Healthier Greenwich Partnership

Date: Wednesday 25 January
Time: 13.00 – 15.00
Virtual link: Click here to join the meeting
Chair: Dr Nayan Patel

AGENDA

	Item	Page no.	Presented by	Time
Opening Business				
1.	Welcome, introductions and apologies	Oral	Chair	13.00
2.	Declarations of interest	Oral	Chair	
3.	Minutes of the meeting held 23 November	3-11	Chair	
4.	Action Log and Matters Arising	12	Chair	
Items for Discussion				
5.	Chief Operating Officer's Report	13-21	Neil Kennett-Brown	13:05
6.	South London Partnership Complex Care Programme Phase 2 proposals	22-37	Lisa Wilson / Iain Dimond	13.15
7.	System Development Update	38-44	Robert Shaw	13.35
Communications & Engagement				
8.	Update from the Healthier Greenwich Partnership Public Forum	45-73	Russell Cartwright	13.50
9.	Questions from members of the public	-	Chair	14:00
10.	Public engagement & involvement: Next steps for increasing collaboration across HGP	74-76	Russell Cartwright	14.25
Development				
11.	Next Steps on HGP Development	77-91	Chair	14.35
Closing Administration				

12.	HGP Forward Planner	92-93	Neil Kennett-Brown	14.50
13.	Any Other Business	Oral	Chair	14.55
14.	Next Meeting: 22 February 2023	Oral	Chair	
Meeting closes at 15:00				

Healthier Greenwich Partnership
Minutes of the meeting held on Wednesday 23 November 13.00-15.00

Members	
Nayan Patel	Healthier Greenwich Partnership Chair & PCN Clinical Lead
Atul Sharma	PCN Clinical Lead
Chris Dance	Associate Director of Finance (Greenwich) SEL ICS
David James	CEO, Greenwich Health Limited
Iain Dimond	Chief Operating Officer, Oxleas NHS Foundation Trust
Jackie Davidson	Integrated Commissioning Director (Prevention, Primary Care, Population Health)
Lisa Thompson	Director of Children and Young Peoples' Services, Oxleas NHS Foundation Trust
Lisa Wilson	Integrated Commissioning Director, RBG & SEL ICS
Naomi Goldberg	Director of Strategy, METRO GAVS
Neil Kennett-Brown	Borough Chief Operating Officer (Greenwich), SEL ICS
Niraj Patel	GP Partner, Thamesmead Medical Associates
Sandra Iskander	Deputy Director of Strategy, Lewisham & Greenwich NHS Trust
Steve Whiteman	Director of Public Health, RBG
Tuan Tran	Greenwich LMC Chair

In Attendance	
Alex Harris	Governance Lead (Greenwich), SEL ICS
Clare Kennedy	Consutant, PPL
Gemma O'Neil	Deputy Director of System Development (Bexley and Greenwich), SEL ICS
Michael Preston-Shoot	Safguarding Chair, RBG
Rachel Abbott	Consultant, PPL
Victoria Stanway	Consultant, PPL
Sally Kemp	Independent Coach, supporting Chair (observer)

Apologies

Florence Kroll	Director of Children's Services, RBG
Ify Okocha	Chief Executive, Oxleas NHS Foundation Trust
David Borland	Integrated Commissioning Director, Children's Services
Joy Beishon	Chief Executive, Healthwatch Greenwich

1.	**Introduction**
1.1	**Introductions and Apologies for Absence**
1.1	The Chair welcomed the attendees. Apologies were noted as above.
2.	**Declarations of Interest**
2.1	There were none.
3.	**Minutes of the Previous Meeting Held on 28 September 2022**

3.1	Iain Dimond noted that he was in attendance at the previous meeting. Steve Whiteman and Jackie Davidson also noted that they were at the previous meeting. Subject to these changes, the minutes were approved as an accurate record of the proceedings.
4.	**Action Log & Matters Arising**
4.1	The action log was noted.
5.	**Chief Operating Officer's Report**
5.1	Neil Kennett-Brown introduced the item, which he took as read. The report covered 10 areas, in particular to note:
5.2	Healthy Greenwich Partnership Development We will hold our second public hybrid forum in January with open questions to a cross organisational panel of the HGP, with our next forum planned for 10th January, 6-8pm at the Woolwich Common Community Centre.
5.3	Informal Health & Wellbeing Board (Carers Strategy) We also had a good presentation from Blackheath & Charlton PCN on their neighbourhood initiatives, and from Charlton Athletic Community Trust on their Health Improvement Programmes, and heard from individuals on their impact. We reviewed the Greenwich Carers Strategy, which was launched in October, which has some key requirements for all partners to deliver improvements during the implementation to improve outcomes for our carers. Michael Preston-Shoot asked how we would monitor improvement goals in the carers' strategy; he further suggested that the Safeguarding Adults board could play a role in doing so. Lisa Wilson noted that there was an extant steering group which provided oversight of this. Michael Preston-Shoot responded that he would make sure that the Safeguarding Adults board would link in with the steering group.
5.4	Eltham Community Hospital The proposals were now being implemented, with consolidation of intermediate care beds at Queen Mary's Sidcup, Meadowview, and investment into community services, and the development work underway to support the new Community Diagnostic Centre.
5.5	Developing Neighbourhoods/Fuller report Workshop planned for 26th January for our Primary Care Networks
5.6	Primary Care – access improvement data The Government made several pledges in September regarding access to health services with one being around "informing patients by publishing data on how many appointments each GP practice delivers, and the length of waits for appointments, to enable patient choice". This data will be published for the first time on 24th November, and we are working with our practices on this, and preparing communications in support of practices and the work they are doing. ➢ **Neil Kennett-Brown also noted that there was a further briefing on primary care access which he would share with the group.**

Tuan Tran added that the GP community had concerns about the quality of data being published. There were concerns that data was unreliable which came down to the ways in which appointment data was coded. Atul Sharma added that publication of data was a national directive and asked what support there was to practises to aid them in compiling data. Jackie Davidson responded that we would be working with practises to understand the data that was available. Further to this, there would likely be areas where there would be issues, and support would be provided to address them as and when they arose. To this end, we would be linking further in with local authority scrutiny colleagues to identify areas where we could provide support.

Iain Dimond suggested that there was a fundamental principle of transparency of data. We needed nuance to ensure that we got meaningful activity from data collection. Sarah McClinton added that we collectively support the principle of transparency and it would likely become more of an inevitability as time went on. Neil Kennett-Brown added that this represented a fundamental question as to how we work together as a partnership

5.7 Clinical and Care Professional Leads

Progress had been made on Clinical & Care Professional Lead recruitment and we had recruited into the lead role, with the successful candidate expected to start in a few weeks' time.

5.8 Medicines Optimisation Committee Terms of Reference

Prescribing is the most common patient-level intervention in the NHS. The cost of medicines prescribed in primary care in Greenwich in 2021/22 was £32million, this is equivalent to 55% of total medicine expenditure. Medicines and Pathway Implementation Group (MPIG) has been established since 2009 to provide a Greenwich borough level clinical leadership and ensure co-operation and consistency of approach to medicines optimisation and clinical pathway implementation across borough.

It is important to note that the Greenwich Medicines and Pathway Implementation Group (MPIG) now reports to Healthier Greenwich Partnership and represents Greenwich at SEL Integrated Medicines Optimisation Committee (IMOC) by contributing clinical and operational perspective affecting medicines management services within Greenwich to support decision making process at SEL (refer to the SEL Integrated Care System Medicines Optimisation and Pharmacy Structures on page 4 of the Term of Reference).

The group is chaired by Dr Nupur Yogarajah, Clinical and Care Professional Lead in Medicines Management who bring together clinicians across the primary care, secondary care and mental health trust in the borough to understand the evidence base, share best practice, and coordinate action in order to reduce prescribing variation and improve medicines outcomes and value. This group is supported by Greenwich Medicines Optimisation Team.

This group has delegated responsibility from Healthier Greenwich Partnership to authorise Patient Group Directions developed by providers within Greenwich commissioned services and pathways and for public health commissioned services under a memorandum of understanding with Greenwich Public Health. This group collaborates to firmly establish local governance arrangements with clear lines of responsibility and accountability with provider organisations, this includes review prescribing report and trend. This group also approves

	SEL-wide primary care commissioning schemes that are delegated to place such as practice and provider prescribing budget. • The HGP **APPROVED** the Medicines Management Optimisation Committee ToR.
5.9	System Pressures and Winter Update Gemma O'Neil provided an update on the winter planning element of the report. She noted that we had received a modest amount of funding and we were adopting a wider system approach to look at our priorities around winter. This winter was likely to be extremely challenging even by standards of previous years and we needed to be mindful of this and link in with SEL to solicit any support, if necessary. Tuan Tran suggested that the slides were highly trust-focused and could be re-framed to have more focus on General Practice. Gemma O'Neil responded that we were looking to create additional capacity to help GPs with respiratory issues. Gemma O'Neil noted that there was additional primary care extended access capacity within the plan for Sunday & bank holiday opening. Neil Kennett-Brown added that the DHSC had made a commitment to an extra £500m in discharge funding. The detail of this had only been received last week and our plan needed to be submitted by 16 December. Nick Davies added that there was a lot of guidance, targets, etc. being set and there were further risks around workforce which would be a key challenge in implementing any of the targets we received. Nayan Patel added that the long-term plan was very practice-focused. Locally, meanwhile, the winter plan was very trust and system-focused and we needed to do more work to understand the role of general practice in this work. Gemma O'Neil noted that this was a high-level overview, and we needed to shift our planning in the longer-term. Nayan Patel asked that Primary Care be involved in future sessions. Lisa Wilson added that we needed to consider this part of a longer-term plan of how we work together. Iain Dimond noted that Resplendent Group had been set up to enable better connectivity between the community and acute, and was primarily a tactical board. We therefore needed to link this work into a wider discussion about where we wanted to be in a strategic sense. Atul Sharma noted that the system had been through a series of crises and we needed to scale-up recruitment in primary care, but this could not be done without a system-wide approach. Jackie Davidson noted that there were a wide range of winter activities and we needed to consider primary care as part of the range of activities. Sarah McClinton added that we need to ensure that clinical leadership were in the right place. ➢ The HGP **ENDORSED** the Winter Plan as previously approved by the Greenwich Joint Commissioning Board.
6.	**Healthier Greenwich Partnership Development & SEL Strategy / Greenwich Corporate Plan**

6.1	Neil Kennett-Brown introduced the item, outlining the various appendices which were attached to the agenda pack. - Draft SEL ICS Strategy Priorities, which were agreed yesterday at the SEL Integrated Care Partnership on 22/11/22 - SEL Five Year View Plan development (which we will contribute as HGP for our Place/Borough for Greenwich). This is an important plan, and will be iterated through to end March 2023, and updates will come to future HGPs. [Alex to put on forward planner] - Write up from 26/10/22 workshop for noting - Values and behaviours summary which we want to use as reminder for future meetings, and form part of our TOR.
6.2	NKB further outlined the proposed structure of decision-making and involvement, and how the development of our plan fitted with the updating of Greenwich's HWBB Strategy, the ICS Strategy & Five year View Plan, and the Corporate Plan from Royal Borough of Greenwich.
6.3	Steve Whiteman added that RBG had begun a process of developing their corporate plan, following the political manifesto from local council elections in May 22, and there had been an extensive process of discussion and engagement with the public, council staff and other stakeholders. The good news is that the 'mission' described in the corporate plan 'Our Greenwich' aligned well with the our HGP priorities. He added that we should have an infographic which showed what was happening within different parts of the ICS.
6.4	NKB highlighted the critical role for Citizen involvement/co-production in the activities and interventions arising from our partnership plan, so there was local ownership, and we could build on the work with G-Hive, Greenwich Citizens and Greenwich Community Champions.
6.5	Victoria Stanway gave a further update on the HGP development work, and feedback from the October workshop when people went into the 3 breakouts around priorities. She invited people to engage in a series of responses to prompts via the chat function in MS Teams. Responses collated within the chat (edited for clarity) were:
6.6	**"What was it like to delegate responsibility to other groups"** • I was not in the room but trusted you all and my staff member who was there. • I was happy with it as the criteria for discussion were defined. • I was curious. It was good to not have to think about everything. • I had curiosity about what was happening in other groups. • I assumed we would have opportunities to discuss so decisions in room weren't final. • It was good to be able to have a focussed discussion. • I felt happy to do this, and had faith that other tables would be as diligent on their issue as we were with ours. • I didn't realise I was delegating anything to others. I thought we were exploring issues based on the three groups and that we would then bring that together. • I wasn't there but I would look forward to hearing views from others with a different insight. • I felt comfortable with this. I was interested in what others concluded. It was a relief to focus on one thing. • It is the only realistic way to practically work in a partnership. • I felt relief as there was less responsibility

	• Not being parochial about work that we may be individually passionate about was enabled by not being able to be in all groups and sharing power. • Round-up discussion wasn't as full as some other parts of the preceding workshop.
	"Did anyone have any conversations outside of the room?"
6.7	Some respondents wrote "no" – others wrote, simply "yes" – Lisa Wilson also wrote: • I gave my team and other key people a sense of what was discussed as people are looking for direction – there was also lots of discussions with peers.
6.8	**"What are some general principles for how you will deliver these?"** • Money needs to be worked through, as does how we enable transformation. • Think "family" - see the adult and see the child. See the whole person and parts of a person. Connect children and adult services. • Trust in each other and create the conditions to make progress without always relying on formal meetings – rely further on relationships and the ability to have hard conversations. • Thinking across families and communities. • Workforce capacity and capability will be required. • It has to start with what matters to people - the wider system benefits follow but we should put people first. • Clarity – I am not really sure what we are delivering on - good "coproduction" (including staff other organisations eg. housing, police, as well as citizens). • Adding value to what is already being programmed and delivered. • Maximising efficiency across partners and avoiding duplication. • Being able to show impact. • Engagement/co-production with local communities. • For providers to be open and honest about their ambitions/capability. • Ensuring that we involve people who need to be involved. • To pinch a point raised in an earlier meeting which really resonated, when we discuss programmes we look at how this benefits the person. Not just how the 'system' benefits. • We need to ensure that the right people are involved in each key workstream. • Being clear on where we focus effort, honest when we have to phase things differently, where we place our workforce for biggest benefit.
6.9	**"Any further comments?"** • Maybe we need a one page summary as I still not very clear where the October meeting got to. • Communication is key - people receive and digest information in different ways, alot is going on and key messaging and ways to cascade are going to be important for us to deliver the outcomes we are trying to get to - it has to be wider than those in the HGP to ensure we have buy in • In terms of how it all fits together, picture what it will look like for people with health, care and support needs, and where each of the five priorities are picked up. • Defining the 'Greenwich' pound although Neil has helpfully jumped in since & reflects well with how we break down the existing silos & enable more mature system wide discussions

- I think this is all quite hard and complex, but I feel we are heading in the right direction together, but takes time. and expect it will feel uncomfortable at times.
- Just a follow up on the Greenwich pound - do we need more finance people in the room from other organsiations to help take this forward? Feel a bit 'lonely' sometimes
- I think it is clear from the ICB's perspective that a focus is required to articulate 'value' when it comes to out of hospital investment
- Suggest that we still need greatly visibility on existing budgets within organisations to assess value for money within a partnership
- When we reference money and finding efficiencies, to what degree are we in a fantasy world? Do we need to be candid about where, if at all, there might be room for manoeuvre?
- Just to say in comparison with many of my colleagues in other boroughs our relationships /ways of working are way ahead of those who may say they are wonderful

6.10 **Attendees were then asked to comment on the following elements they wished to focus on going forward. Responses gathered were contained under the following headings:**

A – People

- People – the opportunity to better link to other local support in a joined-up way.
- Tailored and appropriate homecare that meets individual aspiration and need.
- A joined-up workforce across CHC and 'social care' home care. Building their capability
- Building on strengths of people and have an emphasis on wellbeing.
- Greater continuity of carers for those receiving care.
- How do we build a link between health and homecare to deliver joined up care – to keep people at home.
- Well-being, first and foremost.
- Continuity of care and access to more community resources that provide a holistic offer to residents and valuing the role that homecare workers undertake.
- Flexibility of offer - regarding timing, choice, etc.

B – Partnerships

- Hopefully providers will be more linked-in with commissioners & statutory bodies.
- How we see home care providers as partners - strategically and operationally in neighbourhoods.
- We need to see how we can train home care to develop simple health intervention.
- How we as a partnership track outcomes.

C – Neighbourhoods

- Providers are aware of what is happening locally and can support users into those services - link in with those services.
- Closer relationships with neighbourhoods rather than covering larger areas. Joint monitoring leading to shared learning.
- It's going to be interesting to work out how this will link in with emerging Fuller work on neighbourhoods and relationships with key teams such as PCNs, Community District Nurses etc
- We need operational partners in neighbourhoods.

6.11 Finally, participants were asked to share any other comments. Responses were:

	Neil Kennett-Brown noted that there had been challenging conversations around children's integrated therapies and next 3 years funding as an example, and we need that wider financial review to agree how we deliver our priorities in the round, recognising the limitations of individual budget areas. Iain Dimond also noted that we needed to consider wider input within our governance structures. Claire Kennedy added that we needed to create spaces to bring other people into the conversation. Nayan Patel also noted that we needed to iron out these issues prior to any discussion about money. Lisa Wilson noted that we needed to manage expectations from the ICB to make sure we're not pushed into situations where local discussions haven't laid the groundwork. Naomi Goldberg added that we need to put more time into development work than our formal sign-off of papers. Victoria Stanway added that conflict was inevitable and we needed to see it as an opportunity for growth. Niraj Patel also added that this would take time and many of us had not formed the working relationships that would be necessary to fully embed this work and this should not be rushed. Victoria Stanway also noted that the next workshop would be held on 13 December.
7.	**Homecare: New Integrated Model**
7.1	Lisa Wilson introduced the item. There had been an increase in complexity of cases during the pandemic and had moved from a separately-commissioned model to one which was more integrated, and worked with our neighbourhoods. Our recruitment strategy had built into it the need to offer people a good age and this factored into our pricing model. Local businesses were also being worked into the model to enable them to greater support local people.
7.2	She asked colleagues to consider what the opportunities were for us as a partnership within this work. Comments raised in the chat were as follows: • We have some conversations coming up, but we need to reflect on what should sit where in terms of programmes and leaderships and also making sure our teams have the capacity, behaviours and capability to deliver our priorities - my team development work is to move away from traditional service-based commissioning and most work we do now is change or transformation related and about working across the system not as separate organisations – there is a lot more to discuss. • I think if we are looking at systems, we need to look beyond medical and look at primary care/ community etc etc • Also key is the link between safeguarding and quality of provision. • Agree on challenges with Health Visiting, we are working with RBG who are lead commissioners of this service with Bromley Healthcare. The recovery isn't where it needs to be, and workforce is the main limiting factor. • There is a lot of work being undertaken on transitions, especially in CAMHS.
7.3	Lisa Wilson further added that if any HGP attendees wished to be part of the pilot work then they can contact her for further details.
8.	**System Development Update**
8.1	The item was introduced by Robert Shaw. He noted that there had been significant investment in Greenwich, much of it at a system level to make a wide impact. A lot of work had been done on diabetes, and the investment had brought forward new ways of working to address long-term health effects.

8.2	Tuan Tran added that the report was very trust-focused and there was a strong role for general practice which should be brought forward in the report. Nayan Patel added that in order to maximise efficiency, we needed to give greater consideration to primary care infrastructure. There was a lot of capacity-shifting within the report and we needed to empower the workforce to develop the infrastructure. Robert Shaw agreed, and noted that we needed to work out different ways of engaging with staff to get meaningful infrastructure development. ➢ **Robert Shaw, Jackie Davidson and Nayan Patel to discuss primary care infrastructure development outside the meeting.**
8.3	Lisa Wilson raised that they have some conversations coming up, but we need to reflect on what should sit where in terms of programmes and leaderships and also making sure our teams have the capacity, behaviours and capability to deliver our priorities - as you know my team development work is to move away from traditional service based commissioning and most work we do now is change or transformation related and about working across the system not as separate organisations.
9.	**Safeguarding: Annual Reports (Children & Adults)**
9.1	The Annual Reports for Children Safeguarding and Adults Safeguarding were both was submitted for information. It was good that we had Michael Preston-Shoot our Adult Safeguarding Chair at the HGP today. Neil Kennett-Brown noted that this was submitted primarily for awareness, however there were important questions as to how the partnership would deal with safeguarding matters going forward. Niraj Patel noted that there were significant capacity issues which impacted on colleagues' attendance – particularly within health visiting – to address safeguarding matters.
9.2	Michael Preston-Shoot stated that he would welcome dedicated time to address some of the pinch points in relation to safeguarding. He also noted that we needed to give consideration to the transition between children and adults and there should be join-up between children and adults' services. He also noted that there was a detailed investigation into adult safeguarding referrals. He was not convinced that things were being counted correctly, which was leading to Greenwich being an outlier in regard to S42 matters. ➢ **Safeguarding update to be added to the HGP forward planner.**
9.3	Nick Davies added that the HGP should receive periodic updates on the work of the Safeguarding Adults' Board and the Childrens Safeguarding Partnership
10.	**HGP Forward Planner**
10.1	The item was noted.
11.	**Any Other Business**
11.1	There was none.

Action Log for the Healthier Greenwich Partnership – January 2023

Updated 19 January 2023

OPEN ITEMS						
Meeting date	**Minute Ref**	**Action no**	**Action**	**Action Owner**	**To be Completed**	**Comments**
23 November	5.6	001	Neil Kennett-Brown to share primary care access briefing with HGP.	Neil Kennett-Brown	January 2023	
23 November	8.2	002	Robert Shaw, Jackie Davidson & Nayan Patel to discuss primary care infrastructure development.	Robert Shaw, Jackie Davidson, Nayan Patel	January 2023	
23 November	9.2	003	Safeguarding update to be added to HGP Forward Planner.	Alex Harris	January 2023	Completed.
20 July	5.3	001	ToR for the Health Inequalities, Oversight and Governance Group to be added to HGP forward planner.	Jackie Davidson	October 2022	Re-scheduled for February.
20 July	10.2	010	Maria Howdon to report back to the HGP on the Primary Care Working Group Terms of Reference.	Maria Howdon	September 2022	Re-scheduled to February.

Greenwich Chief Operating Officer's Report
January 2023

Healthy Greenwich Partnership Development

1. The Healthy Greenwich Partnership's development programme has progressed well, with clear priorities, ways of working, and most recently focusing on how we will operationalise our delivery, ensuring we collaborate effectively. We have also now got agreement via the HWBB to align our priorities with the Royal Borough of Greenwich's Corporate priorities, and the ICS strategic priorities. The next phase of work in 2023 will include coproducing and shaping our actions with our neighbourhood/local communities.

Clinical and Care Professional Leads

2. We have now recruited and inducted most our Greenwich Clinical and Care Professional Leads. This includes our overarching lead, Dr Jose Garcia, who is an experienced lead and former CCG Chair from Essex. We had a helpful workshop on 12th January to ensure understanding and alignment with the HGP priorities, and supporting them to work cohesively across their portfolios and with key partners. There are a few roles where we have chosen to incorporate the remit within our integrated teams, which will help in delivery and alignment.

Role	WTE	Name	Background
Overall CCPL	0.2	Jose Garcia	GP
Urgent Care	0.1	Sabah Salman	GP
Cancer (including Living with and Beyond)	0.2	Caroline Hollington	GP
Mental Health, LD & Autism	0.2	Rena Amin	Pharmacist
Primary and Community Care (including End of Life)	0.4	Johnson D'Sousa & Rachel Matheson	GP OT
Long Term Conditions	0.1	Krishna Subbarayan	GP
Medicines Optimisation	0.1	Nupur Yogarajah	GP
Planned Care Lead + Diagnostics	0.2	Jaisun Vivekanandaraja	GP
Children and Young People + Maternity	0.2	Debisi Olunloyo	GP & PCN CD
Personalisation inc. social prescribing + PHM/Inequalities + engagement	0.4	Eugenia Lee & other tbc	Public Health to host
Quality and Safety	0.2	Yolanda Massey	GP
Principle Educational Psychologist	0.1	tbc	Psychologist

Developing Neighbourhoods/Fuller report

3. Greenwich has made a strong commitment to developing a joint vision about what 'good' looks like at neighbourhood level. At the heart this will be a supportive structure that enables collaboration at scale, ensuring general practice adapts to the challenges it faces without losing the essence of effective general practice as part of a wider primary care landscape. Our Primary Care Networks are hosting Dr Clare Fuller on January 26th to widen their understanding of the opportunity. We have also started the re-orientating the commissioning of Home Care and Public Health services at a neighbourhood level, as well as developing more integrated neighbourhood services, including strengthening community involvement and asset-based approaches.

Primary Care – access improvement

4. The new extended access model has been in place through our Primary Care Networks since October 2022, with supplementary Sunday support from Greenwich Health, our GP Federation. We have also been working with Healthwatch and our Health Scrutiny Committee on our access improvement work, and held a scrutiny session in early December, and had a helpful public forum meeting at the Woolwich Common Community Centre on 10th January. The Government made several pledges in September regarding access to health services with one being around "informing patients by publishing data on how many appointments each GP practice delivers, and the length of waits for appointments, to enable patient choice". This data was published for the first time in November, which shows that 62% of our patient appointments are face to face. We continue to work with our practices to support them on communicating the improvement work underway.

Winter & system pressures

5. Winter is traditionally a challenging time for the health and social care system, with the number of people requiring hospital treatment or admission rising sharply. This year was different, as we went towards winter without having experienced the traditional summer dip in demand and with the anticipated cost of living crisis expected to have an additional impact on health and care services. We have developed our plan collaboratively with partners from across the Healthier Greenwich Partnership, and this summarises the process undertaken and changes that we would make ahead of, and during winter, to safeguard our collective resilience and ensure residents. Additional winter investment in hospital discharge funding support for social care of circa £2.2m for Greenwich has helped provided further help, and is being monitored through the Better Care Fund, reporting through the Joint Commissioning Board. In January a further national funding of £200m was announced, with Greenwich's share of £992k, to further support discharges.

System partners have been working very collaboratively over the Christmas/New Year period to manage and mitigate the intense pressures in particular in our Emergency Department/Ambulance delays which have been experienced nationally. Additional pressures relating to industrial action are also being proactively managed, and the Resplendent group have been key in overseeing the tactical actions required

Respiratory pressures from Flu, Covid, Step A etc for all ages have been significant, and Greenwich Health is running our new Acute Respiratory Infection Hub service, which launched on 4th January, running a mix of virtual telephone appointments and face to face appointments. Appointments are with a GP only and are running 8am to 8pm, 7 days a week. Any patient who has a virtual appointment and needs to be seen, will be booked into a face to face slot that same day.

Health & Wellbeing Board

6. We had a very constructive formal HWBB on the 8th December. We provided an update on the Southeast London Integrated Care System Strategy, with the 5 agreed priorities by the Integrated Care Partnership.

Five strategic priorities have been agreed:

Prevention & wellbeing	How can we become better at preventing ill-health and helping people to live healthy lives?	Avoiding ill-health and helping people in South East London to live healthier lives.
Children and Young People	How can we ensure that children and young people in South East London get the best possible start in life?	Ensuring that parents, children and families receive the most effective support before and during childbirth and in early years.
Children and Young People	How can we ensure that children and young people in South East London get the best possible start in life?	Ensuring that children and young people receive early and effective support for common mental health challenges.
Adult mental health	Ensuring that adults across South East London can access effective support to maintain good mental health and wellbeing.	Ensuring that adults in South East London receive early and effective support for common mental health challenges.
Primary care, long term conditions, complex needs	How can we deliver convenient primary care and well-coordinated, joined up and whole person care for older people and others with long term conditions and complex needs?	Ensuring that people can conveniently access high quality primary care services and proactive, joined up care for continuing health needs.

We got agreement to the approach to the refresh of the Health and Wellbeing Strategy that the HGP proposed to the HWBB, which was that we should adopt the Mission 1 health priorities of the RBG Corporate Plan as a framework for the refresh of the strategy.

Finally we provided a winter pressures update, feedback from the October informal HWBB, plan for future informal meetings (next one on cancer screening) and reviewed the membership of the HWBB in light of the ICS changes.

Five year view plan submission

7. The SEL Integrated Care Board is required to produce a Joint Five Year View (FYV) "Forward Plan" by end June 2023, with draft by end March 2023. SEL has agreed an approach where this will align with the overall strategy, with a golden thread from the strategy to the plan and some common overarching content across vision, context,

engagement and strategic priorities. It is important to note that the Five Year View has a broader remit and will need to cover expectations for a broader set of services than those covered in any detail within the integrated care strategy.

We are working to a deadline of 10th Feb for draft content of both borough sections and SEL pathway / population group sections. We will bring this back to the 22nd February HGP for comment, as we work iteratively to a final draft at end of March 23.

Planning for 2023-24

8. Every year guidance is released by NHSE informing commissioners and providers of the priorities for the year/year's ahead, these provide the framework around which negotiations will take place and include tariff uplifts, ICB allocations, funding priorities (e.g. Mental Health Investment Standard) and any changes to national contractual requirements.

   The key documents are as follows:

   - Planning Guidance – sets out national priorities and objectives. ICBs then have to develop plans to meet these as well as any local priorities. These plans incorporate activity, workforce and finance, and have to be triangulated and signed off by ICB and partner trusts/foundation trust boards before the end of March
   - NHS Payment Scheme (Consultation) – sets out the proposed payment mechanisms and tariff adjustments
   - NHS Standard Contract (Consultation) – sets out any changes to contractual requirements as a result of policy changes, new standards and any other legal requirements
   - CQUIN Guidance – sets out who CQUIN applies to and any mandated CQUIN schemes

   These publications are often accompanied by multiple more detailed technical documents, and some are published as consultations with the intention of them being finalised ahead of the 31st of March. At time of writing, the actual financial allocations are not confirmed. This means that work to take stock of and ensure a collective understanding and interpretation of requirements and crucially how they fit to and overlay our own priorities is ongoing, recognising that some guidance may change and not be finalised until the 31th of March. A further update will be provided in February 2023, it is really important that as the Healthier Greenwich Partnership we work together to align our plans and manage any conflicts, or unforeseen consequences.

The Source

9. The Source was re-opened for a six month pilot on 5 September offering a range of community-based services to the residents in the Horn Park area including Health and Wellbeing support and nursing services (previous service was decommissioned in 2016). These arrangements have been developed by close working with partner providers - Oxleas, who are providing nursing services, Charlton Athletic Community Trust, and Eltham Primary Care Network (PCN), who provide Health & Wellbeing/social prescribing advisors. Following the engagement event on 10th November with community and local leaders to hear how things were going, an evaluation is underway by the 'Campaign Company', which along with usage

information will help determine the future of this service over the next few months.

CYP Integrated Therapies

10. RBG and the ICB have now completed a negotiated procedure with Oxleas for the integrated therapies service from April 2023 onwards. This collaborative approach will see us keep the same provider, with an updated model. Parents/ Carers and children and young people have been involved throughout the process and are feeding back and shaping the future model.

Inspections ahead…

11. As partners we are preparing for a number of regulatory inspections in 2023, which are likely to take place. Many of these have new arrangements, and some had delayed implementation because of the pandemic. It is important for wider partners to be aware:
    A. In Nov 22 a new SEND inspection framework was launched for inspecting local area arrangements for children and young people with special educational needs and/or disabilities (SEND). It was devised jointly by Ofsted and the Care Quality Commission (CQC) for use from 2023 and will be periodically reviewed and amended. We expect Greenwich to be inspected in the first half of 2023. This will be a multi-agency inspection.
    B. Adult Local Authority Assurance Assessment – the CQC is aiming to streamline and simplify the assessment process and replace the four individual frameworks that are used currently to one single assessment framework. Whilst streamlining the assessment process, the CQC have also been given the power to scrutinise and assess how well local authorities are delivering the legislation from the Care Act 2014. These inspections are not supposed to take place until April 2023, in the meantime preparation is underway.
    C. In Dec 22, the Inspecting Local Authority Childrens Services (ILACS) framework was updated, and will focus on the effectiveness of arrangements including:
        a. to help and protect children
        b. the experiences and progress of children in care wherever they live, including those children who return home
        c. the arrangements for permanence for children who are looked after, including adoption
        d. the experiences and progress of care leavers
        e. plus evaluate:
            i. the effectiveness of leaders and managers
            ii. the impact they have on the lives of children and young people
            iii. the quality of professional practice

Inequalities Fund

12. The Healthier Greenwich Partnership agreed the original application of £1,285k in May 2022, which was worked up through the HGP Task & Finish group and received the notification back on 17th June that we were partly funded with £693k, with part year effect of £462k. Discussions were undertaken with the Director of Public Health to consider further alignment with Public Health workstreams and priorities including the potential alignment of additional PH Grant monies. The alignment of such resources

means we can deliver in time the full programme, once we consider efficiencies of scale, other contributions from SEL and some modifications to scale back/phase implementation.

In July 22 we agreed to the establishment of a Health Inequalities Oversight and Governance Group which will report to Healthier Greenwich Partnership on mobilisation. We are now putting additional staffing in to support this work, and we have agreed with Lewisham and Greenwich Trust on the implementation plan and Memorandum of Understanding for the Population Health System, Cerner HealthEIntent which is already in use successfully in Lewisham. We will provide a more detailed update on all our inequalities work in a future HGP.

Related to this, our work on the Cardiovascular programme, agreed as a key HGP priority will be supported through a 100 day project, supported with additional funds/professional support by SEL ICB.

Lung Health Checks

13. South East London has the second highest rate of 'ever-smokers' in London. Lambeth, Southwark, Greenwich and Lewisham have one of the highest rates of lung cancer mortality per 100,000 population in London (top 20%) and currently, only 24% of lung cancers in South East London are diagnosed early (stage 1 & 2). There is a clear and urgent need to improve earlier diagnosis of lung cancer. A SEL Lung Health Check program (TLHC) hosted by Guy's and St Thomas' NHS Foundation Trust, with programme supported by SEL Cancer Alliance will start small in 2022/23, focusing on ever smokers registered with GP practices in north Southwark and north Greenwich. Whilst that national programme was launched in 2019, this is the first presence in Greenwich. Lung Health Checks will be undertaken in the community, with a mobile unit to ensure local access for the population.

    In Greenwich it will run for 12 weeks starting from 12th February until 7th May at Park Row Car Park, London, SE10 9NL. TLHC units will be operationally ready for first candidates 13th February 2023. Participants who are ever smokers, aged between 55 – 74 and registered with a GP practice will be invited. Following triage, high risk candidates will be invited to attend the mobile unit for Spirometry, BP, height and weight measures, and where required low dose CT on the mobile unit, and where results require, participants will be followed up.

Using data to target and pilot interventions to reduce the incidence of unplanned pregnancy and enhance preconception health.

14. Royal Greenwich has the highest neonatal mortality rate in London, a higher than London average rate of terminations and the fourth highest rate of under 18 conceptions leading to a maternity. Predictive factors known to be linked to this include smoking, substance misuse and low educational attainment. During the pandemic, ease of availability of contraception reduced and doubled unplanned pregnancy rates nationally. Between 2021 and 2022, there were a total of 1058

terminations equating to a rate of 14.4 per 1000 women of a reproductive age. On further analysis by GP practice, it was identified that there was a significant variation in termination rates across practices ranging from the lowest at 5.6 per 1000 to 25.8 per 1000. One Greenwich PCN held the highest rate (19.2/1000) nearly double that of the lowest PCN (10.5/1000).

In understanding the known predictive factors linked to unplanned pregnancies e.g. women with a mental health diagnosis, misusing substances, etc , working in partnership with the PCN Clinical Director, aims to target women aged 18-44 who are at highest risk of unplanned pregnancy.

A Specialist Nurse with sexual and reproductive health interest will work alongside Primary Care practitioners accepting direct referrals and will proactively contact the target population to explore their contraceptive options by:

- Engaging with the women to ensure they have contraception information that meets their health literacy and individual circumstances
- Guiding women keen for LARC support access this from existing providers
- Opportunistically use close engagement with women to achieve secondary health targets i.e. sexual health screen, smoking service referrals, weight management referrals and co-ordinating with the social prescribing/care co-ordinator network across practices within the PCN.
- Supporting the safe prescribing of hormonal methods of contraception in accordance national guidance.

Through these tailored intervention, it is hoped that the project will

- Empower women at higher risk of unintended pregnancy to make considered reproductive choices through a more personalised healthcare approach.
- Breakdown barriers to patients with low health literacy by supporting their access to appropriate sexual health and contraception information.
- Breakdown barriers to patients access to Live Well LARC Hubs.
- Provide enhanced access to contraceptive services for women that may struggle to connect with the existing model of provision.
- Provide enhanced support for vulnerable women to access and engage with other health improvement services (Smoking cessation, weight management, STI screens, cervical smears, annual physical health checks etc.)
- Reduce high rate of terminations relative to neighbouring areas.
- Provision of additional specialist resource to support better sexual and reproductive health for the pilot PCN.
- Redirection of some existing and new demand for contraception counselling and service provision.
- Leadership and collaboration within an integrated care system to reduce neighbourhood level health inequalities.

Reducing smoking during pregnancy and preconception

15. In 2020, Smoking at time of delivery (SATOD) for Greenwich was the worst in London at 8.8%. A Smoke Free Pregnancy Quality Improvement Steering Group was set up and comprised of representation from LGT maternity, Quality Improvement commissioners and Tobacco Control and Treatment Service across the 3 boroughs

with the aim of reducing those birthing people from SATOD. Multiple change ideas were tested and implemented which resulted for Greenwich that referrals increased by 50%. The SATOD rate for Greenwich is now at 6.6% a drop of 3.3%. A business plan was put in place for a permanent Smoke Free Midwife which was successful, and they are now in post.

HGP Committees Report January 2023

No.	Date	Committee name	Agenda items of note
1.	15 December 2022	Greenwich Joint Commissioning Board	1. Finance Update – the Board **noted** the report. 2. Performance Dashboard Update – the Board **noted** the report. 3. PDG Update – the Board **noted** the report. 4. Quality Update – the Board **noted** the report. 5. Discharge Fund Plan the Board: i. **Approved** the draft schemes and finance allocation of schemes as detailed in the Report. *[Please contact the governance lead for further details].*
2.	19 January 2022	Greenwich Joint Commissioning Board	1. UTC Procurement Update – the Board **noted** the report. 2. SLP / Complex Care Phase 2 – the Board: i. **Agreed** not to enter into the phase 2 programme as outlined in the report. Recommendation to HGP for 25/01/23 ii. **Agreed** to the continuation of work to review other options to deliver improved outcomes and value for money for Greenwich alongside the review of the phase 2 proposals in more depth. 3. Planning Guidance 2023/24 – the Board **noted** the update.

AGENDA ITEM: 10

Healthier Greenwich Partnership

Date: 25th January 2022

Title	South London Partnership Complex Care Programme Phase 2 proposals
This paper is for **noting/approval**	
Executive Summary	• Following the delivery of Phase 1 of the Complex Care programme which Greenwich CCG (as was) signed up to in 2020. There has been a proposal shared for the Local Care Partnership MH leaders (HGP) to approve a business case to progress to phase 2 of the complex care programme across South London. • The accompanying paper to HGP outlines the following: 1. Background and scope and perceived outcomes from Phase 1 2. Scope of the phase 2 proposals – eg further delegation of place MH cost per case budget for S117 aftercare to be delegated to SLP along with other associated functions from 1st April 3. Work undertaken so far to engage with SLP / Oxleas and the SEL ICB team to review phase 2 proposals and questions, risks and issues arising 4. Outline of work already happening in Greenwich within the MH programme which has a relationship to the proposed outcomes in phase 2 5. Recommendations and next steps
Recommended action for the Committee	It is recommended that the committee cannot make the decision now to progress to Phase 2 delegation for April 2023, as outlined in the business case from SLP. The reasons for this are outlined in the accompanying paper. The committee are asked to note that we want the benefits outlined, and support the work now underway to explore options for improving similar outcomes and delivering benefits to those contained in the business case, which could consider alternative means by which these could be delivered. Phase 2 is still part of this options appraisal and the more detailed work on the options relies on the responses to the questions posed to SLP, Oxleas and the ICB to complete the appraisal These options and a recommendation will be brought back through the Mental Health Oversight Group, and feed through to the HGP.

Potential Conflicts of Interest	There are potential conflicts between roles in the SLP, SEL ICB, ICB locally, Oxleas and RBG but these are not fully known at present and are being explored including via the questions regarding the business case which have been shared	
Impacts of this proposal	Key risks & mitigations	See attached paper for summary of impacts. Further detail is required from SLP and Oxleas to fully understand these and any mitigations
	Equality impact	The SLP Phase 2 business case includes an equality impact assessment (EIA). Locally an EIA has not been completed and equality impacts locally will be considered as part of the options appraisal in development
	Financial impact	Assumptions have been built into the business case regarding intended financial impact. It is not clear what the specific impact is for Greenwich and questions shared with SLP and Oxleas are seeking this clarity including any impacts of not going ahead with the proposed approach as outlined. This clarity is also being sought from SEL ICB colleagues It is also not clear what role the LA has in the decision making of this proposal as the impacts appear to include those on LA budgets and risk share arrangements. Professional advice is being sought regarding these impacts and local governance
Wider support for this proposal	Public Engagement	Although the business case makes reference to some co production work it is not clear whether: • Greenwich residents were part of this • How much engagement and insight from that has influenced the proposal • How this related to any work undertaken locally in MH contexts and peoples lived experiences • How much of what matters to people in reviews and assessments and their care and support planning have been fed in thematically to the proposals Locally we already have significant work underway as part of the development of the MH Alliance to understand people's experiences of accommodation with support solutions to inform the development of the Alliance modal. This has not fed in to the Phase 2 business case as is a separate piece of work but there will no doubt be key insight to inform the options appraisal underway. Local leaders are committed to ensuring peoples lived experiences are part of and influences the continuous improvement of local offers and the design and delivery of future approaches and

		commissioned services and pathways
	Other Committee Discussion/ Internal Engagement	Relevant colleagues locally have been engaged in reviewing the business case and proposals and in meetings with SLP and Oxleas regarding them. This has not included all impacted parties including local care and support providers from the VCS. Further engagement is planned including an upcoming item on the MH Oversight and Coordination Board which oversees the range of activity to improve MH and Wellbeing outcomes across Greenwich. Depending on how the work progresses to explore alternative options there will be opportunities for further engagement by interested parties
Author:	Lisa Wilson – Integrated Director of Commissioning Adults	
Clinical lead:		
Executive sponsor:	Sarah Mc Clinton – Place Executive Lead	

South East London
Integrated Care System

South London Partnership – Complex Care Programme Phase 2 proposals

Healthier Greenwich Partnership (HGP) – 25th January 2023

Author: Lisa Wilson / Integrated Director of Commissioning – Adults

Iain Dimond – Chief Operating Officer - Oxleas

Background

Background

In 2020 the then Greenwich CCG signed up to an MOU to enter in to a programme of work to improve outcomes for those with Complex Mental Health needs. This programme is known as the 'Complex Care Programme' and is one which spans South London. The programme is facilitated by a partnership which exists across the three Mental Health Trusts operating in South London. The partnership is known as 'South London Partnership'. This is not a legally constituted organisation but is made of from staff who are employed with each trust. Local leaders are committed to working in partnership including alongside Oxleas to improve outcomes with and for Greenwich residents.

ICB and RBG teams who are part of the Local Care Partnership (LCP) currently have responsibility for ensuring the right support is in place to meet MH Complex Care needs and are committed and already working to ensure better outcomes and value for money are delivered through commissioned services and local partnership arrangements for these residents. These teams hold the local budgets which enable joint decisions around shared care for those with Section 117 aftercare needs.

Oxleas and South London Partnership also share these broad aims.

Currently, the local ICB team retain MH cost per case budgets for S117 aftercare and work closely alongside the LA to ensure where possible, legally required and desirable to achieve these aims and outcomes that services are jointly commissioned, placement pathways and panel approaches are joined up and that we work alongside each other to ensure quality and sustainable supply of the right solutions to meet need from providers in the market, whether via SPOT or block contracted arrangements.

The SLP led Complex Care Programme has been run in phases. The initial phase (1) was to delegate local CCG budgets for 100% health funded needs to the SLP partnership in order to fund the first phase of the programme.
A summary of the aims and assumed outcomes from Phase 1 are contained later in this paper. Following the learning from Phase 1, the SLP are proposing a further phase (2) which proposes that local LCPs delegate the ICB budgets from local areas at an LCP level to SLP in order to deliver a further set of objectives and outcomes including assumed financial benefits and build on the work of Phase 1

Purpose and Recommendation

The purpose of this paper is to provide a high level summary he scope and assumed outcomes from Phase 1

- The scope and summary of intended outcomes and deliverables of phase 2
- The progress made in engaging LCP teams in understanding the above and their response to proposals in phase 2
- The recommendation for formal decision that the LCP (HGP) do not agree to signing up to the phase 2 proposals for April 2023 as described the business case and reasons why
- A summary of some work already underway to consider and appraise alternative options to ensure delivery of similar outcomes, objectives and benefits described in Phase 2 is underway including by alternative means than those outlined in the SLP proposals or with a delayed implementation – it is expected that the outcome of this work will be reported back to the Mental Health Oversight Board, a future Joint Commissioning Board and then the HGP (in the next few months)

Recommendations

- It is recommended by ICB and RBG parties within the MH programme at the Greenwich LCP level (HGP) that the decision is made not to sign up to Phase 2 with delegation for April 2023 of the Complex Care programme as described in the business case.

- Reasons for this include the lack of time to fully understand the proposals and impact both strategically and operationally, the outstanding questions local leaders have regarding aspects of the business case, local change work already underway and the relationship between these proposals, existing commissioned services and Oxleas relationships and the timing of the required decision to enable robust due diligence via local governance. This includes the need to seek clarity regarding the LA role in governance due to risk sharing aspects of the proposals.

- A high level outline case for change was shared with local leaders in late October 2022, engagement was undertaken in October, November and December via meetings and workshops so that local leaders would be able to ask for clarification of how the proposals would work in practice in Greenwich.

- A decision is being sought by the SLP Board from local areas by 31st January 2023 to enable phase 2 go live on the 1st April 2023. This paper is to formerly confirm the HGP decision to not go ahead at this point and enable that decision to be shared with SLP and ICB colleagues.

Phase 1 and Complex Care Phase 2 Business Case Proposal

Original aims and outcomes

The agreed aims of the parties in making the Complex Care Arrangements are to:

- achieve benefits to improve the quality of complex care services for service users in south London;
- develop a strength in a common voice to increase ability to negotiate and influence existing and new providers of complex care services;
- align strategy and resources as well as share skills, knowledge and resources/expertise to increase the resilience of the collective and individual CCGs; (now SEL ICB and Local Place Partnerships)
- realise savings for reinvestment initially to fund SLP dedicated multi-disciplinary contract and review team supporting the project, Community Rehabilitation services to facilitate discharge and residual savings then to fund other Mental Health Investment priorities recommended by the Programme Board;
- develop placements and repatriate patients as close to home as possible;
- develop clear pathways for placement provision and aim to address gaps in service provision that emerge across South London where efficiencies enable reinvestment.
- contain the overall spend on Complex Care within the agreed annual central budget and during stage1 (*later described as phase*) in the event of an overspend within each STP risk share on the basis of an agreed share arrangement

Phase 1: pursuant to the terms of the MoU, the SLP takes over the management of the Commissioner Parties' existing complex care contracts (acting under delegated authority from the Commissioner Parties); and management of the placements

Phase 1: delegation - The Programme received delegation of the 100% health only funded placements after a ratification of a Business Case in September 2020. At the time of endorsement (June 2020), this budget supported 1050 individuals at a cost of c£50m.

£887,324 was delegated from Greenwich CCG budgets (cohort of 6 people). In October 2020 all contracts with rehabilitation providers were transferred to Oxleas as part of SLP. Local leaders were no longer party to contract meetings/reviews, however receive a summary of progress, performance and quality updates in the strategic board attended.

Phase 1 – SLP assumed outcomes and Greenwich views of phase 1

SLP asserts the Programme has been able to:

- Accelerate its review of people in existing placements via a Clinical Assessment Team (CAT – a team of clinicians from across the 3 MH Trusts). It is this systematic review of strengths and needs of individuals that guides the Programme in developing a robust commissioning response.
- Introduce and build upon a new gateway to access care – the Single Point of Access (SPA – which is founded on a clinical evidence base with a robust monitoring framework which is also informed by service users).
- Added capacity and capability to the six NHS inpatient rehabilitation wards by introducing substance use and peer support expertise to develop a more outward facing community culture
- Rolled out a contracting and commissioning framework with independent sector providers to drive quality and control price
- Commissioned Bexley Mind, a VCS partner to help us coproduce a personal health budget(PHB) process with service users to maximise choice and control of care

Summary of Greenwich stakeholders views of phase 1:

What went well:
Created significant saving across the system – clarity needed on Greenwich impact
Achievement of positive outcomes for people – further evidence of Greenwich people impact required
Development of South London-wide view of patient placement data.
Development of standardised KPIs and contracts (those in scope of phase 1)
What could have been better:
Sharing of evidence around the benefits modelling relevant to Greenwich, with opportunities to develop shared understanding and at a local level
Strengthening of working relationships between the SLP, Oxleas and local authorities.
Compliance and alignment with local policies and procedures
Making best use of locally commissioned resources in Greenwich- including voids in block commissioned contracts in the Borough – this would go towards avoiding out of borough placements and people being placed in more enabling and less restrictive settings
Clarity around roles and responsibilities between SLP and Oxleas and purpose of involvement of SLP in local development work including the MH Alliance
More open, transparent and honest approaches to partnership working, including about the intention to use local insight and information for furthering the development of this business case

The intention from savings derived from Phase 1 was to invest in business cases, the following have been progressed/are in development, local engagement in the development of these has been limited:

- three community rehabilitation units, and complex emotional needs teams

Greenwich are assumed to benefit from the phase 1 locally although this is not sufficiently evidenced at a local level including as is whether the delivery is well enough connected to local pathways, decision making protocols and services and community assets for onward support.

Phase 2 – Summary of Aims, Outcomes & benefits proposed

Aims:

1. To continue implementation of phase 1 for all 11 boroughs, and extend to a phase 2 to boroughs who have been identified as ready to take up the offer from April 23.

SLP report - 6/11 boroughs (Richmond, Croydon, Wandsworth, Sutton, Merton and Kingston) are deemed ready. There are further discussions happening at place in Bromley, Bexley and **Greenwich.** In both Southwark and Lewisham partial delegation is in place. There is an ambition for full integration to be in place into SLP structures and ways of working - for possible start date in July 23. Lambeth is also working alongside the Programme, and is currently developing an options appraisal to determine if the Alliance wish to join Phase 1

2. To manage spend within the financial envelope agreed.

Coproduce an 'at scale' commissioning strategy within the first year of implementation which will be based on review findings and considers opportunities i.e. Price convergence, models and pathways of care as well as how rehabilitation/recovery is promoted.

Objectives:

1. To attend local borough placement panels – having delegation of decision making for the health care component of the joint funded placements with the LA

2. To carry out due diligence on borough placement activity and spend to understand past, current and future trends in activity and spend and with partners, set this in the context of each boroughs' wider accommodation and support system

3. To work with partners to ensure timely assessment and review of placements, supporting with resources from the Programme where needed which will be unique to each borough. To step down people to less restrictive settings where possible through the use of less restrictive settings and use of personal health budgets

4. To put in place a robust joint contracting arrangement together with LAs with providers to maximise quality and efficiency – carrying out joint processes where this makes sense. This includes joint negotiation of tariff, inflation etc

5. To work with MH Trusts, LAs, ICBs and other partners to repatriate people back into their home borough (as appropriate) so that they are close to family, friends and their community. This may involve commissioning new provision

6. To commission clinically appropriate services for those with particularly complex needs i.e. those with co-occurring mental health/autism, those with a diagnosis of complex emotional needs, where resources can be pooled across boroughs to deliver services more suitably delivered at scale

7. To manage delegated placements within the agreed budget

Phase 2 – Summary of Aims, Objectives, Outcomes & Benefits proposed continued

Outcomes:
For people supported in shared care placements:

• To improve recovery outcomes by 100% of people receiving timely personalised placement reviews to ensure they are being supported in the least restrictive setting to maximise independence
• To improve the quality of care that people receive via putting in place robust joint contracting arrangements with all providers so that they are monitored on a regular basis with the LA/local VCS partners. To use NHS standard contracts where appropriate and align Key Performance and Quality Indicators with Local Authorities as necessary
• To work with LAs, ICBs and other partners to repatriate back into their home borough (as appropriate) so that they are close to family, friends, their community
• To deliver clinically appropriate services for those with particularly complex needs i.e. CEN, where resources can be pooled across boroughs to deliver services more suitably delivered at scale

For the system:
• To develop a shared understanding of system activity and performance that can be benchmarked across boroughs (Page | 41 of business case)
• To manage new demand within the agreed budget
• To coproduce a commissioning strategy that supports local borough processes and relationships but also looks at opportunities of commissioning at scale solutions (to include consideration of new commissioning arrangements, model of care, change of pathways) where this is appropriate.

Benefits
Perceived and assumed benefits of Phase 2:
• Improved recovery outcomes as people receive timely review and placed in most suitable setting i.e. stepped down to less restrictive setting as required or placed in higher supported more suitable placement – financial benefits if savings are released from people stepping down to less supportive environments
• People placed closer to home – nil financial. However, people being placed closer to home will result in MH Trust delivery of greater efficiency in staff being able to see people more regularly in borough. This is both more efficient and reduces cost of travelling
• Implementation of robust joint contract framework that is co-ordinated with the LA – financial benefits – if joint negotiation of tariff or price convergence. derives benefits, Expected increased quality and resultant reduction of LOS will also derive savings.
• Understanding of system activity and agreement of commissioning strategy – financial benefits assumed through joint negotiation of tariff. Reduced duplication leading to efficiencies.

Whilst Greenwich stakeholders are supportive of these Outcomes and benefits, there is agreement to looking at other potential options there could be locally to deliver them as an alternative to the approaches outlined in the SLP business. This was an action agreed at a workshop in December

Proposed Financial Delegation and Savings assumptions

Phase 1 budget and cohort numbers in scope:

PHASE 1 - 100% HEALTH *

South East London 2021/22		
Borough	Health Expenditure	Cohort
Bexley	£364,133	19
Bromley	£102,932	1
Greenwich	£887,324	6
Lewisham	£1,755,500	35
Southwark	£1,255,032	28
Total	**£4,364,921**	**88**

South West London 2021/22		
Borough	Health Expenditure	Cohort
Croydon	£1,817,588	42
Kingston	£713,494	16
Merton	£3,754,565	47
Richmond	£1,360,135	13
Sutton	£3,310,472	43
Wandsworth	£2,616,670	24
Total	**£13,572,923**	**185**

* non NHS activity

Phase 2 proposed budget and cohort numbers in scope:

PHASE 2 - SHARED CARE

South East London 2021/22		
Borough	Health Expenditure	Cohort
Bexley	£2,188,397	67
Bromley	£522,790	19
Greenwich	£2,633,970	108
Lewisham	£1,391,496	47
Southwark	£1,161,795	121
Total	**£7,898,449**	**362**

South West London 2021/22		
Borough	Health Expenditure	Cohort
Croydon	£2,155,381	83
Kingston	£2,096,403	94
Merton	£1,664,130	42
Richmond	£2,843,938	109
Sutton	£1,362,914	34
Wandsworth	£2,419,459	125
Total	**£12,542,226**	**487**

NB: there were other costs in scope of delegation in phase 1 related to contracts which are not included in the above table

Points to note:

- **Further due diligence would be required regarding the Greenwich budget in scope, this is not just utilised for Adults S117 but also supports some young people and also includes some LD and A adults**
- Expenditure figures exclude 100% health funded placements
- Lewisham and Southwark budgets are already devolved in SLaM
- Lambeth is not part of the Complex Care Programme
- Southwark 21/22 Expenditure excludes disputed costs. [Southwark 22/23 new agreement is significantly higher]
- Current shared funding agreements in Greenwich are 50/50 between ICB and LA budgets

Savings:

Phase 1 and Phase 2 budgets are proposed to be joined up into a single commissioning budget and there will be a 'gain & pain' risk share between the SLP and the ICBs (including LCPs). The 'pain & gain share' is not expected to have any impact on the ICBs within the financial model in the business case and would only be triggered if the programme was materially off-plan. Phase 1 is expected to continue to generate savings, although the rate of increased savings will reduce in future. Phase 2 is expected to generate small levels of net deficit, but the combined position for both Phases will show year on year savings. These savings are higher in the initial years and reduce longer term as investment spend is at full effect, and the impact of ongoing growth is absorbed into the budget.

	Net Phase 1 Position	Net Phase 2 Position	Phase 1&2 Combined
23/24	£2.01m	(£0.89m)	£1.13m
24/25	£1.95m	(£1.13m)	£0.81m
25/26	£1.98m	(£1.68m)	£0.29m

There are 4 risks that have been identified as having the most material financial risk:

- Inflationary pressures on placement providers
- Change in average LA / Health funding splits
- Excess activity growth beyond those modelled
- Failure of the initiatives to move service users to more cost-effective packages of care / placement.

Proposed risk share arrangements

Risk share proposal:

• The risk share agreed for SLP for Phase 1 was 50/50 on any overspends with SLP retaining all underspends. A first call on the use of the underspends is to meet the cost of the SLP programme team.

• The proposed arrangements replace that agreement with a new risk share where costs and benefits are shared more evenly. The proposed arrangements will not impact the ICB unless the under or overspend is higher than 10%:

- 0 - 10% variance funded by SLP
- 10 - 20% variance funded by ICB
- above 20% variance would be split 50/50

• This arrangement reduces the risk to the ICB from continuing increased growth. As these are joint placements the impact of reduced growth is likely to benefit the LA including the impact of benefits from the investments been funded from the savings in 100% health budgets.

• This excludes the transfer of Phase 2 placements for Lewisham and Southwark that are managed within SLaM rather than SLP. This will be subject to further negotiation.

It is not clear what the Greenwich proportion of financial risks would be and the likely impact on LA budgets, further clarity is required. Legal advice is being sought as to the LA role in governance and any internal governance the LA would need to undertake given the inclusion of LAs in the risk share model and impact of the proposals on local commissioning, decision making and pathways for Greenwich jointly funded residents

Engagement between SLP/Oxleas/ICB (SEL level) and Local Place colleagues

South East London Integrated Care System

Engagement since case for change and business case has been shared

The case for change was shared in mid October 2022, the business case was shared on 22nd December 2022. There has not been sufficient time to fully understand the proposals and local impact and consequences. The engagement sessions in the Autumn/Winter aimed to enable local concerns and questions to be raised and addressed. This wasn't concluded and since the business case has been shared with more detail further questions and concerns have arisen. As per the actions below from the workshop in December, a working group have come together on the 5th January 23. There has been work started to consider the options outlined including what information is needed to be able to undertake an appraisal of these. Further work is required over the coming weeks to be able to assess the options based on the discussions so far. This includes more information about the proposals and outlined benefits but at a Greenwich level. Other actions included

- Greenwich colleagues will collate a list of questions about SLP, Oxleas, and how they work together (complete and awaiting response via FAQs below)
- Greenwich colleagues to collate a list of questions related to the SLP Phase to business case and share with SLP/Oxleas/ICB SEL by 16th Jan – complete and awaiting response – summary of key themes contained on next slide)
- Oxleas and SLP will develop an FAQ based on these questions

Membership of the task and finish group:

- Christine Caton - ICB Director of Commissioning Finance, Mental Health
- Colette Meehan - Assistant Director of Integrated Commissioning MH/LD, Royal Borough of Greenwich
- Sophia Ploumaki - Associate Director Greenwich Mental Health Services, Oxleas – Peter Ley attended as Sophia was on leave
- Sue Field - Programme Director, Complex Care Programme, SLP
- Stuart Nichols - Service Manager Commissioning for Integrated Adults Commissioning, Royal Borough of Greenwich

The Task and Finish group will develop an options appraisal paper for next steps – the paper will consider:

O **Maintaining existing arrangements** – eg LCP retain cost per case budget and commissioning and placement responsibilities alongside RBG for shared care placements. Alongside this the relationship with Oxleas in the assumed S75 which is undergoing review and attempts being made to improve practice and performance and put in place formal agreements including the budget envelope.

O **Joining Phase Two on shadow/pilot basis** – questions being gathered for answer by SLP/Oxleas require response to understand if this option would be desirable based on evidence of whether it would be a direction of travel supported locally. There would need to be transparency and honesty with clear rules of engagement and formal agreement in place to be operating in this shadow form. Clear plans for evaluating (for all all parties) whether the shadow arrangements are of benefit locally as well as at scale would need to be developed and agreed.

O **Joining Phase Two** – as above, any further consideration of the business case would require answers and requested documented evidence of expected benefits and impact for Greenwich to be received.

O **Managing arrangements via the MH Alliance** – The Alliance was not in the first phase set up to deliver the outcomes, aims, objectives and deliverables as described in the business case, although some of the high level overarching outcomes eg reduce out of borough placements, have an improved rehab and recovery focussed model, achieve better outcomes and value for money, improved partnerships, improve rates of reviews etc are similar although funded via LA budgets in the main in the initial design. Further more detailed comparison is required to inform the options appraisal. Any attempt to consider this option beyond a desk top review of the pros and cons, issues, risks and deliverability would need to engage Alliance participants and require formal change to the Alliance agreement just signed off, planned procurement and phased approach to the further development of the model

O **Other** – this may include consideration of some form of aligned working with SLP/Oxleas on complex care (as opposed to the above shadow option) alongside relationships with Oxleas through commissioned services already in place. This would require clear purpose of aligned working and rules of engagement, underpinned by principles of transparency and honesty and clear terms of reference and governance.

Current key risks, issues and questions arising for local leaders in Greenwich (ICB and RBG)

Local leaders are committed to working in partnership with Oxleas. It should be noted that working in shadow form/piloting the approach was not formerly agreed with Greenwich or formerly proposed for local decision. This appears to be related mainly to SLP working within the programme to develop the MH Alliance. The MH Alliance has parties formerly signing up to principles of ways of working and all parties would have needed to agree to any piloting.

Key themes from questions arising following the sharing of the business case with Greenwich place team (22nd December), full details of these have been shared with SLP/Oxleas colleagues on 16th January and answers are being prepared

Themes arising from questions shared with SEL ICB, SLP and Oxleas:

- How this proposal relates to work already underway at place to improve outcomes and value for money for those with complex needs and any future MH delegations from SEL ICB to Place
- How these proposals interact with local pathways, decision making, relationships with providers and quality and safeguarding procedures and brokerage approaches
- How the assumed benefits from Phase 1 specifically impacted Greenwich
- How the proposed benefits from Phase 2 specifically impact Greenwich
- Clarity around around how and where the decision was taken and by who that Greenwich was included in phase 2 pilot work and how this information was then used to inform the business case. This appears to relate to involvement in work to develop a MH Alliance and how information from that involvement has been used
- How and by who the assumptions around issues with local ways of working were made which are cited in the business case – local leaders would want to assess their own local practices and reflect on these and whether the information contained in the business case aligns
- Issues with the proposed delegated budget – are the budget assumptions around what should be delegated correct as there are issues with the way the budget is built which is being rectified in 23/24 and may give a different picture of under/overspend position
- Concern about inflationary pressures and that these have not been fully reflected in the risks and issues with the benefits assumed
- Integration between these proposals and local LA S75 (assumed) arrangements in order to ensure transparency around resources and improvement work
- Concern that there are already underutilised voids in local provision which is driving spot and out of area placements – partnership work already underway to address this
- Lack of insight around qualitative evidence from Phase 1 related to Greenwich people in scope
- Impact on local workforce and integrated commissioning arrangements – there is already a legacy of close working which is showing benefits and will be furthered via local development work
- Concern about impacts on partnership working and collaboration – principles around transparency and honesty are key
- Concern around how growth over 8% modelled would be mitigated
- Lack of clarity around role of LA in decision making on proposals as they would have significant impact on local arrangements and expectations around risk share
- Impact on SLP and Oxleas agreeing or not agreeing Phase 2 will have on Greenwich.
- Impact if not all South London LCPs agree to proposals and what is expected locally in delivery of savings and benefits if so
- Interaction with local contracting arrangements – most shared care cases are contracted by the LA and 50/50 funding arrangement is already common practice. SLP is not a legally constituted body and so cannot hold contracts
- Missing information about sustainability of the approach beyond the time period outlined
- How the proposed staffing of the approach relates to already commissioned and funded provision for similar purposed eg review team

Other local work related to achieving similar Objectives and Outcomes to Phase 2 proposals

- Supported Accommodation Pathway improvement meetings/work – work underway between VCS providers, RBG, ICB at place, Oxleas and Housing colleagues with meetings every 6 weeks
- Diagnostic undertaken by Newton – insight informing local improvement work including practice based improvements in the S75 arrangements with the LA
- SEL MH Discharge group engagement
- MH Alliance Development
- S75/MOU work – to address short term issues with arrangements and lead to formalising them (subject to further governance)
- Improved Quality Monitoring of providers / links to safeguarding procedures
- Review of brokerage offer to improve MH placement negotiations – this will include Specialist Brokerage support and includes review of OAMH arrangements
- Delegation to place for CMHTs
- MH Wellbeing HUB development, delivery and evaluation
- Further consideration of change load on place system and prioritisation of work

Conclusion & next steps

- Continued work between partners to look at options outlined. These options will consider how the outcomes, aims objects and also deliverables outlined on page 6 of the business case could be delivered by other means through local work already forming part of the MH programme and priorities, working alongside other LAs/LCPs to explore opportunities to jointly commission and via relationships already in place with Oxleas eg S75 and ICB commissioned arrangements.
- SLP/Oxleas and SEL ICB working to answer the questions posed regarding the content of the business case
- Further work by Oxleas and SLP to prepare information which addresses questions related to roles and responsibilities between the parties
- Item tabled at local Mental Health Oversight and Coordination Board to ensure all local partners including those from the VCS and those with Lived Experiences are sighted on the proposals and are able to reflect on them and share views

AGENDA ITEM: 7

Healthier Greenwich Partnership

Date: 25 January 2023

Title	System Development Update	
This paper is for **noting**		
Executive Summary	• This paper is the summary from the System Development team.	
Recommended action for the Committee	• To note the report.	
Potential Conflicts of Interest	• None.	
Impacts of this proposal	Key risks & mitigations	• *N/A*
	Equality impact	• *N/A*
	Financial impact	• *N/A*
Wider support for this proposal	Public Engagement	• *N/A*
	Other Committee Discussion/ Internal Engagement	• *N/A*
Author:	Robert Shaw – Director of System Development	
Executive sponsor:	Neil Kennett-Brown – Chief Operating Officer	

System Development

Greenwich

NHS South East London Clinical Commissioning Group
Oxleas NHS
NHS Lewisham and Greenwich NHS Trust
NHS King's College Hospital NHS Foundation Trust
NHS Dartford and Gravesham NHS Trust
LONDON BOROUGH OF BEXLEY
ROYAL borough of GREENWICH

System Development Team Summary

Residents and patients access services regardless of the geographic and organisational boundaries that sometimes constrain us as organisations. In 2020, we moved our transformation resource into a system space to enable us to work more effectively across these boundaries. Whilst maintaining decision making within organisational boundaries, this approach continues to positivity impact on how the system operates and how it feels to work in the Greenwich system – delivering benefit for local residents and patients, and the colleagues who work tirelessly in service of outstanding care and outcomes.

The system development team has a broad portfolio of change work contributing to many SEL and national priorities. The approach to the work is based on each programme, with some work undertaken on behalf of a single borough, other elements across Greenwich and Bexley and a few pieces of work which span Lewisham and Greenwich Trust's boundaries reaching into Lewisham. As a team, we remain accountable to the boroughs of Bexley and Greenwich, and responsible for delivery to the boroughs along with Oxleas and LGT as local providers. Our work is delivered through programmes set by either the local care partnership or organisations through their own governance. This included estates and medicines management which in addition to programme-focused colleagues, form our team.

The work that we do is transformational change across and between organisations. Our approach to change is guided by the type of problem faced by the system. Much of our work falls into the complex and complicated space;

- Complex, often solution(s) are unknown and require an emergent practice to guide decision making. We refer to these as Systemic that require diverse collective wisdom to get to “break through”
- Complicated, often solution(s) are relatively known and require the application of good practice. We refer to these as Systematic that require the expertise and experience of individuals and groups

Our approach and practice as a team is based on developing trusted relationships and focusing equally on 'what' needs to change and 'how' that change is brought about through the engagement of colleagues and patients who interact with the part of the system in focus.

The one thing that is a certain for the future is that it will be uncertain. Our belief, which is reflected by the many colleagues we have worked with over the last three years, is that the system development approach provides the framework and opportunity to take some more bold change steps as a whole system to help us evolve in uncertainty.

Finally, as a team we do have legacy areas of responsibility which may fit better elsewhere within the borough structure. Discussions are ongoing as to how and where to position this work to best align with portfolios and to provide the best opportunity to deliver excellent outcomes and cost efficiency for the borough and its residents.

We have enjoyed the challenges over the last two years and look forward to evolving our work on key programmes for the residents and patients of Greenwich.

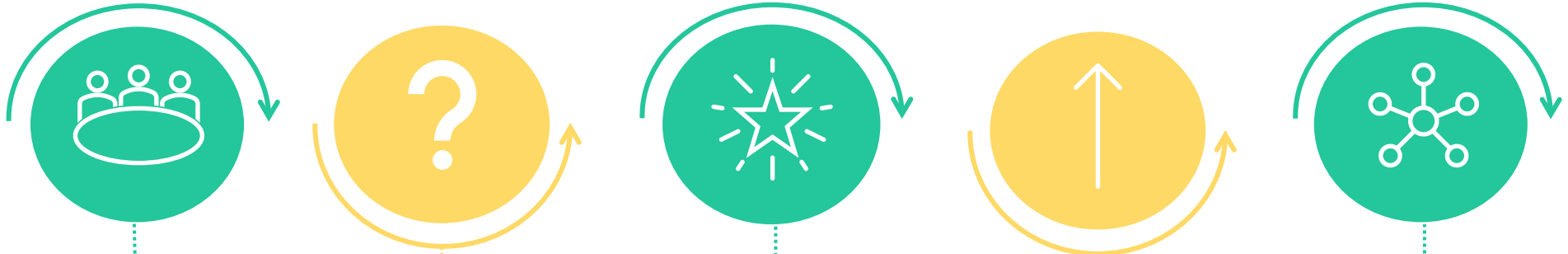
Robert Shaw
Director of System Development.

System Development Team's approach to sustainable change

APPROACH

Our approach focuses equally on WHAT needs to change and HOW those who work within / use services are invested in the change process

PRACTICE



- Good meeting habits and discipline
- Clarity of change question
- Creation of the conditions for success
- Above the line / below the line behaviours
- Creation of shared values and mindset

PROCESS

- Bespoke rhythm
- Cycles of enquiry & insight
- Emergent and flexible
- Safe
- Time-bound

SUPPORT

Change capacity and capability development
Coaching and mentoring through the practice and process
Learning and reflection

2023 / 2024 proposed programmes

Planned Care - System development programmes with a non urgent care theme for Greenwich residents and patients. Given common providers, these schemes are delivered in collaboration with Bexley and Lewisham through the system meeting Confluent. The main focus is the interaction between primary care, secondary care and community with referrals

Phlebotomy
- Service development
- Operation co-ordination & fix

Gynaecology
- Operational and transformation between Oxleas, LGT and GPs

Diagnostics
- Operational issues between GPs and LGT

General Surgery & Urology
- SEL strategic and operational developments

Diabetes
- Develop business case
- Fortnightly operational implementation
- Year 2 of 3

Skin Matters
- Oversight

Community diagnostics
- One Stop clinics

Cancer
- Monthly co-ordination
- Greenwich service developments

Gynaecology, Cardiovascular
- Breakthrough development
- Whole system business case.
- Oversight and implementation

Neuro Rehabilitation
- Yr 2 implementation

System Development (Urgent and Unplanned Care) - System development programmes with an urgent care theme for Greenwich residents and patients. Given common providers we work these schemes together with Bexley through system meeting Resplendent

Home First
- Strategic Board
- Year 3 of 3
- Next step developments

Allied Health Professionals
- Planning co-development
- Oversight as move into implementation

Respiratory
- Operational
- Service development and commissioning

Virtual Wards
- Co-develop proposal
- Operational implementaion

End of Life
- Service Development
- Commissioning
- Hospice

Urgent Care (UTC)
- Implementation
- Co-develop front door and
- Wider out of hospital services.

ED and emergency flow & Covid
- Perfect Week initiatives
- Resplendent
- Monthly Divisional Medicine Board QEH
- Weekly Adult Community Services operational

Intermediate Care
- Support completion of transformation programme to utilise remaining space

Multi local provider System of systems links

Confluent – weekly system forum focused on systemic and systematic issues, challenges and opportunities. Includes primary and secondary care.

Resplendent - System weekly meeting relationship task focused on systemic issues, challenges and opportunities. A&E Delivery Board

SEL / ICS System of systems links

SEL Planned Care Board

SEL diagnostics transformation board, SEL CDC Planning

SEL Neurorehabilitation– monthly oversight and assurance @ SEL plus SEL transformational work

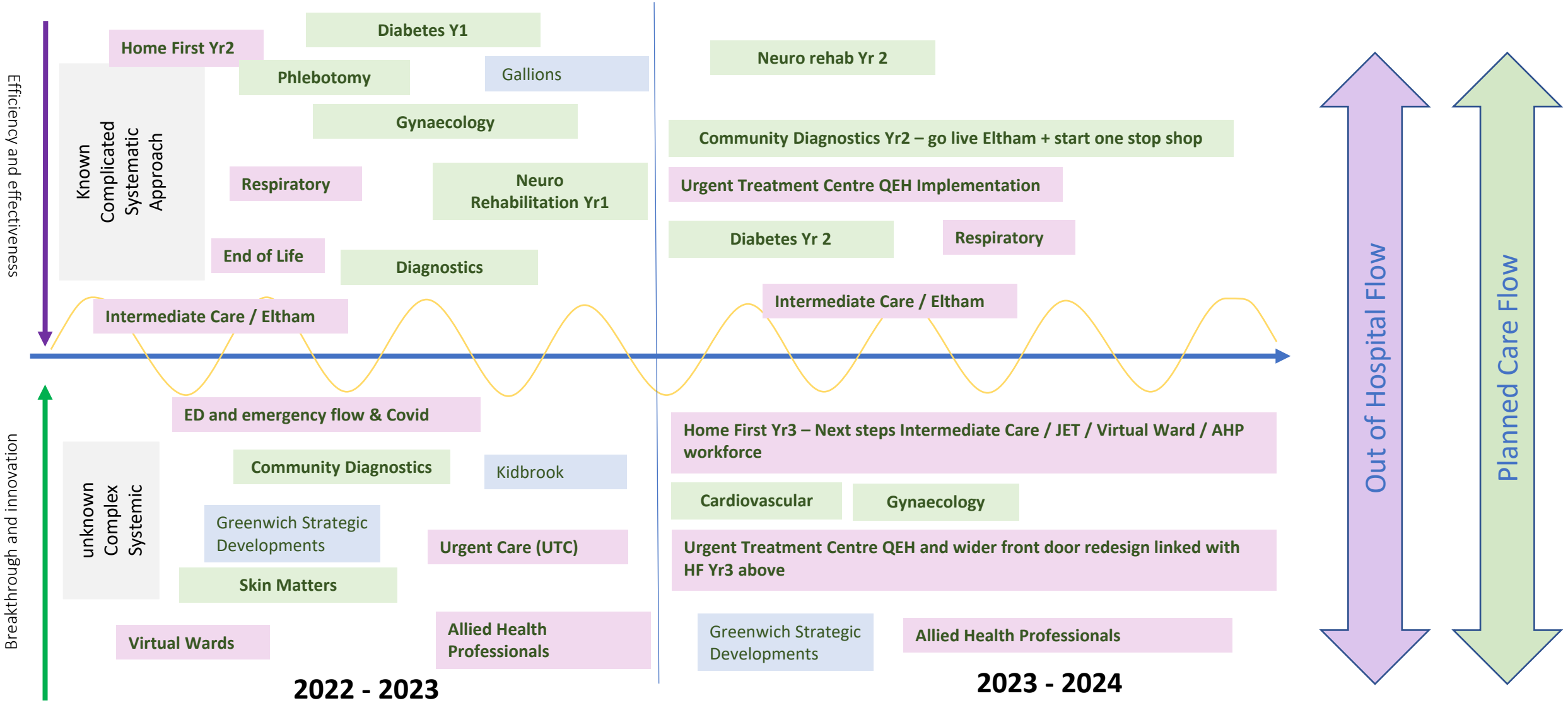
Community Provider Network Board

SEL Urgent & Emergency Care Board- Monthly Assurance and Oversight

SEL Director of Operations – Daily operational flow system support

Our work: current and future

The system development team keeps a balanced portfolio: compliance enabling local efficiency and effectiveness AND strategic enabling system transformation through breakthrough and innovation. Time spend in each area varies dependent on system need, but as a team we aim to keep a balanced portfolio, with an ambition of growing the time spent in transformation arena and this is where the greatest system benefits and opportunities lie.



Impact on Partners

	HF	Neuro	CDC	UTC	Respiratory	Diabetes	Cardiovascular	Gynaecology
Primary Care	✓	✓	✓	✓	✓	✓ ✓	✓	✓
QEH	✓	✓	✓	✓	✓	✓	✓	✓
Oxleas (Physical)	✓	✓	✓	✓	✓	✓	✓	✓
RBG – Provider	✓			✓				
Hospice	✓			✓				
Voluntary				✓				

Wicked issue 1 - Workforce

Wicked issue 2 – Investment and cost save at the same time

Out of Hospital - Resplendent

Planned Care - Confluent

AGENDA ITEM: 8

Healthier Greenwich Partnership

Date: 25/01/23

Title	Healthier Greenwich Partnership Public Forum	
Healthier Greenwich Partnership are asked to discuss and note the report and the feedback from patients and approve the proposal for future Public Forums.		
Executive Summary	• This paper should be read with the earlier paper circulated which summarised the proposals and the engagement plans. • The report summary the main communications and engagement activities carried out and what we heard during these.	
Recommended action for the Committee	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.	
Potential Conflicts of Interest	• None arise directly from the report.	
Impacts of this proposal	Key risks & mitigations	• None arise directly from the report.
	Equality impact	• Demographic info is included in the feedback report
	Financial impact	• None arise directly from the report.
Wider support for this proposal	Public Engagement	• The paper outlines the report from one of the HGP's key engagement activities.
	Other Committee Discussion/ Internal Engagement	• Healthier Greenwich Partnership 28/09/22
Author:	Russell Cartwright	
Clinical lead:	Dr Nayan Patel	
Executive sponsor:	Neil Kennett-Brown	

Healthier Greenwich Partnership Public Forum Report

Forum date 10 January 2023

Venue: Woolwich Common Community Centre

Main topic: Access to primary care

This event was the second 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 Woolwich Common Community Centre and online via Zoom between 6pm and 8pm. This was the first time we have run an event in this format from a location within the community.

We were joined by 22 members of the public in person and 15 online. This compares to the previous meeting held at the Woolwich Centre where 11 joined in person, and 18 members of the public joined online. While the total attendees for each event is similar (37 in January and 29 in October) this does suggest that residents are more likely to attend in person a meeting held in the community.

We were happy with this turnout, especially as there were many ‘new’ faces and several people who came along as a result of our outreach work. The discussions benefitted from a mixture of some fresh perspectives with others more accustomed to attending health and care meetings.

Format

Neil Kennett-Brown chaired the session. He was joined by Dr Nayan Patel, HGP Chair and Dr Johnson D’Souza.

Questions were taken from people in the room and people at home.

Neil started the event with an introduction/update from HGP including the purpose statement and objectives, with a brief opportunity for questions and answers on overall HGP working.

The main topic was access to primary care. This was introduced by Neil and Johnson, with a brief 10 minute presentation, before taking questions for over an hour both from the room and on line.

Questions received and responded to:

<u>General questions</u>

Q. I understood how primary care trusts worked previously. Now, I am not sure how the ICS works locally. How is funding pulled? Is it from organisation’s budgets together?

A. There will be more pooling of budgets going forward but we have had something called the Better Care Fund for a number of years now which is used for cross-organisation projects.

Access to primary care questions

4 questions relating to Patient Participation Groups (PPGs) grouped together:

Q. Primary care is in crisis according to BMA. why is the ICB not meeting PPGs monthly at a borough level as it does with GPs?

Q. Please address lack of engagement with PPGs by GPs and with PPGs on a borough wide basis by the ICB.

Q. Engagement with PPGs has fallen away. Why can't you set-up a regular borough-wide PPG group?

Q. What are your thoughts about patient groups? I get the feeling they are being excluded.

A. All of our practices have had PPGs for years – some more active than others. Where they are active and engaged we have seen some better outcomes for patients. A lot of PPGs have struggled since the pandemic. Locally we need to seize and change the national narrative that everything is going wrong in the NHS.

Regarding the suggestion of borough-wide PPG meetings we will discuss this with PCNs.

Going forward though there will be a need to reach out and work with different communities to co-design solutions. Planned work on cardiovascular disease is an example of this.

Q. Will patients have a choice over who they see? For example - can a patient request to see the pharmacist instead of the GP? Or can patients request to see a GP instead of one of the other roles? We (Healthwatch) hear lots of frustration where people aren't getting choice. In essence - will patients have a choice or is the choice for the practice to make - depending on clinical need?

A. There will be an element of choice where appropriate and possible but the professional that people see will usually be determined by the clinical need and the capacity.

Q. Lots of people find accessing primary digitally difficult. Where is the data showing the effectiveness of Digital First in Primary Care?

Eg: How many were seen In A&E

How many were referred by GPs

How many patients was seen in Urgent Care,

Has a Risk assessment been done

Quality Impact Assessment

Statistics of specialities

Standards Of Care, What Safeguarding Guidelines for requesting patients to reveal sections of their Body?

A. Digital technology like e-consult does require people to fill in their details, however in a traditional patient consultation they would have to do this.
Different practices do have different approaches to how they are using e-consult. Some are using it minimally and some are using it as total triage. This is within their rights and within the NHS England requirements. Something does need to be done about that as some people struggle. Digital should be a tool in the armoury rather than the default. If digital is the default there can be a risk that people whose first language isn't English, or older people, give up.
With regards to sharing photos digitally clinicians won't ask patients to share photos of intimate body parts digitally. All photos shared will only be stored on the system the clinicians are using which is very secure.

Q. I work in the community as an artist. I've worked with people who are homeless, autistic and carers. What I've noticed is that when they are able to express themselves they were able to reflect. They had increased self-esteem and confidence and were much happier. This could be anything creative e.g. art or a comedy workshop. Would you consider more creative arts in wellbeing clinics? I think this would help take the pressure off services.

A. This is exactly what we are doing in Blackheath and Charlton with our neighbourhood work. We are building community resilience. Last year we held a workshop and 30 local people shared what good health and wellbeing means to them.

We are trying to build up community resilience and use the skills and connections that are in the community. This has been slow to start but we need to build our volunteer base and look to replicate the process in other areas. We learnt during covid how resilient our communities are – we need to build on that. If we are to have a sustainable health service we are going to need to do things differently. Involving the community as part of the solutions will be key to this. There will however need to be some difficult conversations and choices.

Q. There are a lot of groups who are hard to reach and vulnerable, including parent and child carers. One of the real difficulties we have are that people don't have confidence to come forward – they are intimidated by the GP receptionist. If they don't get what they need they will turn away. Is there a way that surgeries can engage with young people and carers who don't have the confidence?

A. Nobody is hard to reach we just need to work harder. We are keen to hear from residents like yourself about what we can do to reach a wider range of people. For example with the Nepalese community – we visited the temple to run a vaccination clinic but since then have identified and supported several people who weren't registered with a GP practice. We want to look at creative ways of reaching people eg can we work with local barbers shops around men's health?

It is all about working together to make healthcare accessible. We know that one bad experience can be enough to put people off and this can be a missed opportunity for the future eg as they are unlikely to then take part in screening programmes and may present late with a serious condition.

None of us in general practice are perfect. We are all working very hard and all under pressure. Staff get lots of abuse. We need to change the working environment for people (staff and patients).

We don't have all of the answers - this is about joint working to develop solutions that work at a local level.

Two questions about PCNs and efficiencies/profits which are grouped:

Q. In The Primary Care Networks [PCN] The Contract has an agreement of ' Shared Savings' which means and states that if the GP's do not send their patients for Out-patients appointments or having their patients discharged early this would be efficiency savings, which would be shared by the PCN's.

This raises the question, if Primary Care Practices are taken over by the Private Sector, the Company would increase their profits. Other efficiency savings are ' Medical Associates' instead of a GP when they should be supervised by the GP.

Q. As the private sector are taking over PCNs will they take profits?

A. With PCNs there are no profits from efficiency savings. These are ploughed back into practice. If a PCN were taken over by a private provider the shared savings would be used by the NHS – invested in the local healthcare system.

Q. After 12 years of austerity there are national issues around staff recruitment and staff retention. How has this influenced what we deliver locally? No two surgeries are the same. How do we help them to improve?

A. GP surgeries are monitored and regulated by the Care Quality Commission (CQC). There is some variation to ways of working and clinical outcomes, and we have a Clinical Effectiveness team, who work with practices to review their data and support improvement opportunities, for example around blood pressure treatment. Practices are all working on small improvements and standardisation. The whole population they serve belong to PCNs who are developing ways of working to reduce variations in care.

There are lots of reasons why a practice might underperform. Often it will be because they are relying on the local workforce where there are staff shortages and other pressures.

Q. Regarding the discussions around public engagement and involvement I have found something disconcerting around the context and framing of that discussion. We have been talking about health services engaging rather than other organisations and people working in communities. For example if practices signed up for the Warm spaces initiative it could help break down some barriers and help with confidence from those who walk away when they don't get what they need.

A. What we are trying to do is all about improved integrated working. The Fuller Report outlines the need for partnership working with the community not just GP practices or PCNs. Working better with our communities is what we are trying to develop with our work around neighbourhoods.

With regards the Warm Spaces initiative practices are unlikely to take part due to infection prevention controls, looking to reduce overcrowding in waiting areas.

Q. If people are struggling to get a translator (either a professional or a family member) is there anything we can do to smooth the process?

A. All practices can book a translator for patients. It is not good practice for people to use family members. We need to signpost that better so people are aware they can access a translator through their practice.

Q. The people at the top don't reflect the local population. The GPs in charge all seem to be of a certain persuasion. We need people with important things to say not people with a bachelor's degree.

A. We do have diversity in our leadership. E.g. we have diversity on the panel today. Always more that we could do on this though.

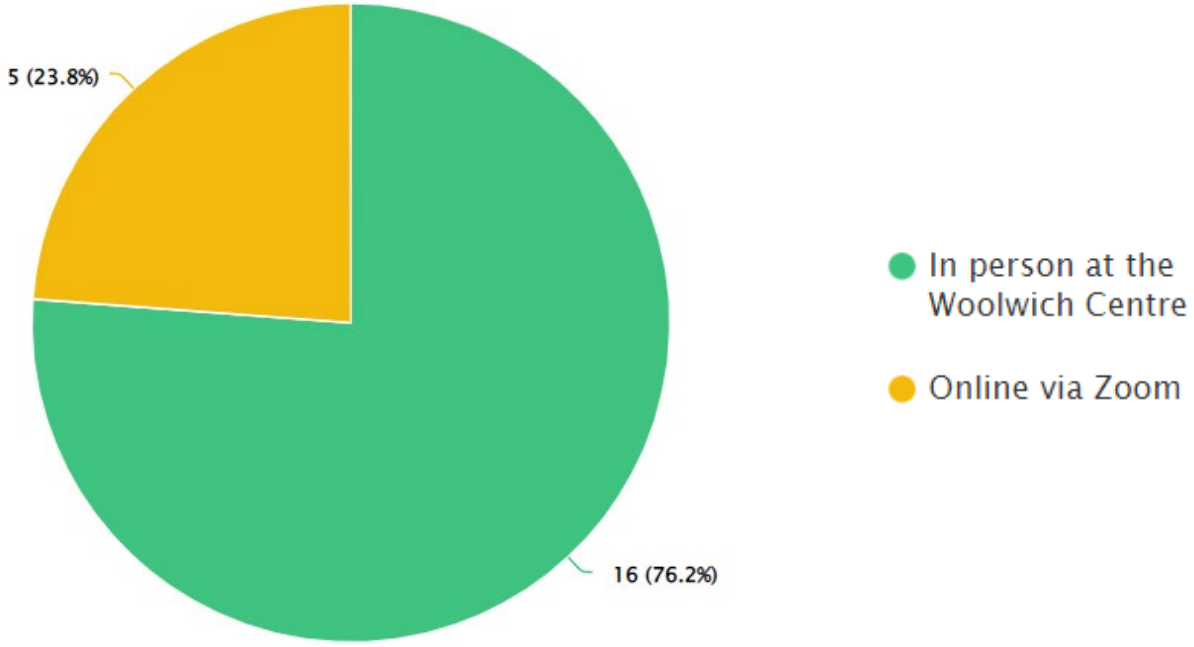
Q. During Covid practice nurses said they picked up 99% of patient work. Is that continuing?

A. It is not true that practice nurses are or were doing all of the patient work, they continue to be a critical role in our practices. However, I can see that for some it may have felt like that, as much of their work couldn't be done virtually. Throughout the Covid-19 pandemic GPs have done a huge amount of patient work and this continues now.

Feedback from participants

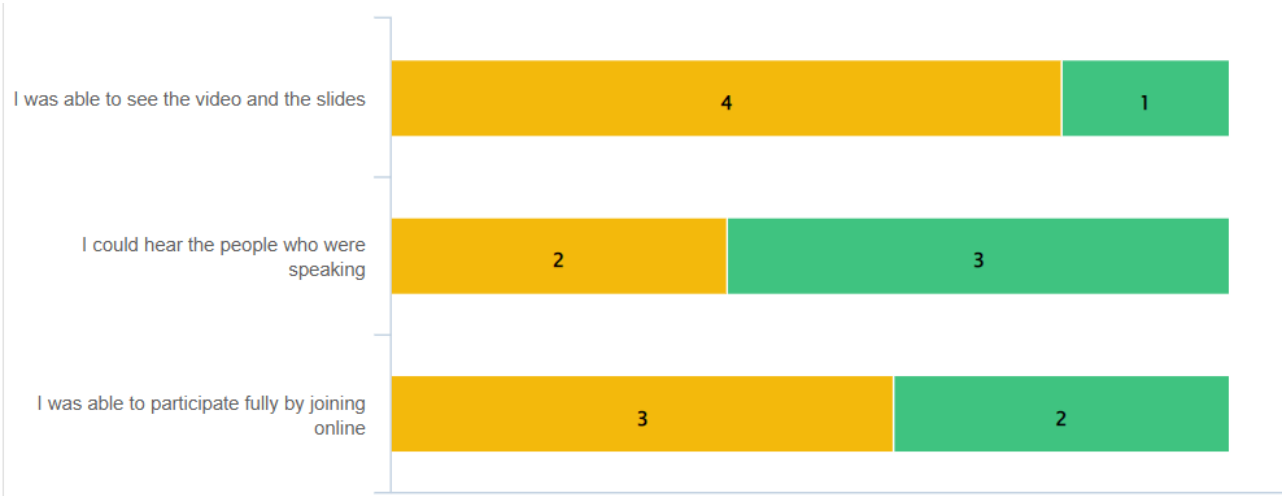
21 participants completed a feedback survey and the results are summarised below:

How did you take part?

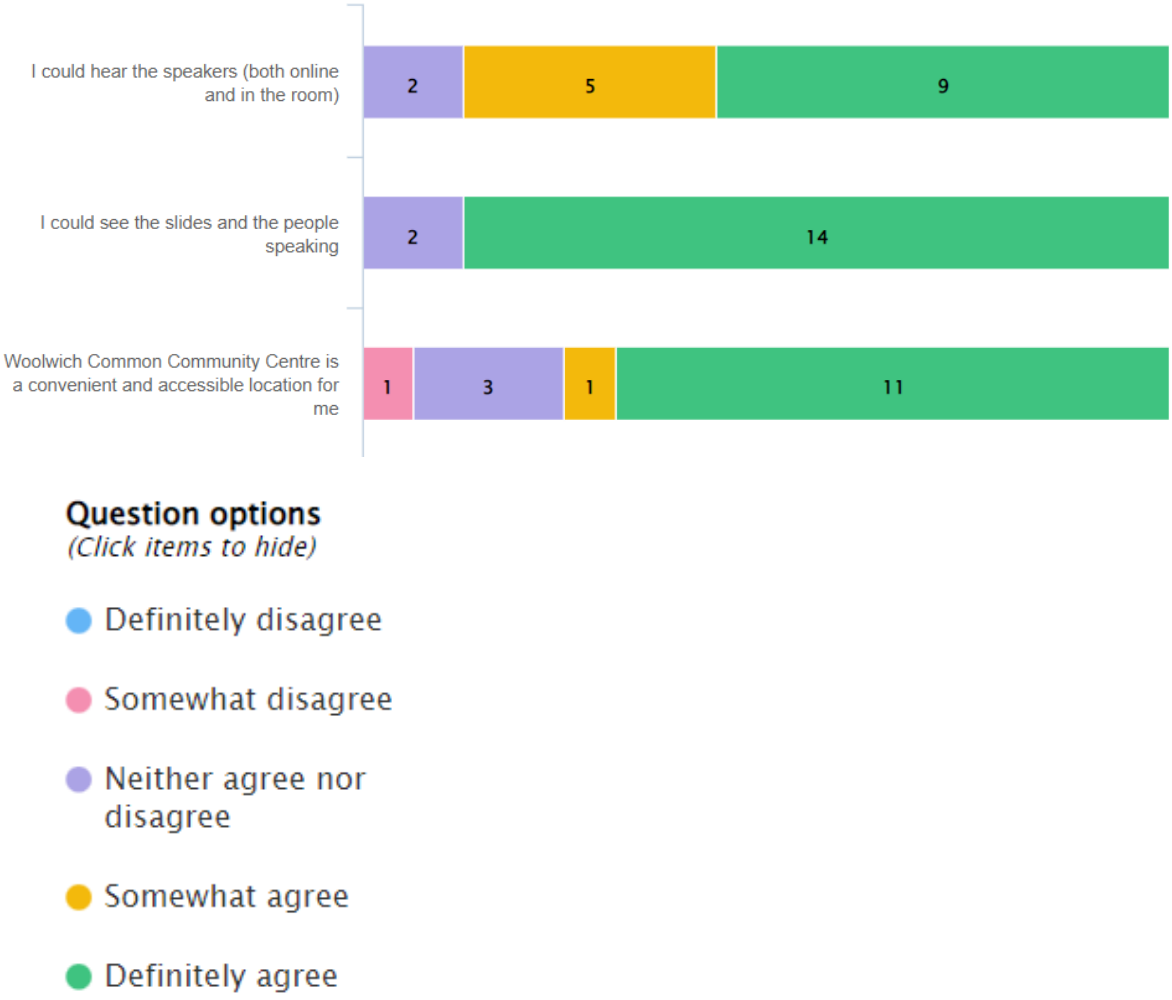


- Approximately 76% of respondees attended in person and 24% attended online.

To what extent do you agree with the following statements? (online participants)

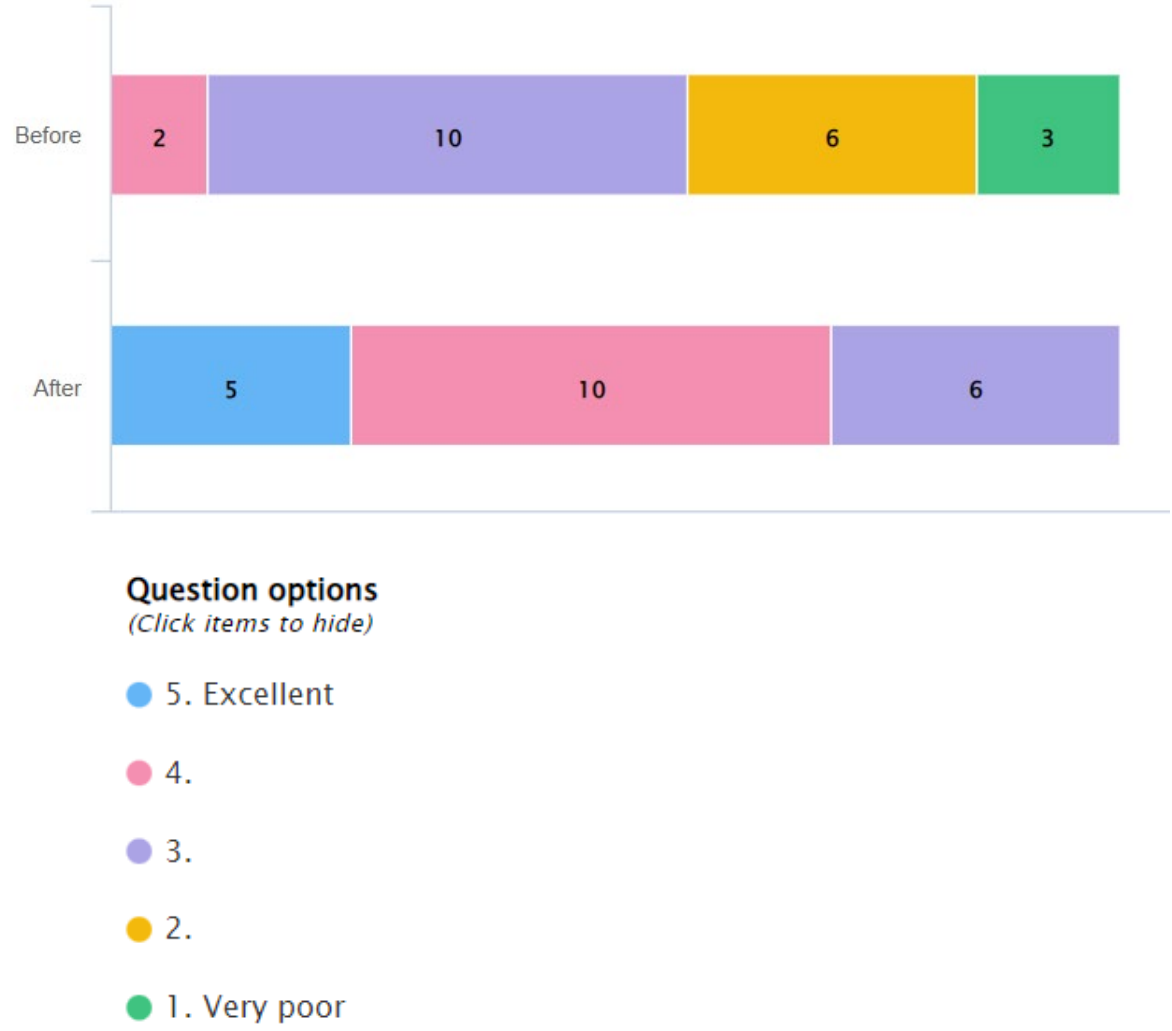


To what extent do you agree with the following statements? (in-person participants)



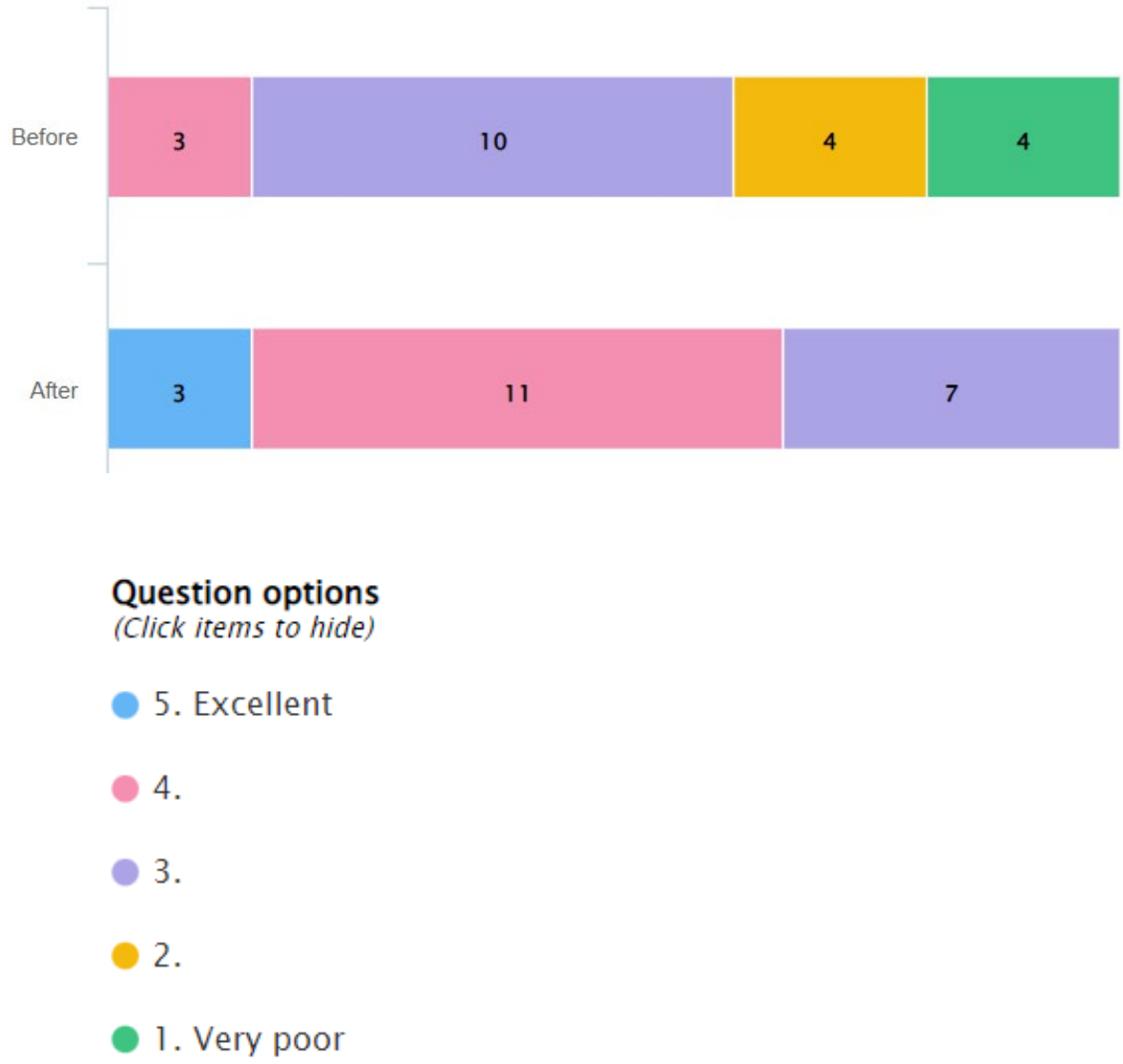
- People in the room and at home were able to see the content and hear the audio with results for people in the room slightly better than those online.
- Online participants all definitely or somewhat agreed that they were able to participate fully
- A significant majority of in-person attendees agreed that Woolwich Common Community Centre is convenient and accessible
- Some online participants suggested improvements to the way the room was organised and some commented that they struggled to see people speaking when we had slides on the screen.
- Positive comments from in-person attendees about holding the event in the community and some suggestions for possible venues.

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



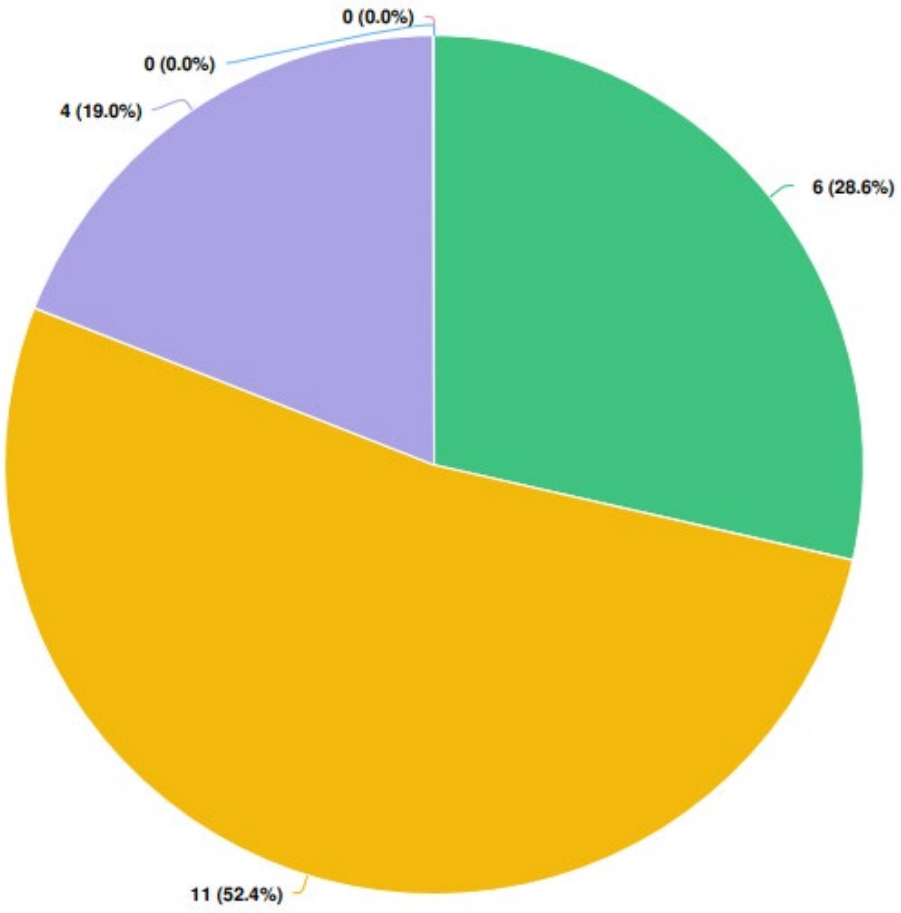
A. 18/21 participants' knowledge of HGP increased during the event.

How would you rate your understanding of accessing primary care in Greenwich before and after the event?



B. 16/21 participants' understanding of accessing primary care increased

How would you rate your experience of the Healthier Greenwich Partnership Public Forum?



1. Very poor – 0%
2. 0%
3. 29% (6 people)
4. 52% (11 people)
5. Excellent - 29% (6 people)

- 100% of participants scored their experience between 3 and 5.
- Average score for online participants was 3.8
- Average score for in-person participants was 3.94.

Suggestions for future public forum topics included:

- Learning disabilities
- Mental health
- Prevention
- Healthy lifestyle/wellbeing clinics
- Accessibility for young people and adults from seldom heard groups
- PPGs
- Cardiovascular disease

Demographic information

- For a relatively small audience we achieved a good range of participants from different ethnicities and backgrounds. The full demographic info of the people who completed the feedback survey is included at the end of this report.

Learning points

Having breakout sessions or focus group style discussions in the room and virtually could be a way of making the event more interactive for everyone.

Use slides for less time to make it easier for people online to see the people speaking.

Further work to prevent future events from being 'hijacked' by trolls online. Potentially an extra person managing the online elements of the event.

Remember to share the video feed on the screen of the people at home when they are speaking for the benefit of those in the room.

Next Public Forum

The next Public Forum will be held in mid-March (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.

What did you think of the Healthier Greenwich Partnership Public Forum?

SURVEY RESPONSE REPORT

20 December 2022 - 19 January 2023

PROJECT NAME:

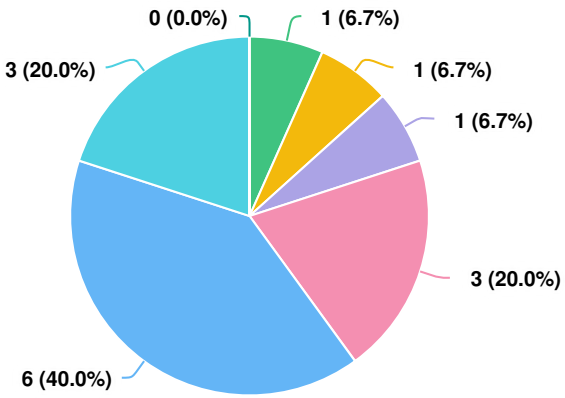
Healthier Greenwich Partnership Public Forum

FILTER BY:

How did you take part?
Answered : In-person-at-the-Woolwich-Centre

SURVEY QUESTIONS

Q1 Age

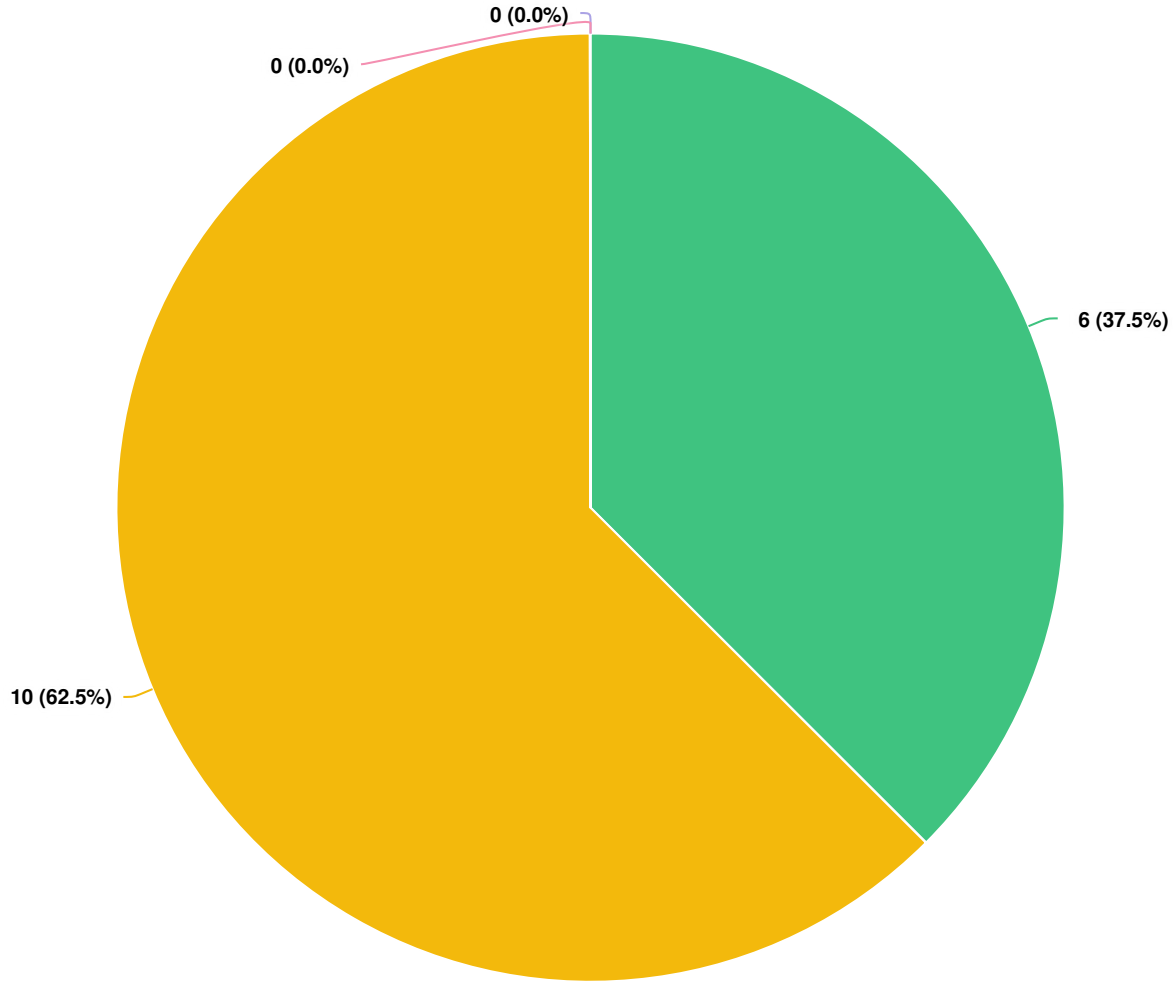


Question options

18 – 24 25 - 34 35 - 44 45-54 55 - 64 65-74 75+

Optional question (15 response(s), 1 skipped)
Question type: Radio Button Question
Filtering by: How did you take part? In-person-at-the-Woolwich-Centre

Q2 Gender

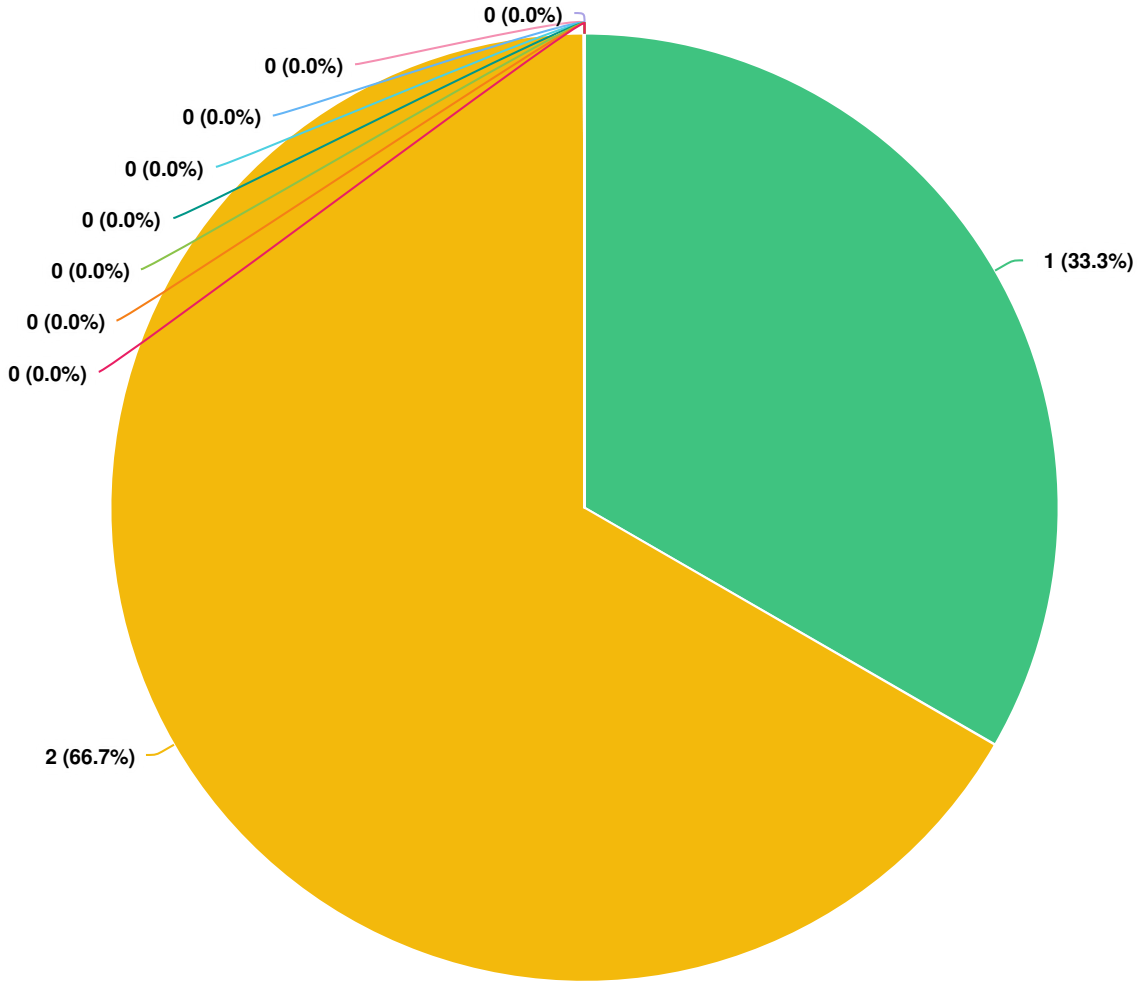


Question options

- Male (including transgender men)
- Female (including transgender women)
- Prefer not to say
- Prefer to self-describe as

Optional question (16 response(s), 0 skipped)
Question type: Radio Button Question
Filtering by: How did you take part? In-person-at-the-Woolwich-Centre

Q3 White

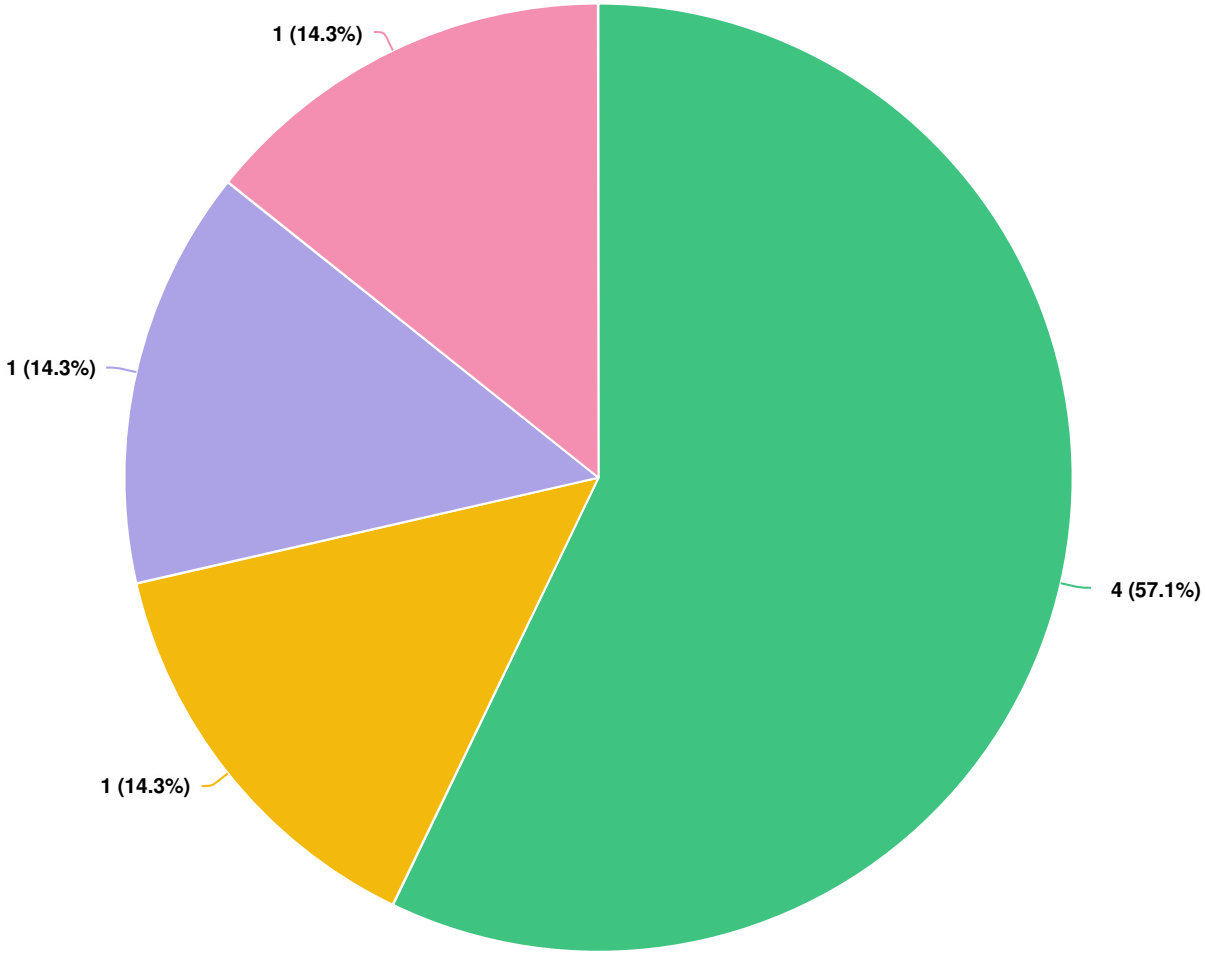


Question options

White British · White English · White Welsh · White Irish · White Northern Irish · White Scottish · White Gypsy / Irish Traveller · White Latin American · White Roma · White Other (please specify)

Optional question (3 response(s), 13 skipped)
Question type: Radio Button Question
Filtering by: How did you take part? In-person-at-the-Woolwich-Centre

Q4 Black or Black British

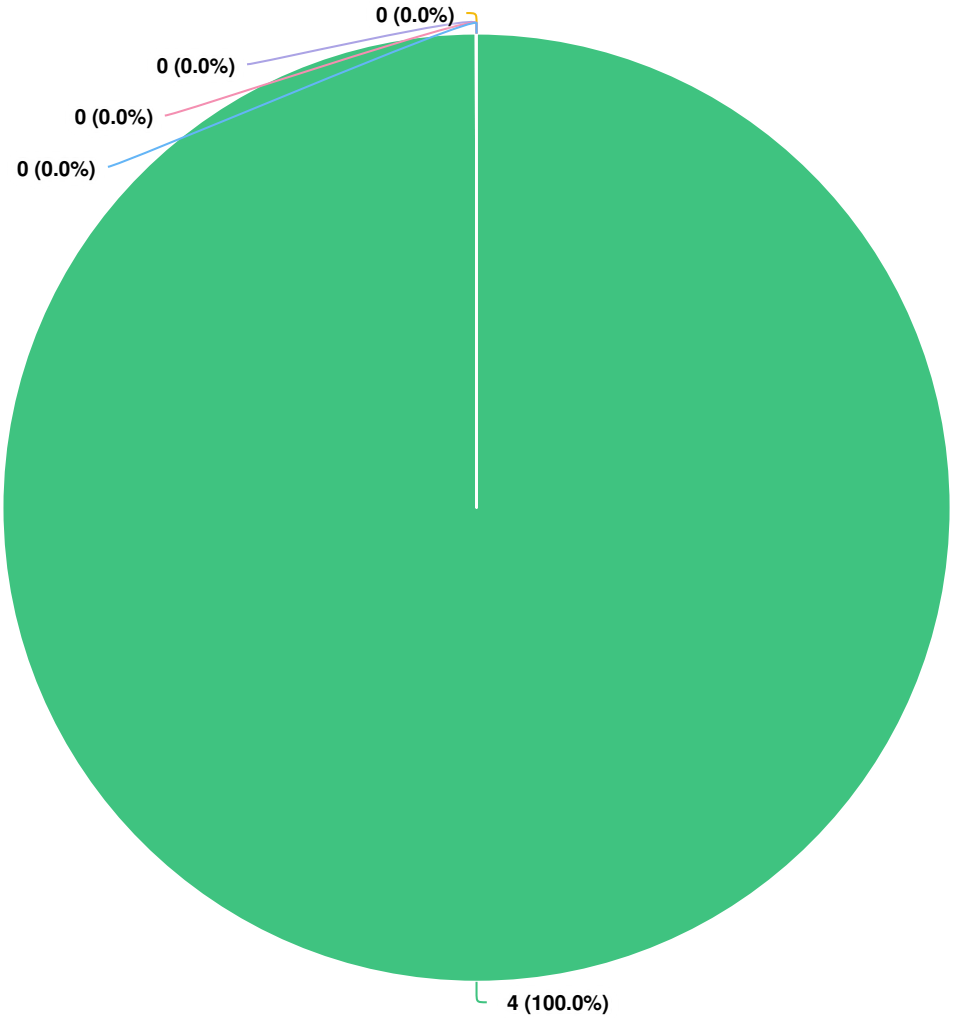


Question options

- Black or Black British - African
- Black or Black British - Caribbean
- Black or Black British - Black British
- Black or Black British - other (please specify)

Optional question (7 response(s), 9 skipped)
Question type: Radio Button Question
Filtering by: How did you take part? In-person-at-the-Woolwich-Centre

Q5 Asian or Asian British

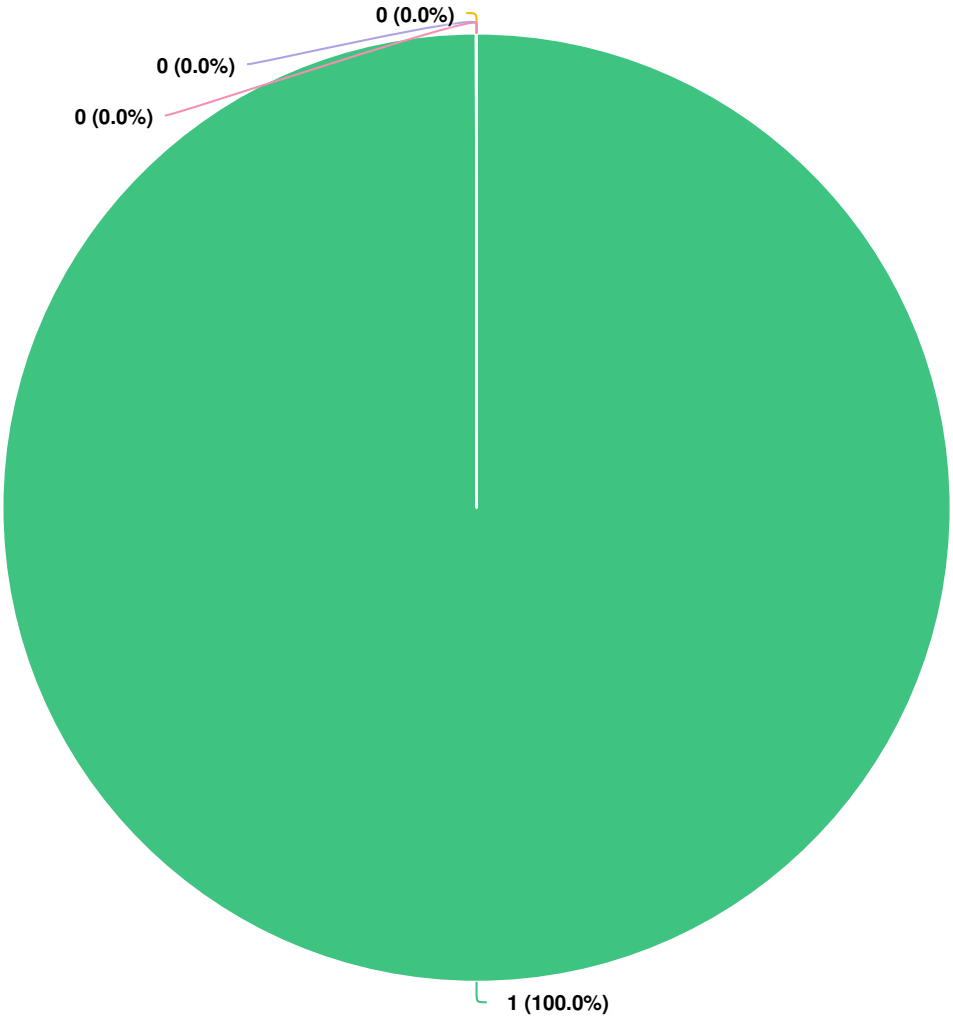


Question options

Asian or Asian British - Bangladeshi
Asian or Asian British - Indian
Asian or Asian British - Pakistani
Asian or Asian British – Chinese
Any other Asian background (please specify)

Optional question (4 response(s), 12 skipped)
Question type: Radio Button Question
Filtering by: How did you take part? In-person-at-the-Woolwich-Centre

Q6 Mixed or Multiple ethnic groups

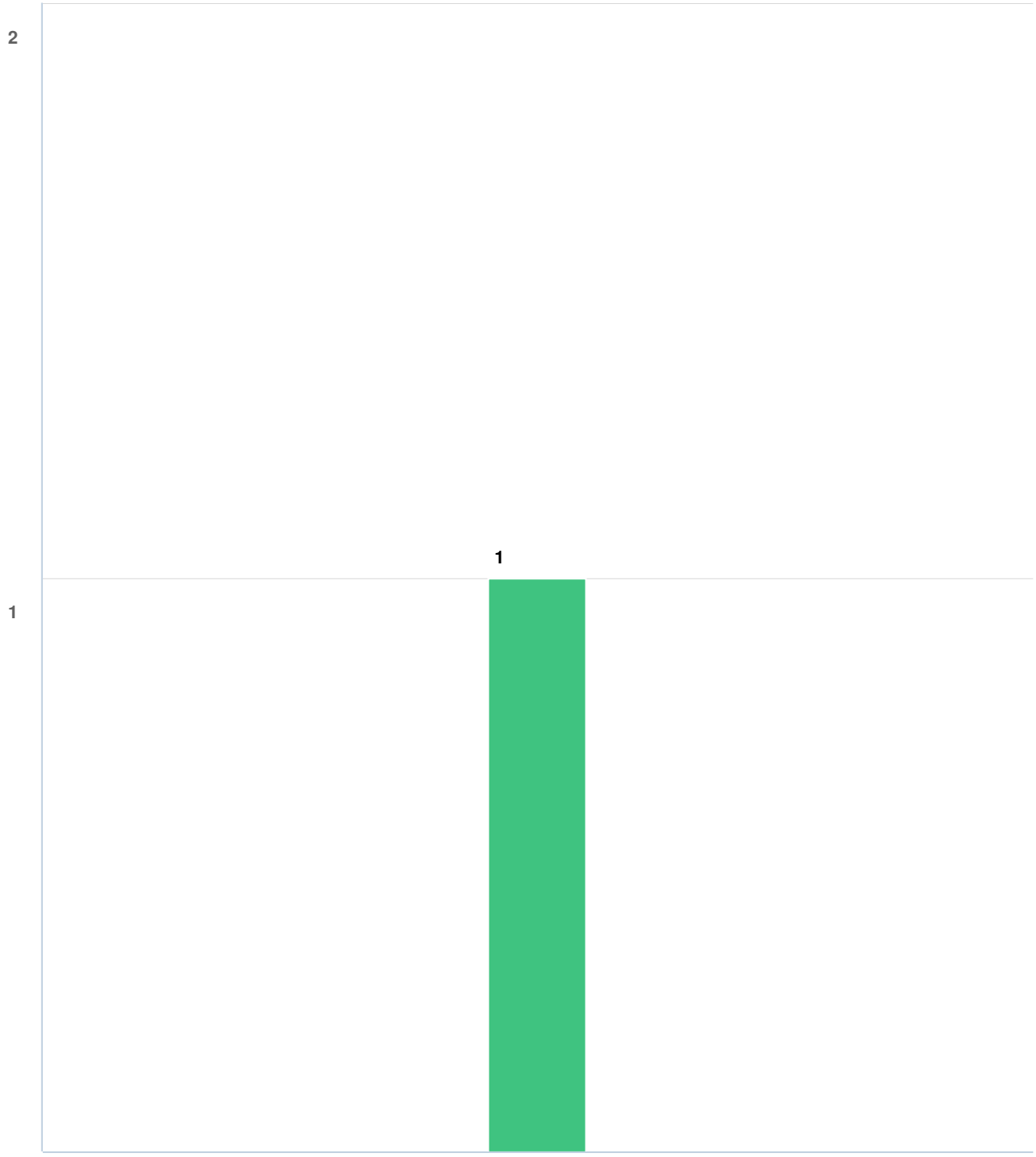


Question options

- Any other Mixed or Multiple ethnic background (please specify)
- Mixed - White and Black African
- Mixed - White and Black Caribbean
- Mixed - White and Asian

Optional question (1 response(s), 15 skipped)
Question type: Radio Button Question
Filtering by: How did you take part? In-person-at-the-Woolwich-Centre

Q8 Prefer not to say

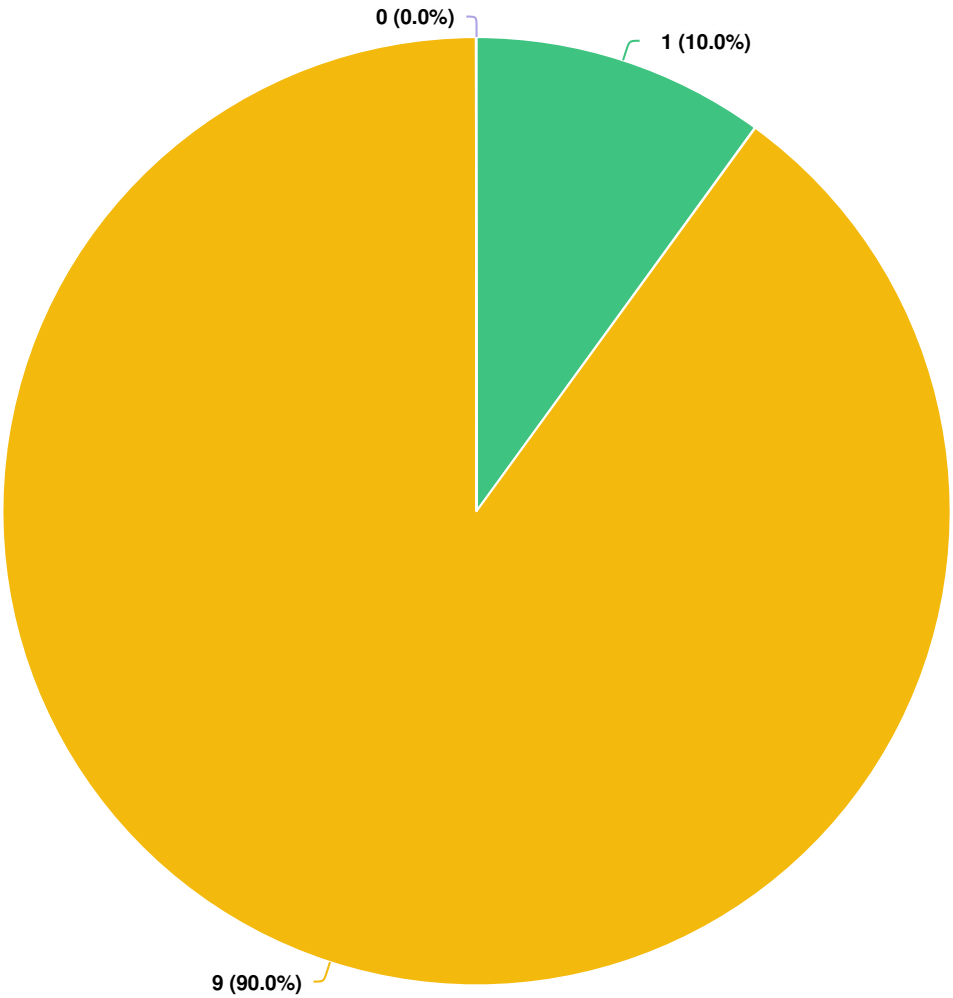


Question options

- Prefer not to say

Optional question (1 response(s), 15 skipped)
Question type: Checkbox Question
Filtering by: How did you take part? In-person-at-the-Woolwich-Centre

Q9 Gender reassignment - does your gender differ from your birth sex?

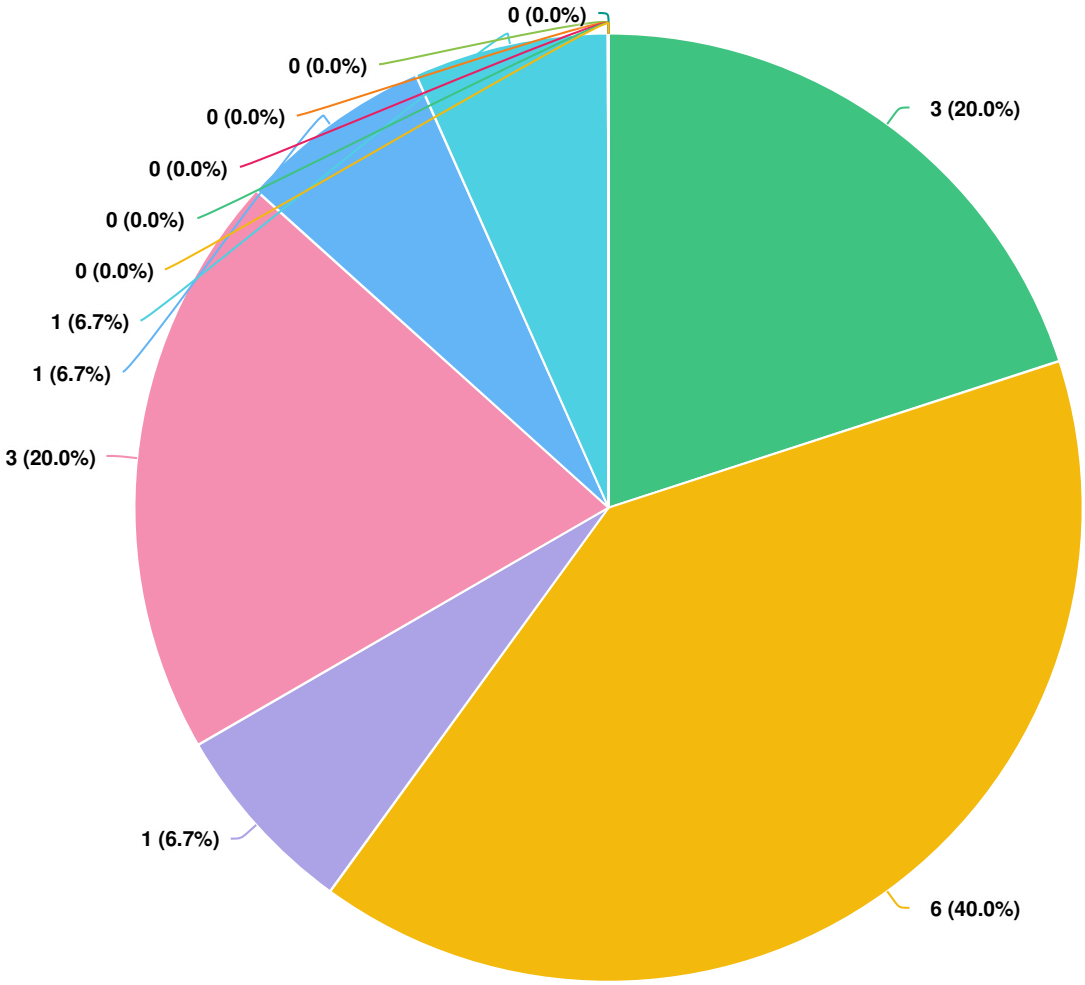


Question options

Yes No Prefer not to say

Optional question (10 response(s), 6 skipped)
Question type: Radio Button Question
Filtering by: How did you take part? In-person-at-the-Woolwich-Centre

Q10 Religion or belief

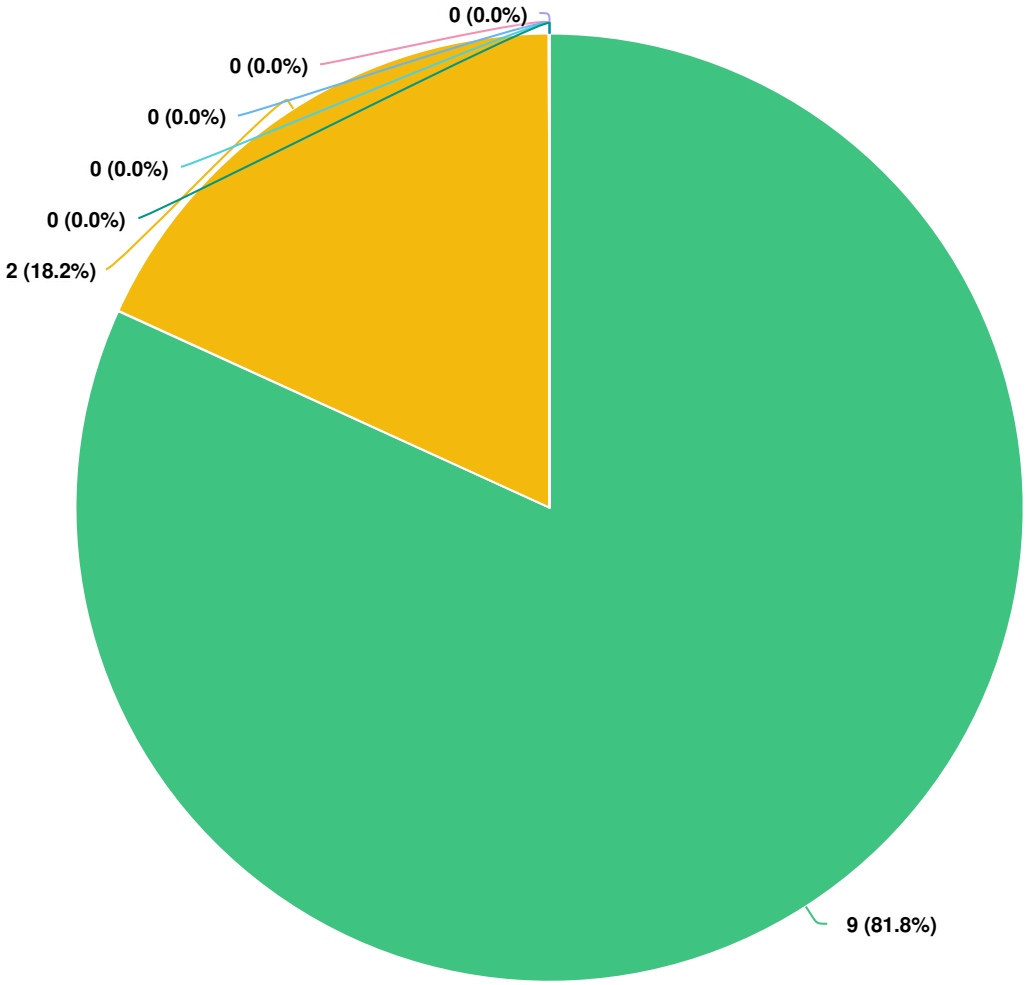


Question options

Christian Muslim Jewish No religion Prefer not to say Other (please specify) Buddhist
Hindu Sikh Rastafarian Jainism Humanist

Optional question (15 response(s), 1 skipped)
Question type: Radio Button Question
Filtering by: How did you take part? In-person-at-the-Woolwich-Centre

Q11 Sexual orientation

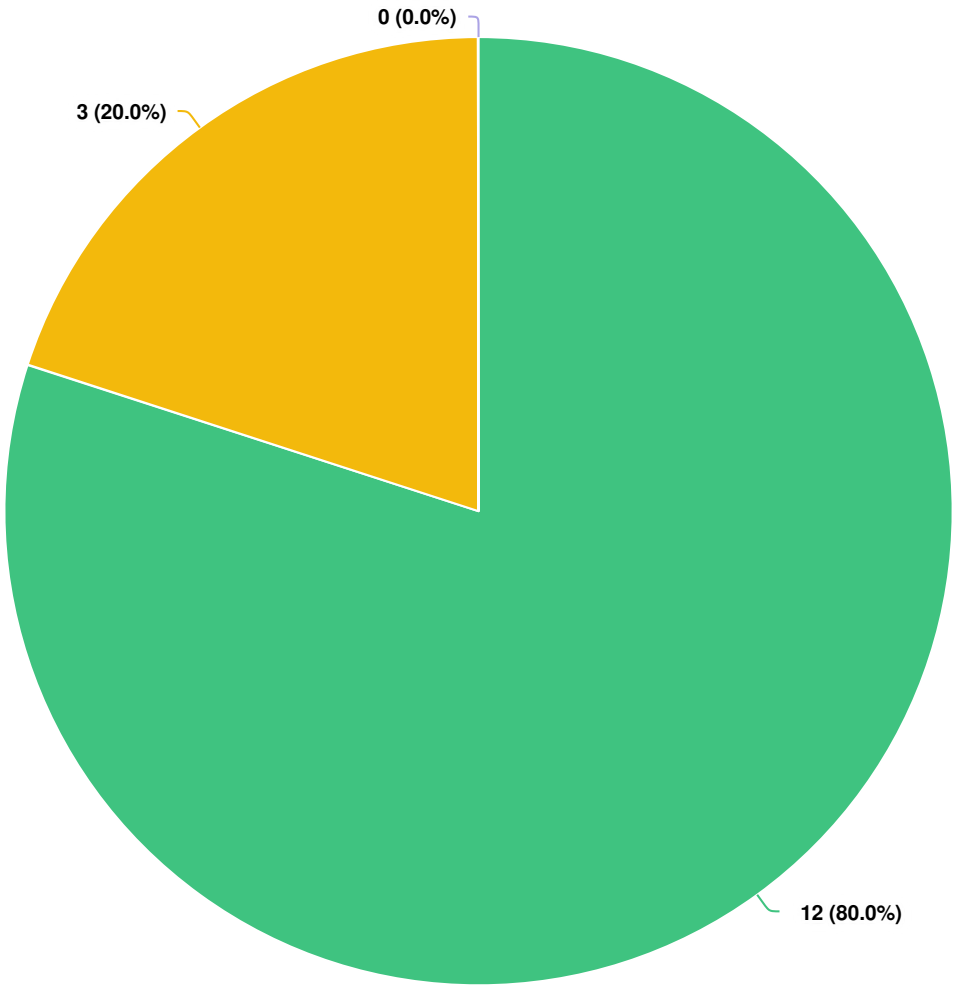


Question options

Heterosexual | Prefer not to say | Bisexual | Pansexual | Gay man | Gay woman / lesbian | Prefer to self-describe as

Optional question (11 response(s), 5 skipped)
Question type: Radio Button Question
Filtering by: How did you take part? In-person-at-the-Woolwich-Centre

Q12 Are you pregnant?

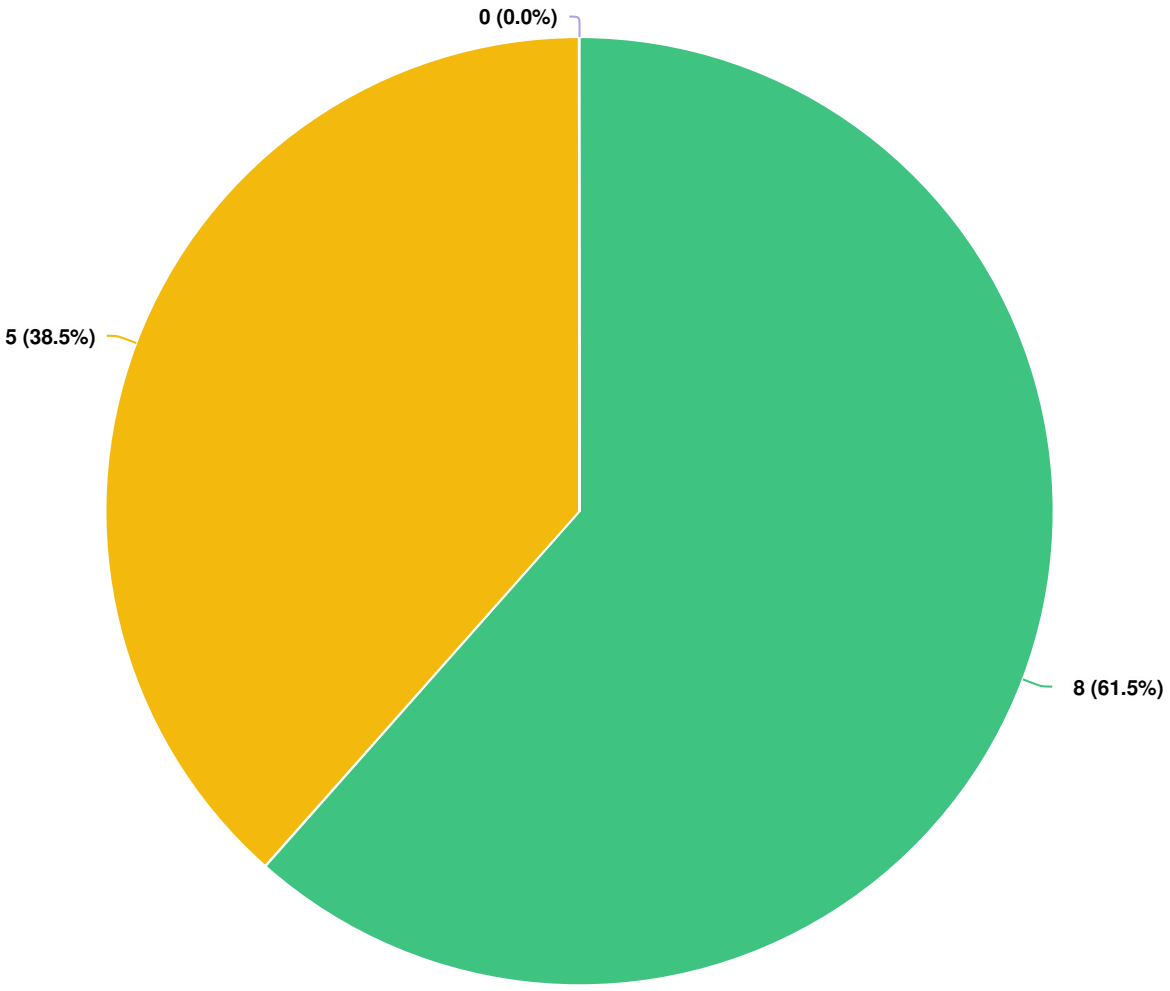


Question options

No NA Yes

Optional question (15 response(s), 1 skipped)
Question type: Radio Button Question
Filtering by: How did you take part? In-person-at-the-Woolwich-Centre

Q13 Have you had a baby in the last 12 months?

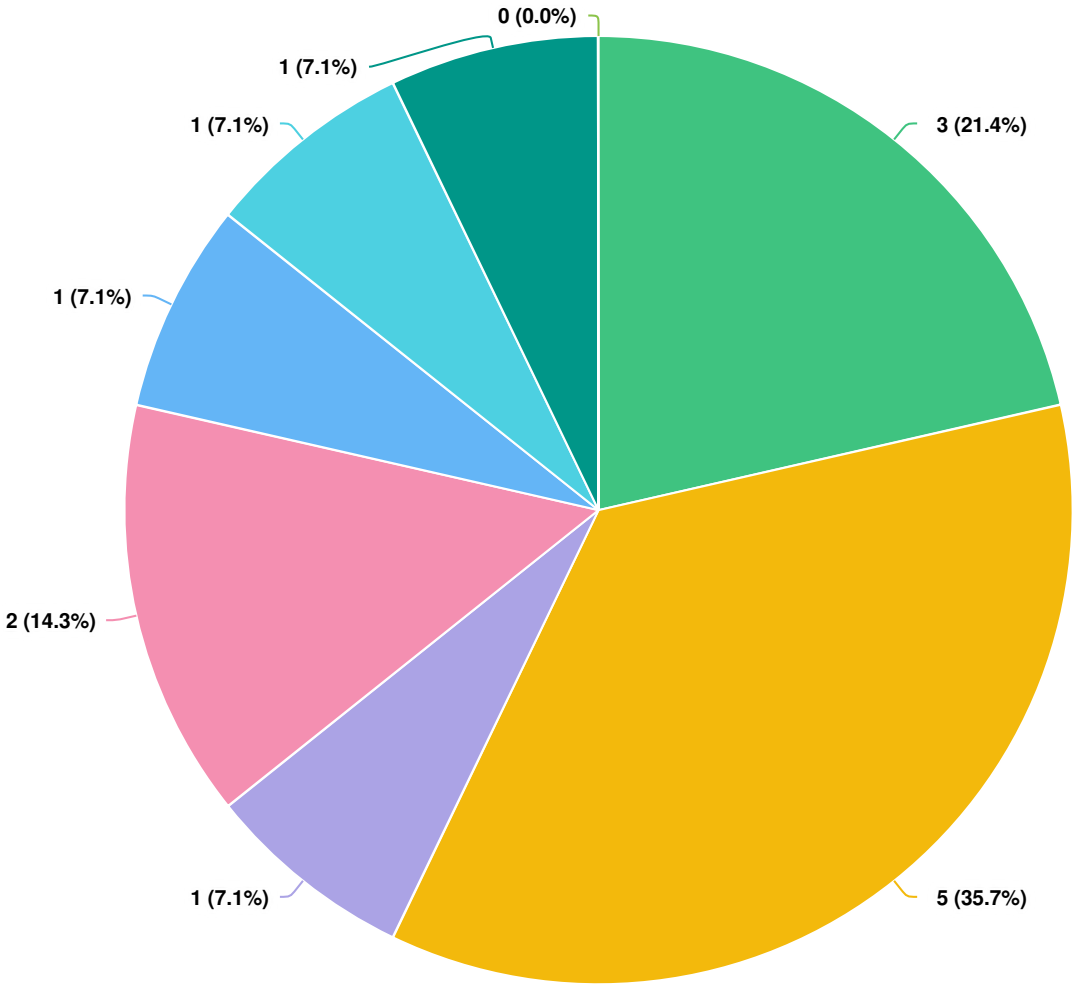


Question options

No NA Yes

Optional question (13 response(s), 3 skipped)
Question type: Radio Button Question
Filtering by: How did you take part? In-person-at-the-Woolwich-Centre

Q14 Marriage or civil partnership

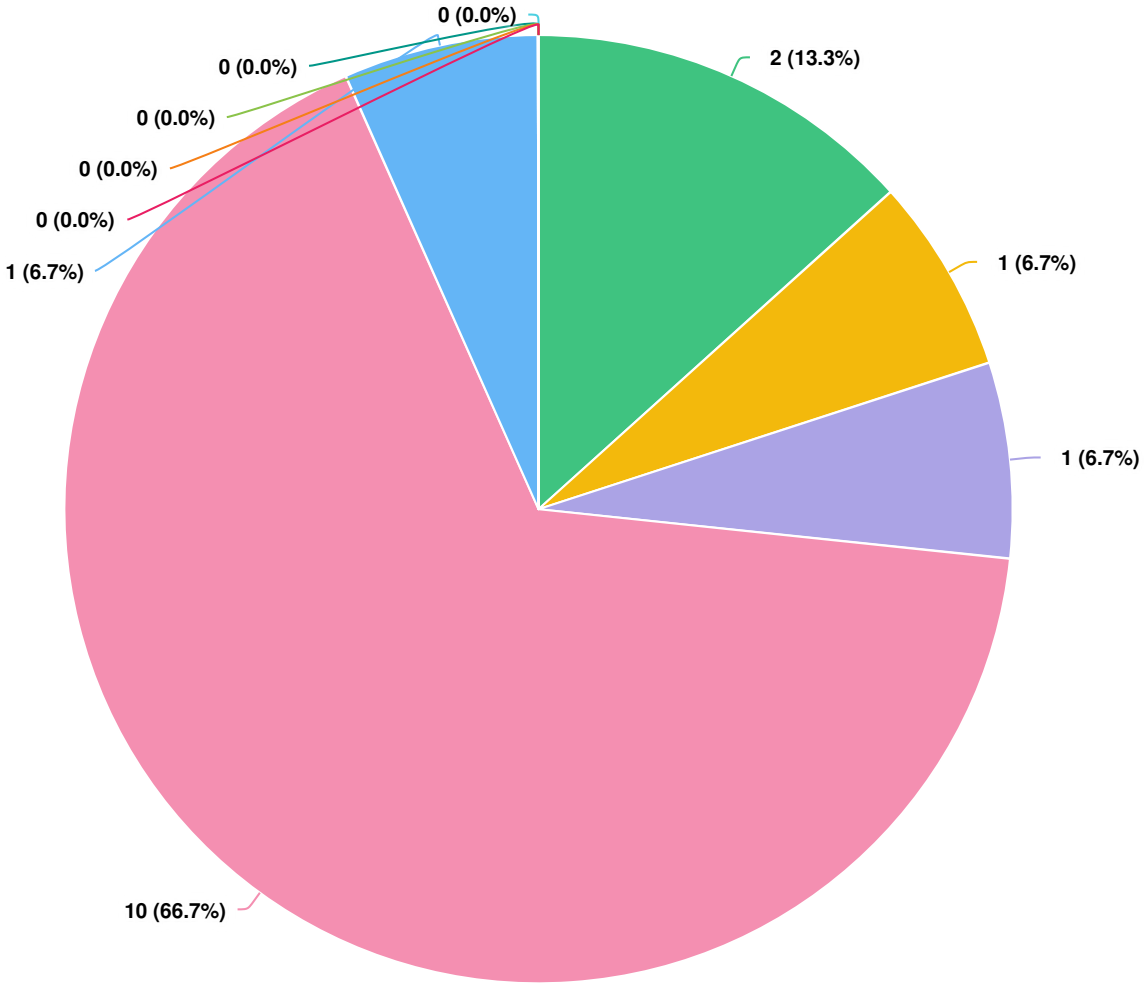


Question options

- Single
- Married / Civil Partner
- In a relationship
- Separated
- Divorced / Person whose Civil Partnership has been dissolved
- Widowed / Surviving Civil Partner
- Prefer not to say
- Co-habiting

Optional question (14 response(s), 2 skipped)
Question type: Radio Button Question
Filtering by: How did you take part? In-person-at-the-Woolwich-Centre

Q15 Disability - Do you have any of the following conditions that have lasted or are expected to last for at least 12 months?

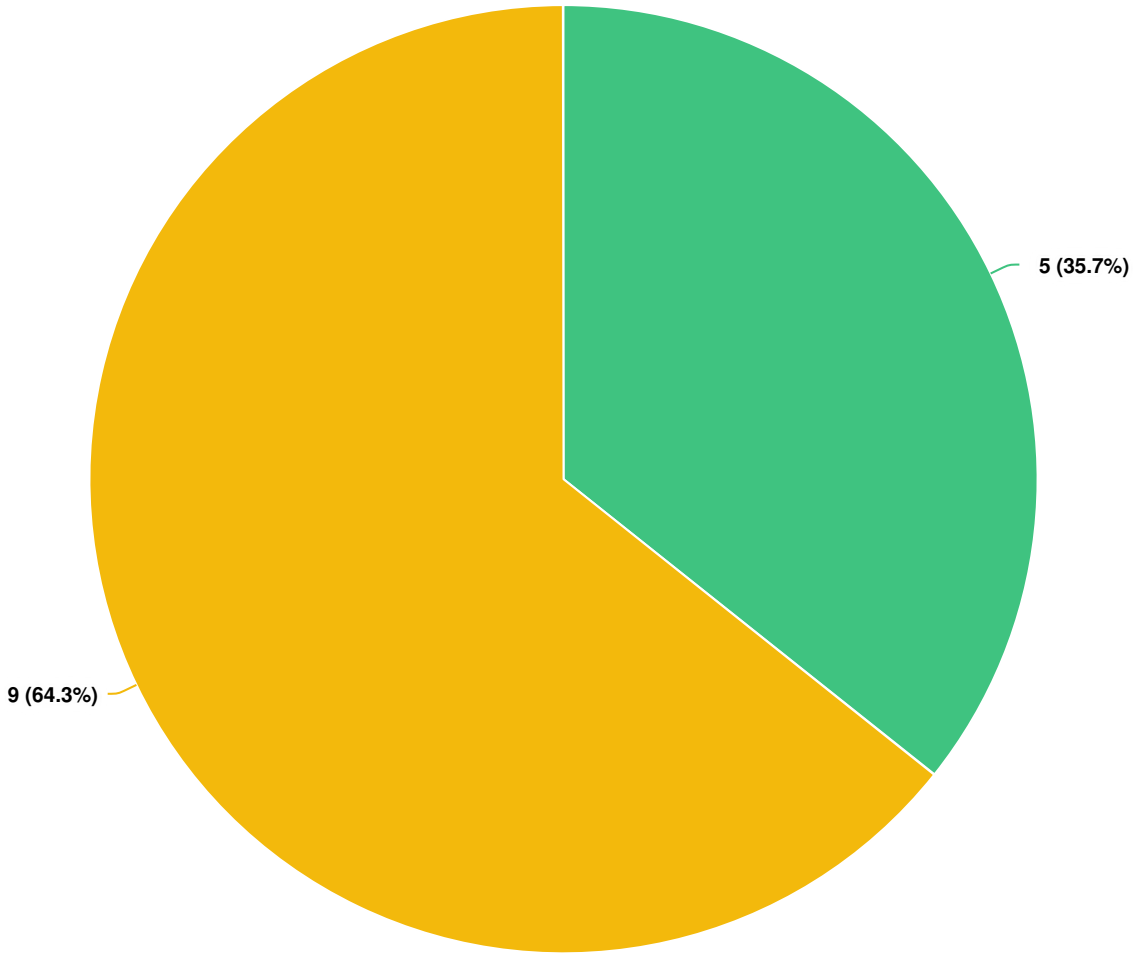


Question options

Mental ill health | Long term illness or condition | Physical disability | No disabilities | Prefer not to say | Deafness or partial loss of hearing | Blindness or partial loss of sight | Learning disability | Developmental disorder | Other disabilities

Optional question (15 response(s), 1 skipped)
Question type: Radio Button Question
Filtering by: How did you take part? In-person-at-the-Woolwich-Centre

Q16 Are you a carer? (for a friend or family member)



Question options

Yes No

Optional question (14 response(s), 2 skipped)
Question type: Radio Button Question
Filtering by: How did you take part? In-person-at-the-Woolwich-Centre

AGENDA ITEM: 10

Healthier Greenwich Partnership

Date: 25/01/23

Title	Public engagement and involvement: Next steps for increasing collaboration across HGP	
Healthier Greenwich Partnership are asked to note and approve the next steps outlined for public engagement and involvement.		
Executive Summary	• This paper outlines proposals for increased collaboration with engagement and involvement across the partnership, including developing our principles, testing these with cardiovascular disease and establishing a HGP Engagement Group.	
Recommended action for the Committee	Members are asked to note the report, approve the next steps and agree their organisations' input to the Engagement Group.	
Potential Conflicts of Interest	• None arise directly from the report.	
Impacts of this proposal	Key risks & mitigations	• None arise directly from the report.
	Equality impact	• EIAs will be carried out for individual projects and these will be used to inform engagement plans.
	Financial impact	• None arise directly from the report.
Wider support for this proposal	Public Engagement	• The paper outlines the next steps for HGP engagement.
	Other Committee Discussion/ Internal Engagement	None
Author:	Russell Cartwright	
Clinical lead:	Dr Nayan Patel	
Executive sponsor:	Neil Kennett-Brown	

Next steps for HGP public engagement and involvement

Introduction

A considerable amount of public engagement and involvement/co-production work is carried out by HGP partners. This isn't always coordinated and partners aren't always aware of each other's activities.

There is a need for partners to work together to engage and involve around the HGP priorities. Our aspiration is to involve residents in co-producing community solutions which help our residents live healthier, happier lives.

A jointly funded HGP Engagement Manager role has been created on a fixed term basis. The postholder will establish the processes for HGP engagement and involvement and coordinate activity across partners.

HGP Engagement Group

It is proposed that an Engagement Group is set-up with input from all HGP Partners. This will enable better collaboration, sharing of insight and forward planning.

The group will develop principles for collaboration on public engagement and involvement in Greenwich (based on south east London frameworks). These will be developed quickly and tested with work around cardiovascular disease. The group will oversee engagement and involvement work linked to HGP's main priorities.

Suggested attendees are listed below:

Russell Cartwright	Assistant Director of Communications and Engagement (Greenwich)	ICB
TBC	HGP Engagement Manager	HGP
TBC	Patient experience lead	LGT
Japleen Kaur	Head of Volunteering Services, Lived Experience Practitioner Programme and Service User Involvement Lead	Oxleas
Aideen Silke	Head of Live Well	RBG
Jane Connor	Acting Assistant Director of Public Health	RBG
Andrew Kerr	Programme Manager, G-Hive	MetroGAVS
TBC	TBC	Healthwatch Greenwich
TBC	TBC	Primary care representative

Partners are asked to agree their organisation's participation.

It is suggested that the group meets every month. However to kickstart developing the principles and processes and the work around cardiovascular disease a smaller working group may be required to meet more regularly.

Cardiovascular disease

Cardiovascular disease has been identified by HGP as a priority area where the partnership can make a significant difference by collaborating. This project brings excellent opportunities to work differently and at a very local level in partnership with local residents and community groups. Co-production will be key to success. With this in mind we will use this project to develop and test new ways of working to inform plans for other HGP priority areas.

Reporting

An update report will be made to the quarterly Healthier Greenwich Partnership in public. This could include:

- Healthwatch insight
- Report from HGP Public Forum
- Partner engagement and involvement activity
- Engagement and involvement around HGP priority areas

AGENDA ITEM: 11

Healthier Greenwich Partnership

Date: 25 January 2023

Title	Healthier Greenwich Partnership: Our Next Phase (January 2023 update)
This paper is for **noting**	
Executive Summary	The coming year represents a moment of real opportunity and challenge for the delivery of health and care services across England. Local areas are navigating environments and relationships that are distinctly changed by the experience of the past three years, while also facing the challenge of responding to an economic crisis that is exacerbating longstanding socio-economic and health inequalities. Structural changes both within the NHS and across wider society will continue to shape the landscape for health and care, and teams working in this space will need to adapt quickly to improve outcomes for residents. No single organisation or team will be able to navigate the coming period without support from local colleagues and partners and places that have strong, well-functioning partnerships in place will be best placed to support their local populations. In Greenwich, our health and care leaders are already investing their time to optimise how they can work together better across shared projects and programmes. In the past six months, this has focused on: • Formalising and organising partnership working arrangements to identify where to focus our energy together. • Understanding how we are doing as a partnership in the areas that matter to us. • Having insightful conversations about what we want to do more of, and where things might need to be done differently. The following slides summarise what the partnership has done to date and plans for its next phase of development, including how to make the conversation bigger, to include the voices and experiences of health and care staff and residents.
Recommended action for the Committee	To **note** the paper.

Potential Conflicts of Interest	• *None.*	
Impacts of this proposal	Key risks & mitigations	• None arising from this paper.
	Equality impact	• None directly arising from this however the developmental work is partially undertaken with the aim of addressing health inequalities.
	Financial impact	Not applicable.
Wider support for this proposal	Public Engagement	• None for the purposes of this paper.
	Other Committee Discussion/ Internal Engagement	• Previous Healthier Greenwich Partnership development sessions.
Author:	Clare Kennedy - PPL	
Clinical lead:	Dr Nayan Patel	
Executive sponsor:	Neil Kennett-Brown – Borough Chief Operating Officer	

Healthier Greenwich Partnership: Our Next Phase

January 2023 update

Introduction

The coming year represents a moment of real opportunity and challenge for the delivery of health and care services across England.

Local areas are navigating environments and relationships that are distinctly changed by the experience of the past three years, while also facing the challenge of responding to an economic crisis that is exacerbating longstanding socio-economic and health inequalities.

Structural changes both within the NHS and across wider society will continue to shape the landscape for health and care, and teams working in this space will need to adapt quickly to improve outcomes for residents.

No single organisation or team will be able to navigate the coming period without support from local colleagues and partners and places that have strong, well-functioning partnerships in place will be best placed to support their local populations.

In Greenwich, our health and care leaders are already investing their time to optimise how they can work together better across shared projects and programmes. In the past six months, this has focused on:

- Formalising and organising partnership working arrangements to identify where to focus our energy together.
- Understanding how we are doing as a partnership in the areas that matter to us.
- Having insightful conversations about what we want to do more of, and where things might need to be done differently.

The following slides summarise what the partnership has done to date and plans for its next phase of development, including how to make the conversation bigger, to include the voices and experiences of health and care staff and residents.

Healthier Greenwich Partnership

PPL

What you said…

I see the HGP as a way of sharing, learning and collaborating but it is not a delivery vehicle at the moment.

A huge amount of work happened in a very short time.

We've been so focused on having 'safe' conversations and only tackling easy problems that people have disengaged.

It does feel that there is a strong health and care community in Greenwich.

Everyone has retreated into their organisation's trenches.

We agreed on the purpose and we had a strategy but we forgot the culture.

Not everyone who needs to has been 'in the room' for the building of trust.

Where we are now

Working together the partnership have succeeded in co-developing together:

- ✓ A clear narrative for the partnership and a shared purpose
- ✓ A practical and flexible way of delivering together
- ✓ A shared set of values and behaviours for enabling effective working together
- ✓ A set of strategic objectives and priorities for the programme to develop into a delivery plan
- ✓ A developing programme of work to create the infrastructure for shared outcomes
- ✓ Greater clarity on the role of neighbourhoods as a delivery vehicle
- ✓ Stronger relationships and a greater willingness to openly discuss "thorny" issues

Our shared purpose

We are made up of organisations and individuals who live, work and learn in Greenwich. We work together to enable high quality health and care outcomes in our local area.

We do this by:

- recognising and sharing where people are **having really different experiences of health and care** in our local community, and understanding how we can all cooperate to be and stay as well as possible for as long as possible
- thinking about and using **what we already have in our neighbourhoods** that could make people's lives better
- making sure that people who are **carers, and who work and volunteer in health and care** within Greenwich have a rewarding, flexible and satisfying career
- **sharing resources and risk, including expertise, talent, money and opportunities with each other** where we can see a real benefit for people in Greenwich
- **listening to lots of different voices** and being prepared to compromise to achieve our shared objectives
- **supporting each other** as we face shared challenges together
- **partnering well** within our local population, our neighbouring boroughs and the South East London ICS

Healthier Greenwich Partnership

PPL

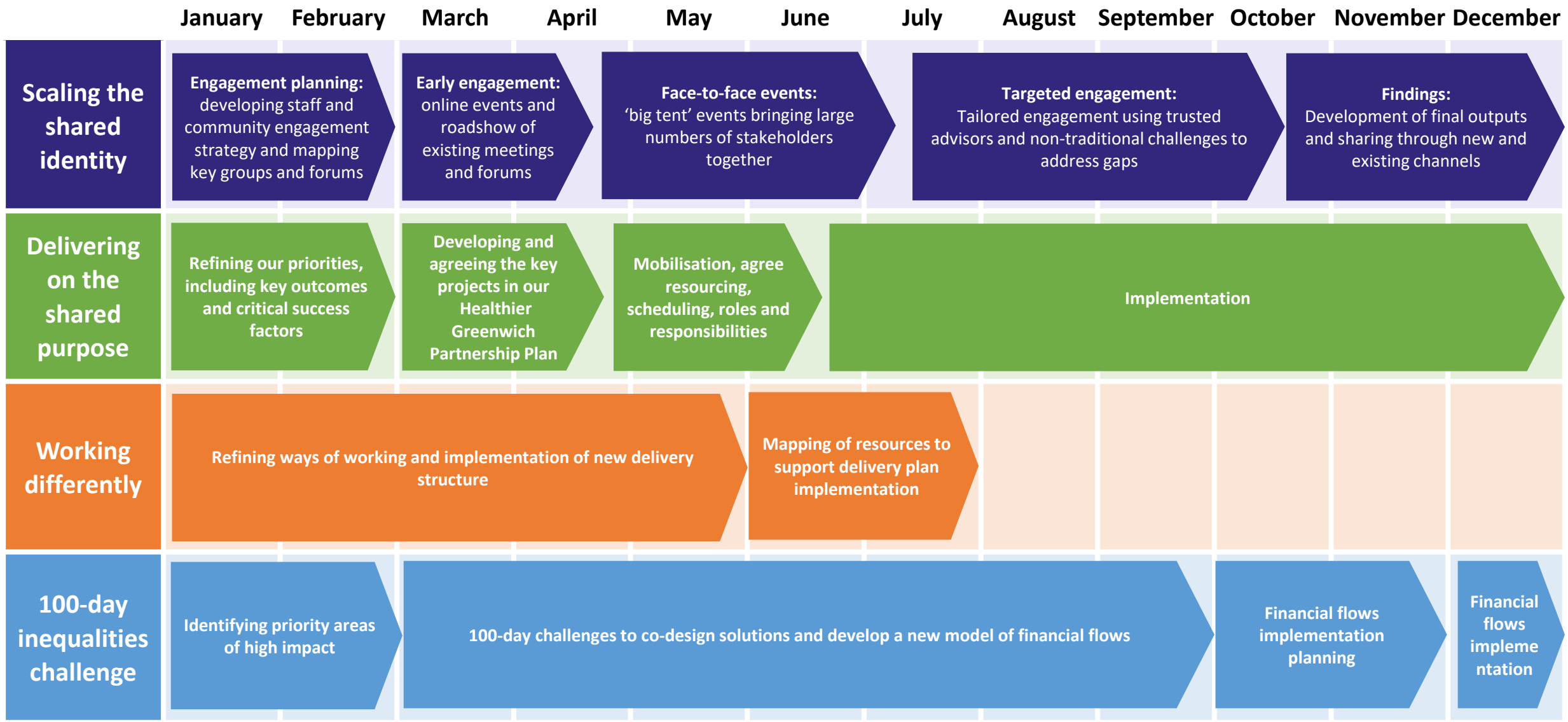
Phase 2 will build on our objectives from phase 1

Objectives	Who you are	What you want to do	How you will do it	Delivering together
Phase one: planning and mobilisation **(August 22– December 22)**	**Developing a shared identity** Come together to co-develop a clear narrative for the partnership, allowing everyone to build a shared understanding of each other's perspectives.	**Developing a shared purpose** Agree a shared programme of work as a partnership, prioritised by agreed local need and with a flexible, partnership-focused governance structure, and a clear sense of shared purpose and ambition.	**Shared delivery and understanding** Develop a practical and flexible way of delivering together and ways of understanding what is working well and where a change of course is needed.	
Phase two: implementation and scaling **(January 23 – December 23)**	**Scaling our shared identity** Extend the narrative beyond the leadership, **bringing staff and communities into one 'Big Conversation'** creating a compelling brand for Greenwich and a **shared sense of identity**.	**Delivering on our shared purpose** Develop a **clear plan for delivering shared priorities**, resourced to succeed and with clearly defined, co-designed metrics for tracking progress.	**Working differently** **Implement our new delivery structure** to support work on our shared priorities and **agree how we will manage conflict and apply our collective resources** in the best way.	**100-day inequalities challenge** **Deliver our partnership development programme** to **create the necessary infrastructure** to improve outcomes and tackle inequalities

Healthier Greenwich Partnership

PPL

Working together in 2023



Our shared values and behaviours

We have agreed to work in a certain way and we are committed to changing our behaviour to ensure a better outcome:

Respect	Sharing	Compassion	Commitment	Sharing	Outcome-focused	Teamwork	Equality
We will have the same conversations in this room as we do outside of it	We will be genuine	We will look after ourselves and each other	We will prioritise the time and space needed to make this a success – in and out of the meeting – and be present when we are together	We will share our work and be ambassadors for the partnership	We will know what we're trying to achieve and how we measure it	We will think and make decisions for the benefit of the whole system	We will give everyone a chance to speak and be heard
We will appreciate the value of different skills, backgrounds, professional experiences and perspectives, and that we work towards a common outcome	We will be transparent in the work we will undertake	We will understand where each other is coming from	We will be committed to active communication and having difficult construct ive conversations where we need to	We will share learning and perspectives in and beyond partnerships	We will use a range of data and intelligence to take a rounded view of the difference we're making	We are able to negotiate and find some sense of compromise	We will consider the needs of vulnerable people
We will consider the impact of our decisions on the wider system	We will be realistic about deadlines and what we are able to achieve	We will assume the best intentions of each other	We will work together to deliver what we have committed to achieve	We will share resources: people, time, money, buildings and equipment	We will focus on priorities we agree on	We will share challenges and take collective ownership	We will have the "right" people around the table, having representation from all walks of life
					We will remain focused on our residents and what matters to them		

Healthier Greenwich Partnership

PPL

Scaling the shared identity: the ‘Big Conversation’

Work to date has focused on leaders, bringing them together to strengthen relationships and agree how they can support their teams and organisations to work together differently.

We are proposing to hold a ‘Big Conversation’ with health and care staff and residents. Subject to planning, this will include:

- A series of multi-media engagements and staff briefings giving everyone the opportunity to participate in one, continuous conversation regardless of their capacity, key interests and communication preferences.
- Face-to-face workshops, complemented by shorter online versions, that are a safe space for experimentation, positive risk taking and innovative thinking, encouraging staff to be the catalyst for change.
- Attendance at existing meetings and forums, working with trusted advisors and gatekeepers to tailor messaging.
- Targeted engagement of key groups utilising existing challenges such as WhatsApp to ensure engagement of everyone, including seldom heard voices.

Conversations will build on each other and feel very iterative in order to generate a rich set of outcomes, which could include:

- A new culture and visual identity for the Healthier Greenwich Partnership
- A shared set of values and principles everyone in the partnership felt safe to sign-up to

Healthier Greenwich Partnership

PPL

100 day challenge: model to deliver rapid impact

Source: Nesta – 100 Day Challenge

We will use the tried and tested 100-day challenge model to deliver rapid impact:

- **Frontline practitioners and people who use public services** have unrivalled expertise in how the system operates, but often have little influence or ownership over change. This approach empowers and connects those closest to delivery, to drive change, over 100 days.
- **Empowering those on the frontline** brings a renewed energy and power for change across a system, and also brings a detailed level of insight into the real issues and challenges that are faced by a system, to inform longer-term strategic ambitions and plans.
- **100 day challenges are intensive periods of action and collaboration** that typically involve representatives from health, social care and voluntary organisations. System and organisational leaders are supported to break down longer-term strategies into challenges with measurable objectives.
- **Frontline practitioners and citizens set ambitious goals** and develop and test creative solutions in real conditions.

Healthier Greenwich Partnership PPL

100 day challenge: cardiovascular disease

In November 22 the partnership identified cardiovascular health as a shared priority for improving partnership working. In December 2022, the partnership came together to build upon previous work and refine ideas for preventative interventions that will require focused work to improve our partnership infrastructure, such as decision-making, governance processes and relationships – see appendix.

Primary

If we improve…

Cardiovascular fitness

We reduce...

Secondary

If we improve…

Hypertension, Diabetes

We reduce...

Tertiary

Circulatory disease

Intervening before disease occurs

Healthcare services

- Screening in young people with family history

Wider determinants

- Interventions to help families with exercise and healthy eating, including promotion of simple health messages.
- Identifying and increasing coordination between social provision groups and points of care
- Developing locally delivered and designed plans
- Anchor institution interventions e.g., healthy catering compliance
- Creating healthy environments e.g., access to parks
- School-based interventions
- Culturally appropriate and specific outreach, e.g., local languages and use of community assets

Early detection and treatment

Healthcare services

- Workforce development and education
- Co-locating health checks and secondary support so it is 'under one roof' for the person accessing support
- Using health checks to explore other risk factors and undiagnosed conditions e.g., hypertension case finding
- Targeting risk factors e.g., smoking cessation interventions
- Condition management interventions, not just detection

Wider determinants

- Better use of people in the community and ‘nudge factors’ to engage citizens even when they feel ‘well’
- Behavioural science approaches to ‘activate’ people
- Non-medical interventions such as social prescribing and access to culturally appropriate activities

Reducing severity and improving quality of life

Healthcare services

- Holistic, whole-family approaches
- Co-design with people with lived experiences to ensure the greatest delivery reach
- Use of an innovative neighbourhood community centre that provides needed integrated services
- Local MDT where specialist advice can be sought
- Support targeting the mental health impact of serious conditions
- Timely follow-ups
- Local MDT for long term conditions, e.g., heart failure clinic

Wider determinants

- Carer strategy recognising the impact on family and those providing informal care who need support

Next Steps

We will now

- Engage with local communities and community groups about this work, to share what the Healthier Greenwich Partnership means for them, and how it will help to make things better

- Work as a Partnership to select the specific priority projects to start working on straight away to achieve our ambitions around cardiovascular disease

- Continue our development together as a strong collaborative team, working on behalf of Greenwich residents to enable improved health and care outcomes

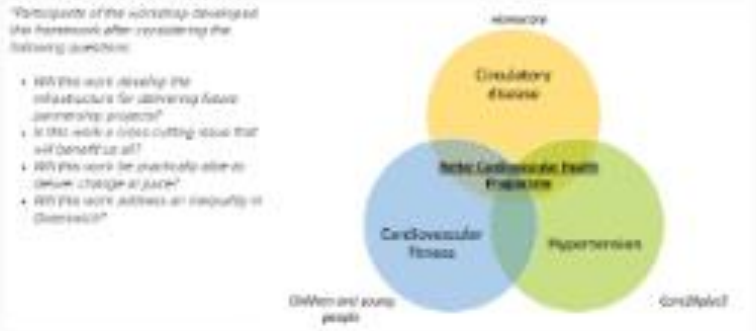
Healthier Greenwich Partnership

PPL

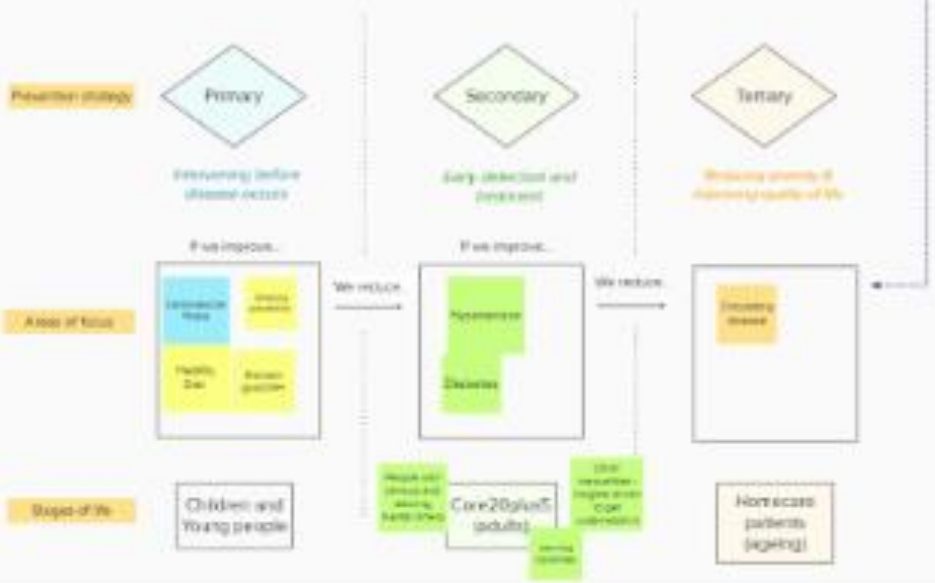
Better Cardiovascular Health programme

Pre-workshop activity

In the workshop on 26th October, the Healthier Greenwich Partnership reached a consensus on the broad areas that we want to prioritise working on together for the purpose of developing our ways of working and partnership infrastructure*:



Presented differently, workshop participants have identified a prevention-focused programme of work that spans the lifecourse and involves multiple partners:



PART A: What areas should we focus on?

Look at the redrawn diagram on the left-hand side of this page. Under each of the headings for prevention (primary, secondary and tertiary) we need to identify areas of focus for the programme to work on. Some ideas have been provided from previous discussions, but there may be other areas that we want to focus on.

Please review the ideas on the sticky notes, and add to these if you want to.

Please note, the purpose of this programme is to help us rapidly develop ways of working as a partnership that we can apply to improve and/or accelerate the delivery of outcomes across our other priority programmes, e.g., in mental health. The chosen focuses areas should be those that will help us to do that.

PART B: What will this look like in practice?

On sticky notes, write down any ideas that come to mind when you think about the question above.

Remember the key rules of brainstorming are:

- Defer judgement
- Go for volume
- Build on the ideas of others
- Stay on topic
- Encourage creativity

PRO TIP: Drag and drop a sticky note from the pile below or double left-click anywhere on the board to create a new sticky note.

This board is intended to inspire creativity and feedback, so if you want to put a sticky note on the diagram to the left, please do.

Cardiovascular disease prevention	*What are the desired outcomes for doing this work? What do we want to be different?*	*What could we do to deliver these outcomes? What is working/not working?*	*What challenges will we face? What barriers will we need to overcome?*
Primary			
Secondary			
Tertiary			

If you have any questions about how to complete or participate in this mural board, please contact victoria.stanway@ppl.org.uk

Workshop only

Healthier Greenwich Partnership Forward Planner 2023/2024

Date	Standing Items	Main Business/Themed Item	Items for Information
February 2023	• Welcome • Introductions and apologies • Declarations of interest • Minutes of previous meetings • Action Log • Chief Operating Officer's Report, including sub-committee report • HGP Development	• Annual Public Health Report 2022 – Steve Whiteman • The London 'Every Child a Healthy Weight' Delivery Plan – Steve Whiteman • Five Year View Plan Draft – Neil Kennett-Brown • Planning for 2023/24 - Neil Kennett-Brown • PCN Fuller Update – Nayan Patel • Community Provider Network – Angela Dawe / Helen Smith	• Update on Health Inequalities - Neil Kennett-Brown / Jackie Davidson
March 2023	• Welcome • Introductions and apologies • Declarations of interest • Minutes of previous meetings • Action Log • Chief Operating Officer's Report, including sub-committee report • HGP Development	• End of life care update – Lisa Wilson / Nick Davies • Update on Planning for 2023/24 Final • Five Year View Plan Latest Iteration - Neil Kennett-Brown • UTC Procurement – Erica Bond • Update on Cardiovascular Plan - PPL	
April 2023	• Welcome • Introductions and apologies • Declarations of interest • Minutes of previous meetings • Action Log	• Winter Debrief – Gemma O'Neil • System Risk Review – Ike Phillip	

Date	Standing Items	Main Business/Themed Item	Items for Information
	• Chief Operating Officer's Report, including sub-committee report • HGP Development		
May 2023	• Welcome • Introductions and apologies • Declarations of interest • Minutes of previous meetings • Action Log • Chief Operating Officer's Report, including sub-committee report • HGP Development	•	
June 2023	• Welcome • Introductions and apologies • Declarations of interest • Minutes of previous meetings • Action Log • Chief Operating Officer's Report, including sub-committee report • HGP Development	• Review of HGP Terms of Reference • Five Year View Plan Final	
July 2023	• Welcome • Introductions and apologies • Declarations of interest • Minutes of previous meetings • Action Log • Chief Operating Officer's Report, including sub-committee report	• Draft System Intentions 2024/25 – Deane Kennett	

Date	Standing Items	Main Business/Themed Item	Items for Information
	• HGP Development		