health (to define later) Sam B- Health equity programme and addressing health inequalities Generally to keep under review case for wider work on housing and wider determinants – but noted it also comes into HWBB and next HGP design lab so would need to be clear on ask				