

Healthier Communities and Adult Social Care Scrutiny Panel Supplementary Agenda

Place

Committee Rooms 4 & 5, Town Hall, Wellington Street, Woolwich
SE18 6PW

Date

Thursday, 03 November 2022

Time

6:30 PM

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Councillors

Rachel Taggart-Ryan (Chair)	Labour
Sammy Backon	Labour
Peter Baker	Labour
Sandra Bauer	Labour
Majid Rahman	Labour
Sarah-Jayne Merrill	Labour
Christine St. Matthew-Daniel	Labour
John Hills	Conservative

Agenda

I **Response to Health Inequalities Review**

To note the report from the Cabinet Member for Health and Adults Social Care on the recommendations to be taken forward from the 2021 Health Inequalities Review.

Members are reminded that officer contacts are shown at the end of each report and they are welcome to raise questions in advance with the appropriate officer. This does not prevent further questioning at the meeting.

If you require further information about this meeting please contact the Committee Services Officer:
Maya Yasunaga
Telephone: 020 8921 5130
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Date of Issue Tuesday, 01 November 2022

Debbie Warren
Chief Executive

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Healthier Communities and Adult Social Care Scrutiny Panel	DATE: 3 rd November 2022	ITEM NO 1
TITLE Response to Health Inequalities Review	WARD (S): All	
CHIEF OFFICER Deputy Director of Health and Adults Services	CABINET MEMBER Health & Adult Social Care; Equality, Culture & Communities	
DECISION CLASSIFICATION Non-exempt report Non-exempt appendices/information Non key decision	IS THE FINAL DECISION ON THE RECOMMENDATIONS IN THIS REPORT TO BE MADE AT THIS MEETING? Yes	

1. **Decisions Required**

- 1.1 To note the Review report undertaken by Health Scrutiny in 2021 attached as Appendix A and to consider its recommendations which were endorsed on 3 March 2022 for submission to Overview and Scrutiny.
- 1.2 To note, Cabinet approved this report response on 26th October 2022.

2. **Links to the Royal Greenwich high level objectives**

- 2.1 This report relates to the Council's agreed high-level objectives as follows:
 - A Healthier Greenwich: Actions to address health inequalities focuses on supporting the most vulnerable people in the borough and contributes to the Council's objective to improve the health of our residents.
 - A Great Place to Be: This work focuses on improving the situations of our most vulnerable residents to ensure they see Greenwich as a great place to be. Actions to address health inequalities supports this including access to financial support, employment and volunteering or improving housing situations.

3. Purpose of Report and Executive Summary

- 3.1 The Council's Healthier Communities and Adult Social Care Scrutiny Panel jointly with the Housing and Anti-Poverty Scrutiny Panel were asked, by the Overview and Scrutiny Committee as part of the 2021-22 work programme, to undertake a scrutiny review into COVID-19 and its differential impact on ethnic minority groups.
- 3.2 This joint panel reported on 3 March 2022 and endorsed recommendations to the Overview & Scrutiny Committee, on a matter considered as part of its work programme.
- 3.3 The extensive and thorough work of the Overview and Scrutiny Committee and their Panels undertaking the Health Inequalities Review is noted. It stands as a comprehensive analysis of the health inequalities impact of COVID-19 on our residents and captures the scope and scale of the Council's and communities' response to COVID-19 and the health inequalities challenges that were exacerbated by the pandemic.
- 3.4 The report focuses on actions that have been taken by the Council and its partners on the issues highlighted and sets out the Council's commitments to improving health and tackling health inequalities in the context of the recommendations of the Review.
- 3.5 Many of the actions and outcomes taken by the Council and its partners set out in the report have been led under the Communities, Culture and Equalities portfolio, whilst health and social care actions have been led under the Health and Adult Social Care portfolio, so this report reflects the cross-cutting work undertaken. It does cover all the actions that the Council and its partners have taken, or plan to take to improve health and tackle health inequalities, but aims to reflect key areas of impact.

4. Introduction and Background

- 4.1 The Review arose following the publication of the Public Health England (PHE) report on the disparities in the risk and outcomes of COVID-19. This presented findings based on surveillance data available to PHE at the time of its publication and confirmed that the impact of COVID-19 had replicated existing health inequalities, except for minority ethnic groups as mortality was previously higher in White ethnic groups¹.

¹

- 4.2 The joint panel review aimed to use expert evidence and community listening to make recommendations that would improve the long-term health and well-being of people from ethnic minority backgrounds and contribute to a reduction in health inequalities in Greenwich.
- 4.2 A review group was formed which consisted of cross-party Members of both Panels and was supported by officers from Public Health and the Scrutiny Unit.
- 4.3 The work of the review was itself delayed and disrupted by the COVID-19 pandemic and so reported in early March 2022.
- 4.4 The structure of this report is to list the recommendations and set out which recommendations are being taken up and their timeline for implementation where relevant.

5. Commentary and response to the recommendations of the Review

Recommendation 1: To review and present an update on how the Social Mobility delivery plan has been used to address inequalities within the Royal Borough of Greenwich since its inception, specifically how it has:

- *Improved health and wellbeing and build community networks*
- *Improved the financial resilience of families and individuals*
- *Improved digital inclusion*

5.1 This recommendation has been taken up

The Council's Social Mobility Strategy was developed in 2017 and identified a series of aspirations and actions. The Implementation Groups and monitoring of actions and delivery on these areas was overtaken by COVID-19, but the ground work set by the Social Mobility Strategy, and actions that were embedded across Council Departments as part of implementing this strategy, strengthened the Council's ability to respond to inequalities emerging through Covid-19. Now our residents face a cost-of-living crisis. Implementation of the Social Mobility Plan has ensured that the Council already provides some of the most extensive support to residents facing cost of living impacts, for example through the Advice Hubs, expanded Welfare Rights Service, Job Fairs, London Living Wage promotion, implementation of the Digital Strategy, holiday meals scheme and cash payments to very low income families at school holidays, all of which are actions that came from the Social Mobility Strategy.

Cabinet acknowledges that the Council and communities' response to Covid19 has significantly strengthened community networks. In particular, the “deep engagement” approach taken in seven areas most impacted by COVID-19 inequalities, and the engagement with Communities of Interest has increased Council understanding of health inequalities and has built the capacity of communities to develop their own responses.

Utilising £720,000 funding from the then Ministry of Housing, Communities and Local Government awarded in January 2021 and a further £185,000 funding from Department of Levelling Up, Housing and Communities in December 2021; the following was achieved:

- 450 Borough-wide Community Champions who received and shared over 100 messages and more than 15 webinars. The Community Champion's role continues to be developed with a focus on working with Primary Care and providing insight to the Council on health and wellbeing issues including the cost of living.
- Digital programme research phase with residents, Communities of Interest and community organisations developed digital training and engagement to support those less digitally enabled in our community.
- Greenwich Get Digital Lend and Learn Scheme - 90 devices available to be loaned to residents through 16 community centres or small organisations as well as training for residents around improving digital skills, alongside other measures to improve digital access and inclusion through the Digital Strategy.
- Better understanding of the impacts of digital poverty are shaping the Council's response to cost of living to include face to face advice provision through the Advice Hubs, and extensive use of GI and leaflets.
- Development of a community Wi-Fi approach in Greenwich Community Centres.
- Seven actively engaged neighbourhood teams with 170 active volunteers organising 67 events from August 2021 to August 2022, with self-supporting networks, forums or consortia now established in those areas.
- £140,000 awarded from seven Community Voting Days to 78 community projects, many of whom who had not previously received funding and some of whom have gone on to establish new services with different sources of funding.
- 15 engagement events with communities of interest and ongoing engagement e.g. the Nepalese community, people with disabilities.
- £491,000 awarded to 75 organisations through the Community Innovation Grants (including COVID-19 recovery funding identified by Cabinet in July 2021 as well contributions from the CCG and Public Health). It is

anticipated that over 6,500 individuals and more than 400 families will benefit from this targeted funding programme.

In addition, there has been continued and increased investment into the Council's Welfare Rights Service which has enabled a Budgeting Service to be established, supporting more people to address complex and multiple debts.

Going forward

Greenwich Supports is ensuring all our residents know about what financial and other support is available to help them manage through the cost-of-living crisis, and that support has been informed by initial rapid engagement with residents and Communities of Interest through the networks established by the deep engagement approach.

Other strategies that have been, or are being, developed more recently build on the Social Mobility action plan, and that address health and other inequalities are the Digital Strategy; the Community Wealth Strategy; the Housing Strategy; the Transport Strategy; and the review of the Health and Wellbeing Strategy which is commencing.

Learning from the Covid response and MHCLG funded initiatives continues and is captured in the programme evaluation which will be shared with partners. In particular there is learning about what elements of digital support worked best, and further engagement with voluntary and community organisations about digital access can be further improved. Information about cost of living impacts is available digitally through the Council's Greenwich Supports web pages, but also in leaflets and printed information in Greenwich Info and libraries, by telephone through the Live Well Line, and face to face at the Advice Hubs.

WhatsApp has proved effective at sharing information well beyond the reach of Council channels alone, and this is now a core feature of communication with our Community Champions and other community networks including for Ukrainian refugees.

Recommendation 2.: To provide an update on the commitment made by the Healthier Greenwich Alliance in the 'Greenwich Covid-19 Recovery & Reset Plan 2020-2022' to eradicate racism, discrimination and inequalities. Response to include who is responsible for the delivery, which ethnic minority groups will be involved, what actions will be taken, when will they be achieved and how will the progress be measured.

5.2 This recommendation has been taken-up

The Healthier Greenwich Partnership(HGP) is a multi-agency partnership, which includes voluntary and community sector strategic system partners. Specific actions have been the responsibility of several agencies; the HGP has received regular updates on the Reset and Recovery Plan. The Healthier Communities and Adult Social Care Scrutiny Committee received an update on the Reset and Recovery in July 2022 (Appendix B). Progress has been made in several areas in terms of aspects of health inequalities including Covid vaccination uptake; bowel screening uptake; the expansion of the Holiday Activity and Food programme and holiday meals.

To support COVID-19 recovery, Cabinet identified a package of initiatives and funding in July 2022. Some of this funding has contributed to the Community Innovation Grants, which sought bids from grassroots and community organisations that addressed health inequalities and mental health.

Other funding is being utilised to increase uptake of bowel, breast and cervical screening, where some populations experience lower uptake. Focus groups with people with protected characteristics (both those that have taken up screening and those that have not) are currently being organised to better understand barriers. This will be followed by co-design work with residents from lower take-up groups to design improvements to the local systems as well as create promotional messaging.

Going forward

There is also new, recurrent investment from the South East London Integrated Commissioning Board (SEL ICB) of £693,000 annually to reduce health inequalities, in addition to recurrent Council expenditure through the Public Health grant. The three priorities of this funding, agreed by the Healthier Greenwich Partnership, are:

- Developing a richer understanding of the data and evidence, and voices and experiences of local people including differential experience, unequal access to diagnosis, treatment or support – including investing in a population health data system and building insight capability and capacity.
- Developing the community infrastructure that connects individuals to sources of support that address the wider determinants of health – including expanding social prescribing infrastructure and community assets through participatory budgeting and utilising our “deep engagement” approach to focus on health inequality issues
- Developing and connecting our workforce to make promoting health and addressing health inequalities everyone’s business – developing a network of clinical and care professionals across statutory and voluntary sectors to lead on addressing health inequalities

Recommendation 3: *To press the government to implement the recording of ethnicity on death certification, continue to collect ethnicity data where possible and monitor the impact of COVID-19 on different communities in the Borough.*

5.3 This recommendation has been taken up.

Government announced in October 2020 that the recording of ethnicity on death certificates was to become mandatory. The digitised medical certificate cause of death (MCCD) is currently under development. The digitised MCCD will include ethnicity fields – to be self-declared by the patient on the patient record – then transferred to the digitised MCCD – and then to Office for National Statistics (ONS).

The addition of ethnicity to the death registration process depends on several steps. The DHSC have to lay before Parliament new regulations under the Coroners and Justice Act 2009, which depends on the legislative timetable, and the General Register Office (GRO) and ONS have to adapt the data collection systems to accept and process new data items once authorised by regulation. It is not yet clear on the start date for collecting ethnicity, the overall process is being co-ordinated by DHSC.

The Leader of the Council will write to the Secretary of State for Health and Care to press them on the timescale for the implementation of the digitised MCCD to improve the data available to the Council to identify and monitor health inequalities.

At national level, the Office for Health Improvement and Disparities (OHID) has developed the Health Inequalities Dashboard which provides information to monitor progress on reducing inequalities within England. It presents measures of inequality for 19 key indicators, the majority drawn from the Public Health Outcomes Framework. The dashboard measures trends in each indicator since a baseline period, with longer term data provided where these are available.²

The Council continues to receive data on testing, infections and vaccination uptake, although free, universal testing for everyone ceased at the end of March 2022.

Going forward

The SEL ICB has committed to improving ethnicity recording and data collection across the board for all diseases, as the focus on this for COVID-

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19 and the consequent ability to analyse the data and use it to shape the delivery of vaccination to increase uptake provides a model for reducing inequalities in services and outcomes.

A current Greenwich focus is on increasing uptake of bowel, breast and cervical cancer screening, and developing guidance to improve hypertension treatment and outcomes for Black African and Caribbean patients. The population health data system to be developed will power-up the local system's ability to identify health inequalities and also measure the impact of actions to reduce these inequalities.

Recommendation 4: To work collaboratively across the Council to attain and combine accurate data for vulnerable groups including those from ethnic minority backgrounds and the elderly being looked after home to allow for more targeted support.

5.4 This recommendation has been taken up.

The Council continues to explore how different data sets can be combined and utilised to create a stronger profile of vulnerability and service access by residents. The focus of this work is currently related to cost-of-living impacts, to identify households with low incomes and poor energy efficiency ratings for LAD3 funding, and to contact residents not on direct debit for Council Tax to ensure they receive their energy rebate. This resulted in 69% of these rebates for people not on direct debit claimed by mid-September 2022, with reminders sent to all eligible households to apply by end of September deadline. After the deadline, the rebate will be applied to individual Council Tax accounts.

Going forward

The development of a population health data system will support more effective identification of vulnerability and inequities through patient data, building on learning from a Lewisham initiative the flagging of protected characteristics and vulnerabilities has resulted in significant reductions in hypertension in those patients most at risk. Work to match data records continues at the Council focussed on specific issues as needs arise.

Recommendation 5: Build on community partnerships and work closely with local networks to improve understanding, gain insight and build trust with local communities.

5.5 This recommendation has been taken up.

Some of the impacts of the community and neighbourhood approaches, in part funded by the MHCLG/DLUHC grants have been outlined above . These approaches have continued through the ongoing focus on neighbourhood working spearheaded by the Healthier Greenwich Partnership.

METRO GAVS has been successful in securing £450,000 over the next three years from the Big Lottery to establish G-HIVE. The Greenwich Voice and Influence (G-HIVE) programme aims to improve the joint working between the statutory and voluntary sectors within the Royal Borough of Greenwich. Building upon the collaboration during the COVID-19 pandemic, the programme seeks to change the way in which services engage with local communities and the voluntary sector to redress deep-rooted health inequalities in the borough.

During the first phase of G-HIVE implementation:

- Definitions around communication, consultation, co-production, and co-design were agreed
- Networking opportunities across the ‘system’ were initiated, including learning from each other about how the ‘system’ works
- Methods have been put in place to ensure increased participation from and engagement of those with protected characteristics
- Discussions around funding and resourcing for the provision for voice have occurred
- Attendance fees have been provided as part of the programme for groups and organisations with a turnover of less than £70,000

Infrastructure from COVID-19 approaches to community and resident engagement have enabled rapid, early engagement with residents and community organisations about the Council’s response to the cost-of-living crisis.

In July and August 2022, Community Champions, Neighbourhood Co-ordinators, participants in Communities of Interest groups, organisations that participated in the Community Voting Days, and organisations that applied for Community Innovation Grants were all invited to meetings with the Council to hear about the support available and for the Council to hear first-hand from residents about their needs and concerns, and ideas for what more the Council should be doing.

New funding has been secured for place-based programmes that build capacity within communities and neighbourhoods to improve health and wellbeing outcomes, including Connecting Thamesmead and Schools Superzones jointly with the London Borough of Bexley.

Going forward

Public Health is continuing to prioritise the development of the Community Champions programme, broadening their remit to include a wider (i.e. not just COVID-centric) health and wellbeing approach that is common in other boroughs across South East London.

A pilot to develop Neighbourhood based community working linked to one Primary Care Network (PCN) in Blackheath and Charlton area is underway and will help set a model of working to be rolled out in the other five PCN areas. This is likely to include neighbourhood-based community development workers developing teams of volunteers, engaging with community based assets (both physical and social) and developing a further round of neighbourhood based participatory budgeting led by the community based teams. They will also be aligned and integrated to public health and other commissioned services.

Recommendation 6: Work with communities at a grassroot level to co-produce content and tailor communications to target hard to reach communities.

5.6 This recommendation has been taken up.

This was one of the most powerful and effective approaches to increasing confidence and increasing uptake of COVID-19 vaccinations during the pandemic. This approach is continuing to shape the Council's cost of living response. Following a discussion at the Learning Disability Partnership, an easy read flyer about cost-of-living support is being co-produced with Members of the Partnership (MPs with learning disabilities) and Community Champions are sharing messaging about cost-of-living support through their informal networks with a reach of over 50,000 residents.

Throughout the pandemic feedback from champions enabled messaging to be tailor made for local communities; these approaches now continue through our work to address the rising cost-of-living.

Going forward

This approach will continue. Councillors are actively engaged with their residents and in many areas are directly involved in building community networks and developing new resident and community organisations. Further engagement with Communities of Interest is being planned.

The implementation of the Housing Strategy, in particular the priority of "building vibrant and resilient neighbourhoods" will further strengthen community and resident engagement.

There is strong collaboration at Integrated Care System (ICS) level between the Council, NHS and voluntary organisations to strengthen community and

resident engagement, and the SEL ICB has recently adopted, and resourced a strategy for community engagement. There is continued corporate and departmental commitment to invest in community engagement, co-design and co-production.

Recommendation 7: Communicate key messages through community networks and leaders and using trusted voices to land messaging where necessary.

5.7 This recommendation has been taken up

Through the “deep engagement” approach with communities in those neighbourhoods where uptake of vaccination was lowest, and COVID-19 risks were highest, messaging on COVID-19 was co-created with trusted figures from communities at risk. These messages were particularly channelled through the 460 Community Champions utilising social media and in real life community networks to spread these messages.

The communications channels for voluntary and community organisations through METRO GAVS were also heavily utilised, and at the height of the pandemic faith leaders met several times with the Leader of the Council and were kept informed and asked to share COVID-19 messaging which they were very willing to do.

Going forward

The Council continues to support the Community Champions network, supporting Champions with regular webinars, and jointly with the South East London Integrated Care Board, disseminating messaging on health and wellbeing, cost-of-living, opportunities for engagement and funding opportunities at least weekly.

Principles of co-design and co-production are embedded in the work of Children and Young People’s Services and Health and Adults Services and the South East London Integrated Care Board published a community engagement strategy in July 2022 and resources initiatives such as South London Listens.

Recommendation 8: To provide more Voluntary Community Sector funding to focus on prevention and community development by using the same grant funding process used by Public Health and the Department for Levelling Up, Housing and Communities during the pandemic. E.g., the Community Champions Scheme to ensure that funding reaches grass root and hard to reach communities.

5.8 This recommendation has been taken up

In April 2022 the Council awarded £491,000 in grant funding to mostly smaller, grassroots community organisations through the Community Innovation Grants, summarised above. This built on learning from the Community Voting Days in terms of accessible application processes, support of sponsor organisations for smaller groups, and the provision of practical support to develop funding applications. The priorities for this funding were tackling health inequalities and improving mental health and wellbeing.

Learning from this work, a similar approach was used more recently to deliver the Ukraine small grants scheme. The Council's Voluntary Sector Team, which is currently managing the corporate voluntary sector grants programme, has a post dedicated to supporting smaller voluntary and community organisations with funding bids and has worked closely with the grant programmes mentioned above.

The Council also currently funds METRO GAVS to provide funding application support to voluntary and community organisations, and itself has a strong track record of leveraging in funding to support voluntary sector development.

Going forward

Participatory budgeting programmes are being supported in partnership with Peabody Community Investment in Thamesmead. Within the Connecting Thamesmead programme funded jointly by RB Greenwich and South East London ICB there is provision for capacity building and training for communities to manage participatory budgeting programmes themselves.

This approach to funding is likely to be a key feature of South East London ICB community programmes and the distribution of CCG Charitable Funds. Mapping of the capacity of community and voluntary organisations to support social connection is underway and will report in spring 2023.

The focus on supporting smaller and grassroots community organisations as part of Covid-19 recovery and MHCLG funding continues with proposals for similar schemes in relation to cost of living impacts, and the development of Greenwich Giving.

Recommendation 9: To involve appropriate voluntary sector organisations and community leaders at the strategic level of the Council's Emergency Planning Infrastructure.

5.9 This recommendation has been taken up

Several voluntary and community sector and faith organisations are already involved at the strategic level in Greenwich's emergency planning infrastructure through membership of the Greenwich Resilience Forum. Members include the Borough Deans, GFCLs, Salvation Army, BRC, CRUSE, METRO GAD and METRO GAVS, Raynet, RSPCA, SJA, Victim Support, RVS, and Volunteer Centre Greenwich. There are a wide range of other statutory and national and local agencies in membership.

Convened by RB Greenwich, this strategic forum meets quarterly to agree the 2-year Business Plan and oversee the review process; consider the Borough Risk Register and the implications of it to members; consider the opportunities and implications for joint working; and share experiences and best practice.

Recommendation 10: The Council should focus on facilitating local communities' access to digital technology targeting at risk groups.

5.10 This recommendation has been taken up

The Council's Digital Strategy sets out commitments to support resident access, including the provision of face-to-face assistance with on-line transactions at the Contact Centre, in addition to existing IT access and support that is available in the Council's libraries.

During the pandemic, a handy guide to digital support (including free training and sourcing free or low-cost IT hardware and software) was shared with VCS organisations.

A trial of loaning devices directly to residents through community organisations supported by RBG IT mechanisms was part of the Community Champions approach, although there is learning from this trial to be reflected in any future initiatives intended to improve resident access to devices.

Extensive utilisation of WhatsApp to disseminate information has been pioneered through the Community Champions networks, as the "deep engagement" process identified very high levels of usage even in marginalised and "hard to reach" communities. WhatsApp messaging is also easy to translate using Google Translate.

The Council is ensuring a health inequalities lens on any new digital developments, including new digital tools that can be used "side-by-side" by advisors and practitioners with residents/patients. The Council's cost of living support can be accessed digitally (through the Council website), by freephone

(Live Well Line) and face to face (static and roaming Advice Hubs), as well as promoted through written media, primarily *Greenwich Info*.

Going forward

The Council and METRO GAVS will continue to promote opportunities for funding for grassroots and community organisations for digital equipment and training and Digital Cities continues to develop approaches to improving broadband access to lower income residents and in areas where broadband connectivity is lower than average. Through Greenwich Supports, the internet and phone company providers “social tariffs”, which are under-utilised, are being promoted.

Recommendation 11: To evaluate the structural issues in how services were provided throughout the pandemic including the vaccination rollout and how this may have impacted ethnic minority groups in Greenwich and produce a clear plan to tackle the concerns of local residents.

5.11 This recommendation has been taken up

The Healthier Greenwich Partnership Reset and Recovery Plan (Appendix B) is the plan of how the health and social care system locally addressed post-pandemic impacts. This was informed by the detailed analysis of health inequalities published by Public Health England, *Beyond the data: Understanding the impact of COVID-19 on BAME groups* published in June 2020³. Covid-19 disproportionate impacts did not affect all non-white ethnicities in the same way, with the Black African, Black Caribbean and Pakistani and Bangladeshi populations most significantly impacted.

Its recommendations included:

- systematic ethnicity monitoring and data collection, including on death certificates;
- community participatory research;
- improve access, experiences and outcomes of NHS, local government and integrated care systems commissioned services by groups disproportionately affected by Covid-19 and who experience health inequalities;
- accelerate the development of culturally competent occupational risk assessment tools;
- fund, develop and implement culturally competent COVID-19 education and prevention campaigns;
- accelerate efforts to target culturally competent health promotion and disease prevention programmes; and

- ensure that COVID-19 recovery strategies actively reduce inequalities caused by the wider determinants of health.

Going forward

The approaches taken by the Council and NHS and community partners had a significant impact on the uptake of vaccination during the pandemic. Learning from these approaches (including the use of primary care data to measure uptake of services and risk; gaining insight from residents and patients in relation to barriers to access; and co-designing messaging with residents and community organisations) is being applied to areas where health inequalities in uptake or outcomes are identified.

Programmes to increase uptake of bowel, cervical, breast and lung screening are underway. Uptake data, outreach programmes including boots-on-the-ground approaches and the involvement of the VCS and local communities were utilised successfully for Covid and are now being adapted for other vaccination and screening programmes.

Where ethnicity recording is robust in primary and secondary care health records, deeper dives into data can be undertaken to identify if there are particular ethnic groups who are more or less impacted.

The development of population health management data and systems will strengthen the ability to flag patients and communities facing a wide range of health inequalities and vulnerabilities and so better target screening, treatment and interventions.

Recommendation 12: The Council should collect/use data on multi-generational households within the borough offering direct housing support where possible.

5.12 This recommendation has not been taken up

This recommendation does not need to be taken up as it is already Council policy and practice. The 'Policy in Practice' tool enables the Council to identify household composition, and to offer support direct to households and individuals. It is used to generate letters directly to eligible households on a range of services and benefits, including application for free school meals, pensioner credit and cost of living support.

Recommendation 13: The Housing and Health & Social Care teams should work together to keep a record of vulnerable residents across the borough to better provide support where needed.

5.13 This recommendation has not been taken up

Actions in relation to this recommendation are highlighted at 5.4. The Council was required by the DHSC to safely delete the shielding database it held, with the end of the shielding programme in September 2021.

Recommendation 14: Following the recent announcement ending COVID-19 mitigations, the Council should consider supporting residents that might struggle to pay for testing, face masks and the cost of isolation.

5.14 This recommendation has not been taken up

The provision of free, universal testing for COVID-19 was withdrawn by Government at the end of March 2022 as the pandemic eased and everyone had been offered vaccination.

Testing continues in high-risk settings (such as care homes and prisons), and in a routine fashion as a diagnostic tool in clinical settings. There is no longer a legal requirement to self-isolate.

Government and Council messaging continues to be to be aware of symptoms of COVID-19 and to reduce or refrain from contact if feeling unwell, along with basic hand and respiratory hygiene which will reduce the spread of several viral and bacterial infections. Public Health continues to support this messaging.

Government has indicated that PPE will be supplied to care settings up to the end of March 2023.

The awareness of infection protection and control measures has been significantly improved amongst the general public and in high risk settings such as care homes.

If residents experience exceptional financial hardship due to loss of income through illness, they may be eligible for cash support through the Council's Emergency Support Scheme.

The autumn boosters for COVID-19 and flu commenced in early September, offering on-going protection from serious illness and death to those more at risk due to age, occupation, learning disability, caring responsibilities and underlying health conditions.

The Council and NHS continue to review plans to ensure a rapid and proportionate response to further outbreaks of COVID-19, flu and other infectious diseases that may affect our populations in the future.

6. Summary of Council actions

- 6.1 The Leader of the Council will write to the Secretary of State for Health and Care to press them on timescale for the implementation of the digitised MCCD by the end of November 2022.
- 6.2 To submit the report and its recommendations to Overview and Scrutiny Committee.

7 Available Options

- 7.1 Not applicable to Healthier Communities and Adult Social Care Scrutiny Panel.

8 Preferred Option

- 8.1 Not applicable to Healthier Communities and Adult Social Care Scrutiny Panel.

9 Reasons for Recommendations

- 9.1 The recommendations result directly from the in-depth work of the joint Review by the Healthier Communities & Adult Social Care Scrutiny Panel and the Housing & Anti-Poverty Scrutiny Panel. The responses indicate a strengthening and support for work currently being undertaken by the Council and partners. The responses have been agreed by the relevant Cabinet Members.

10. Consultation results

- 10.1 Not applicable.

11. Cross-Cutting Issues and Implications

Issue	Implications	Sign-off
Legal including Human Rights Act	The healthier Communities and Adult Social care Scrutiny Panel is asked to note the review report undertaken by Health Scrutiny in 2021 attached as Appendix A and to consider its recommendations and to agree the response to the recommendations.	Ronica Best Assistant Head of Legal Services 01/11/2022

	<p>. The panel is also requested to note that this report was approved by Cabinet on the 26th October 2022.</p> <p>There are no immediate legal implications arising directly from this report.</p>	
Finance and other resources including procurement implications	<p>This report requests the Healthier Communities and Adult Social Care Scrutiny Panel to note the review report undertaken by Health Scrutiny in 2021 and to consider its recommendations which were endorsed on 3 March 2022 for submission to Overview and Scrutiny. The Panel is also requested to note that Cabinet has approved this report.</p> <p>There are no immediate financial implications arising from this report.</p>	<p>Samina Yasir Accountancy Business Change manager</p> <p>01/11/22</p>
Equalities	<p>The decisions recommended through this paper have a remote or low relevance to the substance of the Equality Act. There is no apparent equality impact on end users as the Panel will not be taking formal decisions. In addition, the report does not contribute to the Council's Equality and Equity Charter and the Council's Equality Objectives 2020-2024</p>	<p>Jane Connor, Acting Assistant Director of Public Health 19/09/2022</p>
Climate Change	<p>This report makes no direct impact to the Greenwich Carbon Neutral Plan agreed by full Council on 24 November 2021.</p>	<p>Jane Connor, Acting Assistant Director of Public Health 19/09/2022</p>

12. **Appendices**

12.1 [Appendix A: \[weblink\] Healthier Communities & Adult Social Care and Housing & Anti-Poverty Scrutiny Panels Joint Review into Health Inequalities](#)

12.2 Appendix B: Reset and Recovery Plan presentation, HCASC 7 July 2022

13. Background papers

13.1 ¹ Public Health England 2020, Disparities in the risk and outcomes of COVID-19 in the UK.

13.2. ² [Health Inequalities Dashboard \(phe.gov.uk\)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf)

13.3 ³ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf

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