

AGENDA ITEM: 5

## Healthier Greenwich Partnership

Date: 26/04/23

<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.		
<b>Executive Summary</b>	<ul style="list-style-type: none"> <li>This paper summarises the discussions at the Healthier Greenwich Partnership Public Forum on 18/04/23</li> </ul>	
<b>Recommended action for the Committee</b>	Members are asked to note the report, identify any particular issues raised that require further actions and approve the proposal that future Public Forums remain in a hybrid format and rotate around community settings in different parts of the borough.	
<b>Potential Conflicts of Interest</b>	<ul style="list-style-type: none"> <li>None arise directly from the report.</li> </ul>	
<b>Impacts of this proposal</b>	<b>Key risks &amp; mitigations</b>	<ul style="list-style-type: none"> <li>None arise directly from the report.</li> </ul>
	<b>Equality impact</b>	<ul style="list-style-type: none"> <li>Demographic info from attendees will be added to the report when feedback surveys have been completed</li> </ul>
	<b>Financial impact</b>	<ul style="list-style-type: none"> <li>None arise directly from the report.</li> </ul>
<b>Wider support for this proposal</b>	<b>Public Engagement</b>	<ul style="list-style-type: none"> <li>The paper outlines the report from one of the HGP's key engagement activities.</li> </ul>
	<b>Other Committee Discussion/Internal Engagement</b>	<ul style="list-style-type: none"> <li>Healthier Greenwich Partnership 25/01/23</li> </ul>
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<b>Executive sponsor:</b>	Neil Kennett-Brown	

# Healthier Greenwich Partnership Public Forum Report

Forum date 18 April 2023

Venue: Eltham Library



## Main topic: Access to primary care

This event was the third 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. This report is an interim report for the HGP meeting. A more detailed report will be produced and sent to attendees and published on the Let's Talk Health and Care online platform.

The event was held as a hybrid with members of the public joining in person at the Eltham Library and online via Zoom between 6.30pm and 8.30pm. This was the second time we have run an event in this format from a location within the community.

We were joined by 8 members of the public in person and 8 online. This compares to the previous meeting held at the Woolwich Common Community Centre where 22 joined in person, and 15 members of the public joined online. The lower attendance suggests that the location may not have been as attractive as the previous venue, and also the focus on cardiovascular health may not have been as attractive as previous topics.

The discussions were rich, with participants bringing a great deal of energy, commitment and expertise. As well as the insight gathered during the event we made a number of useful connections for further work. We were joined by several 'new' faces and people who came along as a result of our outreach work. There was a good mixture of fresh perspectives with others more accustomed to attending health and care meetings.

## Format

Neil Kennett-Brown chaired the session. He was joined in the room by Dr Nayan Patel, HGP Chair and Clare Simpson, Neighbourhood Development Lead and online by Jackie Davidson, Integrated Commissioning Director, Prevention, Primary Care and Population Health and Sheila Taylor, Senior Manager Public Health.

General questions were taken from people in the room and people at home.

Neil started the event with an introduction/update from HGP covering the 10 HGP priorities from the Five Year Delivery Plan.

The main topic was working well together locally (neighbourhood working) to tackle cardiovascular disease. This was introduced by Clare and Sheila, with brief presentations, followed by two facilitated discussions (one in the room and one on Zoom).

Following this the two discussions were brought together and summarised in a plenary session.

## **Summary of feedback from facilitated discussions**

Neil Kennett-Brown: “We are committed to this ongoing work. The whole point of [these engagement exercises] is about carrying this work forward together as staff, citizens and patients.”

### **Summary themes**

There are already a lot of really good things already happening, with really engaged people committed to supporting their local communities in different parts of the borough. We need to work closely with them and local communities to join the dots and harness the skills and energy to improve health and wellbeing. We need to work together to identify, test and prioritise what will make the most difference and find ways to maintain those activities over time.

There is real value in working together as staff, citizens and patients to solve shared challenges and issues; between us we have the full range of experience, knowledge, skills and will to make the right changes for us as a borough. But, we need to believe all our voices are being heard.

We need to clarify those variances that are needed and wanted to support effectively different communities and individuals:

1. Digital developments / options – can create a divide and for some make access to care and activities challenging.
2. Live Well services and more generally – move away from a disease focus, to think about individuals as a whole person not on body parts or conditions. Think about different groups, e.g. children, frail and elderly, people with multiple, complex needs
3. Health checks – sounds as though these could make a significant difference, and we should check whether there are good reasons for them being a regular part of the service offer in some areas and not others

Know what’s available and who to contact to find out - information about activities and costs are the main barriers. It would be good to identify a number of different ways of sharing and connecting people with each other, community offers and health and care services.

Health inequalities – recognising different needs for different groups of people, e.g. when thinking about access; making good food available and affordable for everyone in the borough; recognising that not all people can pay for healthier options.

### **Detailed discussion points**

#### In the room

When it came to prevention several people reported that they struggle to find out what is available and how they can access it. This was particularly true for physical activities including dance and Tai-Chi. There should be other ways of communicating with people other than just online. Talking and connecting with someone is often the best way of taking up a new activity.

People often need some support to access activities “I have stopped swimming as I have lost confidence.”

Having to pay for activities can be a barrier.

Things that are provided for free aren't always suitable – eg the people who could most benefit from using outdoor gyms in public areas often have issues with self image and they are not always attractive to use due to the weather and nearby litter and dog poo.

There are lots of good examples of local initiatives happening but the issue is that people (including those working in health services) don't know they are happening. To work better locally we need to look at how we share what's going on, the power of connections/recommendations, and local networks.

We were joined by a representative from Greenwich Cyclists who informed us about sessions they run at Sutcliffe Park, including using a range of specialist cycles for people with disabilities or who are less mobile. This was cited as a great example of helping people to move more. Recent example where a hospital consultant has referred a patient to Greenwich Cyclists.

Often people spend too long watching TV or playing computer games and when they travel they go everywhere by car or on buses.

Cycling is a great way to incorporate exercise into your travel. One participant said they are over 60 and can get from end of the borough to the other in 30 minutes. However many people don't cycle because they feel it is too dangerous.

As citizens we all have something to offer – and this is exactly what neighbourhood working is trying to harness.

Some people have cardiovascular disease despite doing the things we have been talking about to look after their health and wellbeing. Genetic make up can play a part however for the vast majority of people there are simple actions we can do for a healthier heart and to reduce our risk.

The group discussed NHS health checks and reported variances in how and when these are offered in different parts of the borough. Some had no idea they were eligible. These were thought to be a good way of identifying issues early.

Neil Kennett-Brown said that we are lucky to have the NHS Greenwich Charitable Fund which has £6.5m in funds, much of which it plans to use to support health and wellbeing in the borough at micro-grant level locally. This will be for the benefit of local communities, not for providing statutory services. It is important to work with communities to ensure that this money is spent on the ways that can make the most difference to health and wellbeing.

One participant said that the area in which she lives (Mottingham) there are chicken shops all over the high street offering cheap, unhealthy food. For people with low incomes this can be very attractive. There was a suggestion to open subsidised healthy food shops.

During the pandemic there were many good examples of public health funds being used well to address people's physical and mental health needs. Positive experiences were reported of projects funded by Participatory Grants schemes - small grants of £2-5K were provided which enabled people to run activities (eg healthy cookery clubs) in their local areas without draining their own personal funds and it was reported that this worked well. Neighbourhood based community coordinators were also funded and they really helped to connect people and enable positive work to develop. This included lots of talking to people about their needs and signposting. Valuable partnerships and consortiums were formed and we need to work hard to build on these strong foundations.

There is a lot in place around healthy eating and healthy cooking – eg an example of a course run teaching parents how to cook healthy, nutritious meals for the family for £4. The issue can be that the people who could benefit most don't always know about them and often these initiatives stop when their short-term funding runs out. If things are working then we need to find ways of keeping them working.

Need to think about what activities are offered for free for children. Eg free football sessions and other physical activities. What can be done working with schools for initiatives like the daily mile?

In Blackheath and Charlton the Primary Care Network are working with the community to run a Community Café which opens this week.

#### Virtual group

There is a disconnect between services (discharge from hospital to community). Disconnect in time – people are getting bumped along services not in response to their needs but due to services not working. Services are not always matched to what is needed in the community.

People feel disconnected from systems. Terminology has changed and people feel confused.

Some communities are more deprived than others and some don't have the same access to care.

Digital access to services is a problem – some people don't have access to the technology and/or don't know or cannot physically use it.

Healthwatch – have been listening to residents and report on their issues regularly. Parts of the system are not joined up.

Need services to start at a younger age. For example could blood pressure be taken in children? Government changes are contributing to ill-health (eg no more school meals/no more school milk). Industrialisation of agriculture has made things worse (eg hormones in foods) and children are obese.

Some nurses only get 1 hour of training on nutrition – we need more training on this.

There are issues with some ethnic groups who do not have the same access to GPs; they may have language difficulties; digitalisation is also an issue as is the cost of living crisis.

There have been changes to the structures in the health service and loads of programmes which have no resources behind them. Patient Participation Group voices are less active and less able to speak up about these changes. One participant felt that senior managers should speak up against structure changes.

People felt that Live Well services should be more aimed at individuals and address their individual needs.

Participants discussed changes in cardiac and end of life care services. Some felt patients are being referred too late or too early to these services and they are not getting personalised care in response to their needs. Services in the community are not in place to support these groups of people.

There is a need to address disability and frailty groups. We need immediate action! GPs have lost confidence. The government needs to be more sensitive and listen to the experts (GPs and older nurses). Need to bring back retired nurses into the system. Staff are leaving. "I spent 19 hours in A & E recently and I felt so sorry for the staff their – trying to do their best with little resource."

One participant felt that no one cares – there is a disconnect between staff and patients. They felt there are deaf ears and blind eyes too towards people with disability. We need to do something – it doesn't take much (example of screens in libraries given).

Can we use equipment to help in some cases (eg EMST – Expiratory Muscle Strength Training for lung strength)?

There are lots of other ways of managing risk – for example hormones and sleep.

Some participants felt the health service is broken – it's not holistic – it looks at organs and diseases. We need to treat the person as a whole person. The whole life cycle needs to be addressed. We are too sedentary now and we value what is unhealthy.

People felt that in the current environment stress and mental health are huge issues.

### **General questions received and responded to:**

Q. I want to raise access, I went to my GP surgery yesterday [to try and get an appointment]. They gave me a piece of paper with a web address on. Surely this approach won't work for everyone?

*A. Digital tools are there to facilitate access. Some practices are using digital tools in a certain way to manage demand and we know this can cause some issues. We are happy to raise with practices as technology shouldn't be used in a way that excludes people from making an appointment. Unfortunately, currently there is an immense demand for managing patients' needs. Practices don't have the doctors, nurses and other staff to meet that demand. Some of the methods chosen to deal with this*

*demand aren't ideal. Suggest that you have a conversation with your practice about this. You could also raise with the practice PPG. I do share the frustration of patients, however GP practices are independent businesses so can choose appointment system they use.*

Q. What is a PPG?

*A. Patient Participation Group - each practice will have one, you can join as a patient. PPGs serve as a valuable resource for practices. In my practice before Covid they were a very useful resource, they became part of our extended team. When done right PPGs can be a valuable interface.*

[response from Dr Nayan Patel]

Q. I'm interested in the challenges and the 5 year plan priorities. Do you have statistical data around the focus on babies and young children? Deprivation and access to food are big issues. These are positive aims but what is happening and what data do you have?

*A. We do have data and there is a detailed report which will be published next week. Food poverty is a big issue and there is a lot we are doing. For example RBG (Royal Borough of Greenwich) led on lots of good work on that during the pandemic and much of that is still in place.*

Q. Follow up to the earlier question on contacting surgeries. I don't know how uniform arrangements are across surgeries. I am very happy with my surgery, which is a large one. Can I contact them by email? Also to contact their PPG do I need to do that online or in the surgery? Also, I have difficulty accessing my health records online.

*A. It depends what you are contacting the surgery about. The practice manager would be best for queries about the PPG and to feed back about the practice.*

*In relation to accessing records online problems getting access initially can be common due to access and consent processes. Sometimes things fall down. If you can't access you should go back to your practice who will be able to sort it out.*

Q. What is being done to support people with visual impairments getting online in libraries? I have a visual impairment and am unable to put the computers at Woolwich Library on dark mode. This is an issue of access.

*A. We are not responsible for libraries but we will follow up with libraries on this for you\*.*

*\*Since the meeting this issue has been raised with Better GLL who provide the online access in Greenwich libraries. Better GLL have confirmed they will update settings to enable people to change computers to dark mode.*

## **Learning points**

Steer away from a disease focused discussion point - the main topic of working together to tackle cardiovascular disease at a neighbourhood level didn't attract as



large an audience as previous topics (Eltham Community Hospital/Community Diagnostic Centre and Access to primary care). Participants were also less diverse in terms of age with many people having experience of cardiovascular disease (either personally or with close connections). This should be considered when developing and advertising the next session.

Having breakout discussions in the room and virtually seemed to make the event more interactive for everyone. However the online discussion didn't seem to allow as much opportunity for positive interactions and developing ideas together. We should review the format with this in mind.

Using slides for less time seemed to make the discussions more engaging and made it easier for people online to see the people speaking.

Sharing the video feed on the screen of the people at home when they were speaking for the benefit of those in the room worked well, although it would work better visually if this could be done using the Zoom app rather than the web browser.

Sitting with the group, rather than as a panel for the interactive discussion encouraged greater participation from everyone in the room.

We need to try to move the focus of conversations away from a continued focus on the existing challenges so that the sharing of experiences, learning and ideas can be more about finding solutions together.

Further learning points may be identified when the feedback forms have been analysed.

## **Next Public Forum**

The next Public Forum will be held in mid-July (roughly two weeks before the next Healthier Greenwich Partnership Forum in public). We will seek to hold it in another venue in the community in another part of the borough.