

Healthier Greenwich Partnership (in public and in person)

Date: Wednesday 26 July 2023
Time: 13.00 – 14.30
Venue: Room 5, Greenwich Town Hall (opposite Woolwich Centre), Wellington Street, London SE18 6PW
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 28 June 2023.	3	Chair	
4.	Action Log and Matters Arising	9	Chair/ Neil Kennett-Brown	
Public Engagement				
5.	Public Forum feedback	12	Sonia Sharma	13.05
6.	Questions and comments from members of the public		Chair	13.15
Items for Discussion				
7.	Chief Operating Officer's Report including HGP committees' update.	22	Neil Kennett-Brown	13:25
8.	The London 'Every Child a Healthy Weight' Delivery Plan	37	Steve Whiteman	13:35
9.	SEND Inspection report	102	Di Osborne/Roneeta Campbell-Butler	13:50
10.	Acute Provider Collaborative - update	112	Sandra Iskander	14:00
11.	Winter Planning	125	Gemma O'Neil	14:15
Closing Administration				
12.	HGP Forward Planner	132	Ike Philip	14:25
13.	Any Other Business		Chair	14:28

14.	Next Meeting: 23 August 2023		Chair	
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Meeting closes at 14:30

PART 2 MEETING IN CONFIDENCE 14:30 – 16:00

**Healthier Greenwich Partnership
Minutes of the meeting held on Wednesday 28 June 2023
13.00-15.00 hrs via Teams**

Members	
Nayan Patel	Healthier Greenwich Partnership Chair & PCN Clinical Lead (Chair)
Neil Kennett-Brown	Borough Chief Operating Officer Greenwich (NKB)
Tuan Tran	Greenwich LMC (Local Medical Committees) Chair (TT)
Iain Dimond	Chief Operating Officer, Oxleas NHS Foundation Trust (ID)
Sandra Iskander	Acting Chief Strategy, Partnerships and Transformation Officer, Lewisham & Greenwich NHS Trust (SI)
Niraj Patel	Chair of Greenwich Health GP Federation (NP)
Sarah McClinton	Place Executive Lead Greenwich (SMc)
Naomi Goldberg	Director of Strategy, METRO GAVS (NG)
Steve Whiteman	Director of Public Health, RBG (SW)
Chris Dance	Associate Director of Finance, Greenwich, SEL ICB (CD)
Lisa Thompson	Director of Children and Young Peoples' Services, Oxleas NHS Foundation Trust (LT)
Jackie Davidson	Integrated Commissioning Director (Prevention, Primary Care, Population Health) (JD)
Joy Beishon	Chief Executive, Healthwatch Greenwich (JB)
Nick Davies	Director of Adult Social Services, RBG (ND)
David Borland	Integrated Commissioning Director for Children and Young People, RBG and SEL ICB (DB)

In Attendance	
Russell Cartwright	Assistant Director of Comms & Engagement, Greenwich (RC)
Ike Philip	Corporate Governance Lead Greenwich (Minutes) (IP)
Victoria Stanway	Consultant PPL (VS)
Claire Kennedy	Consultant, PPL (CK)
Callum Smith	UTC Lead, Greenwich Health (CS)
Deane Kennett	Deputy Director of Community Contracts, Greenwich & Bexley, SEL ICB (DK)
Andrew Bland	Chief Executive, SEL ICB (AB)

Apologies	
Lisa Wilson	Integrated Commissioning Director, RBG & SEL ICS (LW)
David James	Chief Executive, Greenwich Health (DJ)
Jose Garcia	Clinical and Care Professional Lead, Greenwich (JG).

1.	Introduction
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1.1	Introductions and Apologies for Absence
1.1	It was noted the Chair was having technical issues joining the meeting at the start. Neil Kennett-Brown (NKB) made a start while waiting for the Chair to join. NKB welcomed the attendees, including Andrew Bland, CEO of SEL ICB, who attended as observer. Apologies were noted as above.
2.	Declarations of Interest
2.1	No new interests were declared.
3.	Minutes of the Previous Meeting Held on 26 April 2023
3.1	The Minutes of the previous meeting held on 26 April 2023 were reviewed and agreed by the Board as correct record.
4.	Action Log & Matters Arising
4.1	The action log was reviewed, and updates noted. <ul style="list-style-type: none"> The action on establishing a public engagement and involvement group is in hand, subject to capacity. The action will be closed.
4.2	<u>Matters Arising:</u> None.
5.	Chief Operating Officer's Report
5.1	Neil Kennett-Brown introduced the item, noting the report is taking as read. A grant giving partner for the Greenwich Charitable fund has been appointed following successful procurement. Groundwork London were successful, the standstill period completed on 19th June and contract mobilisation would be at the end of August. NKB noted the list dispersal for Clover Health practice is ongoing. NKB gave update about Robert Shaw's health, noting he opted for early retirement on health grounds, and that we were thankful for his work in Greenwich over the years.
5.2	JB commented that she thought Groundwork London is an environmental organisation and asked if the grants would only be used for environmental related causes? NKB noted Groundwork London has strong broad experience beyond physical built space, and the focus of this will be around health & wellbeing. They work around the whole variety of initiatives, and have great experience of community engagement and grant giving for grass root organisations
5.3	The Board noted the Chief Operating Officers report.
6.	Healthier Greenwich Partnership Development, Including Feedback from HGP Workshop and Next Steps
6.1	NKB introduced the item, noting the HGP workshop on 24 May 2023 gave rise to some developments which are contained in the report. The following are proposed following the output from the workshop.
6.2	<ol style="list-style-type: none"> I. It is proposed that an annual stocktake takes place across the partnership, which

	<p>will be led by Claire Kennedy with each partner over June/July.</p> <ul style="list-style-type: none"> II. At end of July, we propose to have a short 1.5 hour face to face part 2 meeting (after public meeting on 26th July) on feedback from the review, and decision making processes, and clarification of roles and responsibilities, including sub-groups, following feedback from last workshop. III. Establish Clinical and Care Professional Cabinet. IV. Establish Executive Working Group. <p>6.3 VS noted PPL's Claire Kennedy or Rachel Abbott will be in touch for individual discussions with members to offer opportunity to review the partnership and partnership working in the last year, to get member's views. There would be option to undertake a survey, if preferred, instead of one-to-one discussion. PPL would also help Ike Philip do some work around the development of the risk management approach and aligning that with the HGP corporate plan as well, and noting where there are overlaps in terms of assurance of outcomes and activity.</p> <p>6.4 VS added PPL would develop something around decision making approach to be used for the workshop in July. VS noted in terms of delivery architecture, the proposed Executive Delivery Group and Clinical and Care Professional Cabinet would be important.</p> <p>6.5 NKB explained the purpose of the Clinical and Care Professional Cabinet (CCPC) is to create a cohesive clinical group that would oversee and review innovative ideas and developments, such as pathways development and redesign. They would also look at workforce opportunities. The group would ensure there is link between PCN directors, the federation, medical directorates at LGT and Oxleas, and social care. The CCPC would include clinical leads broadly, such as nurses and physiotherapists. It would aim to embrace the whole clinical care leadership space.</p> <p>6.6 SMC expressed support for establishing the CCPC, as it would help delivery in terms of strengthening the clinical voice and making sure that HGP has the right connections in terms of clinical advice. ID supports having the CCPC, noting it should have senior MDT (Multi-Disciplinary Team) clinical representation.</p> <p>6.7 Andrew Bland noted it would be helpful to think of having community pharmacy represented in the CCPC. AB suggested the role of the cabinet should include looking at the interface about how those clinical and care professionals work together to drive cultural change. SI suggested the CCPC should be a space for clinical leads to drive priorities and identify opportunities, rather than reviewing things that have already been determined.</p> <p>6.8 NKB confirmed that those suggestions would be taken on board in establishing the CCPC. NKB spoke further about the Executive Working Group (EWG), noting that it is meant to be an operational leadership group to drive forward delivery. There is scope to broaden the suggested membership.</p>
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6.9	NG suggested it would be helpful to consider having VSC representation on the EWG and offered to attend bimonthly, if involved. SMC commented that the EWG should also be doing some horizon scanning for the HGP to identify any issues of relevance to the partnership.
6.10	CK clarified the EWG would cover the operational space with partnership focus, while the strategic space and perspective should sit with the HGP. This would enable the HGP to free up space to focus on strategic issues. The chairing of the EWG would be important and members would have to be reminded regularly of the purpose.
6.11	The Chair suggested the strategic space still needs to be looked at in the structure because HGP agenda is usually packed full, and the board may not have sufficient time to deal with all strategic issues. VS acknowledged the strategic piece would be looked at further, noting the EWG would help the HGP deal with issues in a preventative way while driving forward a lot of the work in the delivery plan. The EWG would start and operate informally in the first three months.
6.12	Action: Victoria Stanway to take away the strategy development component to think about where it best sits in terms of the structure.
6.13	RESOLVED. I. The board agreed an annual stocktake takes place across the partnership, which will be led by Claire Kennedy with each partner over June/July. II. HGP members to have a short 1.5 hour face to face private part 2 meeting (after public meeting on 26th July) on annual review, decision making processes, and clarification of roles and responsibilities, including sub-groups, following feedback from last workshop. III. Establish Clinical and Care Professional Cabinet. IV. Establish Executive Working Group.
7.	HGP Risk Management – follow up from HGP Workshop
7.1	Ike Philip introduced the item, noting several risks were identified broadly during the workshop. In terms of next steps, the risks are to be clearly expressed and described appropriately. Senior Risk Owners (SROs) or sponsors for the respective workstreams were sent a template for describing the risks on 19/06/23. After the risks are described, we would undertake further work with SROs to get them on the risk register by adding relevant information for each risk such as: o Risk scores o Mitigations / Controls o Gaps in control o Assurances o Assurance gaps.
7.2	The Board noted the HGP risk management update and next steps.

8.	Greenwich Health – Urgent Treatment Centre (UTC) Update
8.1	Niraj Patel introduced the item, noting the new UTC service would go live tomorrow 29 June 2023. Greenwich Health have finalised a partnership agreement with LGT colleagues which lays out the joint responsibility for the front door and overall UEC performance at Queen Elizabeth Hospital (QEH). There were ongoing meetings with commissioners, the current UTC provider, and the trust as part of mobilisation. NP expressed confidence in the ability of Greenwich Health to deliver a good UTC service.
8.2	<p>Calum Smith presented on the new UTC model and covered the following areas.</p> <ul style="list-style-type: none"> • UTC Management Model – there is a UTC Lead overseeing day to day operations; • Working with Stakeholders – the UTC will have clinical working groups with the specialities looking at diagnostic pathways, referral pathways, etc. • Live Well Project with CACT Live Well Team will start in July. • UTC Training – GP Trainees would be offered training opportunities. • Digital Streaming - UTC will have self-assessment iPads that the patient will use when they first arrive. These are already established systems that have been used by various providers and proven to have reduced streaming consultation times. • UTC IT System - will be using Cleo systems, which is an established system.
8.3	JB commented that Healthwatch Greenwich is in discussion with Greenwich Health to understand how the digital triage would work and impact on patient experience. Andrew Bland asked who would provide the platform for the digital streaming and if there is opportunity within that for further integration thereafter?
8.4	CS noted NHS Pathways would be the digital streaming platform. It is free, apart from the installation, and is signed off by NHS Digital. It is a system that is used in other services and has the data to prove it does work. It has same functions as similar other systems, including potential for a patient redirection pathway.
8.5	SMc commented the UTC sounds exciting, with aspects around integration and innovation. SMc asked how Greenwich Health would keep partners and the community assured that it is all going well as planned. NP noted the daily huddles with LGT, weekly meetings with commissioners, the partnership agreement with the trust and a proposed UTC Urgent Care Board are all geared to provide assurance about the UTC. SI added that the first meeting of the Urgent Care Board is tomorrow 29 Jun. 23 and that will determine whether it will provide the sort of oversight for the whole urgent care pathway.
8.6	The Board noted the UTC QEH Woolwich update
9	Healthwatch Thematic Reviews
9.1	Joy Beishon introduced the item, noting it is to provide HGP with broad understanding of the work of Healthwatch Greenwich and some of the insights undertaken by Healthwatch. This would promote broader learning and understanding.
9.2	<p>The following were the key points from the update.</p> <ul style="list-style-type: none"> • Healthwatch is politically neutral and Healthwatch Greenwich works very closely with the other 5 Healthwatch in South East London.

<p>9.3</p>	<ul style="list-style-type: none"> • Engagement and volunteering work - between 20 and 30 active volunteers, mostly Greenwich residents. Engagement undertaken with those most likely to experience health inequalities, including residents or groups representing residents with disabilities or long-term conditions, and residents living with communication needs. • Power to 'enter and view' - this is different to an inspection and is to give a lay perspective. Last year Healthwatch conducted 21 entering and viewing visits and follow up visits to 11 care homes in Greenwich and had good engagement with the care homes. • Project deep dives - many have been completed, for example user testing of the children's Integrated Therapies website and focus groups held to support public health screening. There is ongoing co-production on maternity project and carers project. Although co-production is massively resource intensive and quite expensive, it promotes working in partnership with people and communities. • Monthly feedback reports - when people provide Healthwatch with information about where things are not working, there is opportunity for learning, growth, and development. • Note feedback report key themes and enter and view themes, including identified real opportunity for greater connectivity between care homes and local communities. <p>JB concluded by noting Healthwatch would welcome opportunities to highlight good practice and any positive examples would be appreciated. NKB thanked JB for the presentation and commended the excellent work being done by Healthwatch, noting it holds up the mirror to services which is important in helping services make improvements.</p>
<p>9.4</p>	<p>The Board noted the Healthwatch update.</p>
<p>10</p>	<p>ICS Estates and Infrastructure Plan - SEL Place Engagement</p>
<p>10.1</p>	<p>Kerry Bourne, Programme Director for SEL ICB Estates, introduced the item, noting the strategy has been developed by the ICS Estates group and has been informally shared with London estates group and NHSE (NHS England). Positive feedback has been received. It is based on a framework set by NHSE and SEL ICS is one of the early adopters of the framework nationally.</p>
<p>10.2</p>	<p>The strategy sets out ambition for our patch and how are we going to get there in terms of how we prioritise workforce and leadership. KB stated there is ongoing conversation with the ICB finance directors with the aim to formally go to the CFO Group about capital allocation, particularly for primary and Community care. KB is in liaison with the London region to understand if there is opportunity to bid for more capital, particularly responding to the primary care network strategies that have been worked up this fiscal year.</p>
<p>10.3</p>	<p>Any feedback on the strategy should be sent to KB by 30 June 2023. The final strategy would be presented to the ICB Executive forum appropriately, noting it is a commercially sensitive document. An executive summary would be published on the ICB website.</p>

	NKB explained that the Greenwich local estates forum will discuss the plan on 30 June 2023, noting he and SMC has had discussions with Pippa Hack, RBG Director of Regeneration. RBG are also trying to do a review of all its community assets and their estate and do some work around the local planned development going forward. There is some opportunity to join this up with some pieces of local strategic work including RBG, Oxleas and LGT.
10.4	NG commented that, as a way of promoting neighbourhood working, consideration be given to volunteering community groups involved in neighbourhood working. There has been some feedback that groups cannot find places to either deliver services or to have little hot desks to work. It would really be helpful if the estates plan would include having some space left for the voluntary community to both provide services and have a base to administer their organisations.
10.5	The Chair noted it is a good plan but asked whether there is funding to address some of the urgent needs, such as those identified for PCN. KB acknowledged that although there are many plans that respond to primary care network investment requirements, there is no specific primary care development pot in the same way that a provider would get a capital allocation. This is a data driven plan that demonstrates there is need for such dedicated pot. There are ongoing discussions and efforts to see about possibly getting a separate funding pot for primary and community development and investment.
10.6	The Chair thanked KB for the update and asked anyone with feedback to send it to KB by 30 June 2023.
10.7	The Board noted the ICS Estates and Infrastructure Plan update.
11	MSK – Next steps
11.1	Neil Kennett-Brown introduced the item, noting one of the outcomes of the workshop in May was for HGP to always be involved in agreeing the strategic direction and the approach for things. From the workshop in May, there is need to try and get a tender waiver for the MSK contract, to have more time to prepare and develop a right approach ahead of any decision to procure. This would help get a further year to do the necessary preparatory work on this and get it right, which is what the HGP collectively want.
11.2	Deane Kennett outlined the revised plan, noting it would begin with an extended engagement phase of about ten months. If procurement is required, there would be a process phase of six months, followed by a mobilisation phase of five months. DK gave further details about the plan and asked for HGP endorsement to proceed with the plan as outlined.
11.3	NG suggested that in terms of governance and due diligence, it would be helpful if there would be a separate group that would be looking at the details, so HGP does not get bogged down with the details of the actual work when the plan starts. DK acknowledged the suggestion, noting it would be taken on board.

11.4	NP asked what would happen if we decided to begin procurement and later decide to change course, if the anticipated Provider Selection Regime (PSR), comes into force. DK stated it is a grey area which would require legal advice to be sought if the event happens. DK noted the PSR is now likely to be enacted in December 2023 and not earlier as was expected.
11.5	RESOLVED HGP endorsed the revised planned approach for securing outcomes in the Community for MSK needs.
12.	HGP Forward Planner
12.1	NKB stated for the July meeting, the plan is to use one and half hours for the meeting in public and use the following one and half hours for the Part2 private meeting/ workshop.
12.2	It was agreed to include updates from other HGP Partners in the forward plan on bimonthly or quarterly basis, noting Sandra Iskander would provide one for LGT/Acute Provider collaborative.
13.	Any Other Business
13.1	Victoria Stanway briefly gave an update about 100-day challenge on reducing inequalities and blood pressure. VS shared a picture that shows the journey through iterative testing and development of a couple of key project ideas, one of which is neighbourhood working in Glyndon, which is an area of deprivation and the other is looking at addressing inequalities by talking, targeting family events. The Chair thanked VS for the good news story.
13.2	The chair thanked everyone for their attendance and closed the meeting at 14.57hrs.

Action Log for the Healthier Greenwich Partnership – June 2023

Updated 30.06.2023.

OPEN ITEMS						
Meeting date	Minute Ref	Action no	Action	Action Owner	To be Completed	Comments
28.06.26	6.12	001	Victoria Stanway to take away the strategy development component to think about where it best sits in terms of the structure.	Victoria Stanway	25 July 2023	

AGENDA ITEM: 5

Healthier Greenwich Partnership

Date: 26/07/23

Title	Healthier Greenwich Partnership Public Forum Feedback Report	
Healthier Greenwich Partnership are asked to discuss and note the report and the feedback from residents.		
Executive Summary	<ul style="list-style-type: none"> • This paper summarises the discussions at the Healthier Greenwich Partnership Public Forum on 05/07/23, in Thamesmead and was focused on Getting Greenwich Active. • We had improved attendance (37, of which 15 were online) • Steve Whiteman and Jane Connor presented a summary of the Getting Greenwich Active report • We had 3 breakout discussions, and the key summary themes are in the report, and include importance of: <ul style="list-style-type: none"> ➢ Awareness, communication, negative impact of sedentary lifestyle, safety. ➢ There was a real appetite from people who took part in the forum to be part of the solution. Almost everyone who completed the feedback form indicated their willingness to be involved. ➢ We should look at supporting local people to champion physical activity in their areas and communities, so they are culturally sensitive e.g. womens' only sessions. This could include volunteering to run activities, peer support and signposting people. ➢ A small grants scheme from the Council alongside NHS Greenwich Charitable Funds grants is a real opportunity to get people more active at a very local level. • Dr Eugenia Lee spoke about the importance of physical activity and also the Health ambassadors programme for young people 	
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	<ul style="list-style-type: none"> • None arise directly from the report. 	
Impacts of this proposal	Key risks & mitigations	<ul style="list-style-type: none"> • None arise directly from the report.

	Equality impact	<ul style="list-style-type: none"> Demographic info from attendees has been collected and analysed in the report
	Financial impact	<ul style="list-style-type: none"> None arise directly from the report.
Wider support for this proposal	Public Engagement	<ul style="list-style-type: none"> The paper outlines the report from one of the HGP's key engagement activities.
	Other Committee Discussion/ Internal Engagement	
Author:	Russell Cartwright	
Clinical lead:	Dr Eugenia Lee, Inequalities CCPL	
Executive sponsor:	Neil Kennett-Brown	

Healthier Greenwich Partnership Public Forum report

Forum date: Weds 5 July 2023

Venue: Moorings Social Club



Main Topic - Getting Greenwich Active

This event was the fourth 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 Moorings Social Club in Thamesmead and online via Zoom between 6.30pm and 8.30pm.

We were joined by 22 members of the public in person and 15 online (37 in total). This compares to the previous meeting held at Eltham Centre Library where 8 members of the public joined in person and 8 joined online for a discussion around cardiovascular health. We were happy with this turnout, there were many new faces and representatives attended from voluntary sector, community and faith groups in Thamesmead and other parts of the borough. The discussions were rich and many of those that attended were involved in running physical activity clubs/sessions in the borough.

Format

Neil Kennett-Brown chaired the session. He was joined by Steve Whiteman (Director of Public Health), Dr Eugenia Lee (GP at Gallions Reach Health centre, Thamesmead) and online by Jane Connor (Assistant Director of Public Health). Neil introduced the session then Steve Whiteman and Jane Connor presented a summary of the [Getting Greenwich Active report](#). There were two face to face discussion groups facilitated by Steve Whiteman and Neil Kennett-Brown and one online discussion facilitated by Jane Connor. The questions discussed included:

- What helps to get you or keep you active?
- What gets in the way/barriers?
- What are your ideas to help people be more active?

Following this the three discussions were brought together and summarised by the facilitators. The discussions were rich and informative. Dr Eugenia Lee spoke about the importance of physical activity and also the Health ambassadors programme for young people. Neil spoke about Greenwich NHS Charitable funds and other grants which are likely to be available in the near future for small programmes to get people active.

Summary Themes

- Need to ask people what they want to do and link physical activity to this and the places they already go – currently we tend to over focus on walking, cycling and swimming
- Raising awareness of many opportunities available to increase physical activity, word of mouth as well as formal channels
- Digital nudges through apps work for a lot of people – coordinate promotion of safe, evidence based apps.
- People aren't always aware of the impact of not being active and the benefits of becoming more active

- Safety can be a big barrier – need to think about how we can make people feel safer to exercise locally
- There was a real appetite from people who took part in the forum to be part of the solution. Almost everyone who completed the feedback form indicated their willingness to be involved. We should look at supporting local people to champion physical activity in their areas and communities, so they are culturally sensitive e.g. womens' only sessions. This could include volunteering to run activities, peer support and signposting people.
- A small grants scheme from the Council alongside NHS Greenwich Charitable Funds grants is a real opportunity to get people more active at a very local level.

Detailed discussion points

Virtual Group

Getting active as part of a person's daily schedule works well in the form of active travel e.g., walking or cycling to school or work is a great way of getting active as part of the day and travelling places. It would be good to make this part of a children's routine by really promoting active travel from a young age. More cycle lanes have been created in Greenwich (especially in Thamesmead) for this however after Covid-19 it seems there is less training available around cycling. Support for children to walk and cycle to school to develop the habit from an early age, but road safety is a real barrier.

It would have been great to have representatives from the council promoting active travel. We need to encourage people to travel actively around the borough as much as they can. There seems to be some barriers for diverse women around cycling, Cycle sisters have been working to bring in diverse communities and encourage them to cycle. This is working well.

We need to get people healthier from the start, so they do not get ill, develop conditions and spend time in services once their conditions have worsened. There has been a huge change in lifestyles since Covid-19. People are working from home and sitting down more and not being active in the day. We need to promote more around being active while working from home. Many people used to commute and travel to work on a daily basis as part of this they were walking, even if walking to access transport, however this is happening less now.

An organisation in Greenwich is using Boxing empowerment classes for young carers and young people. These classes are aimed at getting active but also help with anger issues and mental health and wellbeing. The boxing classes are also being offered as after school activities.

All age groups are important! From the start of life up to old age, there should not be one focus - being active at all ages is really important. People felt that there really needs to be a better offer for older people in the borough.

Jane mentioned the strong and steady programme that runs in Greenwich and includes gentle strengthening exercises. Stronger focus on older people, social activities that include physical activity, but also upskilling wider workforce and community about safe, chair-based and home-based activities including strength and balance – maybe role for training carers to support those they care for (but also carers as a group often find it difficult to get active, maybe due to time and money).

We discussed how being active in older age was so important. A participant mentioned in North London a Lunch club for older people offers health walks and physical activity e.g

dancing as part of the meal. More chair based activities across the borough for people who are less mobile or older.

There are a variety of barriers stopping people being active. Some of these include needing to feel safe where they are e.g. Thamesmead has many open spaces but people are not using them due to safety fears. Many places where people are active e.g gyms there are people with “perfect” bodies and others may feel unconfident when it comes to body image. Many people have had negative experiences at school around P.E e.g not being picked to go on teams, sport being highly competitive etc. Which has then remained as a barrier.

Participants talked about not knowing what is going on and where. Jane mentioned Greenwich Get Active as a valuable resource in finding activities in the borough. People need to also share information through networks. Digital communication has a place, so Eventbrite has been a good way to promote activities, but people also want hyper-local information, printed information.

Another barrier was cultural, swimming, cycling, running, and the clothing and associated with it may be bound in perceptions within certain communities. We need to work out with them what it is they find acceptable to do. Asking people what they want to do, not what we want people to do – what is their “yes” – too often if we focus on cycling and swimming people will just say “no”. Aligning activities to things that have meaning for people – integrating physical activity into acts of worship, or organising around the place or worship, like Cycle Sisters from the Mosque. Some people find it hard to get out. Can we offer things they can do online? (virtual exercise classes)

We need to focus on the benefits on being active and how it improves with well-being, let people know how it can help them and why its important. It would be great to have more roadshows that target families to get active together. Previously the change4life campaign would have summer outreach roadshows. CACT also does similar work across the borough. Raising awareness and understanding of the massive benefits of being a bit more active – but framed in ways that reflect what matters to people, so co-producing messaging.

There are many digital apps and it is about knowing which ones are reliable. The power of nudging people and supporting them to establish good habits – recognising that apps like Couch 2 5K and Couch 2 Fitness can have a wide and positive impact for people who are comfortable with their smartphones – ICS has role in promoting evidence-based and safe apps.

Face to face discussion 1 – Neil's group

What helps to get you or keep your active?

- Good weather keeps me active; tennis court gets me active; I go along and see if anyone is playing then I join in.
- Rain makes people stay indoors and become less active.
- Access/availability to activities gets people active.
- Motivation: wanting to lose weight, wanting to fit into clothing.
- The need to be fit, healthy eating, healthy lifestyle.
- Challenging to reach older residents who are isolated, as a result a lot of them who are vulnerable are inactive, we need to find ways to connect with them and get them active.
- Having a friendly face that people know may help them connect with the vulnerable people and bring them out of their homes.

- Many senior citizens understand that being active adds years to one's life, this becomes a motivation to keep active and living a healthy life.
- Some of the barriers to getting active can be that gyms are:
 - o Expensive and there are new gyms opening all around but do not offer affordable membership.
 - o Healthy diet is not affordable to everyone as eating healthy is costly and expensive.
 - o Security concerns can make it difficult for residents and young people to go out after certain hours.
- Reduction in council tax as an incentive for residents to participate in physical activities.

Young People:

- Young people want activities in the evening to hang out, or go clubbing in Woolwich town centre, but due to lack of facilities, security, drug related issues young people are not able to do that. They go into central London for clubbing.
- Do we need incentives for young people to get out of their homes, as they prefer to stay indoors and watch TV/play video games.

Provisions for women:

- Lack of provisions for women from Asian, Muslim background to access gym and swimming. Women only swimming used to be held in Woolwich leisure centre, however, this space is visible from outside and the swimming pool is visible to members accessing the gym.
- Only women's space/sessions which is not visible to men or the public (men) from inside or outside of the building. Staff members to be also women when women sessions are taking place.
- Men in the Muslim/Asian communities generally play football or able to access activities, however, Muslim/Asian women often do not have access to activities or exercise that is culturally sensitive/accommodating that meets their needs.

Diet:

- Diet plans needs to be culturally sensitive, Bengali people eat a lot of rice, Pakistani people eat roti and Indian people eat rice and dal. Diet plans needs to take into consideration the food people eat daily.
- Diet plan also needs to be made from food that is available within their fridge and affordable.

Community Champions:

- Community Champion deep engagement program during the pandemic was a huge success, lessons to be learnt from that. The community champions were familiar faces the communities knew, trusted, and as a result were able to get information deeper into the communities, which otherwise would not have been possible. As a result, people were able to access information and knew what was happening in their local area.
- Instead of volunteers/community champions have paid positions within post offices, GPs and other community hubs where people can be signposted.

Community Organisations/Faith Groups:

- Enable existing organisation to provide activities as many of them have acquired funding or have been delivering activities, know the community very well and are free.
- Enabling communities to deliver activities where people gather, many activities can stem from one activity.
- Faith leaders can play a significant role in delivering/cascading information to their communities.
- Trusted faces/faith leaders can deliver talks on healthy living/activities which would be encouraging, and more people will listen to them.
- There is no one place in the borough to know what services; activities are happening in the area.
- Live well can give personalised care signposted by GPs.

Mobility:

- There needs to be support/aid for people with mobility issues to get out of their homes and get active. This includes access to services that can help people be more mobile e.g. podiatry.
- Community resources for mobility aid, people can donate when they don't need it anymore. Loan and reuse schemes
- Specialist exercise for people in wheelchairs.

Face to face discussion 2: Steve's group

One participant said the presentation was very interesting but that they didn't hear anything new in terms of Greenwich initiatives that they hadn't already heard of.

What stops people being active?

- Safety and feeling safe (this was very important to the group). One comment was that the Council have put lots of facilities in parks but often people don't feel safe in parks
- Time
- Childcare (e.g. Thamesmere leisure centre used to have a creche)
- Venues
- Cost (for people on low income can be difficult to access physical activity – not a level playing field as for some people cost isn't a barrier, whilst it is for others)
- Weather – particularly true for many of the free activities which are outside
- Ill-health
- Lack of accessible activities – e.g. disability swimming was stopped at Thamesmere leisure centre. The swimming pool area (rather than the water itself) is too cold. One participant taught these sessions previously and would like to see them come back.

Things that could help people be more active

- Promotion of the many things that people can do for free e.g. walking (however many of these can be reliant on good weather)
- More CCTV and lighting in public spaces would make people feel safer to exercise outside
- Investment in resources and venues that community groups can use (for free ideally)
- Walk and talk activities

- Cheap or free group activities. Peabody used to run exercise classes for £1 which were very good
- The Couch 2 5K App was popular amongst some in this group who had used it successfully
- Support for people with physical health challenges who are currently not very active to be able to build up their activity. Often people do too much too soon and hurt themselves and then give up. Tailored advice for individuals with access to clinical advice around risk
- Champions or volunteers to encourage and motivate others – scheme for peer support
- GP surgeries have a key role to play – better collaboration with the Council and more prescribing of some of these activities. *Eugenia described how this works in her surgery and how she signposts patients to Live Well social prescribers and Greenwich Get Active but acknowledged that there is definitely more that could be done and that, due to challenges on time, this isn't the experience in all GP surgeries in Greenwich*
- Running local Get active festivals – with free taster sessions for people
- Linking exercise to the things people enjoy
- Communicate to people better (e.g. with a leaflet) the benefits of being more active and the risks of not
- Groups for older residents which incorporate physical activity into their sessions work well (e.g. one participant attends a group where the first hour is exercise and people do what they are able to)
- People working and volunteering in the community to have information and or training to be able to better signpost. For example Food Banks could signpost people to Live Well support
- Discounts for local residents at local sports facilities – e.g. Greenwich has some good tennis courts now (some free, some that you pay for. Often the ones you pay for are used by people who live outside of the borough and visiting e.g. in Greenwich Park)
- Family discounts or family memberships at gyms and leisure centres

Steve said that he had been at an event earlier that week recognising 75 projects that had received community grants and asked whether a similar exercise to offer small amounts of funding for physical activities run by people and groups in the community. The group thought this would be a good idea.

There was some concern in the group around liability – one participant volunteers in a Food Bank and another participant was concerned that if in the Food Bank they ran physical activities their insurance may not cover it.

There was also a discussion around what can be done for people who are unable to leave their homes. Covid-19 generally made people more digitally active – people felt it would be good to look at establishing some digital exercise activities for people who are housebound (acknowledging the risks involved e.g. falls).

Feedback from participants

18 people who attended the Public Forum completed our feedback form. Of these 17 attended in person and one online. The one person who completed it online confirmed they were able to see and hear the speakers and see the slides and that they were able to participate fully. Feedback indicated that taking part in the Public Forum was a positive

experience and that knowledge of HGP work and the challenges around Getting Greenwich Active increased as a result. The results also reflected the diversity of the audience with a good range of ages taking part; both male and female participants (although more female); a strong majority of attendees being of Black, Black British or Asian background; and we heard from people with physical disabilities and mental ill-health.

Some of the key results are included below:

To what extent do you agree with the following?

	Definitely agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Definitely disagree
I could hear the speakers (both online and in the room)	17	1			
I could see the slides and the people speaking	17	1			
Moorings Social Club is a convenient and accessible location for me	14		2		2

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

	1. Very poor	2. Poor	3. Neutral	4. Good	5. Excellent
Before	1	5	4	4	4
After			5	5	8

How would you rate your understanding of the challenges and opportunities around Getting Greenwich Active before and after the event?

	1. Very poor	2. Poor	3. Neutral	4. Good	5. Excellent
Before		5	5	5	3
After		1	4	5	8

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

1. Very poor	2. Poor	3. Neutral	4. Good	5. Excellent
		2	9	7

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

- Prevention of illnesses by getting active with the right diet
- How to get people with mobility issues/disabilities more active
- Healthy eating
- Mental Health and Wellbeing
- SEN children focused activities/activities for women in safe spaces
- Funding opportunities for community projects
- Healthy eating and training for groups
- Health Hubs
- Supporting people with long term conditions

Learning Points

Venue – although holding the session in a community venue seemed to encourage many new people to attend, one participant mentioned that they didn't feel particularly safe entering the venue. Ideally in future events there would be some sort of staff presence in the reception or entrance area.

Setting up the event beforehand has been easier at other venues.

Also, the main room used was only just about big enough to hold the number of people who came.

Theme - Having a broader main topic for discussion rather than a specific disease focus (as per the previous meeting) led to a better attendance and enabled the discussions to focus more on working together positively with residents for solutions.

Staff - A minimum of one facilitator and one note taker per discussion group plus one additional staff member in the room to ask as reception is needed to run an event in this format. We were lucky that we had a volunteer who did a great job of running reception.

Feedback - It is challenging to get online participants to complete the feedback form. Despite being sent a link to an online form in the chat on Zoom and by email straight away at the conclusion of the meeting just one out of 15 people completed it. This compares to 17 out of 22 face to face participants. Team to look at other ways to get feedback from online participants.

Next Public Forum

We are looking at venues and dates for the next Public Forum which will be held in late September/early October.

AGENDA ITEM: 7

Healthier Greenwich Partnership

Date: 26 July 2023

Title	Chief Operating Officer's report	
This paper is for noting		
Executive Summary	<p>The COO report provides update on key developments, including:</p> <ul style="list-style-type: none"> • mobilisation for the new Urgent Treatment Centre at QEH, and the Out of Hours GP service. • NHS Greenwich Charitable Funds • Key engagement/visits to key services in the past month. • Staffing news <ul style="list-style-type: none"> • Additional papers are updates from HGP committees – Joint Commissioning Board, Primary Care Working Group and Integrated Neighbourhood Working Group. 	
Recommended action for the Committee	<ul style="list-style-type: none"> • To note the report 	
Potential Conflicts of Interest	<ul style="list-style-type: none"> • None 	
Impacts of this proposal	Key risks & mitigations	None
	Equality impact	Not required for the direct purposes of the report
	Financial impact	Not required for the direct purposes of the report
Wider support for this proposal	Public Engagement	Not required for the direct purposes of the report
	Other Committee Discussion/ Internal Engagement	Not applicable
Author:	Ike Philip, Corporate Governance Lead, Greenwich	

Clinical lead:	Not applicable
Executive sponsor:	Neil Kennett-Brown, Chief Operating Officer, Greenwich

Greenwich Chief Operating Officer's Report 26 July 2023

Urgent Treatment Centre, Queen Elizabeth Hospital

1. Greenwich Health, the Greenwich GP Federation is now running the Urgent Treatment Centre at QEH, and the Out of Hours GP service. The service went live on Thursday 29th June, and is progressing well, and they have brought in significant additional staffing capacity, and there is active involvement and support from ICB staff, and Lewisham and Greenwich NHS Staff. We have seen some very encouraging workforce recruitment, and this is already helping to improve the outcomes for our population. This is an important strategic partnership, with the benefit of having local GPs at the heart of our Urgent and Emergency Care system. Over the next few weeks we will see further developments, such as Live Well coaches working at the front door, and the new check in arrangements, which will enhance patient experience and reduce waits.

NHS Greenwich Charitable Funds

2. The charity committee has completed its procurement to secure an external partner to help support the grant giving process over the next 5-6 years. We had a very strong number of bids, and Groundwork London were successful and the standstill period completed on 19th June. We were pleased to hear how they plan to do the necessary grass roots engagement to support for our diverse VCSE organisations. We will now work with them to mobilise over the next two months. The focus of the grants will be on supporting the health & wellbeing of Greenwich residents, working closely with the Royal Borough of Greenwich's Public Health Department, which is in line with the charitable aims.

SEND Inspection by Ofsted/CQC

3. The Joint Special Education Needs and Disability Inspection by Ofsted and CQC took place from 2nd to 19th May. The multi-agency inspection went well, with good input from schools, RBG teams, Oxleas, Bromley Healthcare, GPs and importantly from parents and children. The report was published on 11th July, and confirms that our SEND arrangements 'typically lead to positive experienced and outcomes for children and young people with SEND'. This is the highest possible rating under the new inspection framework introduced earlier this year. A fuller update is on the agenda.

Clover Health Centre – update

4. Dispersal process is now underway. There is a regular meeting in place working closely with the health centre team, and Malling Health. Dispersal letters have been sent, which highlight that the practice is closing on 30th September, and explaining the process for registering with another practice. We have been liaising and engaging with local practices within 1 mile on their capacity, and preferred process for registration. We have arranged for Healthwatch Greenwich to provide support to

patients to register with an alternative surgery. They will be based in the Clover Health Centre every Tuesday and Thursday from 1pm to 4.30pm and started on the 3rd July. We have provided a support offer to practices, which is currently being considered by the LMC.

5. Enhanced Health in Care Home update. We have confirmation back from the PCN Clinical Directors that they want us to secure a single lead provider for the 702 care home residents. We have a Care Home Lead, Julia Ribbon, who is working with care home providers, Oxleas, and leads to develop the revised specification for the new additional service which will be commissioned by the ICB.

Population Health System

6. We are working with Lewisham & Greenwich NHS Trust (LGT) to introduce a Population Health Management System HealthIntent into Greenwich PCNs and Practices. We are working collaboratively with LGT through meetings, developed a bespoke GANTT to map our timelines using a simple action log project methodology to ensure we stay on track.

Lewisham & Greenwich Trust are acting as our anchor institution with joint Information Governance teams completing our DPIA and mapping data controllers, with a timeline for practice level data signing agreements to be in place for 31 August 23. This will allow Greenwich data filters to be opened and Greenwich patient data to flow into HealthIntent.

Dr Eugenia Lee presented on HealthIntent on the 30 June 23 at the PCN / CD meeting, who were very supportive. HealthIntent will be rolled out to PCNs and practices for case finding purposes with a timeline of the latter part of Q2.

Cardiometabolic multi-morbidity funding – integrated neighbourhoods

7. We have an exciting significant funding opportunity which has been secured from London Renal Specialised Commissioning, thanks to a successful funding bid by the SEL Long Term Conditions team. We have the opportunity to provide funding for one neighbourhood or PCN (c.50,000 population) per SEL borough, to test out a new integrated renal cardiometabolic multimorbidity approach, working with a cohort of complex multi morbidity patients with CKD, Diabetes and CVD. The core of the proposal is for a holistic, personalised care, case management approach. This would be supported by an integrated neighbourhood team, led by a clinician with an interest in cardiometabolic health, supported by a range of existing ARRS roles (with the aim to link into VCS/community assets) to optimise physical health, mental health and social wellbeing. The SEL LTC team will coordinate the process of selecting the neighbourhood, but with strong engagement from the Greenwich leads. The information has been shared with PCNs, with a deadline of 18th August for an Expression of Interest.

Health Inclusion Steering Group Update

8. The HISG first met on the 10 May 23 following our Health Inclusion Workshop on the 21 March 23, which was attended by nineteen participants across seven

organisations. Our HISG meetings are confirmed for the 1st Tuesday of the month, we will meet bi-monthly, with next meeting on 4th July. Following the health inclusion workshop we outlined the priorities for neighbourhoods and population health service plan as follows:

- Effective Integrated community teams based in neighbourhoods provide right support when and where it is needed; residents are engaged and able to access information about their health and wellbeing
- Unfair and avoidable differences in health and wellbeing are reduced
- Residents can access support to improve their health and wellbeing, support will be joined up
- A new way of working with people, place, and resources

Nine inter-related workstreams were identified:

- **Develop an approach to neighbourhood working neighbourhoods**
 - To agree how neighbourhood development in Greenwich can be used to help engage and connect people who live and / or work here
- **Recommissioning Live Well Greenwich infrastructure**
 - Recommission Live Well Greenwich infrastructure as part of wider commissioning programme using Horizon 3 approach. This will include developing the personalised care role in PCNs (Primary Care Networks) and wider links to other areas e.g., Urgent care, hospital discharge and other services
 - Social prescribing service; recommissioning
- **Further develop Community Champions programme**
 - Resident engagement across the borough, linking champions to neighbourhoods where appropriate
- **Develop the Blackheath and Charlton PCN (Primary Care Networks) development pilot**
 - Pilot the community-based approach to engagement and delivery at PCN level
- **Develop neighbourhood working within the Horn Park area including using assets such as the Source better**
 - Asset Based Community Development approach to developing neighbourhood working within the Horn Park area including using assets such as the Source better and linking people, place and resources including Lewisham
- **Community development neighbourhood level**
 - Learning from Blackheath & Charlton PCN, and take the approach across Greenwich; health inequalities led
- **Community Directory**
 - Ensure Public Health contribution to delivery of new Greenwich Community Directory
- **NHS Greenwich Charitable Trust**
 - Ensure Public Health support to grant giving, to maximise impact for health and wellbeing
- **Cerner population health system**
 - Utilise the Cerner system to use primary and secondary care data to fully develop and understand health inequalities in Greenwich



COO visits / wider engagement

9. The past 2 months has provided the opportunity to visit a number of key services, which have been really useful.
 - a. Neighbourhood development – we have been out linking in with many parts of the system, around the community connections, and how we collectively harness the assets in our community.
 - b. 100-day Cardiovascular challenge – hypertension. We have had two well-attended workshops and have a neighbourhood approach focusing on the Glyndon Community, and a borough wide approach on family events to improve uptake of blood pressure tests.
 - c. Greenwich colleagues hosted the latest ‘Board to Ward’ visit by ICB leaders on 1st June. Led by Board Chair Richard Douglas, the team’s day of meetings and visits kicked off at the Live Well Community Hub at Charlton Athletic FC’s ground. They heard about the amazing social prescribing infrastructure that has been running for over 10 years, as part of a comprehensive public health outreach team supporting prevention, crisis intervention, primary care, ED, and even hospital discharge. It included a meeting with the borough’s Home First/VirtualWards/Jet team and heard about the plans for Greenwich Health, the local GP Federation who will start running the Urgent Treatment Centre at Queen Elizabeth Hospital from July. Integration was a thread across the day, and the team heard about and saw the benefits of integrated leadership across the council, NHS and with VCSE.
 - d. Greenwich Get Together 2023 – This was a great opportunity to reach out to the whole community on Saturday 13th June. Thanks to the wider team, as there was really good partnership working in demonstration, working with CACT, Oxleas and ICB staff all together. The CACT team were amazing taking and setting everything up for us. The height, weight and BP checks were also popular. We gave out a lot of the childhood immunisation cards and spoke to lots of parents. As part of our CVD focus, we did healthy heart badge and keyring making, which was very popular and made several hundred. Additionally, we recruited 35 people to the SEL People’s Panel and we got some helpful feedback on our ICS 5 year plan.
 - e. We presented to the SEL Integrated Care Board on 19th July on some of the neighbourhood development work, and how we are making it tangible with our 100 day CVD work, with practical examples in Glyndon. This was very positively received by the Board, who are keen to share best practice.

Staff news – Robert Shaw

10. Following a recurrence of cancer in Spring 2022, you will be aware that Robert took sick leave from his role as Director for System Development in February this year. Robert’s journey hasn’t been an easy one and he sadly passed away on the 12th July. Robert was a wonderful colleague and friend of many across the South East London system. He will be greatly missed for his warm, positive, compassionate and humorous leadership, and his unrivalled focus on the delivery of excellent care to patients. We are inviting colleagues to donate to Oracle Cancer Trust, the head and neck cancer charity for which Robert was an ambassador.



GPs making a difference

11. We are delighted that the Health Ambassador programme, led by Dr Eugenia Lee, has really taken off. This is a system-wide approach to population health, working with secondary schools, food bank, homeless shelter, children centres. We have been placing junior doctors/ clinicians in frontline places and has included work with our schools on health promotion, 1:1 mentoring for Year 12s considering a health career, and we currently have 19 doctors working in 7 schools.
12. Dr [Devina Maru](#) had a memorable 48 hours in the first week of July – twice winning national recognition in-between attending the NHS 75 celebration at Westminster Abbey and passing her final GP exams. She picked up both the NHS Rising Star Award at the NHS Parliamentary Awards and the Prime Minister’s Point of Light Award on Wednesday, the 75th anniversary of the health service. The next day, Devina, who has worked as a GP trainee in South East London for the past four years, and at Manor Brook surgery in Blackheath for the past 12 months, heard that she has passed her final GP exams to round off an incredible 48 hours.

Devina said: “It was amazing to win these awards on the 75th anniversary of the NHS. I attended the service at Westminster Abbey before the Parliamentary Awards and it was wonderful to join in the celebrations. The awards ceremony at the QEII Conference Centre was a great experience. There really were some exceptional candidates there and I was surprised, shocked and humbled to receive the rising star award.”

Devina was nominated for the Parliamentary Awards for being passionate about service improvement, patient care, improving training and going above and beyond the core requirements of a GP trainee. She co-founded the Health Pioneers Charity, which works to reduce health and education inequalities for children and young people in the most deprived areas of London.

Article in weekly ICS newsletter:

Board members inspect impressive fleet of Greenwich services

Greenwich colleagues hosted the latest ‘Board to Ward’ visit by ICB leaders last week. Led by Board Chair Richard Douglas, the team’s day of meetings and visits kicked off at the Live Well Community Hub at Charlton Athletic FC’s ground. They heard about the amazing social prescribing infrastructure that has been running for over 10 years, as part of a comprehensive public health outreach team supporting prevention, crisis intervention, primary care, ED, and even hospital discharge. It included a meeting with the borough’s Home First/VirtualWards/Jet team and heard about the plans for Greenwich Health, the local GP Federation who will start running the Urgent Treatment Centre at Queen Elizabeth Hospital from July.

They also took in the excitement at the Greenwich Learning Disability People’s Parliament – where it was election day – and saw one of Greenwich’s 23 Childrens Centres, where the integrated early help services help deliver great new services. Integration was a thread across the day, and the team heard about and saw the benefits of integrated leadership across the council, NHS and with VCSE.



Richard was accompanied by Non-Executive Director Peter Matthew, Chief Nursing Officer Angela Helleur and Chief Financial Officer Mike Fox.

Neil Kennett-Brown, Chief Operating Officer for Greenwich, said: “We had some fantastic and encouraging discussions with Richard, Angela, Mike, and Peter. Their feedback showed we can be really proud and positive about the work underway. We were really pleased to be able to share some of the special and wonderful service developments and services here in Greenwich.”

Mike Fox, Chief Finance Officer, SEL ICB said “Some really amazing things and really provoked a lot of thinking about how do we share approaches being used in Greenwich, in boroughs which are not as fortunate to have such a large scale community asset like Charlton FC.”

The board members agreed that the Greenwich Local Care Partnership is well-placed to further improve integrated health and care services for people in the royal borough.



HGP Committees Update July 2023

No.	Date	Committee name	Agenda items of note
1.	04/05/23	Joint Commissioning Board (JCB)	<ol style="list-style-type: none"> 1. Better Care Fund update - JCB agreed to sign off the BCF Year End report for submission. 2. Procurement Decisions and Contract awards. The Board agreed the following: <ul style="list-style-type: none"> • Approved the use of the Contract Variation approval form. • Approved the Contract Variation relating to Long Covid Rehabilitation. • Noted the rollover of Continuing Healthcare contracts. 3. SLP / Complex Care Phase 2 evaluation of options progress update – JCB noted the update. 4. MH Alliance progress and governance steps - verbal update received. 5. S106 Update. The Board agreed the following: <ul style="list-style-type: none"> • To endorse in principle decisions which have been recommended by a group of cross system leaders to progress some schemes already identified; • To endorse the approach, which is in the process of developing to work together to ensure S106 funds are spent against local priorities and provide comment where necessary.
2.	07/06/23	Joint Commissioning Board (JCB)	<ol style="list-style-type: none"> 1. Better Care Fund (BCF) Draft 2023-2025 Plan – the JCB noted the update. 2. Procurement Decisions / Contract Awards - the JCB agreed the Dressing Service contract be extended for the allowable 6 months. 3. Contract & Procurement Pipeline Update – the JCB noted the update.

			<p>4. Quality Update – the JCB noted the update.</p> <p>5. SLP / Complex Care Phase 2 options evaluation and next steps – the JCB noted the options paper.</p> <p>6. Finance update on challenges ahead in 2023/24 – the JCB noted the update.</p>
3.	06/07/23	Joint Commissioning Board (JCB)	<p>1. S7 Refresh - The board agreed the following recommendations.</p> <ul style="list-style-type: none"> • To approve the immediate inclusion of the 2023/24 Better Care Fund plan within the 'Pooled Budget' schedule of the S75 agreement. • To approve the scheduled (September 2023) inclusion of an additional schedule relating to “Health Inequalities” • To note the timetable for the extension of the S75 agreement for the period 1st April and 31st March 2027. <p>2. Procurement Decisions / Contract Awards - Update on Expression of Interest Wheelchair Services-All Age (PRJ 1227 Greenwich). The board approved the following recommendations.</p> <ol style="list-style-type: none"> I. To end the Expression of Interest (PRJ1227); II. To work collaboratively with Bexley and Bromley (other to identify the feasibility for a consortium approach and report the outcome of discussions by the October 2023 JCB meeting; III. To seek to waive a procurement currently, and up to March 2025, to allow alignment with neighbouring boroughs. IV. To award a contract to the incumbent provider for the term to March 2025 which a consortium approach is developed. <p>3. Business case for Respiratory Diagnostic Service.</p>

			<p>The board agreed the following recommendations.</p> <p>I. To include this service in the financial planning rounds for 24/25.</p> <p>II. To extend the temporary service provided by Respiricare until the end of the current budget year.</p> <p>4. JCB received verbal updates on the following items.</p> <ul style="list-style-type: none"> • Forward Planning for Winter 23/24; • Finance update – RBG challenges ahead in 2023/24. <p>5. Allied Health Professionals work including spend against budget and evaluation – the JCB noted the update.</p>
4.	05/06/23	Charitable Funds Committee	<p>1. Procurement Award – Grant Making Partner. The Committee agreed the procurement award to the preferred bidder – Groundwork London.</p>

HGP Committees Update July 2023

No.	Date	Committee name	Agenda items of note
1.	22/06/23	Integrated Neighbourhood Working Group	<ol style="list-style-type: none"> 1. What's the problem we're trying to solve & how can neighbourhood development help us 2. Neighbourhood Development in action <ol style="list-style-type: none"> i. Horn Park ii. Blackheath & Charlton iii. CVD Prevention- Glyndon iv. Practice Level- Ferryview 3. Discussion - neighbourhood development methodology
2.			1.
3.			1.

Information from meeting of the committee (*Greenwich Primary Care working group*) to HGP.

1. Decisions made by HGP Committee (*Greenwich Primary Care working group*)

1.1 Below is a summary of decisions taken by the committee.

No.	Meeting date	Agenda item	Items for Board to note
1.	25/5/23	Contractual Updates/Issues	<p>Royal Arsenal Medical Centre</p> <p>Group recommendation is that interest isn't backdated in line with paper submitted, with caveat that if they could provide the evidence for interest on rent reimbursement, the practice can then submit evidence for this and this will come back to this group once received.</p>
2.	25/5/23	Estates Update	<p>Burney Street S.106 Outline Business Case</p> <p>Group voted to accept updated business case, approval from outline business case to full business case. IT request is to modernise, refurbish and repurpose current Burney Street practice and also to bring it back to modern statutory compliance. Funding via s106 monies and this funding is ringfenced within the borough. Looking to accommodate appointments while this work is done at the Wallace centre.</p>

2. Other Agenda Items of Note

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

No.	Meeting date	Agenda item	Items discussed
1.	25/5/23	Contractual Updates/Issues	<ul style="list-style-type: none"> • Clover HC APMS update: The Primary care team will be working with practices who have indicated a willingness and capacity to accept new patients.
2.	25/5/23	Contractual Updates/Issues	<ul style="list-style-type: none"> • Conway PMS Patient complaints were raised that patients were having a hard time accessing the practice. ICB colleagues visited on a Thursday afternoon and the practice was closed with a sign directing patients to 111 /999. Branch site was open with no clinician, this is for noting at present stage with more investigation to follow.
3.	25/5/23	Estates Update	<ul style="list-style-type: none"> • LIG funding We have had a really good response in Greenwich for this round of 23/24 funding and 8 applications have been submitted that we have been advised of. It is a bureaucratic process and due diligence now needs to be undertaken until the 27th June, with a reminder that LIG funding isn't 100% of cost, rather a 64% contribution with practices contribution of 34%. A very positive response in Greenwich for 23/24 funding.
4.	25/5/23	Workforce update	<ul style="list-style-type: none"> • Chloe Hardman focussing on ARRS underspend and where we can support with recruitment, working with training hubs to understand the core workforce and needs within the boroughs and prioritising areas and clinical leads. All of this should be linked into workforce strategy in the next month and linking in with LMC.
	25/5/23	Workforce update	<ul style="list-style-type: none"> • <u>ARRS recruitment</u> There has been some pleasing development in the recruitment phase of ARRS for nearly every PCN in Greenwich, which means it is likely that the entire budget allocated will be utilised this year.

			<p><u>PCN Transformation Workshops</u> The following PCNs have now booked for their workshops: Blackheath and Charlton Eltham Greenwich West CH meeting Unity shortly to plan theirs. The PCNs are all very keen to use the workshop approach to help for their future workforce and transformation planning.</p>
5	25/5/23	Digital (including Data and GPIT)	<p>Footfall website funding was provided by the former CCG but is no longer available. Funding for the locally chosen 3 tools has now been removed. E consulting software is out for procurement and the winner will be funded but Practices may choose to fund a different tool if they wish. AccuRx is currently funded for a year and IPLATO is funded via a contract for another 2 years.</p>
6	25/5/23	Greenwich Housebound Annual Review Service for Patients with Long Term Conditions	<p>Non recurrent funding to support housebound reviews, including phlebotomy. Need to take back to PCN CD's for discussions as contracts ready to go back out as unsure as to whether Practices are able to provide phlebotomy services also as this is within contract. Pause on this until PCN CD's are consulted and to get an understanding of whether practices are able to be able to deliver this</p>
7	25/5/23	SEL CVD Priorities 23/24	<p>Jackie Davidson highlighted two 100 day challenges and suggested this sits as part of a wider prevention plan. Michelle Barber to link in with JD and would support linking into existing programmes.</p>
8	25/5/23	NHSE Diabetes Outcomes & Improvement Scheme	<p>For noting, all PCNS have signed up and waiting for 23/24 funding to come through. Currently working with PCNS supporting them with a review of the data and Practices are already making significant impact. Work is definitely underway and whilst they are signed up under the SLA this will go into a formal contract for Primary care.</p>

AGENDA ITEM: 8

Healthier Greenwich Partnership

Date: 26/07/23

Title	The London 'Every Child a Healthy Weight' Delivery Plan	
This paper is for noting/approval		
Executive Summary	<ul style="list-style-type: none"> In 2019, the Mayor of London's Child Obesity Taskforce produced a report making recommendations for action across the city that could collectively have the biggest impact on creating an environment that supports London's child to have a healthy weight. The report was called 'Every Child a Healthy Weight' https://www.london.gov.uk/sites/default/files/every_child_a_healthy_weight.pdf In 2023, the London Child Obesity Delivery Board produced a response to the Taskforce report, the 'Every Child a Healthy Weight Delivery Plan' for London. 	
Recommended action for the Committee	<ul style="list-style-type: none"> The Committee is requested to review the 'Every Child a Healthy Weight Delivery Plan' and to consider the actions it contains that relate to borough level responsibilities. The committee is asked to identify those additional actions that partners in the borough could take to address the determinants of healthy weight outlined in the plan. 	
Potential Conflicts of Interest	<ul style="list-style-type: none"> None specifically identified 	
Impacts of this proposal	Key risks & mitigations	<ul style="list-style-type: none"> None arise directly from the report
	Equality impact	<ul style="list-style-type: none"> Healthy weight is an issue which has a strong social gradient, with increasing rates of overweight and obesity as deprivation increases. There is also variation between the weight status of children and young people related to ethnicity with some black, Asian and minority ethnic groups having higher rates than others
	Financial impact	None identified at this point

Wider support for this proposal	Public Engagement	<ul style="list-style-type: none"> This report has been produced by London wide partners and involved some engagement and co design with children and families.
	Other Committee Discussion/ Internal Engagement	<ul style="list-style-type: none"> The HGP has considered obesity as a priority public health in previous discussions and has identified healthy nutritious food and physical activities as priorities within its current plans.
Author:	The report has been written by the London Child Obesity Delivery Board	
Clinical lead:	-	
Executive sponsor:	Steve Whiteman, Director of Public Health	



Office for Health
Improvement
& Disparities



MAYOR OF LONDON



Every Child a Healthier Weight Delivery Plan

Our Vision for London - Healthier Child Weight

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Leadership Statement

Our vision is for children and their families to be able to grow, live and work in supportive environments, allowing them to maintain a healthier weight and be physically active. We recognise that childhood obesity is a complex issue and poses a major public challenge in London, with significant health inequalities.

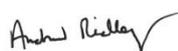
This is why we are committed to adopting a multi-sectoral and integrated approach by working across health, education and social care systems to improve the health of London's children and their families. This ambition can only be achieved by working with our communities, with genuine and active involvement of children and families as we seek to bring about far-reaching change.

The Every Child a Healthier Weight Delivery Plan sets out our vision to take a whole-systems approach to ensuring that every child gets the best start in life in London, enabling them to maintain a healthier weight from early years to adulthood. Every child in London should have equal opportunities to be healthy. The vision embeds prevention in all policies but also includes supportive actions to halt unhealthy weight gain and provide support for communities to enjoy healthy living.

Therefore, London Councils, the London Association of Directors of Public Health (ADPH), the NHS, the Office for Health Improvement and Disparities (OHID), the Mayor of London and communities have come together to realise the ambitions set in the London Every Child a Healthier Weight Delivery Plan. This work is vital as we strive to build a better London for everyone.



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Glossary of terms

ICS: Integrated Care Systems

GLA: Greater London Authority

LA: Local authority

OHID: Office for Health Improvement and Disparities

TfL: Transport for London

NCMP: National Child Measurement Programme

HFSS: high in fat, salt or sugar

LCOT: London Childhood Obesity Taskforce

ADPHL: London Association of Directors of Public Health

Executive Summary

Childhood obesity is a significant public health challenge facing London with multifaceted and often interlinked causes with significant health inequalities (1). We need to ensure children and their families have opportunities to live, grow and prosper in a city that promotes healthy environments. We aim to adopt a systems wide approach by engaging with communities, early years settings, schools, businesses, health and social care, transport, voluntary sectors in supporting families and children to achieve and maintain a healthier weight.

This call-to-action means cutting across systems and the wider determinants to influence policies, systems and environments to support healthy behaviours and improve child health, while also increasing efforts to reduce health inequalities and inequities.

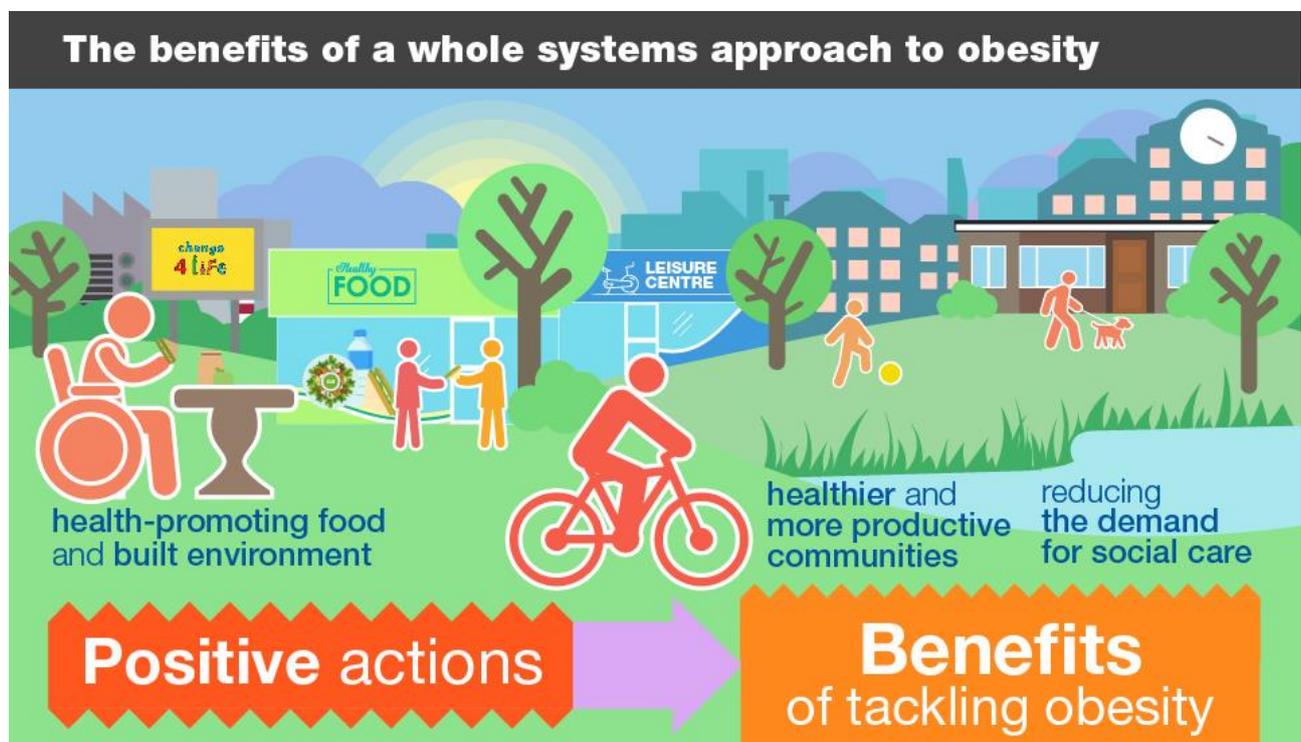
Every Child a Healthier Weight Delivery Plan sets out to achieve the ambitions in Every Child a Healthy Weight (2019) by adopting a systems wide approach to ensure every child gets the best start in life, supporting them through their journey to adolescence into becoming healthy adults by tackling the wider determinants. These ambitions and actions have been agreed with relevant partners and are included in Appendix 1. A summary of actions include:

1. Tackling child poverty and promoting supportive environments
2. Supporting women to breastfeed for longer and establishing links with London's Local Maternity Systems to raise this issue up the agenda and gain an understanding of what would help support delivery of this high impact area.
3. Skilling up early years professionals by facilitating training to enable them to support young children and their families in maintaining a healthier weight
4. Using the National Child Measurement Programme (NCMP) to better support parents to understand how they can be supported if their child is identified through the NCMP as being affected by overweight or obesity
5. All nurseries and schools are enabling health for life by providing healthy environments and ensuring evidence-based consistent messages are delivered by early years staff, health visitors, school nursing, school staff, and primary care to local communities
6. Making free 'London water' available everywhere by ensuring water is readily available in public spaces, neighbourhoods and schools
7. Creating more active, playful street and public spaces by supporting and promoting the implementation of local activities such as Opening School Facilities Projects in secondary

schools, School Superzones, School Garden Projects, School or Play Streets or the Daily Mile

8. Stopping unhealthy marketing that influences what children eat by supporting and promoting the implementation of Healthier Food Advertising policies which includes restrictions on advertising food that are high in saturated fat, salt or sugar (HFSS)
9. Transforming fast food business to enable them to provide healthy choices for local communities
10. Funding good-food innovation and harnessing the power of investment. Supporting the Healthier Catering Commitment scheme to help caterers and food businesses make simple, healthy improvements to their food

Supporting London's children to achieve and maintain a healthier weight is an investment in London's future and we are inviting you to help us make this a reality.



Acknowledgements

Steve Whiteman, ADPHL Lead for Child Healthy Weight and Director of Public Health, Royal Borough Greenwich

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Overview

About this delivery plan

This delivery plan focuses on implementing population-wide interventions to contribute to the Mayor of London's ambition to promote that Every Child maintains a Healthier Weight in London (see section on Tackling Obesity in London).

Considering the scale of the problem (see section on The Challenge), we envisage that this will involve collaborative cross-sector working between the Greater London Authority (GLA), Local Authorities (LA), NHS England and Improvement (NHSE/I) and the Office for Health Improvement and Disparities (OHID), Integrated Care Systems (ICS), TfL to build healthier environments for children and their families with healthier food options and spaces that encourage active travel and physical activity.

It also aims to support the system to ensure that children and young people and their families who are at-risk of or are living with overweight are supported and enabled to maintain a healthier weight as they grow into adults.

The actions in this plan set out how we hope to achieve the Mayor's London Childhood Obesity Taskforce's (LCOT) ambitions to ensure that every child in London has a healthy weight.

This document provides evidence-based guidance and actions based on the life course of the child, from preconception up to school-age, recognising the importance of addressing the wider determinants of health and inequalities that different communities experience.

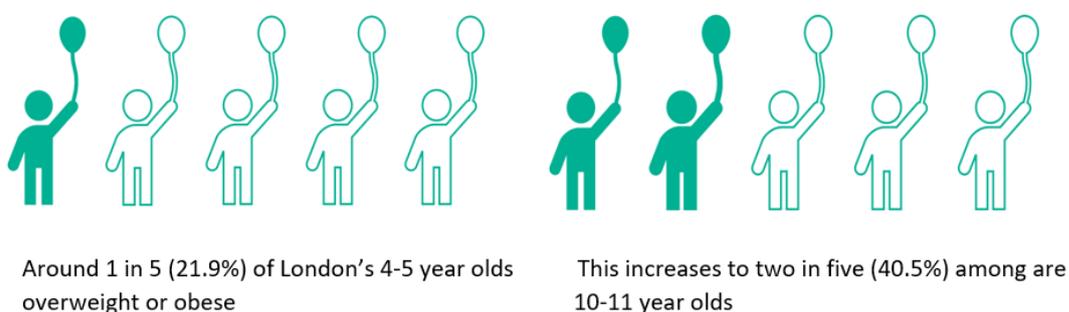
It sets out the evidence-base, the current status in London and actions for the following areas:

1. Promoting Healthier Weight in Pregnancy
2. Infancy and Early Years (0 – 5) focusing on:
 - Breastfeeding and feeding
 - Healthy Early Years
 - School Aged Children (5 - 18)
 - Healthy Communities

The Challenge

In 2021-2022 London had the third highest obesity prevalence among 10-11-year-olds compared with other regions.

Figure 1: Obesity prevalence in London's Reception age and Year 6 Children (2021-2022)



A summary of prevalence and trends of overweight and obesity across London local authorities is provided in appendices 2 and 3.

There are variations by local authority, which ranged from 49.1% of 10-11 year olds having excess weight in Barking and Dagenham compared with 22.5 % of children living in Richmond in 2021-2022. There are significant inequalities in childhood obesity across England (1):

- Children living in the most deprived areas are disproportionately affected. Obesity prevalence was over twice as high for 10- to 11-year-olds living in the most deprived areas (27.5%) than for children living the least deprived areas (11.9%). Severe obesity prevalence was over four times as high for 10- to 11-year-olds residing in the most deprived areas (7.5% and 1.6% respectively).
- Children from certain Black, Asian, Minority Ethnic communities are at increased risk of weight gain. Children from black Caribbean and black African background are most affected for both Reception and Year 6 age groups. Reception children from Chinese backgrounds had the lowest prevalence of obesity and year 6 children from White and Chinese backgrounds had the lowest prevalence, respectively.

Impacts of childhood obesity

Living with overweight or obesity in childhood has profound impacts on the health and life chances of children:

- It increases the risk of developing a range of adverse health conditions such as type 2 diabetes, respiratory problems, cardiovascular disease, liver diseases, cancer and musculoskeletal pain (2). The National Paediatric Diabetes Audit reported year on year increases in the numbers of children with Type 2 diabetes and that higher risk was found in girls, those of Black Asian Minority Ethnic background and those living in the most deprived areas (3). These conditions have long-term consequences that can severely impact children's quality of life.
- There is a bidirectional association between poor mental health and obesity which emerges in mid-childhood stemming from young people's self-esteem and experiences of living in obesogenic environments (4).
- The obesity epidemic places a significant financial burden on the NHS as well as societal costs. It has been estimated that the NHS spends about £6.5 billion a year on conditions associated with being overweight or obese (5).
- The COVID-19 pandemic has highlighted that excess body weight is a significant factor for adult mortality and morbidity increased risk of intensive care admission, as well as poorer health outcomes from COVID-19 (6).

Our call to action is to ensure that every child has the best start in life with a solid foundation for health, education, economic growth and prosperity by adopting a whole systems approach (7).

Causes of Obesity and shared risks

The causes of obesity are complex with interactions between environmental, societal, cultural, behavioural (food consumption and physical activity) and genetic factors, which influence energy balance and subsequently the development of overweight and obesity (8).

In the last few decades, there have been major changes to social behaviours, shaped by longer working hours, less physical activity and abundant availability of fast food. This obesogenic environment has affected overall food consumption patterns (8). Consuming unhealthy food and sugars sweetened drinks are associated with weight gain (9). High

sugar consumption is also associated with an increased risk of tooth decay which is a public health burden for young children in London (10).

Although upstream interventions which are aimed at the wider socio-environmental determinants may be more effective in tackling childhood obesity, we also need to ensure that supportive environments are enabling positive health behaviours. There is no magic bullet. We need to ensure a continuum of interventions including fiscal measures, healthy schools and workplaces and supporting those with excess weight to lead healthy lives (11). Our ambition is to put child healthier weight in all local policies and working with communities to maintain a healthier weight across the life course.

Active participation of Londoners, London's health, education and social care systems working in partnership, to deliver actions that are sustainable with positive short and medium-term outcomes.

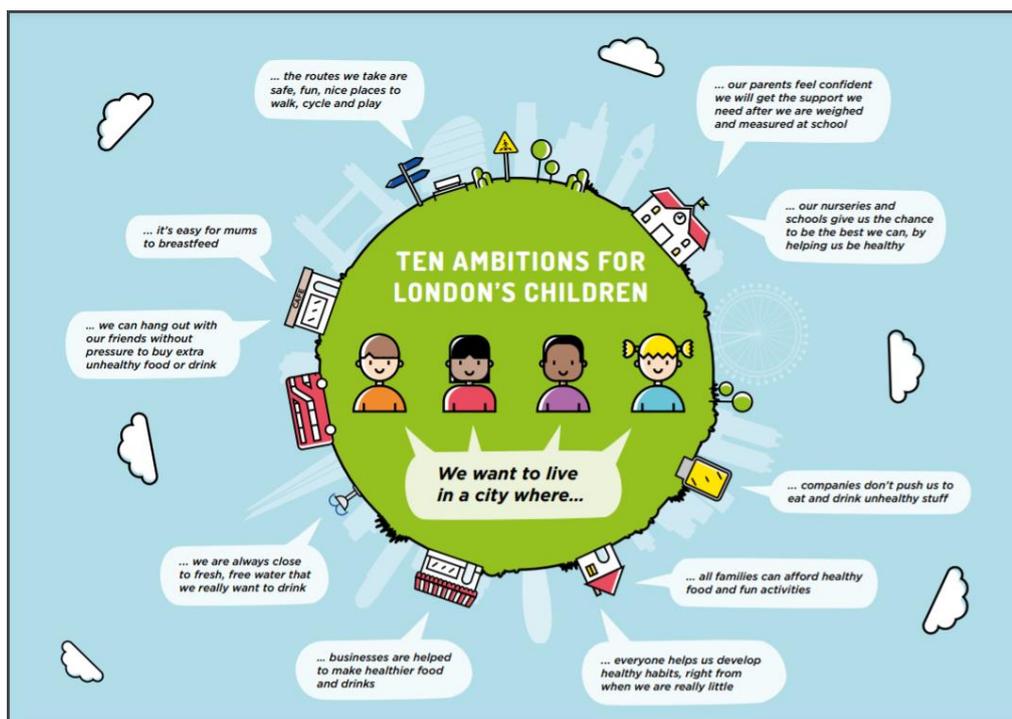
Tackling Obesity in London

The London Health Inequalities Strategy (2018) sets out the Mayor of London's aim that every London child has a healthy start in life (12). One of the objectives identified to help achieve this is to take action to help all children achieve and maintain a healthier weight with focused support for communities with high rates of child obesity.

Achieving a healthier weight for London's children and young people is a key priority in the London Health and Care Vision 2019 - a partnership publication signed by the Mayor, London Councils the NHS and the city's public health system. This includes a range of ambitious targets, alongside an overarching aim to integrate services and work collaboratively to improve the city's wellbeing and health (13).

The London Child Obesity Taskforce (LCOT) was established in 2019 and published ten key ambitions and actions needed for London's children to be a healthier weight (14).

Figure 2: Ambitions and actions developed by the London Obesity Taskforce



Healthy Place, Healthy Weight (HPHW) recovery mission

The London Recovery Board jointly chaired by the Mayor of London and the Chair of London Councils, is taking a mission-based approach to London’s long-term social and economic recovery from the COVID pandemic. HPHW is one of two health missions with a focus on the healthier weight of children and families and a commitment that ‘By 2025, all London’s families will find it easier to eat healthy food and be active where they live, learn, shop, work and play’. It is through this recovery mission that the GLA will take forward work on Child Obesity. This includes expansion of school Superzones, water only schools and healthier food advertising policies, and support for infant feeding.

The Role of the London Child Obesity Delivery Board (LCODB)

The LCODB will work alongside other London-level strategic boards in overseeing the delivery of key aspects of the LCOT ambitions.

There will be a focus on areas which are not being delivered or overseen elsewhere in the system that the LCODB could influence and add value to. This delivery plan brings together existing opportunities and wide-scale initiatives being taken by partners that

contribute to the LCOT's ambitions. The LCODB will oversee and ensure that the actions delivered by partners across the system are joined-up, coherent and consistent with the LCOT's calls to action.

We are committed to delivering evidence-based actions and so the LCODB will also seek to promote the evaluation of existing and proposed actions and their impact where possible.

Guiding Principles

Tackling health inequalities in child obesity is a priority for London. This will involve a "proportionate universalism" approach, with universal public health actions to reduce the social gradient overall but also focusing on those most disadvantaged families. Additionally, we need to address the needs of vulnerable children, including children with special educational needs, children with physical disabilities, children with long term medical conditions, looked after children, care leavers, children with mental health disorders.

The following guiding principles have been agreed by the Obesity Delivery Board in promoting a healthier weight among children, their families and the wider population in London.

The Guiding Principles

Systems wide approach in which policy makers create healthy environments, minimise any potential barriers and coproduce with communities to take collective and cohesive action to promote positive health outcomes

Tackling health inequalities and ensuring that interventions are relevant and culturally sensitive and address the needs of vulnerable children by adopting proportionate universalism to address local populations' needs

Focus on prevention, adoption of a life course approach and early intervention - every child gets the best start in life

Implementation of evidence-based interventions which promote healthy food environments and accessible physical spaces for all

Promoting equitable access to weight management services

Innovation in digital technologies and tools to support healthy living

Collective actions need to be sustainable and effective

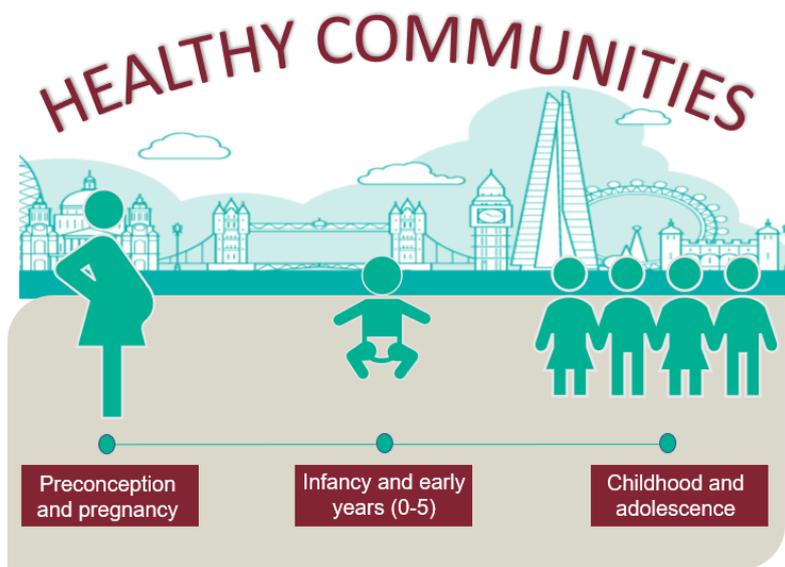
Monitoring and feedback coupled with research to drive improvements in public health actions

Taking a life course approach

Action to maintain child healthy weight must start before birth and be followed through the life course of the child.

This plan will take a life-course approach to realise the Mayor's ambition to reduce childhood obesity and the ambitions published by the LCOT. In addition, this plan also recognises the wider determinants of health that contribute to inequalities and achieving a healthier weight such as poverty and the built and natural environments that children and young people and their families live in.

Figure 3: Infographic showing the life course approach through childhood



AMBITION 1 TACKLING CHILD POVERTY AND PROMOTING SUPPORTIVE ENVIRONMENT

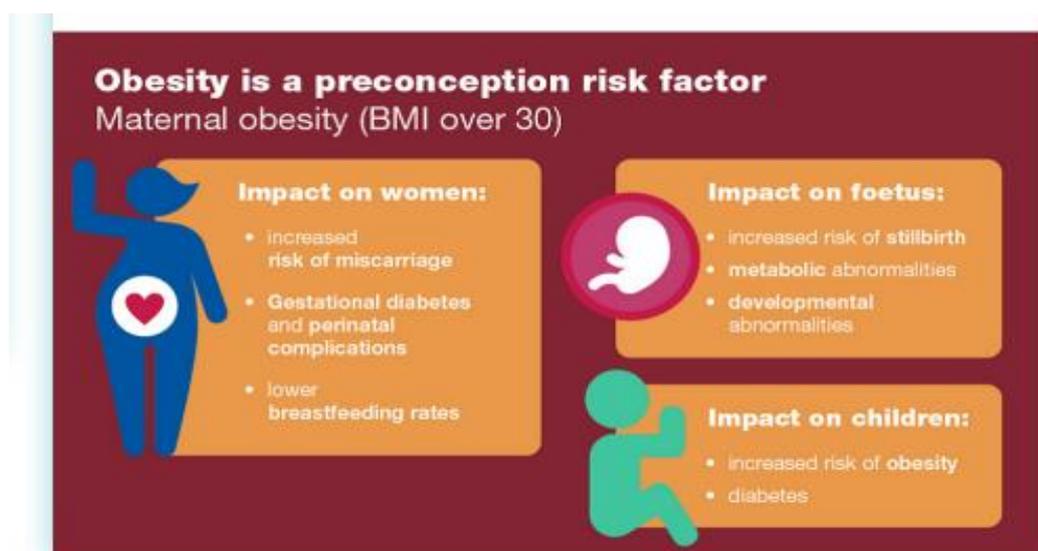
What is the evidence?

Families from lower incomes tend to have poorer access to healthy food due to limited disposable income. Therefore, families need to be supported to enable the purchase of healthy foods. Healthy Start helps to encourage a healthy diet by providing support to pregnant women and families with children under four to help increase the range of fruits and vegetables that families can buy.

Supporting women in achieving and maintaining a healthier weight before, during and between pregnancies is a crucial part of reducing childhood obesity.

Promoting a healthier weight in pregnancy is identified as a high impact area for ensuring a best start in life and supports the delivery of the Healthy Child Programme (15). This approach follows the evidence that the 1,000 days from conception to the age of two is a critical period for child development and establishing the foundations for a healthy life. Nutrition plays an important role in maternal conception as well as ensuring a healthy start to infancy. Maternal obesity and diet have implications for pregnancy outcomes as well as foetal development and increased risk of obesity in childhood development of chronic diseases (16). Studies have found that children who live with parents living with obesity are more likely to grow up to live with overweight or obesity themselves (15).

Figure 4: Graphic showing impacts of obesity on mother and child (Public Health England, Health Matters)



Evidence also shows that there is a correlation between maternal obesity and breastfeeding rates (17). Women living with overweight, and obesity are less likely to initiate breastfeeding (18) due to factors contributing to delayed onset of lactation (19).

Current practice in London

Eligible families from lower income backgrounds are supported by the Healthy Start scheme, which provides a prepaid card that is topped up automatically every four weeks to be spent on or put towards the cost of food and milk. Healthy Start beneficiaries also have access to free vitamins. In some London boroughs, families also have access to Vouchers to purchase fruit and vegetables.

To help mitigate the effects of the cost-of-living crisis, the Mayor of London has provided £3.7 million additional funding for new work to help Londoners on low incomes understand their rights and entitlements and access support. The GLA has recently launched the Cost-of-Living Hub which provides information about advice and support for Londoners struggling with the rising cost of living.

A Robust Safety Net Mission has been established to provide support for London residents to prevent or alleviate financial hardship. This will include supporting Local Authorities in promoting and increasing the uptake of all relevant benefits e.g., facilitate sharing of resources and best practice, create new resources if needed, targeted communications (e.g., for migrant families with no recourse to public funds (NRPF) following recent changes).

The Advice in Community Settings initiative provides support to enable Londoners to access financial, welfare and debt advice in trusted, local, informal settings. The two-year programme funds 11 partnerships across London, providing advice in food banks, baby banks, schools and community centres.

Maternal obesity is associated with demographic health inequalities. Women from Black ethnic groups and women living in deprived communities are more likely to enter pregnancy with a body mass index (BMI) above that for a healthy weight (20). The prevalence of obesity in early pregnancy in London is 17.8%. This varies across local authorities ranging from 27.4% in Barking and Dagenham to 6.8% in Kensington and Chelsea (21).

Evidence from a recent COVID-19 study shows a disproportionate impact of COVID-19 on pregnant women living with overweight or obesity, with 76% of pregnant women admitted to hospital with COVID-19 symptoms were found to be living with overweight or obesity (22).

What can we do to support healthy environments and reduce maternal obesity in London?

1. Support making London a Living Wage City so that families can afford the essentials and live a good quality of life.

2. Establish links with London Local Maternity Systems to raise this agenda and gain an understanding of what would help support delivery on this high impact area

-Develop clear referral pathways across the system that is made accessible and available to midwives, health visitors and other health professionals locally using the results from Weight Management Service mapping exercise

-Ensure all pregnant women are booked for antenatal care to receive preventive advice and support but also ensuring women from the most deprived quintiles are targeted and prioritised

-Facilitate the development of local resources to support the implementation of healthier weight messaging for relevant professionals in collaboration with the London Obesity Leads Network, Local Maternity Systems and the multi-disciplinary Obesity Clinical Network

-Facilitate the sharing of best practice work (incl. cooking classes and use of community services such as walking groups to support women achieve a healthier weight) via the London Obesity Leads Network

-Facilitate future training opportunities and resources (including motivational interviewing and Making Every Contact Count and Moving Medicine modules that will enable all midwives, health visitors and other allied health professionals to start healthier weight conversations and physical activity as part of the multi-disciplinary Obesity Clinical network.

Promoting a healthier weight in pregnancy can support the LCOT's ambition 2 in supporting women to breastfeed for longer:

Other documents and resources that could support this work:

- [All Our Health 'call to action' for health and care professionals](#) (including e-learning resources)
- [Promoting a healthier weight for children and young people and families: consistent messaging](#) (2019)
- [Maternity High Impact 3: Supporting healthy weight before and between pregnancies](#) (2020)

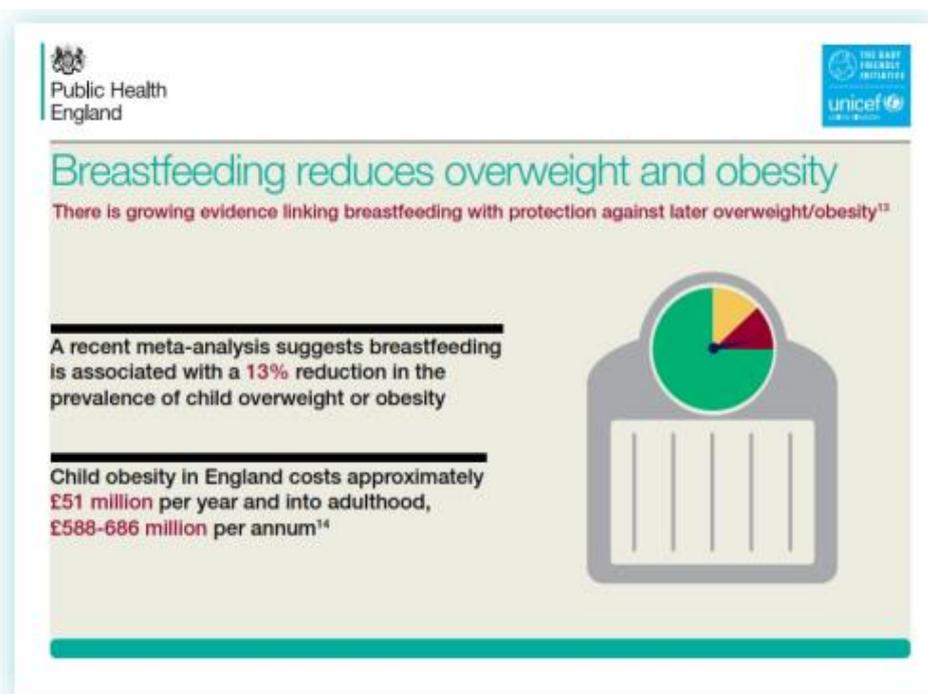
AMBITION 2

**SUPPORT WOMEN TO
BREASTFEED FOR LONGER**

What is the evidence?

Breastfeeding is an important public health priority and is central to giving every child the best start in life and reducing health inequalities (23, 24, 25). Exclusive breastfeeding for around the first six months of life is therefore recommended by healthcare professionals (26). Not breastfeeding can be linked to increased risk of gastroenteritis, respiratory disease and sudden infant death syndrome. There is also growing evidence that breastfeeding reduces a child's current and future risk of overweight and obesity (26).

Figure 5: Graphic showing the breastfeeding as a protective factor for overweight and obesity (Public Health England, Unicef Baby Friendly Initiative)



Current practice in London

There is currently limited data published on breastfeeding rates in London. Previous work with Local Authorities and contracted health visiting providers highlighted key reasons relating to capacity and issues with the IT system used. The non-validated data for 2019/20 annual figures show that the breastfeeding status is known for around 74% of infants aged 6-8 weeks in London. Based on this data, it is estimated that around 57% of infants aged 6 – 8 weeks were totally or partially breastfed (27).

A new UK wide Infant survey has already been commissioned and findings from the survey are due to be published in 2024. In the last UK-wide Infant Feeding Survey in 2010, it was found that 81% of women initiate breastfeeding but there is a steep decline in breastfeeding rates during the early postnatal period, with just 55% of women breastfeeding at six weeks (28). Mothers who did not receive support after childbirth were more likely to have stopped breastfeeding usually within the first two weeks. The survey as well as other studies show that mothers from all minority ethnic groups are more likely to breastfeed compared to white mothers (28, 29). Breastfeeding peer support networks and incentives can increase mothers' confidence in breastfeeding as well as increasing the duration of breastfeeding (30).

As part of the Family Hubs and Start for Life Programme, the Government is investing £50 million to enable 75 local authorities in England, 16 of which are in London, to design and develop infant feeding services in line with local needs. This investment will help local areas to create an environment that is supportive of breastfeeding, and to put in place the range of specialist support and advice that is needed to help mothers who want to continue their breastfeeding journey. Different mothers and babies have different needs, so this investment will increase the range of advice and specialist support that is available, ensure support is available face to face, over the phone and digitally (including at antisocial hours), and reach families where they are – whether that’s at home, in Family Hubs or in hospital settings. It will also ensure that all parents and carers receive the infant feeding help they need, irrespective of whether they are breastfeeding, expressing, combination feeding, or using formula.

What can we do to help increase the number of women breastfeeding and supporting them to breastfeed for longer in London?

Promotion of breastfeeding

1. The Mayor of London is committed to ensuring that London becomes a ‘baby-friendly city’ and that more women are supported to start and sustain breastfeeding in the city. A recent study of the urban environment in Cardiff City demonstrated that barriers to breastfeeding can include physical and social barriers such as lack of available space, poor quality mother and baby rooms, and stigmatisation in spaces with high level of surveillance or low privacy (31).
2. The Mayor calls for partners to work with TfL to ensure those who wish to breastfeed on London’s transport network are supported to do so.
3. Support areas to become UNICEF UK Baby Friendly Initiative accredited in maternity and community services and ensuring that the standards are being met. In London, 12 Boroughs have achieved Stage 3 accreditation, 7 Boroughs have achieved Stage 2 accreditation, 10 Boroughs have achieved Stage 1 accreditation and 3 Boroughs have a certificate of commitment or are not participating in the UNICEF Baby Friendly Initiative (32).
4. Provide a universal offer of support to promote breastfeeding as well as targeting women living in the most deprived areas by adopting peer-to-peer networks and exploring the use of incentives.

Monitoring and data collection

5. Explore approaches for robust data collection of breastfeeding status at 6-8 weeks.
6. Support midwives, local authorities and their contracted health visiting services to collect robust and reliable breastfeeding data at birth and at 6-8 weeks.
7. Support and advocate for collecting robust data on breastfeeding rates at 10 days or during the 'New Birth Visit' by the health visiting service. This is a step towards monitoring the continuation of breastfeeding and could give us a better understanding of the optimum time to offer breastfeeding support.

Other documents and resources that could support this work:

- [Early Years High Impact Area 3: Breastfeeding](#) (2018)
- [Going Baby Friendly: Maternity, Neonatal, Health Visiting and Children's Centres](#) (2017)

Early years



What is the evidence?

Pregnancy and early life have significant impacts on children's health and well-being, with significant health inequalities continuing into adulthood. As babies grow into toddlers and toddlers into young children, there is a need to ensure they are provided a supportive and healthy environment to thrive in. Interventions aimed at creating healthy environments such as access to healthy foods and physical play have been shown to be effective in obesity prevention in children (33).

Enabling access to high quality early years childcare settings are crucial to children and young people's long-term outcomes including in education attainment, physical, mental and emotional wellbeing and play a vital role in reducing health inequalities (34).

Environments in early years settings should be safe, clean and secure. This includes clean air environments away from pollution with safe spaces to enable physical activity and adequate nutrition (35). The Early Years Foundation Stage (EYFS) statutory framework recommends physical development to offer opportunities for younger children to be active and interactive and to support personal, social and emotional development (35).

Children's food habits are established during the early years and hence early years settings can provide opportunities for nurturing a healthy and balanced diet to reduce the risk of weight gain in childhood and into adulthood (36). It is therefore crucial to consider the nutritional requirements for under 5's and ensure the appropriate amounts of energy and nutrients are provided during early years to meet their developmental needs (36, 37). This should be in line with recommendations from the Scientific Advisory Committee on Nutrition (SACN), in particular those made in the reports on Feeding in the first year of life, Dietary Reference Values for Energy (2011) and Carbohydrates and Health (2015).

Current practice in London

In London, the Mayor funds the Healthy Early Years London (HEYL) scheme, which aims to support early years childcare settings to boost the health, wellbeing and development of children under five years old (38, 39). An air quality audit of 20 nurseries and children's centres in the most polluted areas in London led to recommendations to reduce emissions and exposure including promotion of school streets and encouraging children to walk, cycle and scoot to nursery (39).

What can we do to help create healthier early years environment for families in London?

Healthy Early Years London

1. Encourage early years settings to follow early years guidance to help them meet the Early Years Foundation Stage welfare requirements for food and drink (40).
2. Provide opportunities for promotion of a safe and clean environment for physical activity.
3. Promote the Mayor of London's Healthy Streets approach which aims to improve air quality and making London's neighbourhoods greener and healthier. The Mayor is expanding the Ultra-Low Emission Zone (ULEZ) and tightening the Low Emission Zone (LEZ).

4. Ensure all London early years settings are encouraged to sign up to the HEYL scheme and achieve Bronze, Silver and Gold awards.
5. Developing partnerships between health, social care and education and local communities.
6. Promote well-balanced diets with increased fruit and vegetable intake, and decrease intake of sugary food and drinks, and promote the consumption of water and milk.
7. Conduct research on the impacts of COVID-19 pandemic on the early years environment.

Figure 6: Infographic showing the importance of giving every child the best start in life (source Public Health England, Health Matters. Giving Every Child the Best Start in Life)



Training of the wider workforce

There is an opportunity to work with early years practitioners to effectively engage and support families around healthy eating (including complementary feeding) practices and the promotion of physical activity. This could also include Healthy Weight Coach training which although is mainly aimed at adults can support families with maintaining healthier weight. There is online training available for health professionals through Health Education England's e-learning for health hub (e-lfh) and Personalised Care Institute's e-learning platform.

Targeted support should be considered to enable the provision of culturally sensitive support to diverse communities in London:

Facilitation of training for early years' workforce (including midwives, health visiting services, early years practitioners, primary care teams including GPs, dental teams and pharmacists) to enable them to support young children and their families in maintaining a healthier weight:

- Use existing national guidelines and resources
- Ensuring evidence-based consistent messages is delivered by early years staff, health visitors, school nursing, school staff, primary care (GPs, nurses, dental teams, pharmacists) and social care
- Signposting of families to parental programmes or weight management services

Empowering parents

- Consider how diverse communities in London can be supported in a culturally sensitive way e.g., introduction to solids/complimentary feeding practices in a culturally sensitive way
- Encourage the use of Start4Life resources
- Support London local authorities in promoting and increasing the uptake of Healthy Start Vouchers (41)

Resources that could support this work:

- [Early Years High Impact Area 4: Healthy Weight, Healthy Nutrition](#) (2018)
- [The Nurture Early for Optimal Nutrition study](#) (ongoing)
- E-learning for health <https://www.e-lfh.org.uk/>

AMBITION 4

**USE CHILD MEASUREMENT
TO BETTER ENGAGE PARENTS**

What is the evidence?

Access to weight management services can support children in maintaining a healthier weight. NICE guidelines recommend that multi-component weight management services are readily available and should be part of a weight management pathway (42). These

services should meet the needs of children and young people targeting different age groups and children with special needs. It is important that programmes are culturally sensitive and tailored accordingly.

What can we do to support families affected by overweight in accessing support in a timely, seamless way to address their needs?

- Facilitation of training for early years' workforce (including midwives, health visiting services, early years practitioners, primary care teams including GPs, dental teams and pharmacists) to enable them to support young children and their families in maintaining a healthier weight
- Develop a clear understanding of weight management support available to CYP and families in London and work with key stakeholders within local authorities and NHS ICSs to enhance support available to families
- Work with families to understand how they can be supported if their child is identified through the NCMP as being affected by overweight or obesity
- Ensuring stakeholders are supported to implement consistent and clear pathways to evidence-based preventive advice on healthy living across the life course, through the promotion of clear messaging guidance (43). Signposting of families to parental programmes or weight management services where relevant.

As a system, we have been working with local authorities to explore best approaches in delivering weight management services which include:

- Ideally, weight management services should be multi-component, monitored and evaluated in relation to a wide range of outcomes including parental and child satisfaction surveys, accessibility of services by children at increased risk of obesity, deprivation and ethnicity
- The programme is age and culturally and language appropriate
- Services should be accessible to people with additional needs such as physical, sensory or learning disabilities
- Consider exploring digital technologies to promote health and well-being across the life course

- Scope opportunities for supporting families affected by overweight or obesity via social prescribing

School Aged Children (5 - 18)

AMBITION 5

ENSURE ALL NURSERIES
AND SCHOOLS ARE ENABLING
HEALTH FOR LIFE

AMBITION 6

MAKE FREE 'LONDON WATER'
AVAILABLE EVERYWHERE

AMBITION 7

CREATE MORE ACTIVE, PLAYFUL
STREETS AND PUBLIC SPACES

What is the evidence?

School aged children (some of whom may leave school at 16) spend most of their time at school and at home and so interventions for reducing childhood obesity in this population should encompass engaging with schools, families and other agencies that can pose influence on the children and young people's health attitude and behaviours (44).

Schools can promote health through the whole school environment by creating healthier settings for their pupils. This can include implementing healthier school food and 'water-only' policies, breakfast schemes, the Daily mile or promoting active travel to and from schools and reconfiguring the physical environment and setting of the school to encourage healthy attitudes towards food (e.g., school garden projects) and physical activity. Studies in the United States demonstrated that installing and promoting water fountains in schools resulted in positive behaviour change and health outcomes (45).



Source (Better Health Better Families <https://www.nhs.uk/healthier-families/>)

Current practice in London

In London, 2,210 schools have registered to the Healthy Schools London scheme which provides London schools the tools and support to enable them to support children's health and wellbeing. The scheme recognises that schools have an important role to play in ensuring that the key health messages are reinforced as part of school curriculum (e.g.,

cooking and budgeting skills) to help students develop the knowledge, attitudes and skills to make healthy choices.

It is important that local authorities, schools and the NHS should ensure that vending machines on their premises offer healthy food and drinks for children and young people and their families. Schools, local authorities and the NHS should ensure that nutritional content of food is displayed to encourage healthy choices.

Primary school aged children are measured and weighed in school as part of the National Childhood Measurement Programme (NCMP). This presents an opportunity to engage with parents or carers of children with unhealthy weight to build their awareness of the issue and the underlying causes of the problem as well as to signpost them to receive help and support. The LCOT advocates for London Boroughs to co-produce guidance with parents and carers on how to make the NCMP more supportive for London's families.

There is an opportunity to explore the use of schools as a resource for the wider community and bring together a wide range of organisations in a co-ordinated approach to community health.

What can we do to support school aged CYP in London achieve and maintain a healthier weight?

Schools enabling health environments

1. Support the Healthy Schools London (HSL) scheme and encourage schools in London that are already taking multi-level action to supporting their pupils' health and wellbeing to act as 'ambassadors'.
2. Promote healthy eating and a reduction in foods high in salt, fat and sugar in schools and community settings.
 - schools, local authorities and the NHS should ensure that nutritional content of food is displayed to encourage healthy choices.
 - prioritisation of healthy options in venues used by children and young people (e.g., hospitals and leisure centres).
3. To ensure that schools incorporate healthy eating and living as part of the statutory Relationships, Sex, and Health Education (RSHE) curriculum including sugar free learning spaces.

4. Vending machines in local authority owned venues (sports and leisure facilities, community centres) used by children and families should offer healthy food and drink options.

Make free London water available everywhere

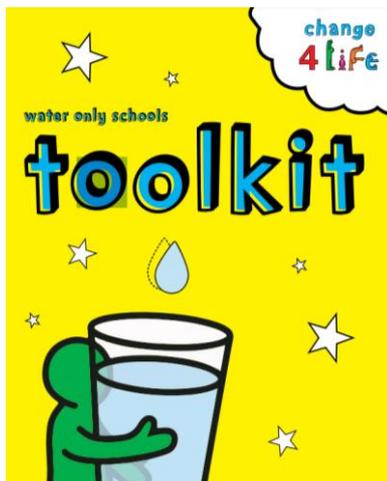
5. Ensure water is readily available in public spaces, neighbourhoods and schools.

6. Promote and encourage the implementation of 'Water-only School' toolkit for primary and secondary schools through the Healthy Place Healthy Weight Recovery Mission

7. Co-produce 'Water-only School' toolkit for secondary schools with key stakeholders such as young people and teachers to ensure they are relevant to them.

8. Ensure that uptake of water only schools is monitored and evaluated

9. Vending machines in other venues including the NHS should offer healthy food and drink options.

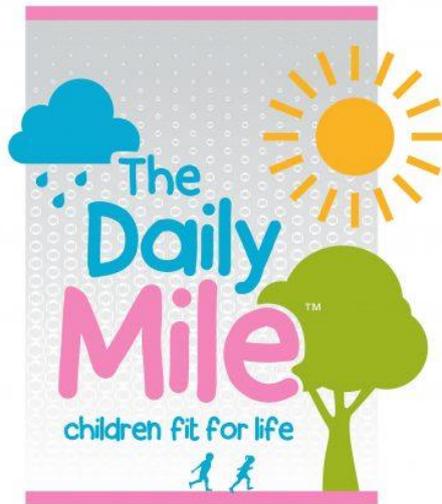


SUPPORTED BY
MAYOR OF LONDON



Create more active playful streets and public spaces

9. Launch the School Superzones brochure and support local authorities in developing this work in their area. Encourage schools to adopt the Clean Air Schools Framework to identify the most relevant air pollution actions.
10. Support and promote the implementation of local activities such as Opening School Facilities Projects in secondary schools, School Garden Projects, School or Play Streets or Daily Mile.



Healthy Communities

AMBITION 7

CREATE MORE ACTIVE, PLAYFUL STREETS AND PUBLIC SPACES

AMBITION 8

STOP UNHEALTHY MARKETING THAT INFLUENCES WHAT CHILDREN EAT

AMBITION 9

TRANSFORM FAST-FOOD BUSINESSES

AMBITION 10

FUND GOOD-FOOD INNOVATION AND HARNESS THE POWER OF INVESTMENT

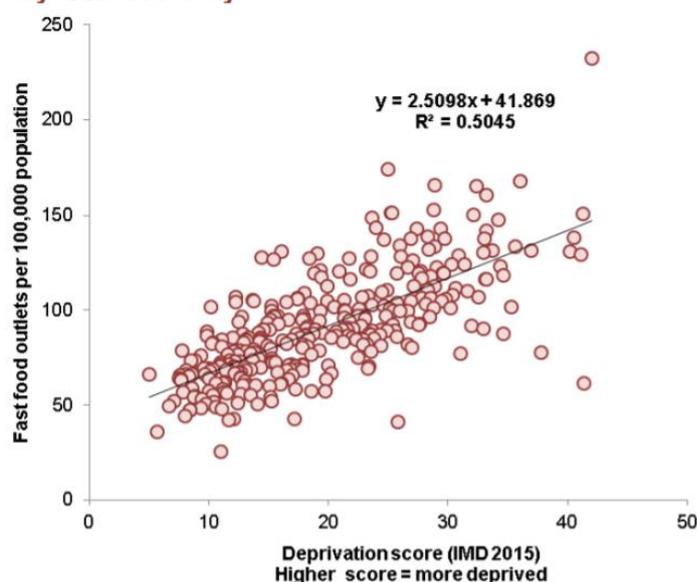
What is the evidence?

Communities, neighbourhoods and built environment play a key role in promoting health and reducing health inequalities across the life course (46,47). Built and natural environment can have a significant impact on people's healthy food options, access to open spaces and opportunities to engage in active travel and other physical activities as well as exposure to air and noise pollution (47).

For example, unhealthy food and drink environments make it more challenging for children and families to maintain healthier lifestyles (48), which is shown to be linked to health inequalities and higher prevalence of population with overweight and obesity (see Figure 7 below).

Figure 7: Relationship between density of fast-food outlets and deprivation by local authority (49)

Relationship between density of fast food outlets and deprivation by local authority*



This chart illustrates the association between density of fast food outlets and area level deprivation.

The local authorities with a higher deprivation score (i.e. more deprived) have a greater density of fast food outlets.

Evidence from health survey data shows that the prevalence of overweight and obesity also rises with deprivation and fruit and vegetable consumption falls with deprivation.^{5,6}

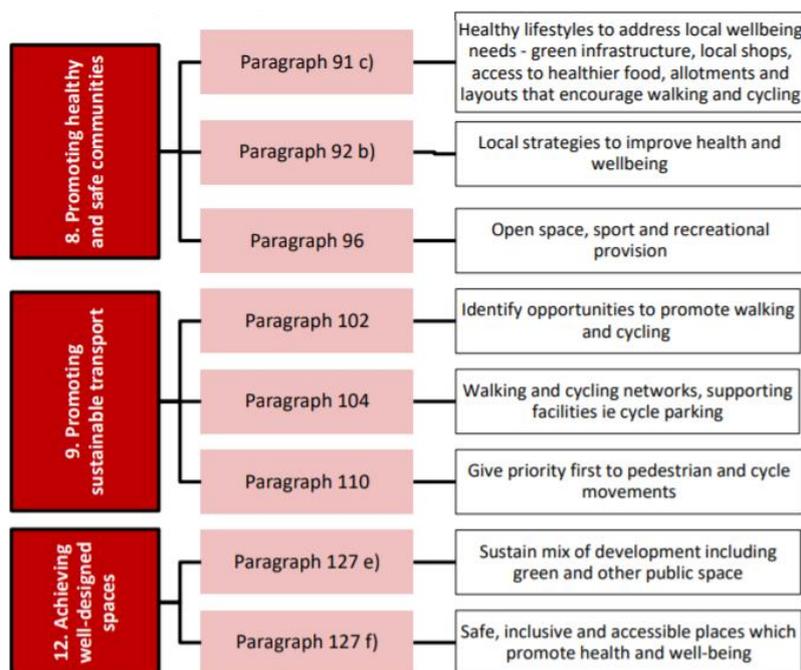
*City of London data excluded from chart

Actions towards building healthier neighbourhoods and addressing the obesogenic environment in which families live can have an impact on reducing childhood obesity. This involves taking a whole system (6) and coordinated approach across local authority departments, communities and local businesses.

Local authorities are in a unique position to build healthy weight environments through local planning policies and decisions which should link with Council-wide priorities including health and wellbeing (50). The National Planning Policy Framework (NPPF) sets out policy requirements that contribute to healthy weight environment and neighbourhoods (51).

Figure 8 provides a breakdown of these requirements in the NPPF.

Figure 8: NPPF chapters and policies relevant to healthy weight environment (51)



Current practice in London

In London, long-term recovery from the pandemic includes efforts to ensure that all-London's families will find it easier to eat healthy food and be active where they live, learn, shop, work and play. The 'Healthy Place, Healthy Weight' mission is being designed to support action on priorities that partners are already working on across London such as the Health Inequalities Strategy (38), the London Health and Care Vision (16) and the

London Food Strategy (52). The concept focuses on communities and people most affected by the impact of the pandemic.

School Superzones are place-based interventions around schools in areas of the greatest disadvantage. They aim to protect children's health and enable healthy behaviours through the place-shaping powers of local authorities and local partnership working. The School Superzones concept was piloted during 2018 and 2019 with 13 London Boroughs. The Mayor has made a commitment to an expansion of the programme with a target of 50 school Superzones across London by 2024.

Low Traffic Neighbourhoods (LTNs) are streets in residential areas where motor traffic is restricted to provide a safer active travel environment for local communities. In Waltham Forest, a longitudinal study showed that residents living close to an LTN were more likely to walk and cycle compared to people living elsewhere (53, 54). LTNs have also been linked to a lowering of air and noise pollution, factors recognised internationally as contributing to premature mortality and in the UK correlated with socioeconomic inequalities (53). Play Streets are community-led temporary road closures on residential streets, to encourage children to play actively close to their homes. Research has shown that children are more likely to engage in physical activity after school in outdoor environments (53). An evaluation of Play Streets in Hackney demonstrated that the intervention was a direct measure for an increase in physical activity amongst children (55).

Life at home can be very challenging for children living in poverty: the poorest 10-11-year olds in London are twice as likely to be affected by unhealthy weight than the richest 10 percent (1). Ending child poverty in London is a cross cutting workstream and covers housing, the London Living Wage and Good Work mission. The Mayor of London and others are committed to supporting children living in poverty as does the Board.



What can we do to support Londoners achieve and maintain a healthier weight in their communities?

- Support the implementation of healthy environment and healthy streets including Transport for London's Healthy Streets Approach particularly in areas with high levels of deprivation
- Support and promote the implementation of Healthier Food Advertising policies which includes restrictions on advertising food that are high in fat, salt or sugar (HFSS)
- Supporting the Healthier Catering Commitment scheme to help caterers and food businesses make simple, healthy improvements to their food
- Support the work of Sustain to promote food growing with a focus on school Superzone areas through the Capital Growth programme
- Support local authorities in implementing whole systems approaches to tackling obesity including promoting the whole systems approach to obesity with sharing learning and best practice via the London Obesity Leads Network
- As part of taking a whole-systems approach, support local authorities in aligning healthy weight or obesity strategies with local planning policies and decisions

Appendix 1

Summary of actions broken down by LCOT ambitions

**AMBITION 1
TACKLING CHILD POVERTY AND
PROMOTING SUPPORTIVE ENVIRONMENT**

What	Who	Resources	When
Support Healthy Environments			
Work in partnership to ensure children and young people have access to healthy environments	GLA, LAs, NHS E/ICBs, TfL	All partners	2025
<p>Cost of Living Hub</p> <p>To help mitigate the effects of the cost of living crisis, the Mayor has provided £3.7 million additional funding for new work to help Londoners on low incomes understand their rights and entitlements and access support. The GLA has recently launched the Cost of Living Hub which provides information about advice and support for Londoners struggling with the rising cost of living. There is information about saving money, increasing income, tackling problem debt, help in a crisis and support with mental health. The Hub is being promoted by a Mayoral campaign aimed at Londoners in financial hardship as well as targeted communications working with civil society, the faith sector and local authorities to ensure the hub reaches a wide audience. This digital approach is being taken alongside funding advice services to offer in-person advice for those who need more in-depth 1:1 support.</p>	GLA	GLA	2022

What	Who	Resources	When
<p>Kitchen Social</p> <p>Under the Mayor’s Fund for London’s Kitchen Social programme, work is continuing to expand the network of delivery partners supporting the increase of meals and activities to children at risk of food insecurity in the capital. The Mayor's fund for London have been working closely with 10 Local Authorities to provide Take & Make recipe boxes to HAF delivery partners. In addition, scoping work is under way, looking into introducing additional wellbeing opportunities/resources to the programme.</p>	<p>GLA</p> <p>Mayor’s Fund for London</p>	<p>GLA</p>	<p>2022</p>
<p>Working with partners to advocate for:</p> <p>Universal free school meals</p> <p>Ensure the minimum wage in London is raised to London Living Wage levels</p> <p>Ensure social security in all forms provides protection against destitution</p> <p>Ensure Early Years childcare and education is affordable and accessible for families on low incomes</p> <p>Support an urgent review of universal free school scheme and to continue to advocate and follow the lead of those London boroughs already investing in universal provision for all primary school pupils. Calls are in line with those set out by the Food foundation and support to Marcus Rashford Campaign.</p>	<p>GLA</p>	<p>GLA</p>	<p>2024</p>

What	Who	Resources	When
<p>London Living Wage</p> <p>The Mayor encourages London’s employers to pay the London Living Wage and do more to support their employees with the cost of living through the Good Work Standard.</p>	GLA	GLA	2025
<p>Work with Early Years settings, schools and colleges to improve the availability and quality of food provided, using Healthy schools, EY and colleges approaches and with reference to the Government Buying Standards e.g., providing support (contract templates etc.) to ensure retendering of catering in EY, school and college settings has improved nutritional value</p>	GLA/LAs	GLA/LAs	2025
<p>Robust Safety net mission</p> <p>Support the Robust Safety net mission in enabling every Londoner to be able to access the support they need to prevent or alleviate financial hardship. This will include supporting Local Authorities in promoting and increasing the uptake of all relevant benefits on a pan-London level e.g., facilitate sharing of resources, best practice, create new resources if needed, targeted comms (e.g., for migrant families with NRPF following recent changes).</p> <p>Advice in Community Settings</p> <p>The GLA’s Advice in Community Settings programme funds partnerships between advice organisations and community locations to help Londoners access financial, welfare and debt advice in trusted, local, informal settings. The two-year programme funds 11 partnerships across London, providing advice in food banks, baby banks, schools, and community centres. The</p>	<p>GLA</p> <p>London</p>	<p>GLA</p> <p>London Councils</p>	<p>2023</p> <p>2024</p>

<p>programme is being evaluated to assess and demonstrate the value of community-based advice interventions and build a case for sustainable funding of these types of partnerships.</p> <p>Healthy Start</p> <p>Through the Robust Safety net mission, the GLA has recently developed a theory of change and programme proposal on how we can work with partners to increase the uptake Healthy Start. The programme proposal includes work to increase frontline staff awareness, embedding Healthy Start in everyday processes and KPIs, communications, promotions and campaigns, improved use and sharing of data, targeted work for those who face additional barriers, and advocating for changes to the Healthy Start policy and implementation.</p>			2023
<p>Healthy Place, Healthy Weight recovery mission</p> <p>Support the Healthy Place, Healthy Weight recovery mission’s work with convenience stores. Including supporting stores to increase their offer of healthy affordable food and increase acceptance of Healthy Start.</p>	GLA London Councils	GLA London Councils	2024

AMBITION 2

**SUPPORT WOMEN TO
BREASTFEED FOR LONGER**

What	Who	Resources	When
Work across the system to enable women to initiate breastfeeding and for longer			
Address maternal obesity by working with London Local Maternity Systems and scope out support needed to help the system in reducing maternal obesity in London	OHID NHSE/ICBs LAs	All partners	2024
Help establish clear referral pathways across the system (including tier 1, 2 and 3 weight management services as well as other digital offers) that is made accessible and available to midwives, health visitors and other allied health professionals locally using the results from Weight Management Service mapping exercise	OHID LAs NHSE/ICBs	All partners	2022
Ensure all pregnant women are booked for antenatal care to receive preventive advice and support but also ensuring women from the most deprived quintiles are targeted and prioritised	NHSE/ICBs	NHSE/ICBs	2024
Work in partnership to develop clearer understanding of state of play of the UNICEF baby friendly initiative in London. Including creating baby friendly and breastfeeding environments including working with transport partners to make it more infant feeding friendly Action to support infant feeding, will be taken forward in partnership through Healthy, Place, Healthy Weight Mission	GLA, LA, TFL	GLA/LA	2024

What	Who	Resources	When
Support areas to become UNICEF UK Baby Friendly Initiative accredited in maternity and community services and ensuring that the standards are being met.	NHSE/ICBs, LAs	NHSE/ICBs, LAs	2024
Promotion of local e-learning resources to support the implementation of healthier weight messaging for relevant professionals in collaboration with the London Obesity Leads Network, Local Maternity Systems and the multi-disciplinary Obesity Clinical Network	OHID LAs NHSE/ICBs	All partners	2023
Improve data monitoring by: Exploring approaches for robust data collection of breastfeeding status at 6-8 weeks and supporting.	OHID LAs	LAs	2024
Healthy Place, Healthy Weight recovery mission To collect insights into the challenges London mothers face when breastfeeding and what support is needed. This work is expected to provide: <ul style="list-style-type: none"> • A snapshot of current infant feeding support services across London • Some case studies and good practice examples of infant feeding support services • A better understanding of the obstacles to data collection and of the issues faced by mothers in the first two weeks after giving birth. 	GLA London Councils NHSE/ICBs LAs OHID ADPHL	Under the HPHW recovery mission	2022

<p>Examples of good practice, service improvement and co-produced or co-designed initiatives with service users.</p> <p>Information that will help local authorities, particularly commissioners, support infant feeding in London.</p>			
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AMBITION 3
SKILL UP EARLY YEARS PROFESSIONALS

What	Who	Resources	When
Support early years professionals to support families to maintain a healthier weight			
<p>Healthy Early Years London</p> <p>In light of the pandemic’s impact on young Londoners the GLA will work with partners to review and update the Healthy Early Years programme. The programme is a key vehicle to share best practice and encourage discussion on a range of topics including:</p> <p>Potential training needs of the early years workforce to enable them to support young children and their parents in maintaining a healthier weight.</p> <p>Supporting diverse communities in a culturally sensitive way when discussing health and weight</p>	GLA via HEYL network	GLA borough engagement via HEYL	2025
Work with local authorities to enable early years professionals to signpost families to parental programmes or weight management services or family hubs available in their area	OHID ADPHL	WMS mapping report	2024

AMBITION 4

**USE CHILD MEASUREMENT
TO BETTER ENGAGE PARENTS**

What	Who	Resources	When
Ensure that any family affected by overweight, or obesity (identified via NCMP) can access support in a timely, seamless way which is most appropriate to their needs.			
Develop a clear picture of what Weight Management support is available to families in London	OHID	OHID working with local authorities	2022
Work with families to understand the support that they would like to receive / be offered if their child is identified through NCMP as living with overweight or obesity – work undertaken pre-COVID-19 options to review/refresh findings and discuss next steps	OHID LAs	OHID/LAs	2024
Scope opportunities for supporting families affected by overweight or obesity via social prescribing	ICS	ICS	2024
<ul style="list-style-type: none"> Develop a consistent and clear pathway to evidence-based preventive advice on healthy living across the life course: preconception, infancy, school age and families by working in partnership with LA, NHS, and ICS. <p>Weight management services:</p>	LA, NHSE/ICBs, ICS OHID	LA, NHSE/ICBs, ICS, OHID	2024

<ul style="list-style-type: none"> • It is important that weight management services are monitored and evaluated in relation to a wide range of outcomes including patient and public involvement • The programme is age cultural and language appropriate and incorporates digital technology, depending on need of the local community • Services should be accessible to people with additional needs such as physical, sensory or learning disabilities 			
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AMBITION 5

ENSURE ALL NURSERIES AND SCHOOLS ARE ENABLING HEALTH FOR LIFE

What	Who	Resources	When
Ensure optimal healthy environments for children in education settings			
<p>Healthy Early Years London</p> <p>Ensure all London early years settings are encouraged to sign up to the HEYL scheme and progress towards achieving Bronze, Silver and Gold awards. Monitoring of the Programme will continue with a focus on increasing engagement with early years settings.</p>	GLA/LA	GLA/LA	2025
<p>Healthy schools London</p> <p>Support the Healthy Schools London (HSL) scheme and encourage schools in London to taking multi-level action to supporting their pupils' health and wellbeing. This will include:</p> <p>Using the network to promote opportunities for implementing whole-school approaches e.g., school garden projects, opening up facilities, School or Play Streets or Daily Mile.</p> <p>Support schools in incorporating healthy eating and living as part of the statutory Relationships, Sex, and Health education (RSHE) curriculum including sugar free learning spaces</p>	<p>GLA via HSL</p> <p>LA</p> <p>with support from</p> <p>OHID</p>	GLA via HSL network	2024

Using existing partnerships and networks to share best practice as part of a broad review of the programme			
<p>School Superzones</p> <p>Launch the School Superzones brochure and support local authorities in developing this work in their area. Grants programme to be delivered under the Healthy Place, Healthy Weight recovery mission to support Superzones expansion.</p>	<p>GLA</p> <p>OHID</p>	GLA	2025
<p>Promote healthy nutrition and a reduction in foods high in salt, fat or sugar in schools and community settings.</p> <p>Schools, local authorities, and the NHS should ensure that nutritional content of food is clearly displayed to encourage healthy choices.</p> <p>Healthy options should be prioritised in local authorities, the NHS and community settings</p>	LAs, TfL	LAs, TfL	2025

AMBITION 6

**MAKE FREE 'LONDON WATER'
AVAILABLE EVERYWHERE**

What	Who	Resources	When
Ensure water is readily available in public spaces, neighbourhoods and school			
<p>Healthy Place, Healthy Weight recovery mission</p> <p>Encourage the implementation of Water Only School toolkit for primary schools and set up monitoring of uptake</p> <p>For every LA to have at least one water only primary school</p>	<p>GLA ADPHL and OHID</p>	<p>GLA</p>	<p>2021</p> <p>2022</p> <p>2024</p>
<p>Co-produce water only schools toolkit for secondary schools with key stakeholders such as young people and teachers to ensure they are relevant to them</p> <p>Ensure uptake is monitored and the scheme is evaluated</p> <p>Making sure that the toolkit is being promoted with schools</p> <p>Pilot two water only secondary schools to understand the barriers and facilitators to implementation and share examples of good practice</p>	<p>OHID NHSE/ICBs GLA LAs DfE</p>	<p>GLA (design expertise (£5,000 for toolkit))</p> <p>OHID</p> <p>NHSE/ICBs - (technical expertise)</p>	<p>2022</p> <p>2024</p>
<p>London's child obesity taskforce, supported by the GLA, convened a Water Action Group. The group brings partners together from environment, schools, water companies, boroughs etc. to explore recommendations on access, motivation and water only schools.</p>	<p>GLA</p>	<p>GLA</p>	<p>2022</p>

<p>Working with Thames water to gift water fountains to 20 London schools</p> <p>Water action group have launched a competition asking London's pupils to design and advert to promote drinking water.</p>			
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AMBITION 7
CREATE MORE ACTIVE, PLAYFUL STREETS AND PUBLIC SPACES

What	Who	Resources	When
Create more active, playful streets and public spaces			
<p>The Mayor will work with partners to develop better public spaces, safer streets and more walking and cycling-friendly schemes (linked to renewed commitment to Healthy Streets)</p> <p>Ensure the Healthy Streets Approach is championed and delivered through the GLA, TfL and the boroughs. This will create more spaces that encourage children to be more physically active through active travel and play.</p> <p>Expansion of School Superzones scheme in London: 'Roll out 50 School Superzone sites</p> <p>Continue to champion and support TFL STARS programme</p> <p>Support local activity on traffic restriction schemes such as school streets (to date 22 boroughs run school streets)</p>	<p>GLA</p> <p>TfL</p> <p>Support from ADPHL</p>	<p>GLA, TfL</p>	<p>2024</p> <p>2024</p>
Support local authorities in implementing whole systems approaches to tackling	OHID		2023

obesity including promoting the Whole systems approach to obesity guide (incl. aligning healthier weight strategies with planning policies and decisions) and sharing learning and best practice via the LOLN	LAs GLA NHSE/ICBs ADPHL	OHID LA GLA NHSE/ICBs ADPHL ICS'S	
Through the High Streets for All Challenge fund areas are encouraged to explore innovative ways to support active travel and healthy streets	GLA London Councils	High Streets for All Challenge fund	2025

AMBITION 8
STOP UNHEALTHY MARKETING THAT INFLUENCES WHAT CHILDREN BUY

What	Who	Resources	When
Stop unhealthy marketing of food and drinks that influences what children buy			
Support and promote the implementation of Healthier Food Advertising policies which includes restrictions on advertising food that are high in fat, salt or sugar (HFSS)	ADPHL GLA (funding to Sustain)	HFSS advertising ban toolkit	70% of all boroughs by end of 2023
Deliver a webinar to share outcomes of the policy evaluation with Local	LOLN		2023

authorities, promote the toolkit and share best practice.			
<p>Healthy Place, Healthy Weight recovery mission</p> <p>Under the Healthy Place, Healthy Weight recovery mission, consider extension of the current policy to include additional settings and products such as sponsorship and sales food and drink at sports & major cultural events towards healthier food and drinks</p> <p>Scoping to follow the external impact analysis publication</p>	GLA with technical input from OHID, LA, London Sport, London Councils	All partners	2025
Ensure hospitals provide optimal healthy environments by rebalancing advertising, sponsorship and sales of food and drink	NHSE, ICBs	NHSE/I, ICBs	2025

AMBITION 9

TRANSFORM FAST-FOOD BUSINESSES

AMBITION 10

FUND GOOD-FOOD INNOVATION AND ENTREPRENEURS IN LONDON

What	Who	Resources	When
Use fiscal and policy levers to rebalance food that families can buy on London high streets.			
<p>Healthy Place, Healthy Weight recovery mission</p> <p>Through the Healthy Place, Healthy Weight recovery mission, continue to support take up of the Healthier Catering</p>	GLA and LAs	GLA	2024

Commitment scheme to help caterers and food businesses make simple, healthy improvements to their food			
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Appendix 2

Prevalence of 4-5-year olds and 10-11-year olds who are overweight

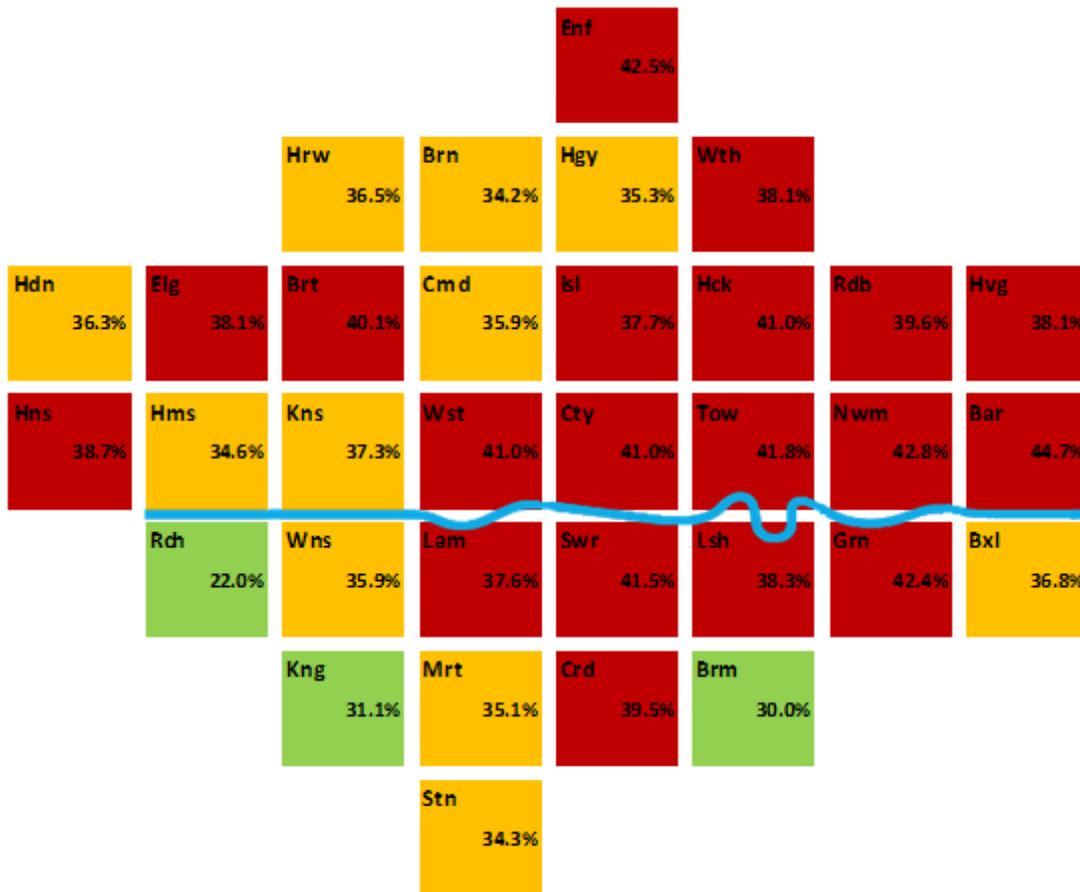


or obese in London (NCMP, 2019)

Figure 3: London boroughs' prevalence of overweight and obese 4–5-year-olds compared to the average in England (2019/20) (1)

Key: Comparison to England average	
	Better than
	Similar
	Worse than

Figure 4: London boroughs' prevalence of overweight and obese 10-11 year olds compared to the average in England (2019/20) (1)



Key: Comparison to England average	
	Better than
	Similar
	Worse than

Appendix 3

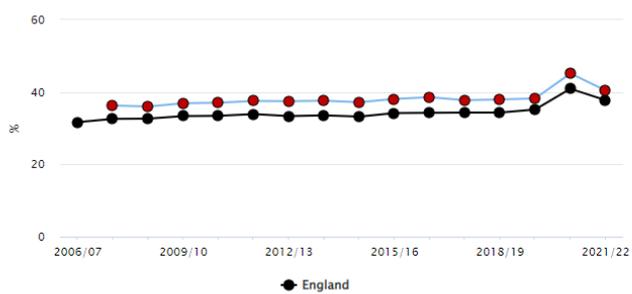
Trends in prevalence of 4-5-year-olds and 10-11 year-olds who are overweight or obese in London (1)

Figure 1: 6-year trends in prevalence of 4-5-year olds who are overweight including obesity in London against the England average



Source: OHID, using National Child Measurement Programme, NHS Digital

Figure 2: 6-year trends in prevalence of 10-11-year olds who are overweight including obesity in London against the England average



Recent trend: ↑ Increasing & getting worse

Period	London region				England	
	Count	Value	95% Lower CI	95% Upper CI		
2006/07	-	*	-	-	31.7%	
2007/08	●	25,225	36.3%	36.0%	36.7%	32.6%
2008/09	●	25,375	36.0%	35.7%	36.4%	32.6%
2009/10	●	26,435	36.9%	36.6%	37.3%	33.4%
2010/11	●	26,870	37.1%	36.7%	37.4%	33.4%
2011/12	●	27,285	37.5%	37.2%	37.9%	33.9%
2012/13	●	27,630	37.4%	37.1%	37.8%	33.3%
2013/14	●	29,355	37.6%	37.3%	38.0%	33.5%
2014/15	●	29,990	37.2%	36.9%	37.5%	33.2%
2015/16	●	31,795	38.1%	37.7%	38.4%	34.2%
2016/17	●	33,260	38.6%	38.2%	38.9%	34.2%
2017/18	●	34,070	37.7%	37.4%	38.0%	34.3%
2018/19	●	35,555	37.9%	37.6%	38.3%	34.3%
2019/20	●	29,420	38.2%	37.9%	38.6%	35.2%
2020/21	●	9,105	45.2%	44.5%	45.9%	40.9%
2021/22	●	36,390	40.5%	40.1%	40.8%	37.8%

Source: OHID, using National Child Measurement Programme, NHS Digital

2020/21 data is excluded from the '5-years data combined' indicators, see Notes section in Definitions for details.

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AGENDA ITEM: 9

Healthier Greenwich Partnership

Date: 26 July 2023

Title	SEND Inspection Final Report	
This paper is for noting		
Executive Summary	<ul style="list-style-type: none"> Report of outcome of Ofsted inspection of Greenwich SEND service held from 11 to 19 May 2023. The outcome summary is that <i>'the local area partnership's special educational needs and/or disability (SEND) arrangements typically lead to positive experiences and outcomes for children and young people with SEND. The local area partnership is acting where improvements are needed.'</i> <p>The next inspection will be in 5 year's time.</p>	
Recommended action for the Committee	To note the SEND inspection outcome.	
Potential Conflicts of Interest	None arises directly from the report.	
Impacts of this proposal	Key risks & mitigations	Not applicable
	Equality impact	Not required for the direct purposes of the report.
	Financial impact	N/A
Wider support for this proposal	Public Engagement	Not required for the direct purposes of the paper.
	Other Committee Discussion/Internal Engagement	Not Applicable
Author:	The report is from Ofsted.	

Clinical lead:	N/a
Executive sponsor:	Dave Borland

Area SEND inspection of the Greenwich Local Area Partnership

Inspection dates: 11 to 19 May 2023

Dates of previous inspection: 10 to 14 July 2017

Inspection outcome

The local area partnership's special educational needs and/or disability (SEND) arrangements typically lead to positive experiences and outcomes for children and young people with SEND. The local area partnership is taking action where improvements are needed.

The next full area SEND inspection will be within approximately 5 years.

Ofsted and CQC ask that the local area partnership updates and publishes its strategic plan based on the recommendations set out in this report.

Information about the local area partnership

The Royal Borough of Greenwich local authority and the South East London Integrated Care Board (ICB) are jointly responsible for the planning and commissioning of services for children and young people with SEND in Greenwich.

The commissioning of health services changed across England in 2022. On 1 July 2022, South East London ICB became responsible for the commissioning of health services in Greenwich.

The Royal Borough of Greenwich commissions a range of alternative provision (AP). This offers an educational setting for children or young people who have, for example, been unable to attend a school due to their social, emotional or medical needs, and for those who have been or may be at risk of being permanently excluded. The local area partnership publishes a directory of AP that they have checked for suitability. This includes 15 providers, such as a local authority pupil referral unit for secondary-aged pupils and a number of independent providers.

What is it like to be a child or young person with SEND in this area?

Children and young people with SEND and their families in Greenwich are front and centre of the local area partnership's work. Everyone has the best interests of the children and young people at heart. The culture here is one of working together to secure the best possible outcomes for children and young people. Area leaders model best practice and this cascades down to practitioners across education, health and care.

The voice of children and young people, parents and carers is heard loud and clear in Greenwich. Members of the Greenwich parent carer forum are valued and listened to by leaders across the partnership. They said that they feel leaders walk with them on their journey. They are involved at all strategic and operational levels in the co-production (a way of working where children, families and those that provide the services, work together to create a decision or a service that works for them all) of services.

Children and young people with SEND influence decision-making in Greenwich. This is because leaders provide a wealth of opportunities for them to get involved. Leaders have set up the Action, Change, Equality (ACE) network. The ACE network consists of groups of children and young people with SEND who work with leaders to make positive changes for themselves and their wider community. Careful thought and planning enable children and young people with a vast range of needs to communicate and be involved in service review and transformation. For example, inspectors met a group of young people who influenced the design of a leisure centre to ensure better accessibility and inclusivity.

Children and young people's needs are consistently identified in a timely way across education, health and care. Education providers often act as a lynch pin for coordinating support from different services. Many of the support services for schools, such as educational psychology, outreach services, and speech and language therapy, have a named professional linked to each school. This strengthens relationships and improves equity across the local area.

Practitioners know children and young people well and understand how to best meet their needs. This is because they share expertise and contribute to one another's training. Professionals regularly go the extra mile to make sure that children and young people's needs are met effectively.

Children and young people with SEND receive the right support at the right time and in the right place to meet their needs. This is because services and professionals think creatively and work together. One example is the integration of school nurses into the youth service, Young Greenwich. School nurses and youth workers work together in local communities outside of school hours. This improves young people's access to support and advice.

AP in Greenwich enables children and young people with SEND who have experienced

trauma or time away from formal education to rebuild confidence and get back on track to live an independent and enjoyable adult life.

Young people with SEND are helped to learn about opportunities open to them as they move into adulthood. For example, some young people attending college learn business skills which lead to them running an enterprise stall at Greenwich Market.

Children and young people with SEND access a comprehensive range of co-produced short break services. This means that children and young people with SEND can enjoy an active social life within their local communities.

What is the area partnership doing that is effective?

- Leaders in Greenwich are determined that every child or young person with SEND should have their needs identified accurately and met consistently. The local area partnership in Greenwich is mature and fully integrated. Jointly commissioned services are well established. Leaders across education, health and care know exactly what is working well, and which aspects of work could be even better.
- Children and young people with SEND and their families receive timely, specialist and bespoke early help support from the Family and Adolescent Support Service (FaASS). This means that the majority of children and young people with SEND achieve positive outcomes.
- Thresholds for children and young people with SEND to access statutory support from social care are appropriate. When children and young people are no longer in need of this help, targeted support continues, including from FaASS. Similarly, the care needs of children and young people known to the Disabled Children's and Young People's Service (DCYPS) are identified accurately. Their experiences are thoughtfully captured through a strengths-based approach and they receive effective support.
- The SEND Information and Advice Support Service (SENDIASS) provides an effective service supporting children and young people with SEND and their families. SENDIASS practitioners have taken a thoughtful approach to making their service both accessible and impartial. Parents, carers, children and young people do not need to wait for support from the SENDIASS team, as practitioners get in touch straight away.
- Schools and nursery settings have access to a wide range of professionals to support them in identifying and meeting needs. School leaders have swift access to support services for children and young people with SEND. Strong and embedded relationships with services across education, health and care mean that children and young people's needs are met effectively.
- EHC plans are typically produced with careful thought given to the integration of children and young people's health and care needs. Leaders have invested significantly in an expansion of the SEND assessment and review service so that the proportion of education, health and care (EHC) plans completed within the expected 20-week timescale has increased. These improvements are sustainable.

As a result of these improvements, most EHC plans are completed within the expected timescale.

- Leaders and practitioners involved in the fair access panel and behaviour support services take a child-focused approach. They work closely with schools and other partners to do the right thing for each individual and their family. They deal with some challenging situations but persist until there is a positive outcome. They find creative and innovative ways to do the right thing for a child or young person.
- When children and young people with SEND are out of school and missing out on education, professionals link effectively with other agencies within the partnership and beyond. They investigate fully, remove barriers to attendance and encourage children and young people to return to education. This ensures that there are positive outcomes for children and young people.
- Leaders have secure oversight of the quality of AP. They use this knowledge to identify further improvements. Professionals in education and health work together to commission changes to AP that reflect current needs. For example, leaders have recently extended the capacity for supporting children and young people with SEND who need clinical support for their mental health.
- Nursing support for children and young people with complex medical health needs is provided to the child or young person whether they are in an education setting or at home. Some children and young people benefit from packages of care delivered by carers who sit within the school nursing team, demonstrating innovative and effective joint working between health and social care providers.
- The dynamic support register is well established in Greenwich, with clear processes and services to support children and young people with complex needs at times of emerging crisis.
- Leaders make sure that young people receive effective advice and support as they enter adulthood. Practitioners, including social prescribers, ensure that young people are able to be active members of their community, accessing financial benefits, improving their independence skills and finding suitable accommodation to help them achieve good outcomes. Young adults also get the right help in readiness for adulthood through effective joint working between services such as the health and adult complex care team, the community learning disability team and the DCYPS.
- Leaders' monitoring arrangements for those placed in residential special schools outside of Greenwich are robust. Social workers visit children and young people in line with their needs and vulnerability and demonstrate professional curiosity to help to ensure their safety and well-being.

What does the area partnership need to do better?

- Amendments to EHC plans at key transition points are not as comprehensive as they could be. Too many EHC plans contain outdated objectives relating to a previous key stage, or a one-page profile that represents a much younger child. Leaders have a credible plan to improve this. They are consulting with parents and

carers, children and young people. They want to make the process more accessible. They are prioritising the right cohorts of children and young people. However, there is still work to do to make sure that the annual review process ensures that children and young people have EHC plans that reflect their current needs and objectives.

- There are challenges in some areas of work that are resulting in longer waiting times. In Greenwich, only a few expectant mothers receive the mandated ante natal contact from health visiting services. Currently, only those identified as having a high level of need receive this contact. This means that many women do not have a holistic health visitor assessment of their health needs prior to having their baby and a key opportunity to identify potential needs is missed.
- Some children and young people with possible autism spectrum disorder (ASD) or attention deficit hyperactivity disorder (ADHD) wait too long for a diagnosis. Currently, these children and young people sit on separate waiting lists before they are seen for an assessment. Leaders have designed a new integrated neurodevelopmental diagnostic pathway which will introduce a single point of access for either ASD or ADHD diagnosis or for when both diagnoses are needed. A number of improvements are also in place to reduce current waiting times before the new pathway is in place. A wide range of services is available for these children and young people while they wait, offering direct interventions and useful support.
- Some children and young people with SEND experience delays in receiving their initial assessment from occupational therapy and/or speech and language therapy. However, practitioners provide support while children and young people are waiting. Leaders within therapies teams are using creative methods to secure recruitment, including apprenticeship programmes, skill mixing and working with university partners as well as having a strong social media presence.
- Children and young people with SEND who are referred to the child and adolescent mental health services also experience long wait times. The local area partnership is addressing waits and looking at innovative ways to identify need and provide support earlier.

Areas for improvement

Areas for improvement
Leaders across education, health and social care should ensure that the annual review process results in EHC plans that reflect the child or young person's current needs, aspirations and objectives.
Children's NHS and local authority integrated commissioners should ensure that expectant mothers receive the mandated ante natal contact in line with the healthy child programme.

Local area partnership details

Local Authority	Integrated Care Board
The Royal Borough of Greenwich	South East London Integrated Care Board
Florence Kroll, Director of Children's Services	Neil Kennett-Brown, Chief Operating Officer (Greenwich), South East London Integrated Care System
www.royalgreenwich.gov.uk	www.selondonics.org.uk
The Woolwich Centre 35 Wellington Street London SE18 6HQ	South East London Integrated Care Board 35 Wellington Street London SE18 6HQ

Information about this inspection

This inspection was carried out at the request of the Secretary of State for Education under section 20(1)(a) of the Children Act 2004.

The inspection was led by one of His Majesty's Inspectors (HMI) from Ofsted, with a team of inspectors, including: two HMIs from education and social care; a lead Children's Services Inspector from Care Quality Commission (CQC); and another Children's Services Inspector from the CQC.

Inspection team

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Gaynor Roberts, Ofsted HMI, lead inspector
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Lesley Perry, CQC lead inspector
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AGENDA ITEM: 10

Healthier Greenwich Partnership

Date: 26 July 2023

Title	South East London Acute Provider Collaborative (APC)	
This paper is for noting		
Executive Summary	<ul style="list-style-type: none"> Provides background for establishing the APC and progress since April 2020. The purpose, principles, vision for 23/24 and governance structures. A Case study: Ophthalmology Single Point of Access 	
Recommended action for the Committee	To note the APC update.	
Potential Conflicts of Interest	None arises directly from the report.	
Impacts of this proposal	Key risks & mitigations	Not applicable
	Equality impact	Not required for the direct purposes of the report.
	Financial impact	N/A
Wider support for this proposal	Public Engagement	Not required for the direct purposes of the paper.
	Other Committee Discussion/ Internal Engagement	Not Applicable
Author:	Sandra Iskander	
Clinical lead:	N/a	
Executive sponsor:	Neil Kennett-Brown	

South East London Acute Provider Collaborative

Update for SEL Place Leads/COOs meeting

12 June

The Acute Provider Collaborative was established in April 2020

South East London Acute Provider Collaborative was born out of a long history of joint-working, bringing together and pooling the expertise, of all the NHS trusts which deliver acute hospital services across South East London.

Guy's and St Thomas' NHS Foundation Trust

Guy's Hospital, St Thomas' Hospital; Evelina London Children's Hospital; Royal Brompton Hospital, Harefield Hospital; plus community services in Lambeth and Southwark and a number of services at Queen Mary's Hospital, Sidcup including cancer services and a kidney treatment centre.

c24,000 staff, £2.5bn turnover

King's College Hospital NHS Foundation Trust

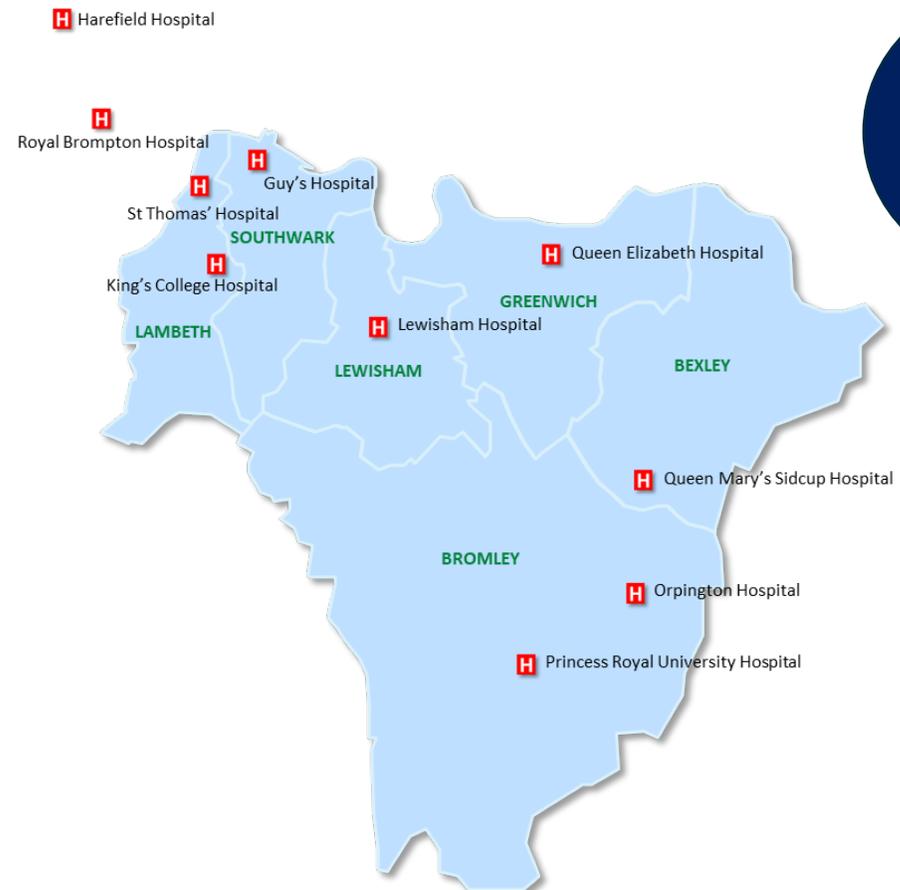
King's College Hospital; Princess Royal University Hospital; Orpington Hospital; plus services operated at Beckenham Beacon and Queen Mary's Hospital, Sidcup.

c15,000 staff, £1.5bn turnover

Lewisham and Greenwich NHS Trust

Lewisham Hospital; Queen Elizabeth Hospital; plus community services and services at Queen Mary's Hospital, Sidcup.

c7,500 staff, £750k turnover



Supporting a local population of c2 million people

Our purpose is to co-ordinate efforts across the acute provider sector

APC Purpose

The APC overall purpose is **aligned to the aims of our SEL system** as a whole

To coordinate efforts across the acute provider sector in pursuit of the **triple aim** of:

- **Better health for everyone**
- **Better care for all patients**
- **Efficient use of NHS resources**

Underpinning principles

Equitable

- Equitable access to services for all patients – it shouldn't matter where you live or which hospital you are referred to

Sustainable

- Work together to make sure all our services are safe, high quality and sustainable

Economies of scale

- Work together to make best use of our resources and take advantage where there are economies of scale

Management of risk

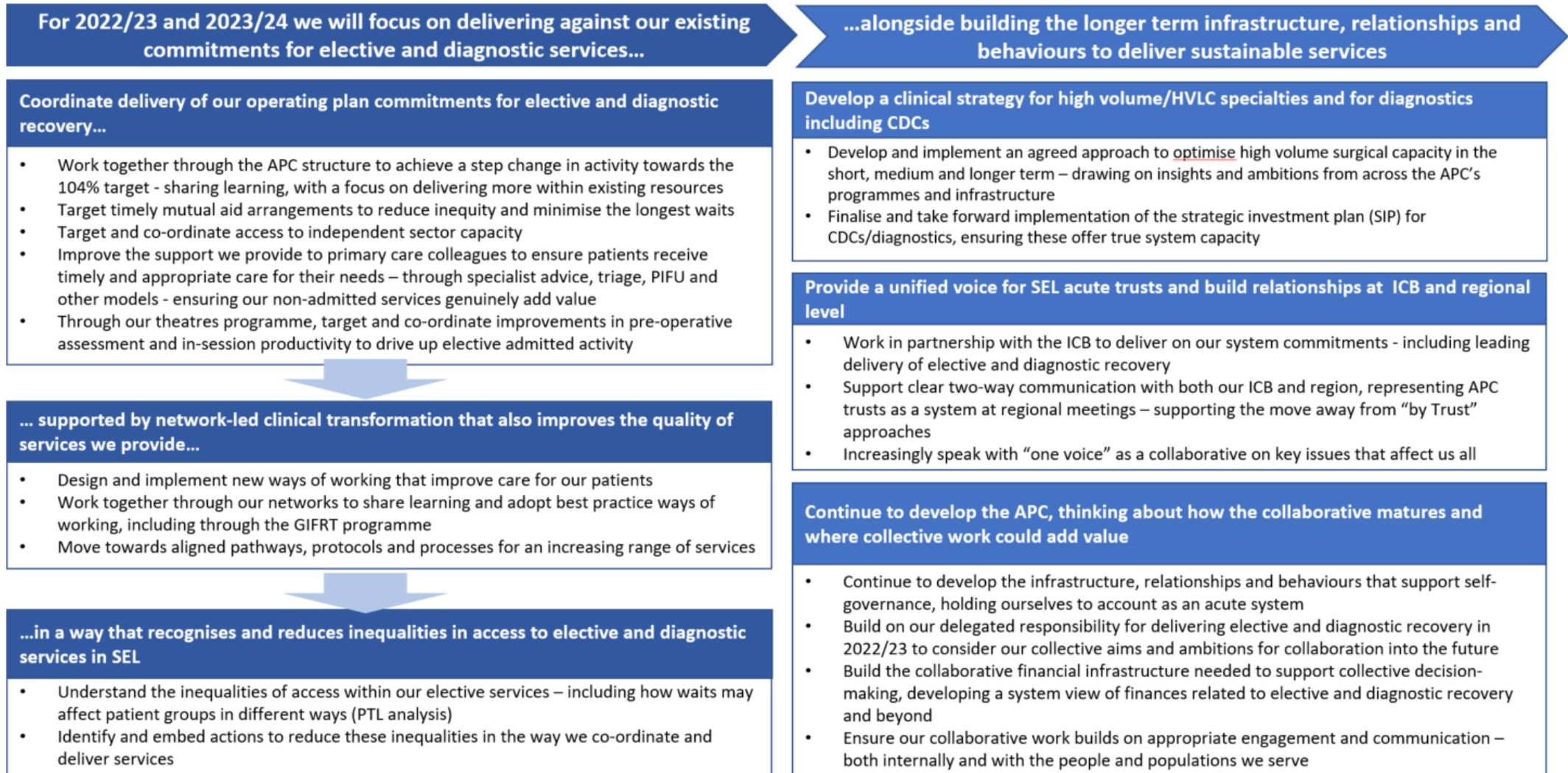
- Work together to manage risks and share benefits across our system

Initial scope

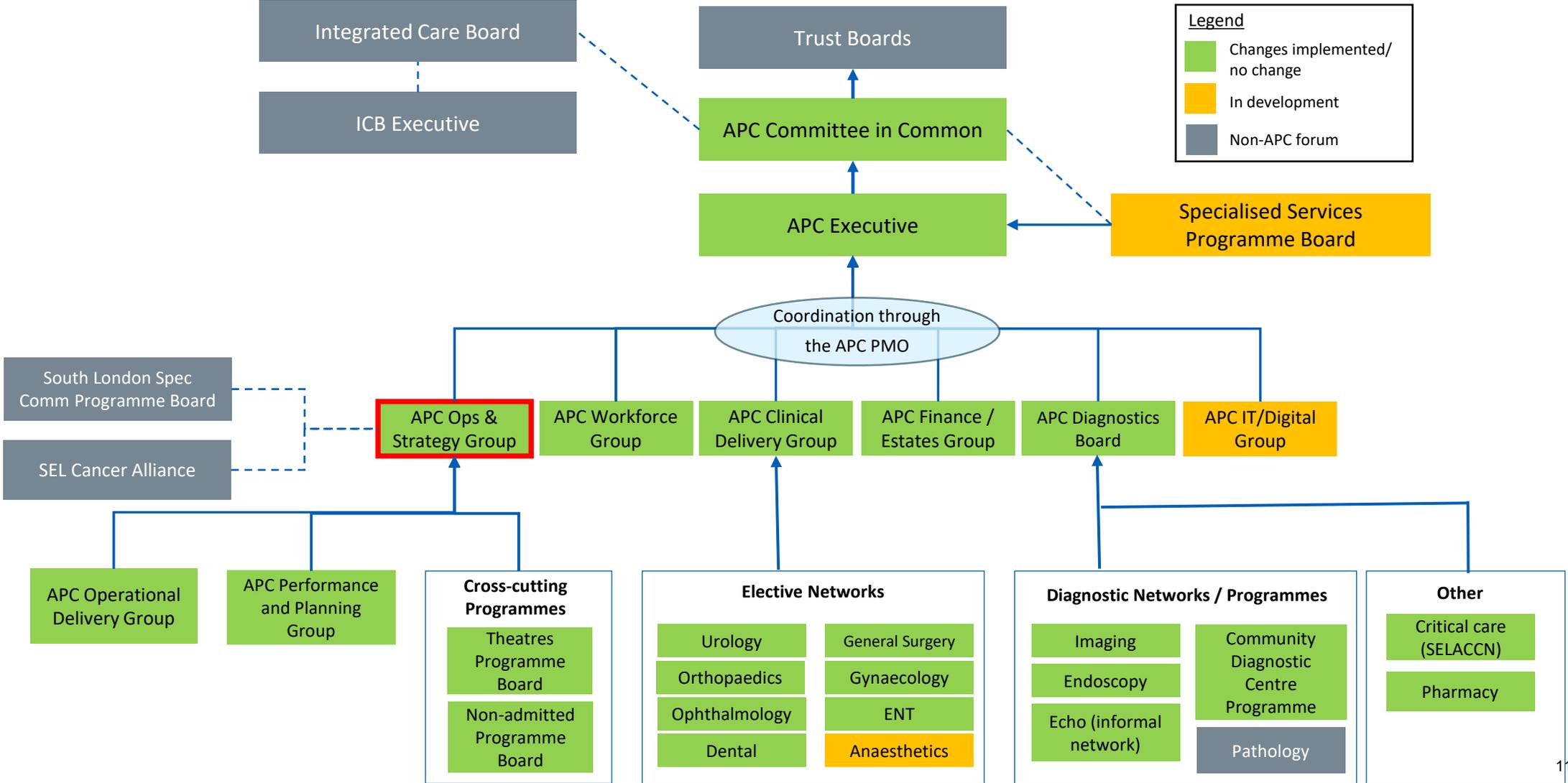
The APC was tasked initially to coordinate and deliver **elective and diagnostic recovery**

- The APC vision and priorities weave together tactical activities:
 - multiple strands of work to reduce waiting times, tackle the inequalities in waiting lists, support our patients and meet our operational plan commitments
- alongside more strategic ambition:
 - building the longer- term infrastructure, relationships and behaviours to deliver sustainable services

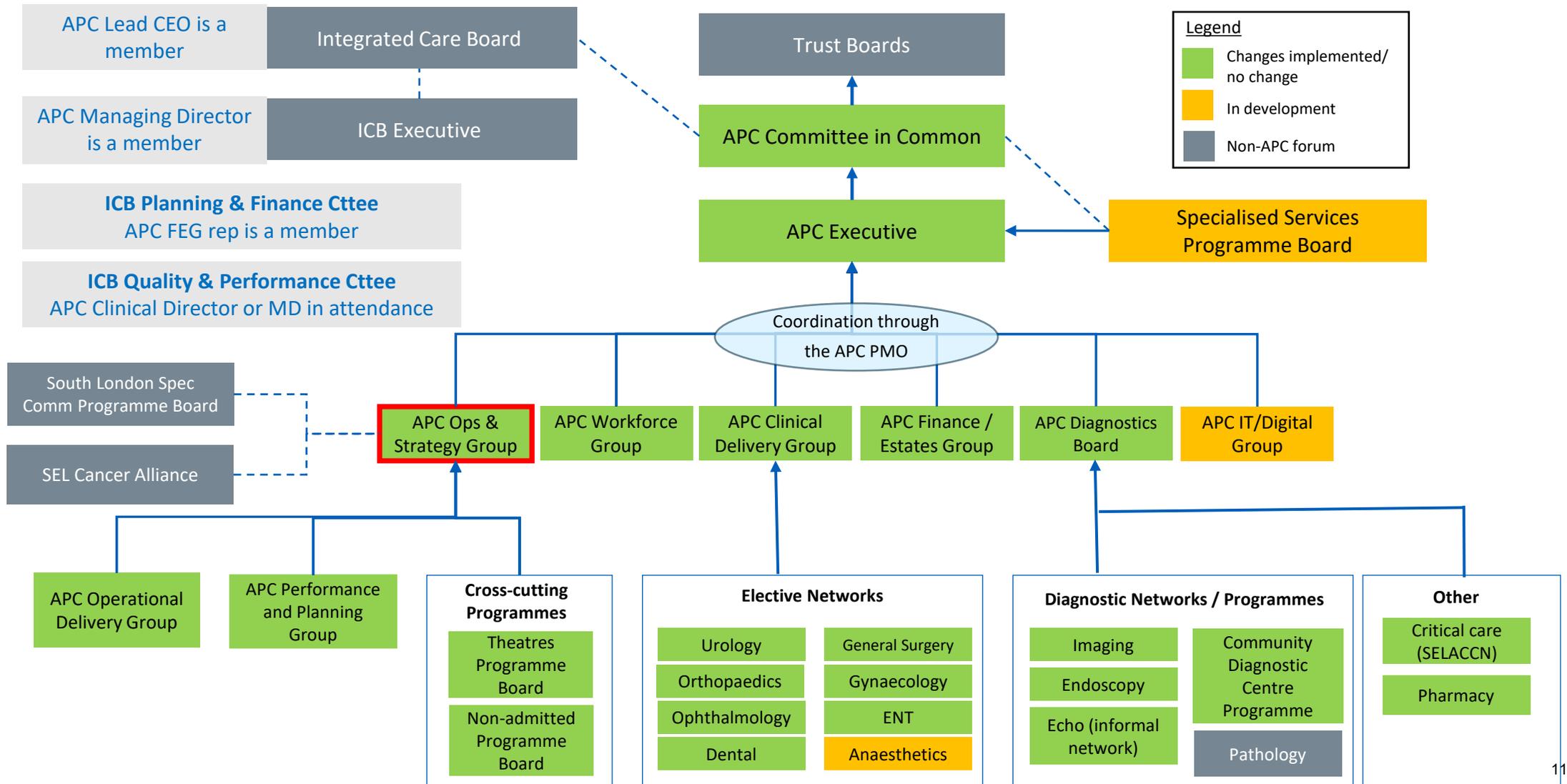
APC Vision and priorities to end 2023/24 (currently being refreshed and updated)



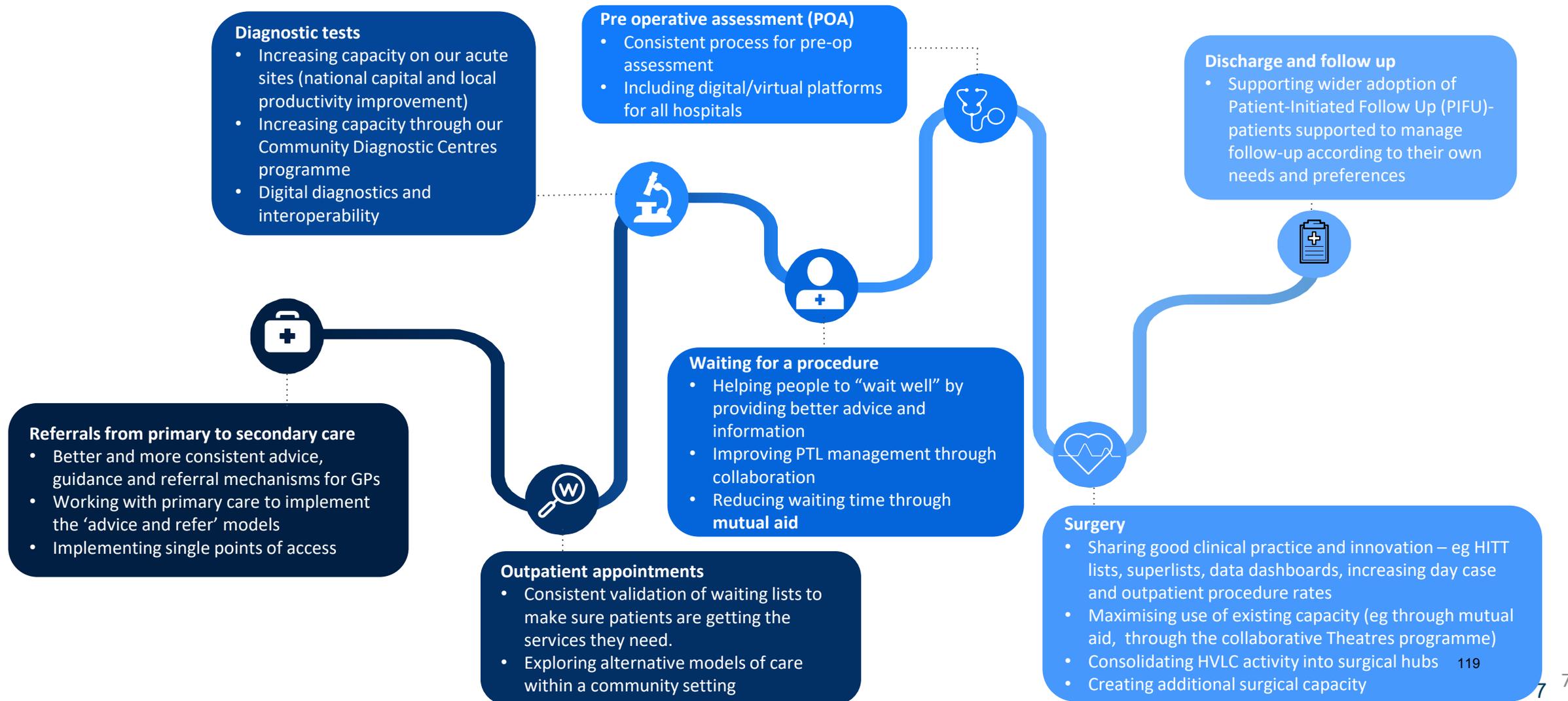
APC Governance Structure



APC Governance Structure – with ICB interdependencies



Our collaborative work aims to improve care right through the patient journey



Case study: Ophthalmology Single Point of Access

Fewer than half of referrals resulted in a secondary care appointment – patients received appropriate care either with MECS or via their GP

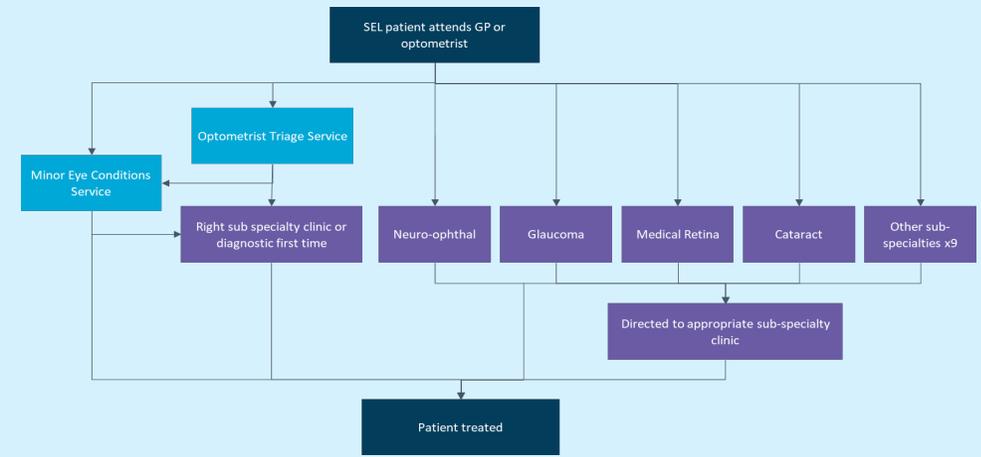
The Single Point of Access went live at the end of September 2022. Since inception, it has triaged 1,563 referrals Ophthalmology referrals from SEL GPs:

- 55% (836) booked into the community MECS* OR returned to the referrer with advice
- 45% (727) booked into an appointment with secondary care
- Average time to clinically triage referrals is 0.2 working days

Additional benefit:
We discovered significant numbers of patients were being referred by BOTH optometrists and GPs, sometimes to multiple providers – and have been able to address this, leading to better data quality and a reduction in DNAs

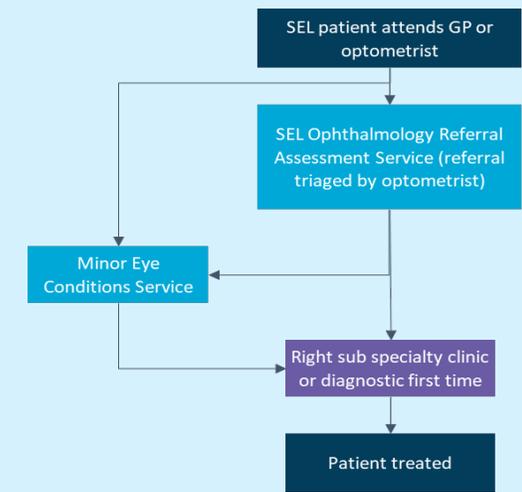
From this:

A complex mix of **thirteen different** directly bookable hospital clinics and community alternatives....



.... to this:

- All referrals triaged prior to booking
- Maximises community utilisation
- Ensures every patient is seen in the right place first time



*MECS = Minor Eye Conditions Service



From **20% to 1%** – reduction in PTL error rates in key areas

From over **200 to 0** – reduction in number of patients waiting over two years

From **41,000 to 3,000** – reduction in patients at risk of waiting over eighteen months between March and November 2022



Over 2000 patients supported by the SEL hub to transfer for faster care since April

4,000 patients per year seen faster in ophthalmology due to single point of access

11,300 patients seen in “Early Adopter” community diagnostic centres

Three months reduction in difference between trusts for oral surgery waits



More than twenty clinicians with dedicated time for the APC



£18m additional funding for diagnostics – **£37m** TIF capital funding secured



Three new APC system theatres delivered/in planning with capacity to treat up to **7,500** more patients per year

The first three years of operation have brought a range of challenges and responses

Maintaining flexibility

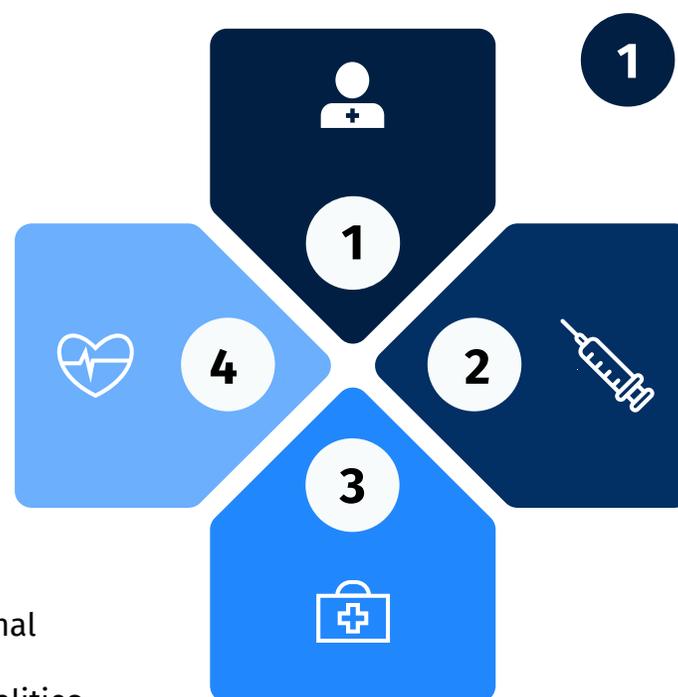
4

Working within an ever changing external environment
Shifting & complex financial architecture
Escalating urgent and emergency demand

Maturing decision making

3

Making difficult choices – system benefit vs organisational interest
Understanding and finding an approach to tackle inequalities as a system



Creating the conditions for success

Building credible shared data
Establishing credible and trusting relationships
Developing 'good enough' governance and processes

2

Bringing it to life

Holding ourselves and each other to account across organisations
Agreeing shared system priorities
Developing effective clinical leadership

Headlines from elective and diagnostic networks

Network	Key activities	Primary care leads
		Across all specialties: non-admitted Alexandra Baker
General surgery	Emergency pathways & SDEC Right procedure/right place – increasing DC rates Mutual aid	VACANT
Urology	<ul style="list-style-type: none"> Primary care referral guidelines Right procedure, right place – increasing day cases and outpatient procedures, supported by TWOC, UHL Hub 	Rebecca Holmes
Gynae	Fertility pathway, mutual aid, increase day cases, utilisation of QMS, Menopause guidelines	Ritu Agarwal
ENT	<ul style="list-style-type: none"> Primary care referral guidelines, Community ENT service Mutual aid to reduce long waits UHL Hub Remediation plan DH, longer term proposals in development Right procedure, right place pilot at LGT 	Alexandra Armstrong
Ophthalmology	<ul style="list-style-type: none"> Single point of access, increased diagnostic capacity, enhanced career pathways and training 	Mainly via MECS (Charles Greenwood)
Orthopaedics	<ul style="list-style-type: none"> PIFU Reduce readmissions Mutual aid/use of Orpington Right procedure/right place – minor limb procedures 	VACANT
Dental	<ul style="list-style-type: none"> Single point of access and equalising waits Improving productivity/increasing activity Future vision for clinical, education, research 	Liaison with GDPs Developing relationships with local commissioners
Imaging	Digital diagnostic agenda and GP order comms; GP Direct Access CDCs	Salma Sabah (currently on mat leave) 4 out of 6 boroughs have diagnostic leads – Bex and Lew currently vacant
Endoscopy	Business case in prep, for submission in June, TNE	
Cardio-respiratory/PM	CDCs, network maturing	
CDCs programme		

Healthier Greenwich Partnership

Date: 26/07/23

Title	Winter planning	
This paper is for approval		
Executive Summary	<ul style="list-style-type: none"> Greenwich moves towards winter with new opportunities (including a new urgent treatment centre provider, updated care home support model, and virtual ward provision) to connect services and support residents to access the care they need. The proposed focus for winter is on realising the potential of these changes, whilst continuing to strengthen, connect and invest in existing services across the borough to support the physical and mental health needs of residents, and reduced health inequalities. Collectively, we believe that these developments will have the most positive impact on our residents this winter. We will therefore focus on taking action that builds towards these broader strategic goals, and the commitments we have made in the Five Year Forward View, in favour of developing additional new service offers this winter. 	
Recommended action for the Committee	<ul style="list-style-type: none"> Approve an approach to winter investment planning which is co-designed through respective integrated boards (under the leadership of Greenwich’s integrated directors), with a short-list of opportunities presented to Health Greenwich Partnership for approval in September Approve the commitment of £50k of winter investment to a neighbourhood co-production pilot to take place in one neighbourhood which experiences significant inequalities and in which there are already strong relationships with the local community. 	
Potential Conflicts of Interest	<ul style="list-style-type: none"> None identified at this stage. In September, specific opportunities may be proposed which benefit provider partners. Conflicts of interest will need to be considered at this stage. 	
Impacts of this proposal	Key risks & mitigations	<ul style="list-style-type: none"> Greenwich winter funding allocation is not yet known and therefore there is a risk that there will be insufficient funds to deliver identified initiatives (mitigated by the likelihood of funds as per previous years, and a small reserve held in Greenwich which could be utilised for this purpose if winter funds are lower than anticipated). Quantum of short-listed schemes may exceed

		winter funding (mitigated by oversight from Neil Kennett-Brown as Chief Operating Officer in collaboration with Integrated Director team)
	Equality impact	<ul style="list-style-type: none"> Likely to disproportionately improve inequalities in one ward of Greenwich. This is with a view to expanding the neighbourhood co-design process across Greenwich as further funding is made available to the borough.
	Financial impact	<ul style="list-style-type: none"> Request for £50k winter funding to be committed at risk to support neighbourhood co-production pilot.
Wider support for this proposal	Public Engagement	<ul style="list-style-type: none"> The neighbourhood pilot to be co-produced with members and groups from the target community. Wider winter opportunities to be developed through existing operational and board structures which include representatives from partner organisations. Public engagement is undertaken as a wider part of programme development and will steer the shortlisting of opportunities indirectly.
	Other Committee Discussion/ Internal Engagement	<ul style="list-style-type: none"> Joint Commissioning Board (July 2023)
Author:	Gemma O'Neil	
Clinical lead:	Rachel Matheson	
Executive sponsor:	Neil Kennett-Brown	

Healthy Greenwich Partnership Proposed approach to winter planning

July 2023

Winter planning 23/24

South East London winter planning

- ▶ Winter planning commenced in early July with an SEL winter workshop held at Tooley Street.
- ▶ The focus was on
 - ▶ Priorities for winter 2023
 - ▶ How the wider system can work differently
- ▶ The local system discussed;
 - ▶ The need to share good practice across boroughs and work as a system
 - ▶ The need to plan ahead and avoid last minute schemes
The need to proactively plan to evaluate schemes to ensure value for money and inform future commissioning decisions
 - ▶ The desire to do a small number of schemes well.
- ▶ National winter priorities and funding allocations are likely to be released in late August / early September. Funding for the Greenwich system is likely to be between £500k - £1m (in additional to any allocation made to Lewisham and Greenwich Trust).

Greenwich approach

- ▶ Greenwich moves towards winter with new opportunities to connect services and support residents to access the care they need. A new urgent treatment centre provider is in place, connecting the acute interface with primary care at Place. More than 100 virtual ward beds will be in place, supporting more patients to receive the care they need in their own home.
- ▶ At the end of September, a new model of care home provision will launch in Greenwich which will be more integrated with the virtual wards/JET/frailty team. There are opportunities to link this to the 24/7 Out of Hours support from UTC provider, to help reduce unnecessary admissions.
- ▶ The proposed focus for winter is on realising the potential of these changes, whilst continuing to strengthen, connect and invest in existing services across the borough to support the physical and mental health needs of residents, and reduced health inequalities.
- ▶ Greenwich's talented workforce, including clinical and operational leaders, are fully focused on delivering these changes. Collectively, we believe that these developments will have the most positive impact on our residents this winter. We will therefore focus on taking action that builds towards our broader strategic goals, and the commitments we have made in the Five Year Forward View, in favour of developing additional new service offers this winter.

Learning from last winter

Below is a summary of the themes arising from discussions at Resplendent, Home First Boards and with individual partners relating to what worked well and what we might do differently this year.

GOOD

- ▶ **Winter comms campaigns** which hit every home in Greenwich.
- ▶ **Partner response to setting services up / increasing capacity** at short notice was as efficient as it could be
- ▶ **System response to multiple strikes during the winter** (with particular credit to colleagues working in the acute trust)
- ▶ **Urgent community response target** – met (and exceeded consistently) for both boroughs
- ▶ **Community social prescribing presence** at Queen Elizabeth Hospital (QEH) to support the safe and smooth transition of patients with ongoing physical, mental and social needs
- ▶ **Commencement of London Ambulance Service pathways** into the Urgent Treatment Centre and Joint Emergency Team
- ▶ **The significant peak in activity** that was feared didn't materialise in the way anticipated.

TRICKY

- ▶ **Non-recurrency / short-termism of funding** making recruitment and planning more difficult
- ▶ **Multiplicity of funding streams**, some released at short notice and with tight parameters around how the funding should be spent
- ▶ **Disproportionate performance monitoring** and reporting (including daily and fortnightly requirements for some tranches of funding)
- ▶ **Impact analysis** – the number of schemes requiring analysis has made it challenging to assess which initiatives have had the biggest impact on local residents.
- ▶ **The QEH occupancy level and inflexibility of estate** made it challenging to stand up pathways which would have a significant positive impact on flow
- ▶ **The impact of the wider determinants of health and wellbeing.** Awareness of staff across health and care of access to winter warmer / public health provision.

DIFFERENT

- ▶ **Aligning winter funding to strategic priorities** and identifying a smaller number of opportunities which strengthen or extend existing provision
- ▶ **Seeking proactive sign-off in early Autumn** to allow for additional mobilisation time
- ▶ **Development of a short (one page) summary of the system's winter plan** by the end of September
- ▶ **Continued exploration of opportunities to connect** the voluntary sector into healthcare pathways
- ▶ **LAS pathways to continue to develop and extend to UTC**, virtual wards and EOL services
- ▶ **Extended winter comms** with more granular service detail for staff and patients.

Greenwich approach to investment 23/24 (winter and beyond)

Purpose: To identify how future investment can be used in way that enables more residents to access the support they want and need, by effectively utilising the collective assets within Greenwich, assuming the borough will receive between £500k - £100m in additional funding before the end of 23/24.

Proposed principles

We will prioritise opportunities which;

- ▶ Build on existing services in the system (unless there is a clear unmet need)
- ▶ Build on local community assets (people, places, existing services)
- ▶ Deliver short-term actions that support our long-term aims
- ▶ Do not rely on NEW workforce or services or destabilise current infrastructure
- ▶ Are measurable in terms of their impact of key performance and patient-outcome metrics
- ▶ Consider known inequalities in Greenwich where possible
- ▶ Have clinical / operational capacity to deliver (or an outsourcing option).



Approach

- 1. Engagement with colleagues across the Healthy Greenwich Partnership** (adults, children, mental health, primary, community and hospice care) to determine what initiatives would make the biggest impact for local residents, considering in priority order;
 - ▶ Opportunities which are in place or have been piloted but will have to stop in-year due to a lack of available / recurrent funds
 - ▶ Opportunities to scale / strengthen existing provision
 - ▶ Opportunities which bridge a critical gap in commissioned capacity
 - ▶ New opportunities to transform the experience and outcomes for residents
- 2. Reserve £50k to pilot a co-production approach in a local neighbourhood** which has high levels of inequality and where there are already trusted relationships and opportunities for co-design.



Strategic investment timeline



August

- ▶ Partners co-design long list of opportunities which will increase capacity and resilience, and support residents to access the care and support they need this winter (process coordinated through respective integrated boards and sub-groups i.e. Home First for adults' physical health)
- ▶ Discovery phase with the target neighbourhood through established forums.
- ▶ Short-listing of opportunities through respective operational groups and input from any existing user groups



September

- ▶ Short-listing to take place early in the month through the relevant integrated boards.
- ▶ Development of the winter plan on a page (or two)
- ▶ Short-list of funding proposals to September HGP for approval, including a recommendation to go at-risk with mobilisation pending a final confirmation of borough winter funds
- ▶ Co-production of the winter comms campaign with partners from across the HGP.



October onwards – delivery and measurement

- ▶ Award of funding to relevant partners, mobilisation and ongoing monitoring.

Healthier Greenwich Partnership Forward Planner 2023/2024

Date	Standing Items	Main Business/Themed Item	Items for Information
July 2023	<ul style="list-style-type: none"> • Welcome • Introductions and apologies • Declarations of interest • Minutes of previous meetings • Action Log • Chief Operating Officer's Report, including sub-committee report. • HGP Development 	<ul style="list-style-type: none"> • Draft System Intentions 2024/25 – Deane Kennett • LCP System Risk Review – Neil Kennett-Brown/ Ike Philip • Winter Planning – Gemma O'Neil • The London 'Every Child a Healthy Weight' Delivery Plan – Steve Whiteman • Acute Provider Collaborative - updates for HGP – Sandra Iskander 	HGP in Public –face-to-face
August 2023	<ul style="list-style-type: none"> • Welcome • Introductions and apologies • Declarations of interest • Minutes of previous meetings • Action Log • Chief Operating Officer's Report. • HGP Development 	<ul style="list-style-type: none"> • Review of HGP Terms of Reference • 	
September	<ul style="list-style-type: none"> • Welcome • Introductions and apologies • Declarations of interest • Minutes of previous meetings • Action Log 	<ul style="list-style-type: none"> • SLP / Complex Care Phase 2 options evaluation and next steps – Colette Meehan/Lisa Wilson • Partner update – Oxleas – Iain Dimond 	

Date	Standing Items	Main Business/Themed Item	Items for Information
	<ul style="list-style-type: none"> • Chief Operating Officer's Report. • HGP Development 		
October	<ul style="list-style-type: none"> • Welcome • Introductions and apologies • Declarations of interest • Minutes of previous meetings • Action Log • Chief Operating Officer's Report, including sub-committee report. • HGP Development 	<ul style="list-style-type: none"> • Acute Provider Collaborative - updates for HGP – Sandra Iskander • PCN Fuller final report and next steps – Nayan Patel • 	
November	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • Healthwatch thematic reviews – Joy Beishon 	
December	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • 	