

# Greenwich Health & Wellbeing Strategy

## 2023-28

**NOTE – this is draft narrative, final version to be approved by Health & Wellbeing Board in June 23**

### 1. FOREWORD

This is Greenwich's new Health and Wellbeing Strategy, a 5-year strategy taking us from 2023 to 2028. It describes how we as the strategic leaders for the health and care system will work together with the people who live, work or study in the Royal Borough of Greenwich to create a happier, healthier place to be.

The Royal Borough of Greenwich is a diverse place to live, with a rich cultural and historical heritage. International historical sites like the Cutty Sark, Royal Observatory and Royal Park sit alongside iconic modern landmarks such as the O2 Arena, and the borough has been the focus of unprecedented regeneration over recent years. Greenwich is home to 290,000 people, speaking over 150 languages.

Health and Wellbeing Strategies are a statutory responsibility of Health and Wellbeing Boards, requiring local authorities to work with their NHS, third sector and wider partners to take collective action to improve health and wellbeing for their residents. The priorities in this strategy are based on a sound understanding of the greatest causes of poor mental and physical health for our populations. They are also built on our understandings of the things that matter most to our residents. Through our various engagement processes, we have heard from residents about those things that support and enable them to live their best lives.

This new strategy is being published at an historic point in time.

- The world continues to emerge from a global pandemic which presented unprecedented challenges to us all, as leaders, as service providers and as members of families and communities.
- Our understanding as a society has taken a big step forward regarding the roles that racism, discrimination, social and economic inequalities play in shaping poorer health for some in our communities, generating and sustaining unjust health inequalities.
- The cost-of-living crisis is placing huge stress and practical challenges in the way of our residents, especially those in our more disadvantaged communities. We know there is a direct association between health and wealth, and that this crisis is likely to worsen health inequalities in our society.
- The government has changed the way in which the health and care system is organised across the country, presenting new opportunities for health and care providers to work

differently together and with their populations to help them to stay healthy, happy and living independent lives for as long as possible.

- The Royal Borough of Greenwich has published a new corporate plan, '*Our Greenwich*' which sets out a vision for the borough for the next 5 years and places a strong emphasis on health, wellbeing and equality. Based on substantial engagement with local people, staff and stakeholders, the health and wellbeing priorities identified in '*Our Greenwich*' form the basis of this strategy.

This Health and Wellbeing Strategy sets-out the mental and physical health and wellbeing priorities for our partnership for the next 5 years. It is based on a shared understanding of the social, economic, environmental, commercial and cultural determinants of health.

High quality health and social care services are critical for us all when we and our loved ones need them. But the conditions that shape our health and wellbeing, and systematically cause some groups in our society to have poorer health than others, are complex. Addressing these conditions effectively requires complex solutions and mature partnerships between citizens and organisations.

Our strategy reaffirms our shared commitment to approaches which challenge and tackle racism and discrimination and support social justice and equality for our residents, our services users, our diverse communities and our staff. Racism, discrimination and inequalities damage health, both mental and physical health. We not be successful in achieving the aims set-out in this strategy unless we understand and address these inequalities as a core part of our work to protect and improve health and wellbeing.

Our new strategy takes a life course approach and aims to enable our residents to live well and to experience their best lives from childhood to older age. We have set-out our priorities under the following headings:

- Supporting Greenwich residents to *start well*
- Supporting Greenwich residents to *be well*
- Supporting Greenwich residents to *feel well*
- Supporting Greenwich residents to *stay well*
- Supporting Greenwich residents to *age well*

We are committed to making Greenwich a healthier, fairer place for all residents across our rich and diverse communities through all stages of life. We invite you to join us in creating a healthier future.

Councillor Anthony Okereke  
Leader, Royal Borough of Greenwich  
**Chair of the Health & Wellbeing Board**

Dr Nayan Patel  
GP in Royal Greenwich  
**Chair of the Healthier Greenwich Partnership**

## 2. INTRODUCTION

### REFLECTIONS ON OUR LAST HEALTH AND WELLBEING STRATEGY:

The Greenwich Health and Wellbeing Board agreed its last Strategy at a meeting on the 11<sup>th</sup> March 2020, less than two weeks before the government introduced the COVID-19 related lockdown and the world became gripped by the pandemic. That strategy identified four priorities the importance of which became even more apparent as the pandemic unfolded. They were:

- *Improving mental health and wellbeing:* COVID-19 and the measures introduced to control it placed huge pressure on the mental wellbeing of people of all ages. Many people experienced the fear of getting seriously ill or dying from the disease, or worried for the safety of others. Others experienced the grief of losing a loved one. People were isolated, some asked to shield, and were not able to meet friends or relatives in person for months at a time. Children missed schooling, affecting their education and their social and emotional development. Key workers, especially those working in health and care services, worked in difficult and sometimes harrowing circumstances. The pandemic took a huge emotional toll on us all in many different ways, and we know that the impact on mental health for people of all ages was profound.

We continue the critical focus on mental health and wellbeing in this new strategy.

- *Healthy weight:* the proportion of people of all ages who are overweight or obese has steadily increased in recent decades, increasing the risk of diabetes, cardiovascular diseases, stroke, cancers, musculoskeletal and mental health conditions. During the pandemic, one of the most significant risk factors for poorer outcomes from COVID-19 was weight, with obese people significantly more likely to need hospital care, intensive care and sadly more likely to die from the disease. There is evidence that the impact of the pandemic, lockdowns, diet and physical activity levels, contributed to an increase in levels of overweight amongst people of all ages, with those from more deprived backgrounds most affected.

The factors which contribute to healthy weight, including access to affordable nutritious food and a physically active population, also continue to be priorities within the 2023-28 Strategy.

- *Live well Greenwich: embedding a preventative approach:* our commitment to a more systematic prevention offer in the borough and to tackling health inequalities was also a major feature of the pandemic period. We have always known that poorer health was concentrated in more deprived communities where our residents from Black, Asian and other ethnic minority communities are also over-represented. The pandemic affected these communities more profoundly, with both higher rates of acute illness and higher deaths rates. We also saw lower levels of trust and confidence in government and the

NHS responses amongst some of these communities, resulting in lower levels of vaccination uptake, for example.

Tackling unjust and preventable variations in health outcomes is a major priority within our new Strategy, cutting across all aspects of the strategy and embedded in how we work with our residents, neighbourhoods and stakeholders in more collaborative and equal partnerships going forwards.

- *Health and social care system development:* the pandemic required our services to change how they operated overnight; to be responsive, agile and flexible throughout the turbulent years at the height of COVID-19. The government has introduced structural reform to health and care organisations, creating Integrated Care Systems (ICSs) covering large geographical footprints. For Greenwich, we are part of the South East London ICS, with our nearby boroughs of Lambeth, Southwark, Lewisham, Bexley and Bromley.

Whilst this provides opportunities for some action to be taken across a bigger geography, the importance of the borough, or 'place', remains paramount. Indeed, the emphasis is on work that understands, responds to and operates in partnership with neighbourhoods and communities at hyperlocal levels, to address the inequalities that drive poor health and to continue to provide more targeted and flexible services.

## **ABOUT THE HEALTH AND WELLBEING STRATEGY 2023-28**

This new Health and Wellbeing Strategy builds on the lessons learnt from the pandemic. It represents a key delivery vehicle for those aspects of the 'Our Greenwich' plan which relate to health and wellbeing, and also forms the Local Care Plan (LCP) for Greenwich. The LCP is the place-based plan for the borough; one of a series of plans for all 6 boroughs in South East London which collectively form the ICS in South East London.

To be successful in its aims, our strategy has to be delivered as a collaboration between the NHS, Greenwich Council, the Voluntary, Community and Faith Sectors and local people.

This new strategy builds on that work and the relationships which have been built in recent years. In the wake of Covid-19 and the impact that has had on our Borough, this new strategy redoubles our focus on tackling racism, discrimination, social, economic and health inequalities which continue to blight our communities.

It recognises the value of neighbourhoods, assets and community in supporting better health, the importance of mental and physical good health and the need to work together to support children and families to give children and young people the best start in life.

It draws on our analysis about health needs in the borough, what residents have told us, and starts to build our understanding of what really works to tackle health inequalities. This

includes addressing the wider determinants of health – such as housing, the economy, employment and the environment – and remaining focused on prevention.

This strategy particularly acknowledges that we cannot achieve our vision of a fairer, healthier Greenwich without collaborating and that communities should be at the heart of that collaboration. It is ambitious and sets out a challenging agenda for us over the next five years, within the context of a cost-of-living crisis and ongoing, systemic inequity. But this is an ambition we must meet to deliver for the people of Greenwich and to see health and wellbeing improve for all our residents.

## **RECENT CHANGES TO THE HEALTH AND CARE SYSTEM**

Our current health and care services aren't always designed in a way to meet these needs. Most services focus on treating people when they get sick, rather than helping people to stay healthy in the first place. Services that help people with their physical health are often separate to other services that provide care and support, including mental health and social care services. This means it's a struggle to coordinate well across these services and make the best use of staff and resources. If residents have several problems, you can go from one service to the next, retelling your story, getting different advice, rather than getting support from a single joined up team.

We have been working, in partnership, to improve health and care services for a number of years. Recently there have been changes to the health and care system to create new formal partnerships called Integrated Care Systems (ICS). These will help us to deliver this improvement in care for people, whether that's in their neighbourhood, borough or across south east London.

### **What does the Integrated Care System do and how does it work?**

[South East London's Integrated Care System](#) brings together all the organisations responsible for delivering health and care for our communities. We are a partnership that brings together the organisations responsible for publicly funded health and care services in south east London, to make the greatest possible contribution to the health and wellbeing of people living in our six boroughs.

This includes our Integrated Care Board, our NHS health services, our six Local Authorities and organisations from the voluntary, community and social enterprise sector. Together, we are responsible for allocating public money as well as planning and delivering a wide range of health and care services. We use our combined resources to tackle some of the biggest health issues affecting local people in Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark. We aim to keep people well, prevent ill-health and support people to thrive and live healthier lives.

If we work together, we can intervene faster and earlier to keep people well, making better use of specialist skills and equipment. We can offer more joined up support for people facing significant challenges. This way, we can address problems faster and develop more effective solutions for local people.

The Healthier Greenwich Partnership formally reports into the Greenwich Health and Wellbeing Board and brings together partners from the NHS, local council, social care, and the community and voluntary sector. By planning and co-ordinating services more effectively, every Local Care Partnership delivers a more integrated health, care and wellbeing system for local people.

## **3. ABOUT GREENWICH**

### **THE PLACE**

There's so much to be proud of in our borough: from our hundreds of beautiful green spaces to our waterfront, which is the longest of any London borough. From the world-famous sights of Greenwich Town Centre in the west, to Thamesmead in the east; from Greenwich Peninsula in the north to Eltham in the south. Our borough is a mix of communities, cultures, backgrounds, ages, genders and experiences – and they're all vital to making Greenwich the place it is.

Reflecting the diversity and richness of the population, we have vibrant and dynamic community, voluntary and faith organisations in our borough, which provide critical support and cultural opportunities for our residents; connecting people, reducing social isolation and shaping the values and richness of the borough. Our public services provide, including health and social care services, work together in strong partnerships with the third sector, the private sector and with local communities to meet the diverse needs of our populations.

As well as the geography and the organisations of Greenwich, the borough has many other great assets. We have about 100 schools in Greenwich, 24 children's centres, further and higher educational institutions. We have the major town centres of Greenwich, Woolwich and Eltham, and many smaller places with strong identities, such as Charlton, Thamesmead, Abbey Wood, Plumstead, Blackheath and Kidbrooke. There are community centres across our borough offering a wide range of activities and learning opportunities.

Our transport links are good, with strong public transport provision across the borough, especially in the north where we are well served by rail, DLR and now the Elizabeth Line with stations in Woolwich and Abbey Wood; bus routes cross our borough.

### **THE PEOPLE – A DIVERSE POPULATION WITH DIVERSE NEEDS**

Greenwich has a very diverse population, with significant demographic variation between areas within the borough across a number of characteristics, including age profile, ethnicity, country of origin and identity (Office for National Statistics, Census 2021; sub-areas listed are Middle Super Output Areas - MSOAs).

#### **AGE**

- 20.5% of the population is aged 15 and under in Greenwich, ranging from 15% in Greenwich & Deptford Creekside to the west of the borough through to 26.1% in Abbey Wood North to the east of the borough.
- 10.5% of residents are aged 65 and above, ranging from 3.4% in Greenwich Peninsular East through to 19.5% in Eltham South.

## HOUSEHOLD COMPOSITION

- 29.9% of households in Greenwich are single person households, ranging from 23.5% in Eltham North through to 37.2% in Thamesmead Birchmere Park.
- 8.4% of Greenwich residents aged 66 years and above live alone, ranging from 2.5% in Greenwich peninsular East to 15.8% in Eltham Park.

## ETHNICITY AND COUNTRY OF ORIGIN

- 62.5% of Greenwich residents were born in the UK; 37.5% were born overseas.
- Of those born overseas, 12.6% were born in other European countries, 10.4% were born in Africa, 9.6% were born in Asia and the Middle East, 3.3% were born in the Americas and the Caribbean.
- 55.7% of the population identify as being from a white ethnic group, ranging from 34.4% in Thamesmead West to 82% in Eltham Park.
- 21% of the population identify as Black, Black British, Black Welsh, Caribbean or African, ranging from 4.8% in Eltham Park through to 43.9% in West Thamesmead.
- 13.2% of the population identify as being Asian, Asian British or Asian Welsh, ranging from 5.4% in Thamesmead Birchmere Park through to 34% in Plumstead High Street.

## IDENTITY – RELIGIOUS BELIEF

- 32.6% of the population state they have no religious belief, ranging from 16.6% in Plumstead High Street through to 44.6% in Blackheath Standard.
- 44.7% of residents identify as Christian, ranging from 33.5% in Greenwich Peninsular East through to 57.5% in Thamesmead Birchmere Park.
- 8.5% of residents identify as Muslim, ranging from 2.1% in Eltham Park through to 16.3% in Woolwich South.

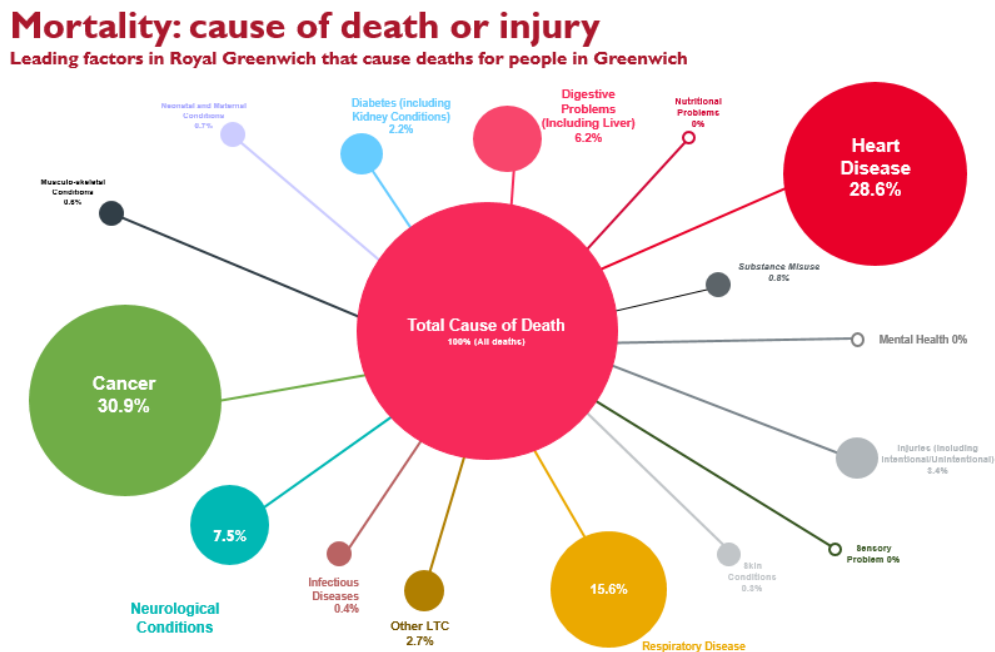
## IDENTITY – SEXUAL ORIENTATION & GENDER IDENTITY

- 4.5% of the population of Greenwich aged 16 years and above identify as lesbian, gay, bisexual or other, ranging from 1.9% in New Eltham through to 9.1% in Woolwich Arsenal.
- 0.88% of the population aged 16 and older have a gender identity that is different from their sex registered at birth, ranging from 0.19% in New Eltham through to 2.23% in Plumstead High Street.

## HEALTH AND WELLBEING IN GREENWICH

Our analysis of the health and wellbeing of the population in Greenwich tells us about the most significant causes of mortality (causes of death) and morbidity (causes of poor health).

The following infographic shows that cancers, heart diseases and respiratory diseases account for the majority of deaths for the Greenwich population.



Source: Global Burden of Disease Tool 2019 (last accessed June 2022)

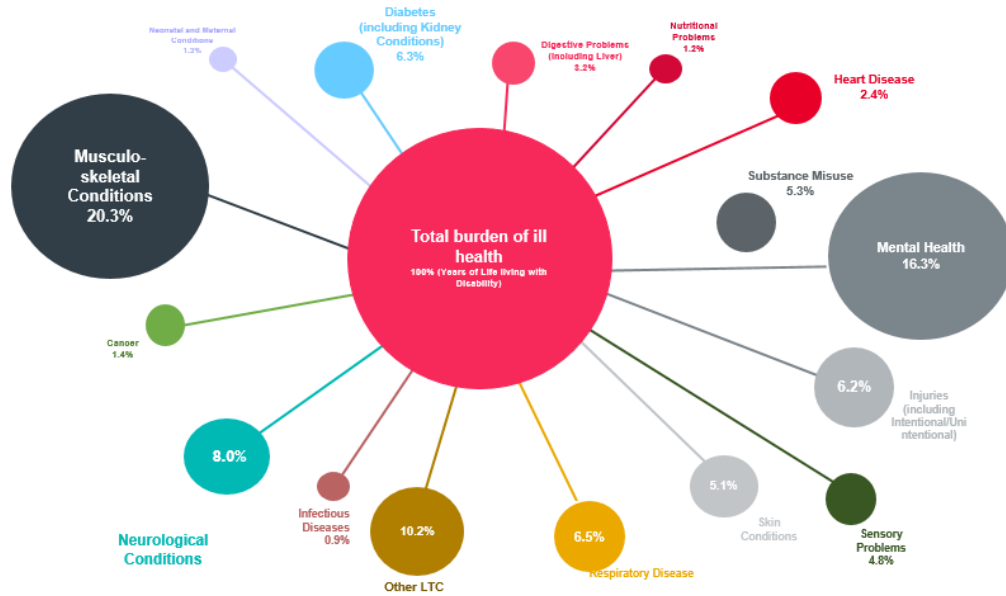
Many of the risk factors for these diseases are preventable, such as smoking, poor diet, obesity, physical inactivity and excessive alcohol consumption. Early diagnosis of many of these diseases is also critically important as the survival rate from many cancers, for example, is far higher the earlier a cancer is identified. Finding high blood pressure early, and providing advice and treatment, significantly reduces the chances of heart diseases and stroke. And providing treatment for smokers to help them to quit dramatically reduces the likelihood of respiratory diseases.

The following infographic shows that muscular-skeletal conditions (such as problems with joints and back ache) and mental health conditions are the most significant causes of poor health affecting our residents. These conditions are generally not those that end life, but they cause some of the biggest impacts on quality of life.



## Morbidity: total burden of ill health

Leading factors in Royal Greenwich that cause ill health and poorer quality of life for people in Greenwich



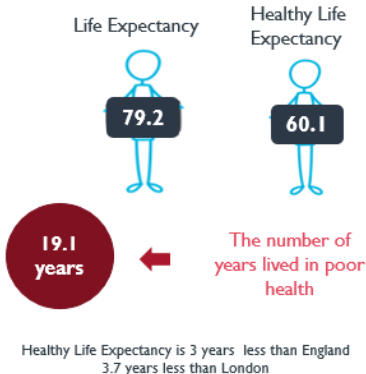
Source: Global Burden of Disease Tool 2019 (last accessed June 2022)

We also know that there are differences in health outcomes for men and women, and that deprivation and inequalities have a significant impact on health, with some groups having shorter lives and poorer health for a greater proportion of their lives. The following infographic shows that women live longer than men in Greenwich with an average life expectancy of 82.8 versus 79.2 years for men. They also have a lower proportion of their lives affected by poor health, with an average of 15.6 years lived with poor health compared to 19.1 years for men.

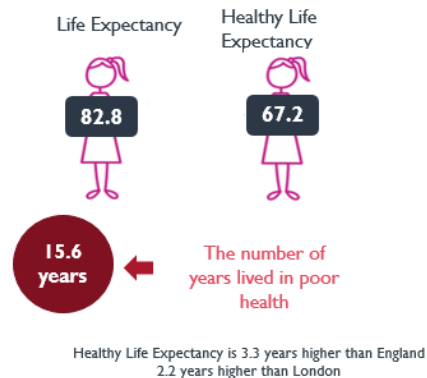
## Life Expectancy in RBG

2018-2020

### For Men in Greenwich



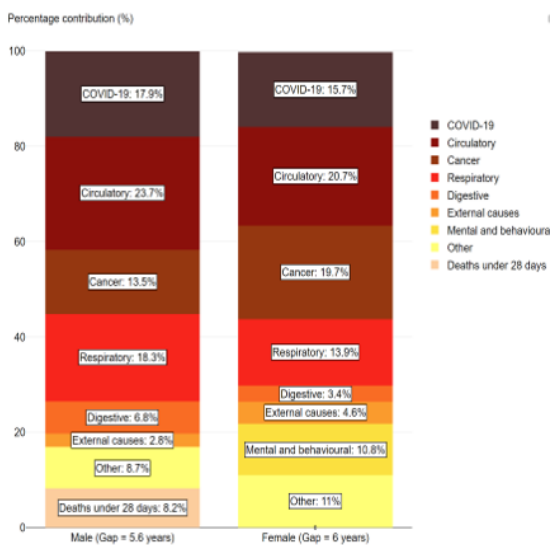
### For Women in Greenwich



This means men and women will start to have poorer health before they retire

Deprivation, social and economic inequalities also cause significant differences in health outcomes between different groups within our borough. The following infographic shows that there is a 5.6-year difference in life expectancy between men living in the most deprived 20% of areas of the borough compared to the least deprived 20%; and a 6-year gap for women between the most and least deprived areas. It also shows that for the year 2020-21, COVID-19, circulatory diseases, cancers and respiratory diseases accounted for the majority of that difference in life expectancy; meaning that people living in the most deprived areas of the borough were significantly more likely to die from these diseases than those living in the least deprived areas.

### Breakdown of the life expectancy gap between the most and least deprived quintiles of Greenwich by cause of death, 2020 to 2021



The gap in life expectancy between the most and the least deprived quintiles in Greenwich is:

- 5.6 years for men
- 6 years for women

Our health and wellbeing strategy is based on this understanding of the health and wellbeing needs of our population and seeks to address the underlying causes of avoidable poor health and early death. In doing so, it also aims to promote and enhance the positive influences on health and wellbeing for our populations; the assets, opportunities and support available in our borough which promote and protect good mental and physical health.

## 4. HOW THE STRATEGY HAS BEEN DEVELOPED

This Health and Wellbeing Strategy has been developed through a number of related routes:

1. The Healthy Greenwich Partnership has reviewed the needs assessment summarised above to ensure a good understanding across the partnership of the major drivers of poor health and avoidable early death for our residents. The priorities in this strategy relate to the things we will do together and working with our residents to address the risk and protective factors for these health outcomes.
2. The Health and Wellbeing Board decided, at its December 2022 meeting, to adopt Mission 1 from the 'Our Greenwich' plan as the starting point for the strategy. Mission 1 states that "*People's health supports them in living their best life*" and is has the following objectives:
  - a. *Unfair and avoidable differences in health and wellbeing are reduced*
  - b. Fewer people are affected by poor mental health
  - c. Everyone is more active
  - d. Everyone can access nutritious food
  - e. There are fewer people who experience poor health as a result of addiction or dependency
  - f. Health and care services support people to live fulfilling and independent lives and carers are supported

The 'Our Greenwich' plan was developed through an extensive programme of engagement and consultation with residents, stakeholders and staff led by the Leader of the Council and Cabinet Members. It therefore reflects the things that local people and key stakeholders have identified as important to their lives, health and wellbeing being central to what they told us through this engagement.

3. The South East London ICS has developed [strategic priorities](#) covering all 6 boroughs across the sub-region, including Greenwich. These priorities were also developed through a programme of engagement and consultation with residents and stakeholders across all 6 boroughs. The priorities identified through this engagement have much in common with Mission 1 of the 'Our Greenwich' plan and are:
  - a. Prevention and wellbeing
    - Become better at preventing ill health and helping people in south east London to live healthier lives.
  - b. Ensuring a good start in life
    - Ensuring parents, children and families receive the most effective support before and during childbirth and in early years
  - c. Children and young people's mental health

- Ensuring that children and young people receive early and effective support for common mental health challenges.
- d. Adults' mental health
- Ensuring that adults in south east London receive early and effective support for common mental health challenges.
- e. Primary care and people with long term conditions
- Ensuring that people, including those with continuing health needs, can conveniently access high quality primary care services.

We have synthesised the needs assessment, the priorities from Mission 1 of 'Our Greenwich' and the priorities in the ICS Strategy into the 10 priority areas within this Health and Wellbeing Strategy 2023-28.

## 5. OUR PRIORITIES:

### Our priorities span a resident's life course

Working together on our ten shared priority areas will produce better outcomes for Greenwich residents throughout their life and will inform our delivery structure for the Healthier Greenwich Partnership.



## 6. OUR DELIVERY PLAN (detailed actions and outcomes)

**Starting well** – Children and young people get the best start in life and can reach their full potential

We want all children and young people in Greenwich to experience a safe, healthy and happy childhood where they enjoy family life and school and feel a part of the community. Our aim is to ensure every child growing up in Greenwich will begin, continue to develop and move into adulthood well. We will strive for all children to have a happy and healthy start to life - founded on support and love from parents and carers – by providing easy

access to key services from the outset. We will work hard to ensure every child has a successful start to school and is ready to engage and learn from day one.

We will ensure young people develop and maintain a healthy lifestyle by providing access to regular extracurricular activities. We want all children do their best in school and will make sure they are supported to meet any additional social, emotional and mental health need. We will work towards every child feeling safe at home and in the community, without fear of violent crime. We will build good foundations in their early and formative years to promote a healthy and successful adulthood.

Where we plan to be by 2028:

- Increase in children and young people growing up in a safe and healthy environment with strong supportive networks around them.
- Increased confidence and skills in parenting and infant feeding
- Increased engagement with children and young people in positive activities around social skills and healthy lifestyles.
- Young people are better prepared to move into adulthood with increased independence.
- Improved Greenwich Community Directory (including Family Information Service and Local Offer) enabling easier to access advice and information on the support available.
- More co-ordinated care for people with learning disabilities and autism.
- Reduced the waiting times for a diagnosis of autism and attention deficit hyperactivity disorder
- Increased engagement and improved outcomes from seldom heard groups as part of the Start for Life offer.

### **Being well** – everyone is more active

Improve people's health through creating the conditions for people to be more active across Greenwich. We will focus on creating environments, activities and opportunities for people to be active in their everyday lives, maintain a healthy weight and enjoy access to affordable healthy food. We will support active lives through travel, leisure, sport and daily living and improving weight management services.

Where we plan to be by 2028:

All people across Greenwich are more active:

- Increased proportion of journeys made on foot or by bicycle.
- Improved physical environment and air quality to enable people to achieve and maintain a healthy weight.
- Support in schools, public and community settings to promote healthy choices and support people to achieve and maintain a healthy weight.
- Increased commitment to tackle child obesity among partners and residents
- Support and enable people to be more active in their everyday lives

This will start to reduce health inequalities and have a positive impact on people's physical health (including cardiovascular disease and diabetes) and their mental health.

**Being well** – everyone can access nutritious food

Improve people's health through creating the conditions for people of all ages to enjoy a healthy and balanced diet and maintain a healthy weight. We will focus on tackling food poverty, developing cooking skills and confidence. Working with workplaces, shops, the hospitality industry, schools, health services and others.

Where we plan to be by 2028:

- Increased breastfeeding rates and support to parents and carers to establish a healthy diet for their children from a very early age.
- Increased range and accessibility of healthier meals, snacks and drinks.
- Increased engagement of schools, public and community settings to promote healthy choices and support people to access good food.
- Increased awareness of healthy weight services
- Increased awareness of nutritious food on diet related care pathways for example for people with cardiovascular disease and hypertension

**Feeling well** – fewer people experience poor health as a result of addiction or dependence

To improve issues such as addiction and dependency, people need to be supported as a whole person, not as isolated conditions or symptoms to be treated. This requires an understanding of the challenges, desires, strengths, resources and support networks of each individual. We will provide flexible services that meet an individual's circumstances to give people greater control over managing their health and wellbeing.

Where we plan to be by 2028:

For fewer people in the area to experience poor health as a result of addiction or dependency we need to create the conditions for people to be more active, eat well and manage their mental wellbeing. This will reduce the numbers of people suffering with addiction/dependency and also positively impact other priority areas (including cancer and cardiovascular disease).

- There will be more tobacco treatment services across community and NHS settings
- More people will access help to give up smoking
- Fewer people will be admitted to hospital for substance misuse or crisis
- More people will access drug and alcohol treatment, personalised to their needs
- Healthy life expectancy measures will improve.

### **Feeling well** – fewer adults are affected by poor mental health

We are adopting the [Thrive LDN](#) approach to improving mental health and wellbeing, working across these key areas: individuals and communities taking the lead; tackling mental health stigma and discrimination; a happy, healthy and productive workforce; mental health services available when and where needed; and working towards zero suicide. We are developing a Social Mobility Delivery Plan.

Where we plan to be by 2028:

- There will be a reduction in health inequalities, in particular for people from our black and minority ethnic communities
- Fewer people in total are referred to mental health services
- Waiting times to access support are reduced and the average length of treatment will be lower with people able to access the right support, quickly. This will often be through primary care services where staff will be more equipped to support people's mental health needs.
- Fewer people's mental health problems escalate as a result of unaddressed issues such as debt, housing, unemployment and social isolation. Fewer people experience a mental health crisis.
- More people are supported to self-manage their mental ill-health and more people use community wellbeing resources and activities
- More frontline staff will have had suicide prevention training which will help lead to fewer local deaths by suicide
- Mental Health Alliance established and joining up care across organisations.

### **Feeling well** – fewer children and young people are affected by poor mental health

Our aim is for all children, young people and families in Greenwich to have the support needed to be mentally healthy. We will develop and nurture mentally healthy environments that tackle discrimination and health inequalities. We will empower our children, young people, parents and carers to look after their own mental health and wellbeing. Where more help is needed, children, young people and families will have a choice of support, provided by someone families can trust, which is welcoming, safe, without discrimination and easy to access. This work is in line with the [I-Thrive Framework](#).

Where we plan to be by 2028:

- Improvements in children and young people's wellbeing
- Children and young people from across our diverse populations access and engage with specialist mental health services equitably

- Reduced waiting times from referral to treatment to receive specialist child and adolescent mental health services (CAMHS) support.
- The mental health and wellbeing needs of children and young people are identified quicker and they are able to access support quicker meaning their needs are less likely to escalate.
- Improved knowledge and skills on mental health and wellbeing for everyone working with children and young people in Greenwich
- More timely identification, interventions and support for perinatal mental health to reduce and prevent need escalating.
- Increased awareness of the range of services on offer
- Services will be better able to support children and young people experiencing a mental health crisis meaning there are fewer preventable hospital admissions.

**Staying well** – everyone can access the services they need on an equitable footing

The Covid-19 pandemic and other pressures on the health and care system have led to more people waiting longer than they should for treatment, and to difficulties accessing primary care services. To enable high quality health and care outcomes citizens' experience of health and care services should include timely care with fewer hand-offs and referrals, access to medical and social support including peer support, integrated care, having to tell their story once and without stigma, with better and more equitable access to services.

Where we plan to be by 2028:

- We will co-produce with residents a Greenwich Deal outlining what they can expect from services and what services expect from them. Data will be used to drive improvements in health such as improved life expectancy and reduction in inequalities.
- Improved community health services which are able to respond to urgent needs more quickly, provide urgent treatment at home, reduce the need for GP appointments and enable people to access the services they need directly.
- Reduction in waiting times for elective hospital care (inpatients and outpatients)
- Everyone who needs an appointment with their GP practice gets one within two weeks and those who contact their practice urgently are assessed the same or next day according to clinical need.
- Better access to mental health services for people of all ages.

**Staying well** – effective integrated community teams based in neighbourhoods, provide the right support when and where it is needed

For this work we will bring together people working on prevention, primary care, community support, acute, mental health, social care, care providers, voluntary and



community sector and other partners. We will build on the Live Well community hub to establish effective and sustainable neighbourhood models of working. A neighbourhood is where communities that live together interact and support one another to live the best lives they can, with community services that meet the needs of local residents. In Greenwich, neighbourhoods will be developed in partnership with local teams and communities as a vehicle for change to help people across the Borough connect and work differently together.

Where we plan to be by 2028:

- More collaboration from teams across health and care including primary care networks, pharmacies, dentists, community care, mental health, secondary care, social care teams, and voluntary and community sector staff. They will work together with residents to share resources and information, doing things differently to improve patient care and better meet the needs of local people.
- Better use of data and insight to understand and respond to local needs earlier
- Align clinical and operational workforces of community health providers with neighbourhood areas or 'footprints' working alongside dedicated, named specialist teams from acute and mental health trusts, particularly community mental health teams.
- At place, bring together teams on admissions avoidance, discharge and flow – including urgent community response, virtual wards and community mental health crisis teams.
- Proactively identify and target individuals who can benefit from support, using the [Core20PLUS5 approach](#) to address health inequalities.
- Provide a comprehensive service to people with long term conditions, reducing reliance on medicines and supporting shared decision-making between clinicians and patients, including increasing the use of social prescribing.
- Work with communities to develop their own assets and resources, including supporting the development of a [compassionate communities](#) approach

**Staying well** – unfair and avoidable differences in health and wellbeing are reduced

The factors that determine health and wellbeing for individuals and communities are complex, and include social, economic, cultural, environmental and commercial drivers. With this in mind people need to be supported as a whole person, not as isolated conditions or symptoms to be treated. This requires a strong understanding of and response to the complex determinants of inequalities, including both direct and indirect racism and other forms of discrimination including those related to age, gender, sexuality, disability and gender identity. This will require a proactive and systematic approach including working in new, genuine and sustainable partnerships with communities and places, tackling isolation and loneliness, and tackling poverty.

Where we plan to be by 2028:

- Greenwich's residents feel the borough is a welcoming and inclusive place, and inequalities in life chances are reduced across our diverse populations. This will be achieved by engaging and involving people to co-design local solutions.
- Partners (including planners and developers) working together with residents to make local areas a healthier environment to live in. This will include establishing play streets, school streets, and activities to encourage people to access green and blue spaces
- More residents are supported to be less socially isolated by engaging in their communities, volunteering or through support from voluntary or community organisations
- No resident in financial crisis is left unsupported, with those experiencing acute financial pressure provided with financial support and advice to prevent their situation becoming worse.
- Health will improve in key areas including cardiovascular, cancer and mental health meaning that people across our diverse populations will live longer, healthier and happier lives.

**Ageing well** – health and care services support people and their carers to live fulfilling and independent lives

We will work with individuals and carers to develop an offer that supports people to live long, healthy, active and independent lives. Health and care services will work together to develop our Home First approach wherever possible to ensure care and effective treatment for both sudden and unexpected, and longer-term health problems or disabilities. We will also ensure individuals have access to safe and high-quality home, residential and nursing care when needed. And, as people reach the end of their life, we will support more people to die in their usual place of residency, in line with their wishes.

Where we plan to be by 2028:

- Local residents receive consistent high quality health and social care services in the most independent environment. Care and treatment is provided at home for people experiencing a wide range of chronic conditions and acute episodes of ill-health. This includes services which can assess, treat and provide ongoing management of conditions including cardiopulmonary disease (COPD), dementia and delirium.
- People are less isolated and more people are able to access activities and support within local neighbourhoods. These will include access to local clubs and meaningful activities and employment, Home First Service, neighbourhood based home care and accommodation with support. People are able to self-direct their care and support.
- People will have good access to high-quality home, residential and nursing care when needed and health and social care staff will have a better knowledge of the local options.
- Carers are respected as expert care partners, they have access to personalised services they need to support them and are more able to have a life of their own outside their caring role.

They are supported to mitigate (where possible) the financial impact of the caring role, are supported to stay mentally and physically well and are treated with dignity.

- More people will be supported to die in their usual place of residency.

f. Cross cutting priorities

- Workforce
- Digital
- Estates
- Finance

RC to draft a paragraph or two summarising these

Delivery plan will be an appendix, and will be updated annually.

## 7. ACKNOWLEDGEMENTS