

## Healthier Greenwich Partnership (in public via MS Teams)

**Date:** Wednesday 25 October 2023  
**Time:** 12.30 – 14.00  
**Venue:** MS Teams [Click here to join the meeting](#)

**Chair:** Nayan Patel

### AGENDA

	Item	Page no.	Presented by	Time
<b>Opening Business</b>				
1.	Welcome, introductions and apologies.	Oral	Chair	12:30
2.	Declarations of interest	Oral	Chair	
3.	Minutes of the meeting held 27 September 2023.	3	Chair	
4.	Action Log and Matters Arising	13	Chair/ Neil Kennett-Brown	
5.	Partner Positive News story (Oxleas Lymphoedema Service start)	Oral	Ishbel Gray	12:35
<b>Public Engagement</b>				
6.	Public Forum 11/10/23 feedback – theme MSK	14	Annie Norton	12:40
7.	Questions and comments from members of the public		Chair	12:50
<b>Items for Discussion</b>				
8.	Partner update - Metro GAVS /Voluntary and Community Sector	Paper on the day	Naomi Goldberg	13:05
9.	Winter Planning Update	21	Gemma O'Neil	13:20
<b>Items for Decision</b>				
10.	Section 75 Extension - Next Steps (For Decision)	26	Chris Dance	13:30
11.	HGP approval process for ratification of Primary Care Working Group decision (For Decision)	32	Neil Kennett-Brown	13:40

<b>Items for Noting</b>				
12.	HGP Partner's Report, including HGP Committees' Update.	36	Neil Kennett-Brown	13:50
13.	HGP Risk Register	43	Neil Kennett-Brown/ Ike Philip	13:55
<b>Closing Administration</b>				
14.	HGP Forward Planner	46	Ike Philip	13:57
15.	Any Other Business		Chair	13:58
16.	Next Meeting: To be confirmed		Chair	
<b>Meeting closes at 14:00</b>				

**14:00 – 14:30 Part 2 (in Private)**

1. HGP Development Update (To follow)
2. Primary Care Working Group PCN proposal (To follow)

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**14:00 – 14:30 Part 2 (in Private)**

1. HGP Development Update (To follow)
2. Primary Care Working Group PCN proposal (To follow)

**Healthier Greenwich Partnership  
Minutes of the meeting held on Wednesday 27 September 2023  
MS Teams**

<b>Members</b>	
Nayan Patel	Healthier Greenwich Partnership Chair & PCN Clinical Director (Chair)
Sarah McClinton	Place Executive Lead Greenwich (SMc)
Neil Kennett-Brown	Borough Chief Operating Officer Greenwich (NKB)
Tuan Tran	Greenwich LMC (Local Medical Committees) Chair (TT)
Lisa Thompson	Director of Children & Young People's Services, Oxleas (LT)
Neil Goulbourne	Chief Strategy, Partnerships and Transformation Officer, Lewisham & Greenwich NHS Trust (NG)
Naomi Goldberg	Director of Strategy, METRO GAVS (NG)
Russell Cartwright	Assistant Director of Comms & Engagement, Greenwich (RC)
Chris Dance	Associate Director of Finance, Greenwich, SEL ICB (CD)
Jackie Davidson	Integrated Commissioning Director (Prevention, Primary Care, Population Health) (JD)
Joy Beishon	Chief Executive, Healthwatch Greenwich (JB)
David Borland	Integrated Commissioning Director for Children and Young People, RBG and SEL ICB (DB)
Lisa Wilson	Integrated Commissioning Director, RBG & SEL ICS (LW)
David James	Chief Executive, Greenwich Health (DJ)

<b>In Attendance</b>	
Ike Philip	Corporate Governance Lead, Greenwich (Minutes) (IP)
Victoria Stanway	Consultant PPL (VS)
Gemma O'Neil	Deputy Director, System Development, Bexley, and Greenwich (ICB) (GO)
Colette Meehan	Assistant Director, Integrated Adults Commissioning (CM)
Jan Mathews	Primary Care Contracting Manager and GP IT Lead, Greenwich (JM)

<b>Apologies</b>	
Niraj Patel	Chair of Greenwich Health GP Federation (NP)
Nick Davies	Director of Adult Social Services, RBG (ND)
Steve Whiteman	Director of Public Health, RBG (SW)
Iain Dimond	Chief Operations Officer, Oxleas NHS Foundation Trust (ID)

<b>1.</b>	<b>Introduction</b>
<b>1.1</b>	<b>Introductions and Apologies for Absence</b>

1.1	The Chair welcomed everyone to the meeting. Introduction was made to Neil Goulbourne, Chief Strategy Officer at LGT. It was noted that Colette Meehan and Jan Mathews would present the paper for item 13.
1.2	Apologies for absence were noted.
<b>2.</b>	<b>Declarations of Interest</b>
2.1	Lisa Wilson declared an interest in item 9 SLP (South London Partnership) / Complex Care Phase 2 options evaluation, noting that if HGP does not agree with the recommended option, it could impact on her budget as the budget holder for that service.
2.2	Tuan Tran declared an interest in item 13 Application to form a new Primary Care Network - Valentine PMS Practice, noting he is a partner at Valentine Practice. He asked the Chair if he would be required to leave the meeting during discussion of that item? The Chair confirmed he would not be required to leave the meeting, noting he is a non-voting HGP member.
<b>3.</b>	<b>Minutes of the Previous Meeting Held on 26 July 2023</b>
3.1	The Minutes of the previous meeting held on 26 July 2023 were reviewed and agreed by the Board as correct record.
<b>4.</b>	<b>Action Log &amp; Matters Arising</b>
4.1	It was noted there were no open actions and not matters arising.
<b>5.</b>	<b>Positive Partnership Development</b>
5.1	LW gave positive news update about a gentleman who used to attend hospital regularly but was later connected to a couple of community services by the Live Well team. The latest update is that he is doing well and no longer feels the need to attend hospital regularly. LW commented that this case really exemplifies how people are supported through strength-based practice and the partnerships that exist across the system.
5.2	LW stated that Live Well was awarded a contract over the next two years to continue the work as part of the social care discharge funds under the Continuing Health Care (CHC) scheme. LW noted this tie back to some principles HGP discussed at the last meeting about winter and ensuring continued support to services that are having impact for people and staff of Greenwich.
5.3	JB remarked that the Live Well pilot project is fantastic and would like to see an evaluation of it upon completion. This would be useful to help gauge the pilot's impact on reduction of frequent flyers attending hospital. LW affirmed that an evaluation of the pilot would be undertaken when data becomes available, noting the work done via adult social care discharge funds has a heavy data focus.
5.4	JD expressed the view that it would be useful to join up data and insight across the system to understand that impact, noting this is linked to the work on population health data. SMc observed it would be helpful to make the population health data system wide. SMc noted the Council have done a lot of work to crunch the data on social care users and vulnerable tenants in housing and it would be useful to think of such data being joined up system wide. LW noted the population health data will start with joining up LGT and

	primary care data, but the expectation would be to extend it to include system wide data, such as Oxleas and RBG.
<b>6.</b>	<b>HGP Partnership Report</b>
6.1	Neil Kennett-Brown introduced the item, noting the new partnership report replaces the Chief Operating Officers report. This was one of the recommendations from the HGP stocktake. NKB acknowledged the contribution of others to the report.
6.2	NKB noted the Executive Group has started meeting fortnightly and the last meeting discussed winter, MSK and Urgent and Emergency Care. Next Exec Group meeting would discuss District Nursing. Arrangement is being made to establish a Clinical Cabinet for Greenwich and Greenwich Lymphoedema service is now live. NKB noted Robert Shaw's celebration of life event is on 5 October 2023 and all would be welcome.  HGP noted the Partnership update.
6.3	
<b>7</b>	<b>HGP Development, Including Feedback from HGP July Workshop and Next Steps</b>
7.1	Neil Kennett-Brown introduced the item, noting the paper contains key outputs from the annual HGP stocktake and July's workshop. Victoria Stanway noted three key themes captured in the paper – Connect, Anticipate and Performance Functions. The next steps propose some iterative changes to HGP meetings to make it more strategy focused, an ongoing commitment to having least quarterly development sessions face to face, focusing on improving the values and behaviours and strengthening relationships, rotating chairing of meetings among partners and so on. VS noted the importance of distributed leadership in helping make the strategic shift.
7.2	VS explained the aim is for HGP moving to increasingly becoming more strategic, thinking about the strategic objectives as they were defined in September 2022 and focusing on long term issues, opportunities, and risks. A learning log would be used for capturing and learning from experience. VS outlined the forward view for the remainder of 2023/24, with four recommendations. VS disclosed that the next HGP quarterly development session would focus on values and behaviours, strengthening relationships and becoming more strategic and proactive.
7.3	SMc agreed with the ambition to make HGP meetings focused more on strategic issues and hopes the Executive Group would take ownership of the agenda, noting HGP would not have time to discuss strategic issues if the agenda continues to have so many items for each meeting. TT asked for clarification about the concept of distributed leadership and how it translates into practice?
7.4	VS explained the vision is to give staff at the mid-tier levels the opportunity to work closely together and think about how they want to work and what they want to do, but holding them to a set of outcomes, principles, or behaviours which this board and the Exec Group believe are important. The idea is to encourage greater risk-taking innovation at local levels by devolving some of the responsibility for some of the priority actions that HGP

<p>7.5</p> <p>7.6</p> <p>7.7</p> <p>7.8</p> <p>7.9</p>	<p>outlined in our plan, and not maintaining a lot of the control and a lot of the operational decision making at a higher level. NKB added that in simple terms, it is about trusting people to get on with what they would do to deliver outcomes without creating more bureaucracies.</p> <p>The Chair commented about the aspiration to free up more time on the HGP agenda, noting it is a formal committee of the ICB that must make formal decisions for the ICB. At the same time HGP is trying to grow partnership working, noting there is a bit of tension for HGP moving from formal decision making in one item and then suddenly start talking about partnership working, which is much more organic, free flowing, and high trust dependent. The Chair expressed the view that the system could look at whether to separate formal decision-making function of HGP to be taken on by a different part of the system and informal partnership development remains with HGP.</p> <p>VS responded there is no perfect solution, noting the London ICS network have commissioned a review of place and ICS delegation. Various places approach their place meetings differently, with some having agenda split into two parts – the formal decision-making part and the informal partnership development part. VS expressed the view that the approach across SEL is seen as exemplary in some places. VS committed to share the review of place and ICS delegation by the London ICS network when it becomes available.</p> <p>Neil Goulbourne commented there is value in having delegation to place and suggested there should be scope for flexibility in some areas, especially around control of budgets.</p> <p><b>Action:</b>  <b>Victoria Stanway to share the review of place and ICS delegation by the London ICS network when it becomes available.</b></p> <p><b>RESOLVED</b></p> <p>The Board noted the HGP development report and agreed the next steps.</p>
<p>8</p>	<p><b>SLP / Complex Care Phase 2 options evaluation and next steps</b></p>
<p>8.1</p> <p>8.2</p> <p>8.3</p>	<p>Colette Meehan introduced the item, noting the Phase2 is for local care partnership approval. CM noted five options were developed and considered following engagement with relevant stakeholders. CM gave an overview of the different options. Aligned Working option is the recommended option because it would provide the best benefits for Greenwich and HGP's approval is requested for that option.</p> <p>NKB noted his support for the clear recommendation for aligned working, noting that leveraging specialist work in the Aligned Working option would help Greenwich residents the most. The Mental Health Oversight Group will oversee this option. Other HGP members supported the recommended option.</p> <p>LW acknowledged and commended the joint work done by CM and colleagues in developing the options appraisal.</p>

8.4	<b>RESOLVED</b> The Board approved the Aligned Working option for Complex Care Phase 2.
9	<b>Partner update – Oxleas</b>
9.1	Lisa Thompson introduced the item, noting the creation of a shadow committee of service users and carers. LT requested that anyone with suggestions or knows someone that would like to be involved to contact Sally Bryden, Oxleas Trust Secretary.
9.2	LT drew attention to the annual members meeting that would take place on 18 <sup>th</sup> October 2023. The Lymphoedema service started taking referrals on 18 <sup>th</sup> September 2023. A mental health hub has begun operating from two sites, one of them is Plumstead. LT noted the development of the home treatment team for children and young people. This would facilitate quicker discharge from ED (Emergency Department) to get people home and treat them at home.
9.3	LT commented that Oxleas has been shortlisted in the Health Service Journal 2023 awards in both the Trust of the Year and Staff Wellbeing categories. The awards will be announced in November.
9.4	The Chair thanked LT for the update and commended Oxleas for the start of the Lymphoedema service and for getting on HSJ award list.
9.5	The Board noted the partner update from Oxleas.
10	<b>Horizon 3 commissioning and action plan - RBG</b>
10.1	Jackie Davidson introduced the item, noting it is a bottom-up approach involving staff to look at redefining the approach and ambitions for commissioning. This is linked to having better outcomes by co-designing the commissioning interventions and undertaking wider engagement, noting the conversations about this is happening widely. The papers set out some of the challenges being addressed, including cultural, behavioural changes and how the team works.
10.2	JD noted the work is aligned to strategic priorities of the system, including HGP. The shifts in approach require moving away from organisational silos to thinking and working differently.
10.3	LW observed the details of the positive ambitions are set out in the paper, noting they create opportunities to join up approach in commissioning. One of the challenges would be effectively engaging people to co-design new ways of working.
10.4	DB added the paper sets out what good looks like. This involves working with wider community including voluntary sector, noting this would require some community development work. This feeds into an action plan, covering aspects such as workforce, learning and development. There are examples of recent pieces of work in the park, and some questions to gauge views from people. DB noted the team is keen to hear people's



	views.
10.5	Naomi Goldberg commended the team for the work and observed that deprivation, inequalities, and prevention did not come through quite clearly in the presentation. It is vital to ensure these are covered in the new commissioning direction, to reduce burden on A& E. She also suggested the need to include a principle to make commissioning processes less overwhelming and simpler to the voluntary sector, so they can be involved. She noted that in some instances grants could be outside RBG and would like to see how commissioning could be supported in instances where related funding grants sit outside the area.
10.6	Neil Goulbourne noted the paper, and supported its direction, and that it captures some of the changes needed in commissioning and asked if there is consistent thinking among other SEL boroughs to steer towards similar direction? If so, can this document be shared with them? He also suggested it may be helpful to see a list of some contracts where this innovative approach could be applied.
10.7	JB supports the switch in approach and suggested the community and voluntary sector in Greenwich needs support to increase capacity, to be involved in any opportunities the new commissioning direction would provide. JB also supports some consistency in approach, noting that various organisations across the system are looking at reimbursement policies for respective volunteers' time when they get involved. It would be useful to make this consistent across the system.
10.8	RC welcomes the aspiration for wider community engagement and co-production in commissioning. RC suggested further work would be done to define clearly what co-production means in this context, as it could mean different things to different people.
10.9	The Chair noted the Horizon 3 concept is interesting but sought clarification about what is meant by agile commissioning. He asked whether it originated from health and social care commissioning? The Chair observed the aspiration to shift to outcomes-based commissioning sounds great but most of existing contracts require activity-based payments. He added that enabling providers to respond flexibly to increased demand would cost money, and building capacity and resilience of the community and voluntary sector in Greenwich would also incur cost for the system. The Chair suggested it would be useful for us to develop a strategy about how we would build community assets such as volunteers.
10.10	LW thanked everyone for their comments, noting there would be further Horizon 3 workshops to have more conversations with stakeholders. LW noted the suggestion to seek alignment with other SEL boroughs if possible, and other boroughs had seen it and were supportive of the direction of travel. LW clarified the shift to outcomes-based commissioning would be within contracted envelopes; new contracts under this commissioning framework would give providers flexibility in managing demand but specify clear outcomes to be achieved. Those outcomes would be developed through

10.11	co-production.  JD explained that market development is one of the key strands of this novel approach. Conversations would be had about how to bring community assets together for the benefit of Greenwich. DB confirmed the concept of agile commissioning is derived from health and care background and it means flexibility in commissioning and contracting, so providers have great flexibility to deliver specified outcomes. NKB stated the Horizon 3 approach has been shared across wider SEL ICS and has been well received, noting
10.12	there is strong support for this direction of travel across the system.  The Board noted the Horizon 3 commissioning update.
11	<b>Review of HGP Terms of Reference (TOR)</b>
11.1	Neil Kennett-Brown introduced the item, noting HGP TOR has come up for annual renewal and this is an opportunity for the board to consider if any changes should be made ahead of it going to the ICB board for renewal.
11.2	The Chair asked members if anyone had any suggested changes to the TOR. There was none.
11.3	<b>RESOLVED</b> The board agreed no changes would be made to HGP Terms of Reference.
12.	<b>Application to form a new Primary Care Network: Valentine PMS Practice</b>
12.1	LW introduced the item, taking the paper as read and noting it falls within the new delegated functions of the HGP in terms of primary care. This matter has gone to the Primary Care Working Group (PCWG) which considered it and brought a recommendation to HGP for approval.
12.2	Jan Mathews provided a brief context, noting Valentine has now met all the requirements for a PCN including the 30,000-patient threshold. HGP members are being asked to approve the primary Care working Group's recommendation that Valentine PMS be allowed to establish itself as a PCN.
12.3	JB asked if this is just an administrative change with no impact at all on services that are delivered to Greenwich residents? JM affirmed there is no change to existing services at all. This is about a separate PCN being established because there is one practice big enough so that they can look at the needs of their patients more closely and work towards that, as well as doing the neighbourhood work.
12.4	JB sought clarification that any practice that is over that threshold could apply to do the same thing if they wanted to. JM confirmed that is the case and is within the PCN rules.
12.5	Neil Goulbourne asked if there are any residual issues that splitting out a separate PCN would still not resolve, which could still impact on working with the other PCNs in that neighbourhood? JM explained there are no residual difficulties as such, noting it is more

<p>12.6</p> <p>12.7</p> <p>12.8</p> <p>12.9</p> <p>12.10</p> <p>12.11</p>	<p>about Valentine practice wanting to be able to manage their own staff, their associated role staff. They have got a very good relationship in terms of still being prepared to work together and to cooperate with the other PCN. So that should not be an issue.</p> <p>SMc asked what was the implications or impacts and consequences of having more PCNs in terms of our thinking about developing neighbourhood working and developing local care networks? JD responded, noting in that area of the borough PCN boundaries overlap and Valentine is required to work in any neighbourhood that makes sense to their patients, as part of the approval process. The practice committed to do so.</p> <p>Following the discussion, the Chair asked if members are happy to approve the recommendation? There was unanimous agreement.</p> <p>NKB suggested that for future purpose, relating to handling of PCWG decisions coming back into this meeting, the suggestion is that a list of the recommendations from that committee be provide for HGP ratification process rather than necessarily each of the decisions coming back here to be unpacked in detail. NKB committed to provide a paper about the PCWG decision approval process to HGP later.</p> <p>The Chair asked if the HGP would still retain the power not to ratify a PCWG decision if members decide not to? NKB confirmed HGP would still retain the right not to approve a decision the board does not agree with.</p> <p><b>Action:</b> <b>NKB to provide a paper about the PCWG decision approval process to HGP.</b></p> <p><b>RESOLVED</b> The board approved the recommendation of the Primary Care Group to establish Valentine Personal Medical services as a Primary Care Network</p>
<p>13</p>	<p><b>MSK Update</b></p>
<p>13.1</p> <p>13.2</p>	<p>LW introduced the item, noting the paper sets out initial plan relating to securing a future MSK service. Annie Norton is leading the work and the plan envisage wider engagement with various stakeholders, including service users and the wider community. Patient and public engagement events would be used for understanding the current service and pathway, collecting views of people about the future and synthesising that into what a future model could look like. LW noted a contract waiver will be obtained to ensure enough time to undertake all the groundwork ahead of any procurement, but also with a safe service in the interim.</p> <p>Naomi Goldberg suggested that addressing inequalities and prevention should be vital part of the specification for any future service. RC disclosed the public engagement forum on 11 October 2023 would be focused on MSK.</p>

13.3	The Board noted the MSK update.
14.	<b>Greenwich Healthier Communities Fund (GHCF) Update</b>
14.1	Neil Kennett-Brown introduced the item, noting the new name for the Greenwich Charity fund is Greenwich Healthier Communities Fund. Groundwork London would soon commence grassroots engagement with stakeholders for the remainder of the fiscal year, ahead of starting grant giving next calendar year. The focus in grant giving would be addressing inequalities, noting the need to support the voluntary sector. The GHCF committee, of which SMC is a member, would continue to maintain oversight of the funds.
14.2	The Board noted the Greenwich Healthier Communities Fund (GHCF) Update.
15	<b>Update on Work to Develop and Scale Shared Identity</b>
15.1	RC introduced the item, noting it is part of the HGP plan to develop and scale a shared identity for the partnership which would be owned across all partners. Initial work has begun, and the paper sets out proposals for a face-to-face staff event in the autumn and a programme of virtual staff events. RC would like a steer to go ahead from HGP and commitment from partner organisations to send at least ten delegates to participate and would welcome input from senior members of each partner organisation.
15.2	RC asked if members would endorse the proposal and to commit to freeing up staff to attend, particularly the face-to-face session?
15.3	LW is happy for the event to go ahead and would commit to supporting it. Neil Goulbourne is supportive of the approach but would check back with LGT colleagues who have been involved so far, ahead of committing to staff participation. LT confirmed Oxleas would support and commit to this work.
15.4	NKB noted this is an opportunity for staff and other parts of the system to know more about the partnership and to build some of those cross-fertilisation relationships, especially among middle managers. He suggested it would be good to get primary care linked into this as well. TT added that raising awareness about what HGP does is important.
15.5	The Chair supports the proposal, noting it is important to communicate our messaging widely to staff that we are moving into partnership working.
15.6	The Board noted the update on work to develop and scale shared identity.
16	<b>HGP Forward Planner</b>
16.1	The forward plan was noted. The October HGP would be a meeting in public via MS Teams. Although the workshop in November is scheduled on 22/11/23, this date may need to change due to some members on annual leave that day.
17.	<b>Any Other Business</b>
17.1	None

17.2

The Chair thanked everyone for their attendance and closed the meeting at 14.20hrs.

DRAFT

## Action Log for the Healthier Greenwich Partnership – October 2023

Updated 02.10.2023.

OPEN ITEMS						
Meeting date	Minute Ref	Action no	Action	Action Owner	To be Completed	Comments
27.09.23	7.8	001	Victoria Stanway to share the review of place and ICS delegation by the London ICS network when it becomes available.	Victoria Stanway	24 October 2023	
27.09.23	12.10	002	NKB to provide a paper about the PCWG decision approval process to HGP.	Neil Kennett-Brown	24 October 2023	On Agenda

AGENDA ITEM: 6

## Healthier Greenwich Partnership

Date: 25/10/23

<b>Title</b>	Healthier Greenwich Partnership Public Forum Feedback Report	
Healthier Greenwich Partnership are asked to discuss and note the report and the feedback from residents.		
Executive Summary	<ul style="list-style-type: none"> <li>This paper summarises the discussions at the Healthier Greenwich Partnership Public Forum on 11/10/23</li> </ul>	
Recommended action for the Committee	Members are asked to note the report and identify any particular issues raised that require further actions.	
Potential Conflicts of Interest	<ul style="list-style-type: none"> <li>None arise directly from the report.</li> </ul>	
Impacts of this proposal	Key risks & mitigations	<ul style="list-style-type: none"> <li>None arise directly from the report.</li> </ul>
	Equality impact	<ul style="list-style-type: none"> <li>Demographic info from attendees has been collected and analysed in the report</li> </ul>
	Financial impact	<ul style="list-style-type: none"> <li>None arise directly from the report.</li> </ul>
Wider support for this proposal	Public Engagement	<ul style="list-style-type: none"> <li>The paper outlines the report from one of the HGP's key engagement activities.</li> </ul>
	Other Committee Discussion/ Internal Engagement	
Author:	Russell Cartwright	
Clinical lead:	Dr Nayan Patel	
Executive sponsor:	Neil Kennett-Brown	

## **Healthier Greenwich Partnership Public Forum report**

**Forum date:** Weds 11 October 2023

**Venue:** Kidbrooke Community Hub, Pegler Square



**Main Topic – Have your say on Musculoskeletal (MSK) services in Greenwich.**

This event was the fifth Healthier Greenwich Partnership (HGP) Public Forum. The Public Forums were established to try and find more meaningful ways for members of the public to engage with HGP work and to try to reach beyond the people who often attend our meetings. The event was held as a hybrid with members of the public joining in person at the Kidbrooke Community Hub and online via Zoom between 6pm and 8pm.

We were joined by 8 members of the public in person and 6 online (14 in total). This compares to the previous meeting held at Moorings Social Club in Thamesmead where 22 members of the public joined in person and 15 joined online for a discussion around getting Greenwich active. Although the group was smaller for this forum, we were still able to gain valuable feedback around Musculoskeletal (MSK) services in Greenwich and several of those attending were current users of the service.

### **Format**

Neil Kennett-Brown chaired the session. He was joined by Annie Norton, Ass. Director, Partnerships & Programmes, SEL ICB. Emma James, SEL MSK Project Manager, SEL ICB and Sameer Gohir, Clinical Lead and Advanced Practitioner Physiotherapist, Circle Health. Neil introduced the session and Annie presented a summary of MSK Services in Greenwich and the work we are doing to hear what residents and users of the service think about it. The presentation was followed by 2 break out focus groups: 1 face-to-face and 1 online. The main points for discussion were:

1. What do you think works well?
2. What do you think is not so good?
3. What do you think would make the service better?
4. For those with no direct experience of the service  
Imagine that a loved one is in need of help from the service, what do you think the service needs to be like - what would they experience i.e., see/hear/feel?

Following this the 2 discussions were brought together and summarised by the facilitators. The discussions were informative and provided insight on the current MSK service.

### **Summary Themes**

- Self-Referral - people reported barriers using the self-referral system
- Work may be needed to raise awareness of MSK services and self-referral amongst GPs and other health professionals
- Waiting times for the service were reported as being long by some people
- Booking systems - online booking isn't always easy to navigate
- Long term conditions - many patients using the service suffer from long term conditions and there is a wider range of issues they face and felt that the support provided could be better joined up with other services
- Pain management - Regular review of medications
- Location of services - provided across the borough and the ease of getting to them
- More support - on how to do and keep up with prescribed exercises



- A more consistent experience is needed
- Telephone consultations are not always helpful (especially when patients are trying to practice an exercise prescribed over the phone). Face-to-face appointments are better for this
- Appointment slots - only cover what patients have been referred into for and they cannot ask for consultation on other MSK problems
- Performance data was requested for the current services – this was especially relevant for people who don't have direct experience of using the service as without it, it is difficult for them to have a meaningful input

### **Detailed discussion points**

#### **Virtual Group**

##### **What works well?**

- A patient described how she accessed a 6-week exercise programme (a while back through Queen Elizabeth Hospital) and info on pain management which was very useful
- Knowing what exercises are safe to do
- Eltham Community Hospital was described as a pleasant experience
- Short term pain referral is smooth and quick and easy to self-refer

##### **What is not so good?**

- Online booking is difficult
- Patient had to wait 6 months for an appointment
- Private companies providing NHS services can be confusing
- Having to go to different places for MSK, sometimes having to travel quite far despite there being a clinic nearer
- Referral waiting times are very long
- Self-referral only an option if it's a problem that has appeared in the last 6 weeks so people with longstanding issues cannot self-refer and need to book an appointment with the GP (which can be difficult to get)
- Telephone consultations are not ideal. Exercises were sent to a patient and they ended up injuring them self as they were not shown how to do it face-to-face
- Hard to show physiotherapist what is painful during a phone appointment
- Medications prescribed, not knowing if they can reduce pain management meds if they are feeling better. There should be a regular review of medications
- More holistic support with chronic pain management, such as help with the cost of living, employer issues, how to sleep better and feel less stressed
- Nowhere to exercise and not knowing what exercises are safe to do
- Self-referral forms are very long and complicated to fill in
- There is a lack of clarity of where services are provided
- If you have a long-term spinal problem, you are unable to self-refer
- People with long-term conditions and who are older find it harder to self-refer and book onto the system it's a bit "clunky"

##### **What would make the service better?**

- A service that can pick up those that have been discharged re: exercises and activities
- The service needs to be promoted more widely within the community

- Having a proper telephone booking system over the phone contact centre
- Alternative options for bookings (online can be difficult for some)
- Travelling to different venues, it would be good to have one central place to access the service
- More support groups, free facilities for stretching and massages to facilitate self-management
- Need more local services for long term pain issues
- More support for people with fibromyalgia and people with long term conditions
- More clarity and reassurance on what activities are safe for people with long-term conditions
- More holistic approach
- More joined up thinking: pain management, surgery and holistic approach should all be under one roof, not in different places
- Early referral so that the condition improves earlier
- Regular MRI scan or review of symptoms to reduce the need for ongoing pain medication
- Understanding that people with long term conditions also have other life pressures that can affect their condition e.g. cost of living
- Patient has pain in shoulder, health professional mentioning that they don't deal with pain management. Also, if someone has pain in their shoulder, health professionals cannot help with back pain. They can only deal with one area at a time, patients being advised to go back to the GP for a new referral if there is a new problem
- If pain in left foot doctor cannot look at right foot need another referral for that which is extremely frustrating for patients! Can this be looked at in future services and what a future system would look like?
- From a medical perspective you must be seen for what you have been referred for
- MSK and pain management awareness campaign - a campaign on MSK problems and where you can go for help in the borough would be beneficial
- Having a support network for people with long term conditions and MSK problems, it's an invisible illness and having to deal with employers, pain affecting sleep and relationships calls for a local support group

### **Other**

- GLL provide a service called HealthWise with a referral form and free gym service
- GLL planning to work with physiotherapists in future
- Patients reported being referred to HealthWise haven't been contacted to date

### **Face-to-face discussion**

- One patient talked about their very recent experience of starting to use the service in the last week. He is a keen walker and, following having Covid-19, he found that suddenly he was stumbling. His GP recommended he self-refer to MSK. It was too early to report on whether the treatment is working. He said that he has been given some exercises to do on an app but had experienced some difficulties with this: "There were four exercises and, by the time I got from the floor to the chair, the 30 second session had virtually finished. There may be a pause button which I have not found, maybe I need to download it onto my laptop rather than the phone make a difference."

- One participant described two very different experiences (hers and her husband's) of accessing the MSK service. He was seen very quickly (6 weeks) whereas she experienced significant delays, duplication and being "sent around the houses". It took more than six months from her GP saying she needed an MRI scan to getting one. She did say that when you get to see the service the experience was positive, but it's getting into the services that is not easy. It shouldn't take that long and I could have caused serious damage while I was waiting
- Me and my husband have been referred to two different service providers, we were not asked where we would like to go to, had we been asked, then we would have said the same place. We both went to Eltham Community Hospital first. From there one of us were given an appointment in the community, and the other at Queen Elizabeth. No one asked which one I would like to go to. We were just sent there
- Also, the exercises given differed significantly from person to person. One of us was given a sheet of paper, the other sent exercises on an app
- One participant had never heard of the MSK service
- One participant had problems with her knees but didn't go to her GP, as she thought it is difficult to get a physio appointment. She was unaware that you can self-refer to MSK so she paid for private treatment
- Several group members were unaware that you can self-refer to MSK
- The provider has recently launched the Phio app where you can get digital access to a physio and choose which location you go to for treatment. Some participants thought this was positive and others pointed out that some people are not comfortable using an app to self-refer, book appointments, and access treatment guides
- One participant asked what performance data there is since Circle took over the MSK services. He said the data will show whether there has been an improvement in services
- The Greenwich Health and Wellbeing Strategy shows morbidity and 20% of that is MSK related. I would like to know how that is being tackled. I would like to see how the level of morbidity has improved over the last 6 years. How does Healthier Greenwich Partnership address MSK in relation to morbidity and how do you see how circle has performed?
- One participant described their experience of wrist pain. Their GP sent them to hospital which took a long time (over a year to get an appointment with a consultant surgeon). He said his pain is getting worse and he has lost confidence. It was felt by clinicians in the room that the condition described could have been treated effectively and much more quickly by the MSK service
- One participant said the GPs don't know what has changed, GPs don't know you can self-refer. There may be some work needed to raise awareness of the range of MSK services with GPs.
- One resident said that staff should see patients as a whole person, we may have whole series of issues, and not just the problem we come to the GP or therapist for

### **Feedback from participants**

9 people who attended the Public Forum completed our feedback form. Of these 7 attended in person and 2 online. The 2 people who completed it online confirmed they were able to see and hear the speakers and see the slides and that they were able to participate fully.

Feedback indicated that taking part in the Public Forum was a positive experience and that their awareness around MSK services in Greenwich increased as a result.

The results reflected that there were both male and female participants that took part (although more female). The results reflected some diversity of the audience with Black African and Black Caribbean attendees taking part (however there was nobody in attendance from other ethnic groups e.g., South Asian) For this forum there were mostly an older age range taking part and we heard from people with physical disabilities and long-term health conditions.

Some of the key results are included below:

**To what extent do you agree with the following?**

	Definitely agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Definitely disagree
I could hear the speakers (both online and in the room)	<b>9</b>				
I could see the slides and the people speaking	<b>9</b>				
Kidbrooke Community Hub is a convenient and accessible location for me	<b>4</b>	<b>4</b>	<b>1</b>		

**How would you rate your knowledge of the Healthier Greenwich Partnership before and after the event?**

	1. Very poor	2. Poor	3. Neutral	4. Good	5. Excellent
Before	<b>2</b>	<b>2</b>	<b>3</b>	<b>1</b>	<b>1</b>
After	<b>2</b>		<b>3</b>	<b>3</b>	<b>1</b>

**How would you rate your understanding of the challenges and opportunities around MSK services in Greenwich before and after the event?**

	1. Very poor	2. Poor	3. Neutral	4. Good	5. Excellent
<b>Before</b>	<b>5</b>		<b>2</b>	<b>1</b>	<b>1</b>
<b>After</b>			<b>4</b>	<b>3</b>	<b>2</b>

**Overall how would you rate your experience of the Healthier Greenwich Partnership Public Forum?**

1. Very poor	2. Poor	3. Neutral	4. Good	5. Excellent
		<b>1</b>	<b>3</b>	<b>5</b>

## **What topics would you like to see included in future Healthier Greenwich Partnership Public Forum sessions?**

- **Pain Management**
- **Long term pain management and support available locally**
- **Reducing waiting times**

### **Learning Points**

**Venue** – The venue had excellent meeting facilities and had a GP surgery attached as well as a being part of a community hub in Kidbrooke.

**Timing** – The pensioners forum had emailed back to say many of their members would have liked to attend this meeting if it had been hosted during the day (being elderly they do not prefer to travel when it is dark). A separate time has been arranged to consult this group on MSK services in Greenwich. One feedback on evaluation form was that it would be good to host during the day for parents whose children are at school.

**Theme** – As this was a focused discussion the attendance was lower. Having a broader main topic than a specific focus usually has a better attendance.

**Staff** – A minimum of one facilitator and one note taker per discussion worked well. At this forum the Kidbrooke Community Hub reception staff were able to provide a hot drink, help people to sign in and direct them to the room. This helped staff in the room carry on facilitating the session without being overly disturbed.

**Feedback** – It is challenging to get online participants to complete the feedback form. Despite being sent a link to an online form in the chat on Zoom and by email straight away at the conclusion of the meeting just one out of 14 completed it. This compares to 7 out of 8 face-to-face participants. The team will continue to look at other ways to get feedback from online participants.

**Next Public Forum** – We are looking at venues and dates for the next Public Forum which will be held in late January/February 2024.

## Healthier Greenwich Partnership

Date: 25/10/23

<b>Title</b>	Winter planning	
This paper is for <b>noting</b>		
<b>Executive Summary</b>	<p>The borough has identified £495k of funds, which can be allocated to system winter resilience this year (no new additional money has been made available to the Borough).</p> <p>The plan is to spend these funds on six opportunities which broadly span the urgent and emergency care pathway and have had, or are expected to have, an impact on flow and the national metrics. The total cost of the six identified schemes is £540k, hence £45k of expenditure will be at risk pending a release of funds to Place later in the year (this is expected based on the experience in previous years but has not been confirmed at this stage).</p>	
<b>Recommended action for the Committee</b>	<ul style="list-style-type: none"> <li>The committee is asked to note the content of this paper.</li> </ul>	
<b>Potential Conflicts of Interest</b>	<ul style="list-style-type: none"> <li>This paper is presented for noting and not for formal approval (a number of partners gain financially from the winter plan).</li> </ul>	
<b>Impacts of this proposal</b>	<b>Key risks &amp; mitigations</b>	<ul style="list-style-type: none"> <li>The plan includes spending £45k at risk with a view to recovering this funding from any winter monies released to the system at a later stage.</li> </ul>
	<b>Equality impact</b>	<ul style="list-style-type: none"> <li>As noted in the element of this plan approved in July (relating to the Glyndon development work) – this is likely to disproportionately improve inequalities in one ward of Greenwich. This is with a view to expanding the neighbourhood co-design process across Greenwich as further funding is made available to the borough.</li> </ul>
	<b>Financial impact</b>	<ul style="list-style-type: none"> <li>Plan to spend £45k winter funding at risk. This will be recovered from any winter funds released to the system at a later stage.</li> </ul>
<b>Wider support for this proposal</b>	<b>Public Engagement</b>	<ul style="list-style-type: none"> <li>The neighbourhood pilot to be co-produced with members and groups from the target community.</li> </ul>

		<ul style="list-style-type: none"> <li>Wider winter opportunities have been developed through existing operational and board structures which include representatives from partner organisations. Public engagement is undertaken as a wider part of programme development and will steer the shortlisting of opportunities indirectly.</li> </ul>
	Other Committee Discussion/ Internal Engagement	<ul style="list-style-type: none"> <li>Joint Commissioning Board (July 2023)</li> <li>Winter subgroup of the Joint Commissioning Board inclusive of Integrated Directors, COO, and Adult Social Care Director (September 2023)</li> </ul>
Author:	Gemma O'Neil	
Clinical lead:	Rachel Matheson	
Executive sponsor:	Neil Kennett-Brown	

# Healthy Greenwich Partnership Winter investment plan

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October 2023



# Winter investment summary

## Introduction

- ▶ This paper briefly summarises Greenwich's winter investment plans following the presentation of planning proposals to the Partnership in July and the release of national winter priorities in August.
- ▶ Greenwich's winter planning approach is based on strengthening, connecting and investing in existing services across the borough to support the physical and mental health needs of residents, and reduce health inequalities. Planning was aligned to key principles, including;
  - ▶ Building on existing services in the system
  - ▶ Build on local community assets (people, places, existing services)
  - ▶ Delivering short-term actions that support long-term aims
  - ▶ Not relying on NEW workforce or services or destabilise current infrastructure

## Local process

- ▶ As per the process outlined in July, partners from across the HGP were asked to propose winter initiatives which aligned to the locally agreed principles and focused on opportunities which have been piloted already, scaled / strengthened existing provision or bridged a critical commissioning gap. A long list of 17 opportunities was developed, representing a cost to the borough of £1.4m.
- ▶ In late August, it was announced that there would be no ringfenced winter money allocated to ICBs. Consequently, a shortlisting process was undertaken by a subgroup of the Joint Commissioning Executive and in partnership with the Home First Board to identify opportunities which would best support system resilience during winter, and impact on the national ambitions and high impact areas of change.

## Wider NHS winter plans

- ▶ NHS England published the national approach to winter in July and centred action around achievement of two key ambitions for urgent and emergency care recovery;
  - ▶ 76% of patients being admitted, transferred, or discharged within four hours by March 2024
  - ▶ Ambulance response times for Category 2 incidents to 30 minutes on average over 2023/24
- ▶ ICBs at Place were asked to select four priority areas from a list of high-impact change areas focused around urgent and emergency care. Greenwich (as part of the wider QEH focused system with Bexley) selected; Same Day Emergency Care, Inpatient flow and LOS, Care Transfer Hubs and Acute Respiratory Infection Hubs.

## Current position and proposal

- ▶ Subject to a final funding review, the borough has identified £495k of funds from internal reserves which can be allocated to system winter resilience this year. The plan is to spend these funds on six opportunities which broadly span the urgent and emergency care pathway. The total cost of the six identified schemes is £540k, hence £45k of expenditure will be at risk pending a release of funds to Place later in the year (this is expected based on the experience in previous years but has not been confirmed at this stage).
- ▶ Should additional winter funding be made available over the coming months, this will be used to first offset the £45k gap and then fund additional priorities from the winter long-list.

# Winter investment plan

Scheme title and summary	Expected impact	Non recurrent cost
<ul style="list-style-type: none"> <li>▶ <b>Community pharmacy consultation service incentivisation scheme to encourage practices to refer for minor ailments.</b></li> </ul>	<ul style="list-style-type: none"> <li>▶ Currently 5 Greenwich GP practices make referral to the community pharmacy consultation service for minor ailments. This scheme will support more patients to be directed to this service, reducing the burden on primary and urgent care.</li> </ul>	50
<ul style="list-style-type: none"> <li>▶ <b>Same day urgent care interventions December - March:</b></li> <li>▶ <b>Virtual Clinical Assessment Service</b> - to pro-actively contact patients referred by NHS111 as walk-ins/booked appointments before they arrive at UTC (illness only) - 7 days week, 8hrs day.</li> <li>▶ <b>Acute Respiratory Hub model via Greenwich health</b> - 7 days week, 8hrs day which could accept both NHS111 and practice bookings.</li> </ul>	<ul style="list-style-type: none"> <li>▶ Supports patients to access same day urgent care where this is required. Reduces the burden on primary, urgent and emergency care. 90% of patients consulted via the VCAS can be supported without the need for an onward face to face consultation.</li> </ul>	200
<ul style="list-style-type: none"> <li>▶ <b>Reablement capacity development</b> – increasing capacity to take additional referrals during the winter period to maintain flow out of the acute hospital.</li> </ul>	<ul style="list-style-type: none"> <li>▶ Maximises the number of people in receipt of Reablement support and reduces any delays waiting for support to commence.</li> </ul>	100
<ul style="list-style-type: none"> <li>▶ <b>Increase capacity in the falls team</b> – demand is currently outstripping capacity hence the proposal to increase capacity and reduce the wait for this over the winter period.</li> </ul>	<ul style="list-style-type: none"> <li>▶ Increase throughput of patients to reduce falls and resulting conveyances and admissions</li> </ul>	50
<ul style="list-style-type: none"> <li>▶ <b>Employ an end-of-life OT</b> to ensure patients who are receiving End of Life care to access the support, advice and equipment they need to die at home.</li> </ul>	<ul style="list-style-type: none"> <li>▶ Supports patients to die at home where this is their plan by increasing confidence, safety and comfort for the patient and their family/carers. Reduces unnecessary conveyances and admissions for this vulnerable group.</li> </ul>	90
<ul style="list-style-type: none"> <li>▶ <b>Glyndon co-production</b> approach in a local neighbourhood which has high levels of inequality and where there are already trusted relationships and opportunities for co-design.</li> </ul>	<ul style="list-style-type: none"> <li>▶ Will focus on what the community feel is needed to reduce attendances based on their specific local needs.</li> </ul>	50
<b>Total investment</b>		540

AGENDA ITEM: 10

## Healthier Greenwich Partnership

**Date:** 25 October 2023

<b>Title</b>	Section 75 – Contract extension	
This paper is for <b>recommendation</b>		
<b>Executive Summary</b>	<p>The Section 75 (S75) is a legal framework agreement through which SELICB and RBG can secure the provision of health and wellbeing services through Integrated Commissioning arrangements.</p> <p>The current contract expires on 31<sup>st</sup> March 2024. The enclosed paper is a deed of extension to extend the contract for a further 3-year term until 31<sup>st</sup> March 2027.</p> <p>The approval of a S75 extension is a matter reserved for ICB Board approval under the schedule of matters. The request for the Healthier Greenwich Partnership is to therefore recommend to the ICB Board that the S75 extension be approved.</p>	
<b>Recommended action for the Committee</b>	To <b>recommend</b> to the ICB Board that a 3-year extension to the S75 agreement be approved	
<b>Potential Conflicts of Interest</b>	None arise directly from the report.	
<b>Impacts of this proposal</b>	<b>Key risks &amp; mitigations</b>	Not required for the direct purposes of this report.
	<b>Equality impact</b>	Not required for the direct purposes of the report.
	<b>Financial impact</b>	Not required for the direct purposes of this report.

**Dated**

**2023**

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**ROYAL BOROUGH OF GREENWICH  
NHS SOUTH EAST LONDON INTEGRATED CARE  
BOARD**

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**DEED OF EXTENSION AND VARIATION OF SECTION  
75 AGREEMENT**

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THIS DEED is dated

2023

## PARTNERS

- (1) **ROYAL BOROUGH OF GREENWICH** whose registered office is at The Woolwich Centre, 35 Wellington Street, Woolich, London SE18 6ND (the '**Council**'); and
- (2) **NHS SOUTH EAST LONDON INTEGRATED CARE BOARD** whose registered office is at 160 Tooley Street, London SE1 2TZ ('**ICB**');

each a '**Partner**' and together the '**Partners**'.

## BACKGROUND

- (A) The Partners entered into an agreement pursuant to Section 75 of the National Health Service Act 2006 dated the 22<sup>nd</sup> of September 2022 (the '**Agreement**').
- (B) The term of the Agreement is for three (3) years until the 31<sup>st</sup> March 2024. The Partners wish to further extend the term of the Agreement.
- (C) The Partners also wish to make amendments to the Agreement as a result and to acknowledge NHS South East London Integrated Care Board's change from a Clinical Commissioning Group to an Integrated Care Board.

## AGREED TERMS

### 1 TERMS DEFINED IN THE AGREEMENT

- 1.1 In this Deed, expressions defined in the Agreement and used in this Deed have the meaning set out in the Agreement unless otherwise defined. The rules of interpretation set out in the Agreement apply to this Deed.

### 2 EXTENSION AND VARIATION

- 2.1 The Partners have agreed to amend the Agreement as set out in this Deed with effect from March 31<sup>st</sup> 2024 (the '**Variation Date**').
- 2.2 With effect from the Variation Date, the Partners have agreed to extend the Agreement for a maximum period of up to three (3) years subject to an annual review to coincide with the completion of the Annual Development Plan prior to the 31<sup>st</sup> of May in each Financial Year. The Parties agree that such a review may result in an earlier termination of the Agreement.
- 2.3 With effect from the Variation Date, the Partners agree the following amendments to the Agreement:
  - 2.3.1 all references to "NHS South East London Clinical Commissioning Group" in the Agreement shall be updated to the "NHS South East London Integrated Care Board";
  - 2.3.2 all references to "CCG" in the Agreement shall be updated to "ICB"; and
  - 2.3.3 the definition of Expiry Date in the Agreement shall be amended to "**Expiry Date** means at the latest at 23.59 on 31<sup>st</sup> March 2027".
- 2.4 To the extent that the Agreement stipulated a particular procedure or notice period to be applied when one Partner seeks to extend the Agreement, the Partners hereby expressly waives its rights to such procedure or notice period being applied.

2.5 Except as amended by this Deed, the Agreement shall continue in full force and effect and this Deed shall not release or lessen any liability under the Agreement of the Partners or any other person whether before or after the date of this Deed.

2.6 To the extent of any conflict between the terms of the Agreement and this Deed, the terms of this Deed will prevail.

### **3 AMENDMENTS**

3.1 This Deed may not be amended except in writing and any such amendment must be signed by the authorised representatives of the Partners.

### **4 FURTHER ASSURANCE**

4.1 The Partners shall at all times exercise their respective rights and powers to give effect to the provisions of this Deed and shall do, execute and perform and shall use their respective reasonable endeavours to procure that any necessary third party shall do, execute and perform all such further agreements, documents, assurances, acts and things as any of the Partners hereto may reasonably require and as may be necessary to carry the provisions of this Deed into full force and effect.

### **5 SEVERABILITY**

5.1 If any provision of this Deed is or becomes illegal or invalid, it shall not affect the legality and validity of the other provisions or any other documents referred to in this Deed.

5.2 If any provision or part-provision of this Deed is deemed deleted under clause 5.1, the Partners shall negotiate in good faith to agree a replacement provision that, to the greatest extent possible, achieves the intended commercial result of the original provision.

### **6 COUNTERPARTS**

6.1 This Deed may be executed in any number of counterparts. Any single counterpart or a set of counterparts executed, in either case, by all the Partners shall constitute a full original of this Deed for all purposes.

### **7 GOVERNING LAW AND JURISDICTION**

7.1 This Deed and any non-contractual obligations arising out of or in connection with it shall be governed and construed in all respects in accordance with English law and the English Courts shall have exclusive jurisdiction to settle any disputes which may arise out of or in connection with this Deed.

**THIS DEED** is executed as a Deed and delivered on the date stated at the beginning of it

**EXECUTED** as a **DEED** by )

**ROYAL BOROUGH OF GREENWICH** )

by affixing its common seal in )

the presence of )

Authorised Signatory .....

**EXECUTED** as a **DEED** by )

**NHS SOUTH EAST LONDON** )

**INTEGRATED CARE BOARD** )

by affixing its common seal in )

the presence of )

Authorised Signatory .....



## Healthier Greenwich Partnership

Date: 25 October 2023

<b>Title</b>	HGP approval process for ratification of Primary Care Working Group decision	
This paper is for <b>noting/approval</b>		
<b>Executive Summary</b>	The paper sets out a simple ratification process to be used when considering recommendations from the PCWG.	
<b>Recommended action for the Committee</b>	For HGP to approve the ratification process.	
<b>Potential Conflicts of Interest</b>	None	
<b>Impacts of this proposal</b>	<b>Key risks &amp; mitigations</b>	None arise directly from the report
	<b>Equality impact</b>	not required for the direct purposes of the report
	<b>Financial impact</b>	Not Applicable
<b>Wider support for this proposal</b>	<b>Public Engagement</b>	Not required for the direct purposes of the report
	<b>Other Committee Discussion/ Internal Engagement</b>	Not Applicable
<b>Author:</b>	Ike Philip, Governance Lead, Greenwich	
<b>Clinical lead:</b>		
<b>Executive sponsor:</b>	Neil Kennett-Brown	

## **APPROACH TO HGP RATIFICATION OF PRIMARY CARE WORKING GROUP'S RECOMMENDATIONS**

### **1. Introduction**

1.1. For Greenwich Place, the delegated responsibilities and overall decision-making sits with the Healthier Greenwich Partnership (HGP). The HGP set up the Primary Care Working Group (PCWG) to support the HGP by considering contractual issues relating to the provision of Primary Care services and providing recommendations for decision.

1.2. In the course of its work, the PCWG is expected to make recommendations, advise and provide assurance to the HGP. As a working group, any decisions or recommendations of the PCWG would require ratification or approval by the HGP.

### **2. Ratification Process**

2.1. During the September HGP, it was decided that a simple ratification process be used when considering recommendations from the PCWG, instead of full discussion of such issues again by HGP. This would help to free up more time for HGP to focus on strategic discussions.

2.2. A simple template would be used. Section 1 would list any decisions or recommendations from PCWG requiring HGP endorsement. HGP would consider them and decide whether or not to approve any item on the list. HGP would not need to elaborately discuss the issues all over.

2.3. HGP continues to reserve the right to decline approving or endorsement of PCWG recommendations. HGP can also ask for more information in relation to any matter for ratification. Any item not ratified would be noted and the reason communicated to the PCWG.

2.4. Section 2 of the template would also list other items that are just for HGP to note, without requiring approval.

2.5. See attached the template below with list of items for approval and noting.

## Information from meeting of the Primary Care Working Group (PCWG) to HGP.

### 1. Decisions made by PCWG that require ratification by HGP.

1.1 Below is a summary of decisions taken by the committee that need to be approved by HGP.

No.	Meeting date	Agenda item	Items for HGP to approve
1.	28 <sup>th</sup> September 2023	<b>Quality and Improvement in Primary Care Terms of Reference</b>	<b>Quality and Improvement in Primary Care</b> Terms of Reference approved.
2.	28 <sup>th</sup> September 2023	<b>Practice Development and Support</b>	Payment of £500 payment per practice to support practice visit / discussion on local and national support offers approved
3.	28 <sup>th</sup> September 2023	<b>Estates</b> Escreet Grove	Additional costs to support additional rent reimbursement and other costs claimable under the Premises Cost Direction associated with site expansion identified. Recommendation to support scheme approved.

## 2. Other Agenda Items of Note

2.1 Below is a summary of other significant actions and items of note for HGP information.

No.	Meeting date	Agenda item	Items for HGP to note
1.	28 <sup>th</sup> September 2023	<b>Engaging with Greenwich Neighbourhoods - Cardiometabolic Funding</b>	Total of 4 EOIs submitted from Greenwich PCNs with Heritage proposal selected for funding by the SEL team.
2.	28 <sup>th</sup> September 2023	<b>Greenwich wide forum</b>	<b>December agenda and Pending Requests</b> Requests for the December meeting were approved.

AGENDA ITEM: 12

## Healthier Greenwich Partnership

Date: 25 Oct 2023

<b>Title</b>	Partnership Report	
This paper is for <b>noting</b>		
<b>Executive Summary</b>	<p>The partnership report provides update on key developments, as follows:</p> <ol style="list-style-type: none"> <li>1) Executive Group</li> <li>2) District Nursing</li> <li>3) Oxleas Annual Public Meeting</li> <li>4) HGP Development Session (Dec)</li> <li>5) Greenwich Estates Workshop</li> <li>6) Same Day Urgent Care</li> <li>7) People News</li> </ol> <p>Attached are the HGP Committees' update</p>	
<b>Recommended action for the Committee</b>	To note the report	
<b>Potential Conflicts of Interest</b>	None	
<b>Impacts of this proposal</b>	<b>Key risks &amp; mitigations</b>	None
	<b>Equality impact</b>	Not required for the direct purposes of the report
	<b>Financial impact</b>	Not required for the direct purposes of the report
<b>Wider support for this proposal</b>	<b>Public Engagement</b>	Not required for the direct purposes of the report
	<b>Other Committee Discussion/ Internal Engagement</b>	Not applicable
<b>Authors:</b>	Annie Norton, Ass. Director Partnerships & Programmes Neil Kennett-Brown, Chief Operating Officer Ike Philip, Corporate Governance Lead	
<b>Clinical lead:</b>	Not applicable	
<b>Executive sponsor:</b>	All partners	

## **Partners' Report 25<sup>th</sup> Oct 2023**

### **1) Executive Group**

Work to prepare the first of a twice-yearly update on the Health & Care Plan is well underway. From this, a report will be reviewed by the Exec Group on 16<sup>th</sup> Nov, with a summary including notable successes and any escalations for assistance coming to the HGP Board on 12<sup>th</sup> Dec.

There will be a discussion at the Exec Group meeting on 19<sup>th</sup> Oct to agree the process for how this group will start to set agenda items for HGP Board meetings and to agree the process to ensure that this Partners' Report reflects key updates from across the partnership.

At the last meeting (Oct 5<sup>th</sup>), there was one key item centred around District Nursing.

### **2) District Nursing**

Sarah Burchell updated the Exec Grp meeting that demand for District Nursing services is now higher even during the summer months. Key factors affecting growing demand are:

- Increasing complexity
- Faster growing population compared with Bexley
- Increasing Care Home activity
- Rising demand for insulin management
- Higher numbers of people being discharged with catheters
- Rising demand for wound care management
- Out of Area visits to Bromley and some to Bexley

Oxleas has a Task & finish Group looking at ways to better match demand and capacity, including: reducing variation across practices, considering a "core offer" for catheter services, review of house-bound criteria, ameliorating parking issues and additional activities linked to recruitment and retention.

The situation is a symptom of various drivers / issues and system-wide ownership will be essential to successfully address things. One idea is to have a cross-system "summit" focusing on a key pathway like Diabetes, as part of this approach. There was also discussion about taking more of a "neighbourhood-based" approach (like Lambeth/Southwark) as opposed to the current "by practice" way of working.

### **3) Oxleas Annual Public Meeting**

Oxleas had their annual public meeting on 18<sup>th</sup> October, in Eltham and shared the positive progress made over the year, and outlined the planned refresh of their strategy, and wanting this to be shaped with input from residents and staff.

### **4) HGP Development Session**

The next quarterly development session for HGP Board has been moved to 12<sup>th</sup> Dec. We will meet F2F in private with an option for people to socialise and have dinner together afterwards. The agenda will be shared with people in early November, which will focus primarily on distributed leadership in practice, with a short “separate” business item to consider a summary of progress regarding the Health & Care Plan (as per item 1).

### **5) Greenwich Estates Workshop**

A system-wide workshop was held on 5<sup>th</sup> October, across health & care organisations, to look at our shared estates opportunities across the public sector, including primary care. We had good representation, and agreed some key priorities so that we have a shared narrative and ask as a Greenwich system, recognising that access to capital is challenging, and the importance as the fastest growing borough in SE London.

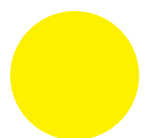
### **6) Same Day Urgent Care / 111 re-procurement**

Within our Joint Forward Plan, SEL has made a commitment to deliver an integrated safe and responsive urgent and emergency care model that meets population needs and enables people to access the care they need, in the least intensive setting.

Along with this, there are numerous national asks that systems need to align to, including: the Fuller Review, the Delivery Plan for Recovering Access to General Practice, the Delivery Plan for Recovering Urgent and Emergency Care, Single Enhanced Access Service, along with the NHS Long-Term Plan.

At the same time, the SEL 111 Integrated Urgent Care Service is coming up for re-procurement in 2025, which means work over the next six months to consider the best model for SEL and our six boroughs. This offers an enormous opportunity for SEL to develop a truly ‘integrated’ 111 service that meets the needs of SEL residents by integrating into local neighbourhood-based teams versus being a separate stand-alone service. Different models of care have been piloted (or are being piloted) across SEL/Region showing that 111 activity can be managed in different ways.

A workshop will take place in the next few weeks with key partners, to understand the options, and feed into the SEL process.



## 7) People news

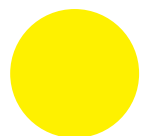
A formal celebration of the life of Robert Shaw was held on Thurs 5th Oct and was attended by Robert's wife, some close family members and around 70 colleagues from across the system. Tributes were made by Andrew Bland, Ben Travis, Ify Okocha, Neil Kennett-Brown, and Tamara Khan, CEO of Oracle Cancer Trust.

A Head & Neck men's cancer awareness raising campaign was proposed by Robert in his last few months, working with barber shops, and we are looking to get this up and running over the next few months, starting in Greenwich. As previously mentioned, there are a couple of ways that people can get involved, should they wish to, to raise money for Oracle Cancer Trust – please contact Russell Cartwright for further details.

The nationally mandated [Management Cost Reduction](#) programme for all Integrated Care Boards was announced in March 2023. Following intensive work, involving staff, the proposed new structure affecting all SEL ICB staff went out to consultation on 16<sup>th</sup> October. In Greenwich there is an aligned consultation process underway with Integrated Adults and Childrens teams across RBG and ICB staff.

There is now a 45-day consultation running for both organisations after which processes concerning slotting, ring-fenced competition and identifying those “at risk” of potential redundancy (which will be avoided wherever possible) will commence.

New structures will take effect from 1st April 2024 and there are various mechanisms in place to support staff through what is acknowledged to be a difficult time.





## HGP Committees Update October 2023

No.	Date	Committee name	Agenda items of note
1.	07/09/23	Joint Commissioning Board (JCB)	<p>1. Quality Update - the Board noted the Quality Update.</p> <p>2. Dressings Service Proposal - the Board approved option 2, which is the variation of the dressings service into the larger Urgent Treatment Centre contract.</p> <p>3. Better Care Fund (BCF) update – the Board noted the final BCF plan was submitted on 28 June 2023 along with accompanying templates.</p> <p>4. Contract Extension Request for Long Covid Rehab Service - the Board approved the extension of the Long Covid Rehab Service contract for a further 12 months.</p> <p>5. Respiratory Diagnostic Service - Contract Extension and Business Case:</p> <p>I. The Board approved the extension of the current Respiratory Diagnostic service for a further 6 months till end of March 2024.</p> <p>II. The JCB endorsed the business case for the proposed new model of Respiratory Diagnostic service in principle, subject to further determining how to meet the financial investment required to fund it on ongoing basis.</p> <p>6. Horizon 3 commissioning and action plan - JCB noted the Horizon 3 commissioning update.</p> <p>7. SLP / Complex Care Phase 2 options evaluation and next steps – Final iteration: The Board approved option 3 from SLP / Complex Care Phase 2 options evaluation - Developing Aligned Working.</p>
2.	05/10/23	Joint Commissioning Board (JCB)	<p>1. GSTT Prescribing Dietetic Service (PDS) - The board approved Option 1 to decommission GSTT PDS.</p> <p>2. Better Care Fund (BCF) Update – The Board noted the BCF update.</p> <p>3. Home Enteral Nutrition (HEN) Core offer and funding - The Board agreed the Home Enteral Nutrition Core offer and funding, noting the source of funding has been identified and committed for 2023/24.</p> <p>4. Tier 3 Weight Management Waiting List Options Appraisal - The Board agreed to undertake a system wide review of Tier3 that would be funded out of the £108K, any remainder of the funds would be used for the backlog.</p>

			<p>Further discussions would be held about how to identify potential non-recurrent funds to be used towards the backlog.</p> <ol style="list-style-type: none"> <li>5. Greenwich LCP (Local Care Partnerships) Assurance report August 2023 - The JCB noted the Greenwich LCP Assurance report.</li> <li>6. 24/25 Planning – Commissioning intentions and Priorities - The JCB endorsed the Planning Process for 2024/25 as proposed for Place.</li> </ol>
3.	05/09/23	Charitable Funds Committee	<ol style="list-style-type: none"> <li>1. Ratification of Investment &amp; Reserve policies - Investment and Reserve policies were agreed and ratified.</li> <li>2. 2022/23 Accounts for approval - All agreed and approved the accounts.</li> <li>3. Annual report approved.</li> <li>4. Financial support proposal - All accepted and agreed the proposal.</li> <li>5. Giving Strategy Update - Groundwork London have been officially appointed effective 1 August 2023 as the grant giving partner.</li> <li>6. Groundwork London Introduction - All agreed to the moveable and consultation elements that had been proposed.</li> </ol>

## HGP Committees Update October 2023

No.	Date	Committee name	Agenda items of note
1.	22 <sup>nd</sup> June 2023	Integrated Neighbourhood Development Working Group	<ol style="list-style-type: none"> <li>1. Work Programmes – the following have been agreed:- <ul style="list-style-type: none"> <li>• Extended Teams in PCNs – Mental Health (Additional Role Reimbursement Scheme)</li> <li>• Embedding deep engagement work in Blackheath and Charlton</li> <li>• Developing neighbourhood working in Horn Park</li> <li>• Further enhancing and connecting family hubs through neighborhood working</li> <li>• Developing a new Care Home model for Greenwich</li> <li>• Connecting Glyndon</li> </ul> </li> <li>2. Social Research – underway commencing with field work interviews. Outcome to be shared via a workshop on the 24<sup>th</sup> November 2023.</li> <li>3. Discussions on governance structure going forward.</li> </ol>

## Healthier Greenwich Partnership

Date: 25 October 2023

<b>Title</b>	HGP Risks update	
This paper is for <b>noting</b>		
<b>Executive Summary</b>	The paper provide update about the latest review of some of the risks to the delivery of the HGP 2023/24 plan.	
<b>Recommended action for the Committee</b>	HGP to note the update.	
<b>Potential Conflicts of Interest</b>	None	
<b>Impacts of this proposal</b>	<b>Key risks &amp; mitigations</b>	None arise directly from the report
	<b>Equality impact</b>	Not required for the direct purposes of the report
	<b>Financial impact</b>	Not Applicable
<b>Wider support for this proposal</b>	<b>Public Engagement</b>	Not required for the direct purposes of the report
	<b>Other Committee Discussion/ Internal Engagement</b>	Not Applicable
<b>Author:</b>	Ike Philip, Corporate Governance Lead - Greenwich	
<b>Clinical lead:</b>		
<b>Executive sponsor:</b>	Neil Kennett-Brown	

### HGP Risk register update October 2023

There are eight risks on HGP Risk register relating to the delivery of the HGP 2023/24 plan. Five of the risks were recently reviewed.

The updates are noted below. Full details about each risk is available on the risk register.

<b>Risk No.</b>	<b>Risk Title</b>	<b>Latest update</b>
462	Risk to primary care (PCN) access	18/09/23 All 6 PCNs have submitted a CAIP (Capacity Access and Improvement Plan). These have been approved by the Greenwich Primary Care Working Group. Leave current risk rating as is, pending delivery of plans.
464	Risk to engagement with Greenwich communities.	19/09/2023 - 1. A Social researcher has been nominated for 6 months to work with three neighbourhood areas and to develop a community engagement approach for Greenwich, including working with community researchers. 2. There will be evaluation of the impact of this approach of community engagement on reducing winter pressures. Some winter funding has been set aside to facilitate this. No change made to current risk rating.
469	Risk to ensuring that food and nutrition is included as part of all diet-related disease care pathways such as hypertension, CVD, diabetes, and excess weight.	04/10/2023 - 04/10/23 - As a borough with sustainable food places accreditation at silver level we have a work plan relating to the food environment including the following: a) A good food retail plan where partners are committed to improving the retail offer across the borough. b) Investment in the Healthier Catering Commitment programme with Environmental Health. c) A food environments contract with GCDA, coordinating the Good Food in Greenwich Partnership. d) A specific workstream relating to food insecurity, with a focus on Healthy Start, Holiday Meals and the HAF programme, food clubs, food banks and support with food access through the Live Well system. e) A commitment to develop a new food strategy with local stakeholders over the next year. Leave the risk rating unchanged.
470	Risk to fully implementing new funding for drug and alcohol treatment through our local	06/10/2023 - 1. Public Health is current working with the provider to deliver training (Trauma Informed) to existing workforce across the local partnership.

	<p>partnership arrangement, ensuring increased access to high quality treatment</p>	<p>2. Office for Health, Inequalities and Disparities (OHID, PHE) is working with providers and commissioners to develop a pan London workforce improvement programme.</p> <p>3. Nationally, OHID and Dept. of Levelling Up is developing workforce programmes to enable recruitment and retention of workforce. Of the 16 posts attached to the grant funding, fourteen have now been recruited to. The remaining 2 posts are in the process of being put out for recruitment. Just to note the funding is fixed for 3 years to March 2025, as yet no assurance of funding beyond that period. Risk rating should be reduced down from 12 to 9 as most of the recruitment has been done.</p>
471	<p>Risk to review, update and implement Royal Greenwich Get Active Physical Activity and Sports Strategy</p>	<p>06/10/2023 - 1. There is regular strategy group that reviews the strategy on ongoing basis and agrees actions.</p> <p>2. We need to re-establish a wider partnership group, as there are different organisations that should be involved in delivering the strategy. This action is part of the refresh, which just started now, with a plan to have this partnership group in place by December 2023.</p> <p>3. As part of the refresh, the governance around the strategy would be renewed. This would entail identifying the right partners. The aim is to have the new governance of partners in place by Spring 2024.</p>

## Healthier Greenwich Partnership Forward Planner 2023/2024

Date	Standing Items	Main Business/Themed Item	Items for Information
October	<ul style="list-style-type: none"> <li>• Welcome</li> <li>• Introductions and apologies</li> <li>• Declarations of interest</li> <li>• Minutes of previous meetings</li> <li>• Action Log</li> <li>• HGP Partner's Report.</li> <li>• HGP sub-committee report.</li> <li>• HGP Development</li> </ul>	<ul style="list-style-type: none"> <li>• Engagement Report – from HGP Public Forum</li> <li>• Winter Plan – Gemma O'Neil</li> <li>• Partner update - Metro GAVS /Voluntary and Community sector – Naomi Goldberg</li> <li>• Section 75 extension - next steps – Chris Dance</li> <li>• HGP Risk Register – Ike Philip/Neil Kennett-Brown</li> </ul>	Meeting in Public (via Ms Teams)
November	<ul style="list-style-type: none"> <li>• Welcome</li> <li>• Introductions and apologies</li> <li>• Declarations of interest</li> <li>• Minutes of previous meetings</li> <li>• Action Log</li> <li>• HGP Partner's Report.</li> <li>• HGP Development</li> </ul>	<ul style="list-style-type: none"> <li>• Healthwatch thematic reviews – Joy Beishon</li> <li>• PCN Fuller final report and next steps – Nayan Patel</li> <li>• Acute Provider Collaborative - updates for HGP by LGT rep</li> </ul>	Meeting in Private (via Ms Teams)
December	12/12/23 This would be a face to face HGP development extended session in person, from 3.00pm – 6.00pm, to be followed by socialising drinks/dinner afterwards. (Venue to be rearranged)		
January	<ul style="list-style-type: none"> <li>• Welcome</li> <li>• Introductions and apologies</li> <li>• Declarations of interest</li> <li>• Minutes of previous meetings</li> <li>• Action Log</li> <li>• HGP Partner's Report.</li> </ul>	<ul style="list-style-type: none"> <li>• Reprocurring APMS Thamesmead Medical Practice contract approach for 2025 - Maria Howdon/Jackie Davidson</li> <li>• MSK update – Annie Norton</li> </ul>	Meeting in Public (via Ms Teams)

Date	Standing Items	Main Business/Themed Item	Items for Information
	<ul style="list-style-type: none"> <li>• HGP sub-committee report.</li> <li>• HGP Development</li> </ul>		
February	<ul style="list-style-type: none"> <li>• Welcome</li> <li>• Introductions and apologies</li> <li>• Declarations of interest</li> <li>• Minutes of previous meetings</li> <li>• Action Log</li> <li>• HGP Partner's Report.</li> <li>• HGP Development</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	
March	<ul style="list-style-type: none"> <li>• Welcome</li> <li>• Introductions and apologies</li> <li>• Declarations of interest</li> <li>• Minutes of previous meetings</li> <li>• Action Log</li> <li>• HGP Partner's Report.</li> <li>• HGP Development</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	