

# Healthy Greenwich, Healthy People

Places, people and services: working together to  
improve health and wellbeing in Royal Greenwich

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*The Health and Wellbeing Strategy for the Royal Borough of Greenwich Health and  
Wellbeing Board 2015-2018*

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## 1. Foreword

We are delighted to introduce this Health and Wellbeing Strategy for Greenwich. The Royal Borough of Greenwich in South East London is a place of great contrasts. Greenwich has much to be proud of in relation to both its ancient and much more recent history:

- It is a place associated with internationally famous historical sites including the Royal Observatory, the Cutty Sark and the Royal Park.
- It has the longest stretch of Thames river front of all London Boroughs, and in 2014 hosted the international Tall Ships Festival.

In 2012, the borough hosted a third of the Olympic and Paralympic Games.

- Greenwich has experienced unprecedented regeneration over the last two decades, with major new housing developments and a rapid increase in tourism and business.
- One of the world's most iconic entertainment venues, the O2 Arena, sits on the Greenwich Peninsula, an area of the borough that has experienced major regeneration.

With the rapid increase in new housing stock, the borough has also seen its population increase rapidly, and this rise is predicted to continue throughout the life of this strategy. The demography of the population has also changed, with significant migration into the borough by people from other parts of the world, most notably Nigeria and other West African countries, Nepal and a number of the A8 Eastern European Accession countries such as Poland and Lithuania. Approximately half of the borough's population are now of black and minority ethnic background.

The borough continues to face significant challenges in relation to health of the local population, linked to high levels of deprivation amongst significant proportions of the population especially in the north of the borough. As well as expanding, the population is also ageing, meaning that health and care services need to respond to greater numbers of people with higher levels of health need year-on-year. This Health and Wellbeing Strategy is taking both a short and a long-term view.

- In the short term, the strategy is focused on ensuring that the health and care system is safe, effective, efficient, high quality, well-regarded by local people and sufficient in capacity to meet the health and care needs of the population.
- We aim to modernise and systematise our approach to helping people to stay healthy and to live independently for as long as possible. We will do this by transforming thinking across all of our agencies, putting prevention at the heart

of all we do and adopting a 'Make Every Opportunity Count' approach through the actions of our staff and the decisions we make, such as commissioning and policy decisions.

- Through a strong partnership focus on two of the major drivers of poor health in our population, obesity and mental health, we aim to make a significant contribution to the quality of life and opportunities for children and adults across all sections of our community, but especially those living in more deprived areas of the borough whose health is poorest. Making a difference in these areas will improve a wide range of health outcomes for our populations, as well as helping people to gain and sustain meaningful employment, make a contribution to their local communities and lead positive and fulfilling lives.
- We also intend to work together to promote and improve the health and wellbeing of our staff across our agencies. Through the widespread adoption of healthy workplace initiatives, such as the London Healthy Workplace Charter, we will invest time and energy in promoting the physical and mental health of our staff, many of whom are local residents. This process of cross-agency organisational development will evolve a long-term legacy of a workforce that recognises and values the critical importance of good health and wellbeing, and will equip our staff with the skills and confidence to incorporate preventative approaches effectively into their diverse range of roles.

We are confident that we can make a difference; we have a good track record. In recent years, through identifying clear shared priorities, we have achieved major improvements and delivered major programmes in Greenwich.

- We have already mentioned the scale of regeneration, and the Olympics and the Tall Ships events; both major international festivals with the eyes of the world upon us. Both went brilliantly and showed the very best of our Borough.
- We have achieved a breakthrough in the educational achievement of 5-16 year olds, now consistently above the national average, and the attainment gap is closing for our most vulnerable children
- We have improved employment rates for local people, dramatically reduced the numbers of people who smoke, improved rates of childhood immunisation and more than halved the number of teenage conceptions in the borough.

We commend this strategy to all those with an interest in the borough: local residents, organisations and businesses located here; people who visit, study, or work here.

We invite you to join us in working together to take forward the priorities identified in this strategy. Working together, we can achieve so much more than working separately. Working together, we can improve the life chances of people of all ages across the Royal Borough of Greenwich, improve mental and physical health, tackle health inequalities,

and support all those who live and work here to take full advantage of the rich opportunities that this Borough has to offer.



**Cllr Denise Hyland**

Leader, Royal Borough of Greenwich  
Chair, Greenwich Health & Wellbeing Board



**Dr Ellen Wright**

Chair, NHS Greenwich Clinical  
Commissioning Group

## 2. Executive Summary

### 2.1. Health and Wellbeing Boards and Strategies

The 2012 Health and Social Care Act introduced new statutory bodies called Health and Wellbeing Boards.

Health and Wellbeing Boards were intended to introduce a greater degree of democratic legitimacy to local health systems by bringing together locally elected and accountable councillors, directors of adult social services, children's services and public health, Clinical Commissioning Groups and patients' views through local Healthwatch. They are technically committees of local government organisations, though they also include a number of additional statutory partners as members. In addition to the core statutory membership, local Boards are free to identify other partners to participate. In Greenwich, the membership currently includes the following people:

- The Leader of the Council (Chair of the Board)
- The Deputy Leader of the Council & Cabinet Member for Children and Young People
- The Cabinet Member for Public Health and Community Wellbeing
- The Cabinet Member for Health and Adult Social Care
- Three GP Commissioners from the NHS Greenwich CCG Governing Body (one of whom is also the Vice Chair of the Board)
- One Lay member of the NHS Greenwich CCG Governing Body
- The council's Director of Public Health
- The council's Director of Health and Adult Services
- The council's Director of Children's Services
- The Chair of Oxleas NHS Foundation Trust
- The Chair of Lewisham and Greenwich NHS Trust
- The Chief Executive of Greenwich Action for Voluntary Service
- The Chair of Healthwatch Greenwich

Key roles of the Board include the promotion of integrated health and care services and the development of a Health and Wellbeing Strategy, based on a clear understanding of the needs of the population (through the Joint Strategic Needs Assessment process).

## 2.2. How this Strategy has been developed

In November 2014, the Greenwich Health and Wellbeing Board met to consider the full range of health and wellbeing priorities identified by the Joint Strategic Needs Assessment, and to develop an agreed set of priorities to shape the next Health and Wellbeing Strategy for the borough. As part of this process partners assessed:

- Where there were already existing mechanisms for taking forward specific JSNA priority areas (such as existing strategies or plans and existing partnership arrangements), in which case there was not a need for the new strategy to duplicate this work
- Where there were significant priorities that did not have sufficient co-ordinated strategic focus
- Where there were opportunities for significant additional value to be gained from bringing together the resources of all partners across all agencies involved to have a big impact at scale and speed

In December 2014, the full Health and Wellbeing Board met and agreed the priorities for the 2015-18 strategy. These are:

- i) **Good physical health – with a focus on tackling obesity** – making the borough a place that provides an environment, services and support to enable people to choose good, healthy food and to be physically active as part of their daily lives
- ii) **Good mental health** – ensuring a strong focus on environments and services that support the development and maintenance of good mental health throughout the life-course, from conception to older age
- iii) **A healthy workforce; a workforce that promotes good health** – using the workplace across all our organisations in the borough to promote and support good health and wellbeing of employees. Developing all of our employees as agents of good health and wellbeing amongst the wider Greenwich population
- iv) **Overseeing the effectiveness of the health and care system in Greenwich** – overseeing and monitoring the effectiveness of programmes to improve all JSNA priorities, and the changes to the health and care system in the borough

### **2.3. How this strategy will be implemented**

It will be critical to engage a very wide range of partners in taking forward these priorities if we are to be successful.

We will be holding a series of meetings, workshops and events with a wide range of partners from the statutory, private and third sectors and with community groups and interested local residents over the coming months to develop these priorities into clear action plans.

If you would like to get involved, or would like your organisation to input to the development of the action plans, please contact us at the following address:

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Tel. 020 8921 5021

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Royal Borough of Greenwich, The Woolwich Centre,  
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*Greenwich Health and Wellbeing Strategy 2015-18*

## 3. Introduction

### 3.1. The Greenwich Context

The Royal Borough of Greenwich in South East London is a place of great contrasts. Greenwich has much to be proud of in relation to both its ancient and much more recent history. A place associated with internationally famous historical sites including the Royal Observatory, the Cutty Sark and the Royal Park and the longest stretch of Thames river front of all London Boroughs, Greenwich has experienced unprecedented regeneration over the last two decades. New investment in physical regeneration, major new developments in housing and transport and a rapid increase in tourism and business has significantly improved the prospects for economic growth in the borough and considerable inroads have been made in helping people access employment.

With the rapid increase in new housing, the borough has seen its population increase rapidly, and this rise is predicted to continue throughout the life of this strategy. The demography of the population has also changed, with approximately half of the borough's population now of black and minority ethnic background. There has been significant migration into the borough by people from other parts of the world, most notably Nigeria and other West African countries, Nepal and a number of the A8 Eastern European Accession countries such as Poland and Lithuania.

### 3.2. Challenges and Opportunities

As a borough, we have demonstrated our ability to bring about significant improvements for local people. We've improved employment rates and educational achievement; dramatically

reduced the numbers of people who smoke; improved rates of childhood immunisation; and more than halved the number of teenage conceptions in the borough.

The borough continues to face significant challenges to the health of the local population. As well as expanding, the population is also ageing, meaning that health and care services need to respond to greater numbers of people with higher levels of health need year-on-year. There are still high levels of deprivation amongst significant proportions of the population especially in the north of the borough and significant inequality impacting on the health and wellbeing of the population.

Unhealthy lifestyles relating to smoking, poor diet, lack of physical exercise and alcohol misuse continue to have a major negative impact on the health of the population. Whilst there are very positive signs that in-roads are being made in these areas, particularly in reducing smoking prevalence, major areas of concern remain. Smoking levels remain highest amongst lower income groups, and high levels of obesity in children and adults is leading to increased diabetes and other health problems that will, if not addressed, reverse population health gains made in recent years. High levels of poor mental health, particularly in relation to depression and anxiety continues to blight lives, place a major burden on services across the board and act as a brake to a prosperous and thriving community.

The continuing high levels of need, diminishing resources and the diversity of the people of Greenwich requires us to make best use of the assets we have (places, people and services) and to work together to co-produce new solutions and ways of working to build healthy, resilient, cohesive and sustainable communities.

Our partnerships for improving health and tackling health inequality in the borough are strong and well established. The transfer of Public Health responsibilities to the Council in 2013 has opened up new opportunities for the Royal Borough to strengthen its focus on improving health through planning and regeneration, community safety, housing, environment, licensing, children, adults and leisure services. We are leading the way nationally in integrating our health and social care services and increasing our focus on prevention and wellbeing through making best use of shared resources such as the Better Care Fund and our implementation of the Care Act.

We have good reason to be positive and excited about what we can achieve together through this strategy over the next three years. This strategy sets out how we will work together to re-focus our shared efforts to address the challenges that remain.

### **3.3. Our strategic approach; defining 'Wellbeing'**

The strategy takes a broad approach to health and wellbeing, recognising that health is not just about the presence of disease or illness (be that physical or mental), but is also about

how well people are. The concept of Wellbeing used in the strategy is the one developed by DEFRA which includes in its definition physical, social and emotional dimensions:

*'a positive physical, social and mental state; it is not just the absence of pain, discomfort and incapacity. It requires that basic needs are met, that individuals have a sense of purpose, that they feel able to achieve important personal goals and participate in society. It is enhanced by conditions that include supportive personal relationships, strong and inclusive communities, good health, financial and personal security, rewarding employment, and a healthy and attractive environment.'*

Improving health and wellbeing isn't just about individuals and their behaviour. At the heart of this strategy is a commitment to addressing the social influences on health and behaviour which are so important and have life-long consequences for individuals and for health inequalities. Positive and negative experiences accumulate over people's lives with lasting effects on health outcomes making it vital that our strategy takes a life-course approach, improving health at every age from conception through to older age.

This strategy is about improving the health and wellbeing of everyone in the borough whilst at the same time focusing our efforts in proportion to the level of differing health need across the social gradient to reduce the continuing health inequalities that exist between the poorest and the most affluent within the borough and between the borough and rest of the country.

### **3.4. High level overview of health in Greenwich**

Life expectancy in Royal Greenwich remains shorter than the national average. This is true at birth and at age 65, and is true for both males and females.

Healthy life expectancy estimates the average number of these life years that are lived without illness or disability. Again, healthy life expectancy is substantially shorter in Greenwich than it is in England on average, for both males and females.

The greatest burden reducing healthy life expectancy is mental disorders, particularly depression and anxiety. These also have an impact on life expectancy, but that impact is smaller.

Improvements in life expectancy are being made and inequalities in life expectancy have reduced although the picture is a mixed one.

Life expectancy for Greenwich males for the period 2011-13 was 78.7 years (0.3% higher than the figure for 2010-12), but achieved only a small closing of the gap in male life expectancy between Greenwich and England.

However, the latest data show that inequalities in male life expectancy between the poorest and the most affluent areas within the Royal Borough reduced from the period 2010-12 to

2011-13, with male residents of the most deprived areas of Greenwich now expected to live 4.8 years less than the residents of the most affluent areas – this figure is the lowest since the reporting started in 2002-04 when the gap was 6.4 years and represents a reduction in health inequalities for men in the borough.

In the same period (2011-13), life expectancy for Greenwich females was 82.8 years (0.7% higher than the figure for 2010-12) and achieved a substantial narrowing of the gap between Greenwich and England.

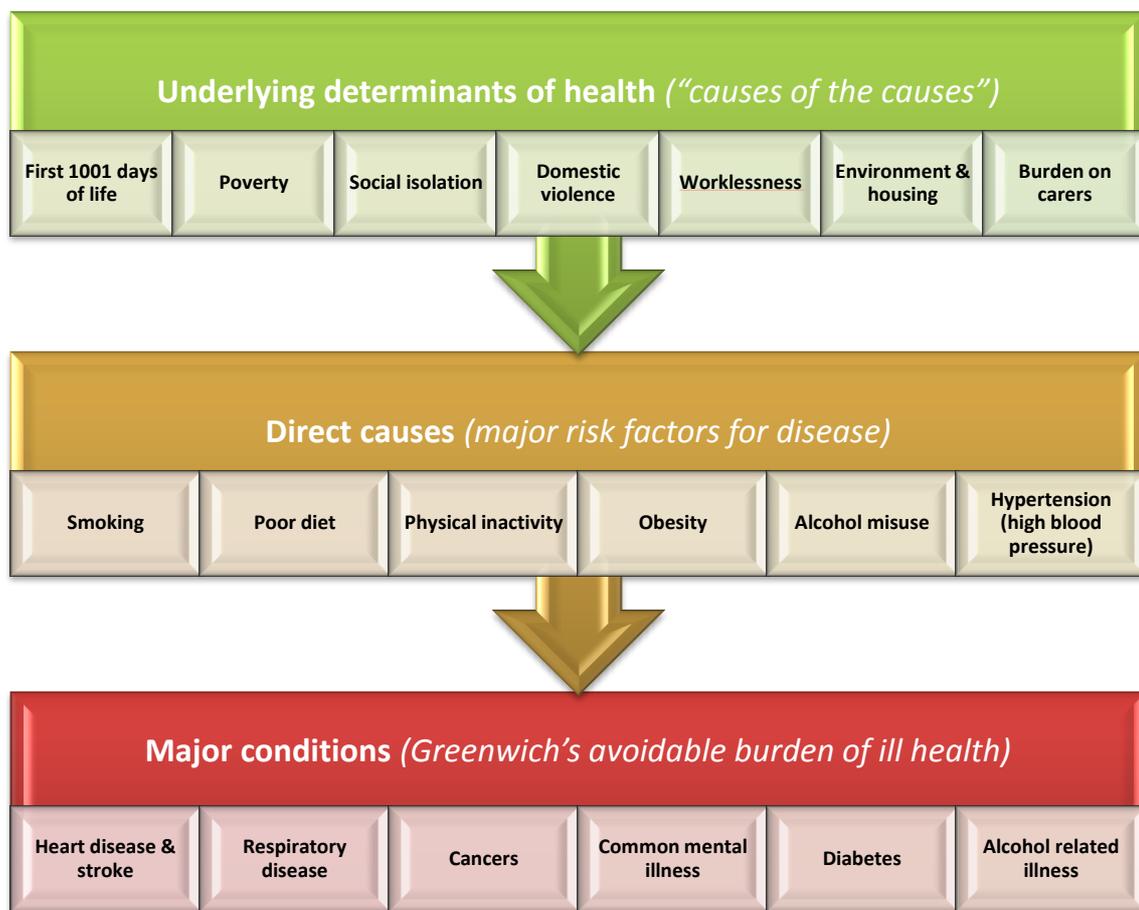
However, the latest figures show that inequalities in female life expectancy between the poorest and the most affluent areas of the Royal Borough had increased somewhat in the latest data, with female residents of the most deprived areas of Greenwich now expected to live 5.9 years less than female residents of the most affluent areas, rising from 5.6 years in 2010-12.

### **3.5. Health and Wellbeing Priorities in Greenwich**

The Joint Strategic Needs Assessment (JSNA) process for Greenwich analyses a wide array of data and information to assess the most significant factors affecting the health and wellbeing of the people of Greenwich. From this process health and wellbeing priorities for the borough are identified at three key levels:

- the underlying social, economic and environmental factors impacting on health and wellbeing - the 'causes of the causes'
- the individual lifestyle or behavioural risk factors impacting on for ill health and disease in the borough - the 'direct causes'
- and the main modifiable (preventable) health conditions to which these give rise - the 'clinical causes' or major conditions

The JSNA current priorities at the start of this three year strategy are shown below.



### 3.6. Establishing strategic priorities for the 2015-18 Health and Wellbeing Strategy

An on-going role of the Health and Wellbeing Board is to ensure that clear actions are in place to address all of the priorities for Greenwich identified through the JSNA and that progress towards agreed outcomes is being achieved.

In November 2014, members of both the Greenwich Health and Wellbeing Board and the Children's Trust Board met to consider the full range of health and wellbeing priorities identified by the Joint Strategic Needs Assessment and to develop an agreed set of priorities to shape the next Health and Wellbeing Strategy for the borough.

It was agreed that alongside maintaining an overview of progress towards improvement in all the JSNA priority areas, a smaller number of key strategic priorities should be identified, relating to major local challenges and where significant and concerted partnership effort could secure the greatest health gains for the population.

To arrive at this core set of objectives, partners reviewed the current JSNA priorities and assessed:

Where there were already existing mechanisms for taking forward specific JSNA priority areas (such as existing strategies or plans and existing partnership arrangements), in which case there was not a need for the new strategy to duplicate this work

Where there were significant priorities that did not have sufficient co-ordinated strategic focus

Where there were opportunities for significant additional value to be gained from bringing together the resources of all partners across all agencies involved to have a big impact at scale and speed

Following this review, in December 2014, the Health and Wellbeing Board agreed the priorities for the 2015-18 strategy. These are:

- i) **Good physical health: A focus on obesity** - making the borough a place that provides an environment, services and support to enable people of all ages to eat good, healthy food and to be physically active as part of their daily lives
- ii) **Good mental health** – ensuring a strong focus on environments and services that support the development and maintenance of good mental health throughout the life-course, from conception to older age
- iii) **A healthy workforce; a workforce that promotes good health** – using the workplace across all our organisations in the borough to promote and support good health and wellbeing of employees. Developing all of our employees as agents of good health and wellbeing amongst the wider Greenwich population
- iv) **Overseeing the effectiveness of the health and care system in Greenwich** – overseeing and monitoring the effectiveness of programmes to improve all JSNA priorities, and the changes to the health and care system in the borough

#### 4. Taking the 2015-18 priorities forward

This section sets out an overview of the reasons why these areas are a priority in the borough including: the key local data and where relevant, comparative performance of the borough in relation to the rest of London and England; what's known about the underlying causes of the issues identified and the key areas in which detailed three year action plans will be developed.



## 4.1. Good physical health - A focus on obesity

### **Our commitment**

*We will make the borough a place that provides an environment, services and support to enable people of all ages to eat good, healthy food and to be physically active as part of their daily lives.*

### **Why is this a priority?**

Ensuring the best possible physical health for all people in the borough regardless of who they are or where they are born, is vital to delivering an equitable, happy and productive Greenwich. Addressing the causes of ill-health helps residents to live as long and as well as they can, and removes significant barriers to them achieving their ambitions and full potential.

There are many issues identified through the JSNA which contribute to the burden of physical ill-health in Greenwich. Obesity and the poor diet and lack of physical activity which give rise to it, are areas where there is a particular and pressing need but also the opportunity to better co-ordinate, align and enhance our work to gain the greatest benefits and improvements for the population.

Obesity is one of the biggest causes of preventable illness and death worldwide. Obesity in adults is known to increase the risk of a number of long-term conditions, including diabetes, heart disease and liver disease. Obesity is also strongly associated with poorer mental health. Obesity is experienced at far greater rates in the more deprived sections of society, contributing to the challenges these communities face.

Across the country obesity is known to be increasing, and it is forecast that obesity will affect 60% of adult men and 50% of adult women by 2050 (PHE, 2014). In England, 2012/13 data show that one in five children in reception and one in three year six children are overweight or obese. In Greenwich the problem is more significant, with children in Reception in Greenwich experiencing the 3<sup>rd</sup> highest rate of overweight/obesity in London and a greater than England or London rate in Year 6. Local data suggests that the proportion of secondary school children getting their 5 A DAY (vegetables and fruit) is steadily declining, with just 14% achieving this in 2012.

### **What needs to be done?**

Obesity is a 'wicked issue', the causes of which are complex and multifactorial (Foresight Report, 2007). Although tackling obesity fundamentally relies on people improving their diets and increasing their physical activity, obesity is a symptom of other things going wrong in the system. Indeed obesity can be seen as 'a normal response to an abnormal

environment'. Changes in diet and physical activity will take place in a wider context which profoundly influences how easy those choices are to make, for everyone but particularly for those who are more disadvantaged. Reducing and preventing obesity depends on working across the whole system to impact on social, economic, environmental and personal spheres to enable and empower individuals to make the right changes to their behaviour. Supporting parents and families to establish positive behaviours from the earliest possible stage will be vital to our success.

***What action will we take?***

Action plans to increase the focus and strengthen our combined efforts to tackle child and adult obesity, improve diets and get everyone more active will be developed in a number of key areas including:

- Changing and developing environments to support good mental & physical health - from low tech approaches such as the creation of 'Living Streets' to healthy regeneration, planning and development
- Increasing active travel (walking/cycling), achieving modal shift away from car use
- Addressing the commercial determinants of diet - working with local food businesses to increase availability and uptake of healthy, sustainable, affordable 'Good Food' in Greenwich
- Creating a vibrant social movement to make healthy food choices the attractive choice for everyone
- Supporting families and children to adopt healthy lifestyles from pre-pregnancy, early childhood and onwards into adult life
- Supporting people who need it to manage their weight more effectively across all ages, through an increase in services to help people to manage their weight effectively and to 'treat' obesity when needed
- Strengthening strategic mechanisms to significantly improve the coordination of cross directorate and partnership working in this area

## 4.2. Good mental health

### **Our commitment**

*We will ensure a strong focus on environments and services that support the development and maintenance of good mental health throughout the life-course, from conception to older age*

### **Why is this a priority?**

Poor mental health is one of the most significant and pervasive issues facing our society. 1 in 4 adults will experience a mental health problem at some point in their life, while 23% of the burden of ill-health in the UK is attributable to mental disorder.

Mental illness plays a complex role in relation to physical health. People suffering from long term health conditions are at increased risk of mental health problems as a result of their underlying physical ill-health, and those with enduring mental health problems more likely to experience poor physical health. A mental co-morbidity raises the cost of treating a person with a long term condition by 45%, while depression reduces life expectancy by 11 years among men, and 7 years among women.

Depression and anxiety, the most common and widespread mental health problems, are also known to disproportionately affect more deprived sections of society, contributing to lower quality of life, impacting on employment and forming one of the key barriers which hamper social mobility and entrench disadvantage. Postnatal depression is a particularly important issue, as it affects not only the woman herself, but her wider family and the new baby whose experiences in the first 1001 days of life (from conception to 2<sup>nd</sup> birthday) are so crucial to determining long term outcomes for the child.

The impact of mental health on Greenwich is clear, with nearly half the claims made for Employment Support Allowance resulting from a mental health problem. The percentages of people who report they are unhappy (28%), or anxious (44%), are rising in Greenwich while falling in other areas.

Hospital admissions for depression are the third highest in London, and the worst for overall neuroses admissions. Recent data suggests a sustained rise in mental health admissions to acute hospital beds. There is some evidence that increasing financial and security stresses on people with pre-existing mental health problems may be contributing to this increase.

Whilst the numbers of people affected at the acute end of the mental health spectrum are relatively small, the impact on individuals and resources is immense. People with severe mental health problems are 3 times more likely to die prematurely than the rest of the

population and the cost of treating people with mental illness represents a significant and increasing proportion of health and social care spending in Greenwich.

People with severe mental illness (SMI) die prematurely from the same causes of death that affect the general population, e.g. heart disease, diabetes, cancer, stroke, and pulmonary disease, but at a more frequent rate. Adults with psychotic disorders die, on average 11 years earlier than adults with no mental disorder. The risk factors that contribute to this early mortality - smoking, obesity, hypertension, metabolic disorder, substance misuse, low physical activity, poor fitness and diet - are also more common in people with SMI: two-thirds or more of adults with SMI smoke and over 40% are obese (60% for women).

Given the high levels of mental health needs especially amongst specific groups within South East London (including some black and minority ethnic groups, some groups of young people, such as those looked after in local authority care, prisoners, those experiencing domestic violence), it is critical that the mental and physical health of people with mental illnesses are addressed fully.

***What needs to be done?***

Achieving the best mental health in Greenwich requires working across the life course, with a particular emphasis on the importance of early years, starting from conception, as 50% of people with lifetime mental health problems experiencing their first symptoms before 14 years of age. Poor mental health in childhood affects educational attainment, increases the likelihood of smoking, alcohol and drug use and has consequences for poorer physical health in later life.

The scale and importance of this challenge has been recognised by the national strategy *No health without mental health* which calls for “parity of esteem” between physical and mental health services. To achieve this ambition will require a step change in the way that mental health is tackled across agencies.

Interventions and improvements must address the full range of determinants of mental health, from social, economic and environmental factors to ensuring that services are designed and delivered to provide the most effective and timely care to all those who need it.

Working to combat mental health problems and increase wellbeing is vital to realising a healthy, resilient and sustainable borough. Going beyond this to provide the conditions which foster supportive personal relationships, individuals who have a sense of purpose, are able to achieve important personal goals and participate in society, and strong and inclusive communities is at the heart of what this strategy means by Wellbeing.

**What will we do about it?**

Action plans to increase the focus and strengthen our combined efforts to improve mental health and wellbeing in the borough will be developed in a number of key areas including:

- Making sure the first 1001 days of life are the best they can be for all Greenwich children
- Working with residents in their communities to overcome isolation, build resilience & increase social connections
- Tackling the links between mental health, employment, welfare and poverty
- Improving the mental health of people with physical health conditions
- Improving the physical health of people with mental health conditions
- Ensuring service effectiveness and strong user involvement

Specific priorities regarding mental health conditions that are already being prioritised will be monitored as part of priority 4 of this strategy – which is about maintaining an overview of the health and care system in the borough. These specific areas include improving the early detection of dementia, improving access to talking therapies through the Greenwich *Time to Talk* service, and implementing a review of mental health services being led by the NHS Greenwich CCG.

### 4.3. A healthy workforce; a workforce that promotes good health

#### **Our commitment**

*We will use the workplace across all our organisations to promote and support good health and wellbeing of employees in the borough. We will develop all of our employees as agents of good health and wellbeing amongst the wider Greenwich population.*

#### **Why is this a priority?**

The Health and Wellbeing Board has agreed to place a particular emphasis on a healthy workforce and a workforce that is fully engaged in improving the health and wellbeing of the local population as its third priority.

Our workforce is our greatest asset. Many of our workforces live locally and have their families in the borough. Many of them are already playing an important role in improving the health and wellbeing of the local population. Helping them to stay healthy, both mentally and physically, is not only good for them and their families, but also makes sense from the perspective of employers. Sickness absence in the Royal Borough of Greenwich local authority, for example, costs about £5m per annum.

Through our various organisations as employers in the borough, thousands of interactions take place with our residents every day. There is an enormous potential to realise the pivotal role that the workforce can play in achieving large scale shift towards prevention. Harnessing this potential is needed more now than ever before, if we are to continue improving lives, reducing inequality and securing the long term sustainability of local services in the face of rising demand and diminishing resources.

Through developing small shifts in the preventative potential of our staff as agents of good health, a far greater 'reach' across our population can be achieved. This will require significant commitment for the long term by our organisations, to bring about the changes in hearts, minds and in practice that will deliver these gains. Through our Better Care Fund programme, the implementation of the Care Act 2012, and the focus provided by this Health and Wellbeing Strategy, we will engage our staff and through training and development equip them with the skills and confidence they will need to become effective agents of health improvement through their existing roles. We are calling this our 'Make Every Opportunity Count' (MEOC) programme.

#### **What needs to be done?**

Maximising engagement with the health and wellbeing agenda across the workforce of all our agencies will deliver direct benefits to efficiency and productivity through reduced absenteeism, happier and more productive employees. Wider benefits are also achievable

through empowering our workforce to be agents of change - an ambition enshrined in the *Make Every Opportunity Count* programme.

This is a vital element of the broader integration of health and social care and one where a co-ordinated and systematic approach to promoting healthy behaviour change can pay dividends.

Royal Greenwich works with businesses of all sizes to ensure a thriving business sector supporting growth and jobs across the borough. Utilising these connections to encourage businesses and employers to be healthy businesses enhancing the health and wellbeing of their employees and the local population is a significant opportunity that can be taken forward through this strategy.

The NHS is a major employer of staff in the borough, and also has contact with many thousands of Greenwich residents on a daily basis.

Our community and voluntary sector has a key role to play in this area too, already a significant asset in improving health and wellbeing in the borough, they can be empowered through this strategy to develop the confidence and skills of their staff and volunteers to be champions for health in the communities they work with.

In addition we can utilise our power as commissioners so that the services we procure address health and wellbeing directly and through the additional social value we ask contractors to deliver for us.

***What will we do about it?***

Action plans to develop our combined workforce to promote and support good health and wellbeing of employees in the borough will be developed in a number of key areas including:

- Developing and implementing a major cross agency initiative to '*Make Every Opportunity Count*' so that improving health is built into all our policies, programmes and services and present in all our interactions
- Strengthening the role of our community and voluntary sector as champions for good health, assets for building social connections, increasing participation and building healthy, cohesive communities
- Working with businesses and employers to encourage them to adopt the London Healthy Workplace Charter and implement their own programmes to take forward these commitments and improve the health and wellbeing of their own workforces

#### 4.4. Overseeing the effectiveness of the health and care system in Greenwich

**Our commitment**

*We will oversee and monitor the effectiveness of programmes to improve all JSNA priorities and the changes to the health and care system in the borough*

**Why is this a priority?**

**The JSNA priorities:** This strategy has identified two specific priorities out of the full range identified within the JSNA (obesity and mental health). The rest of the JSNA priorities are, nevertheless, also by definition of critical importance to improving and protecting the health and wellbeing of the Greenwich population. It is therefore important that the Health and Wellbeing Board has a clear view of action being taken to improve all areas of JSNA priority, and to monitor the impact of these actions.

**The changing health and care system:** as the population ages and also grows due to on-going regeneration and migration into the borough, the health and care needs of the population are also growing and changing. With the ongoing financial austerity affecting public sector finances, health and social care services need to adapt and change to meet an increasing workload with reducing resources.

**What needs to be done?**

For those areas of JSNA priorities that this strategy is not addressing in detail, the role of the Health and Wellbeing Board will be to maintain a high level overview of the mechanisms for making improvements in those areas. This will be through receiving periodic high level progress reports on the different areas of priority and through the development and review of a set of outcome metrics to allow the board to track changes in outcomes of relevance to our health and wellbeing priorities.

Regarding the health and care system, a high level overview of the major changes planned and in-train will be developed to enable to Board to maintain a 'helicopter' overview of the health and care system over time. This will include:

- The further development of integrated care arrangements such as the shared management of teams, the Greenwich Co-ordinated Care 'Pioneer' programme, the implementation of the Better Care Fund, and the more effective sharing of data through the Connect Care programme
- The implementation of the Care Act 2014 and its impact on the provision of care services for the population

- The implementation of the South East London NHS 5 year commissioning strategy, and associated NHS Greenwich CCG operational and strategic plans
- Changes and developments within major providers of health and care services, such as Lewisham and Greenwich NHS Hospital Trust and Oxleas NHS Foundation Trust
- Changes to the organisational and service models within primary and community care services, including out of hours and urgent care services
- Programmes to address specific challenges within the health and care system, such as financial sustainability, quick access to primary care, A&E waiting times

The role of the Board will be to maintain an overview of how effectively these changes are enabling services to meet population needs, maintain high quality standards of care, deliver a high quality of service user and patient experience, provide value for money and fit with national and local policy and priorities.

#### ***What actions will we take?***

Clear mechanisms will be put place to ensure the effective oversight by the Board of all the JSNA priorities and agreed changes to the health and care system in the borough including:

- Making sure all JSNA priorities have effective programmes in place to deliver improvements
- Monitoring outcomes to check that improvements are being made
- Keeping an overview of the major challenges to the health and care system (an ageing population, population growth, increasing costs of health and care services, A&E and primary care access, etc.)
- Keeping an overview of the impact of changes to the system (integrated care, community based care, Care Act implementation, NHS Commissioning Strategy, NHS 5-Year Forward View)
- Monitoring how these factors are having an impact on health outcomes for the population
- Communicating progress back across the local system and to the wider Greenwich community

#### **4.5. Next steps**

Over the coming months detailed action plans will be developed and existing plans updated to ensure that the strategic objectives are being taken forward. This process will include wide consultation and engagement with a wide range of partners and stakeholders.

As a next step the strategy will be shared and discussed with wider organisational partners across all sectors and with resident forums to update them on the agreed Health and

Wellbeing Board priorities, gather their insights and establish the contributions they can make to its implementation.

The key strategic partnership and commissioning groups leading on areas of work covered by the strategy will also be briefed on the new priorities. These partnerships will receive and assimilate feedback from the wider organisational partners and be responsible for putting in place and implementing the detailed action plans.

The 2015-18 priorities, strategic objectives and action plans for taking them forward will be widely shared in an accessible form with the public through a variety of means with an individual call to action to get involved in working together to realise the vision of 'Greenwich Healthy Place: Healthy People.