




Working together for fairer, healthier lives for all.

Understanding health inequalities in the Royal Borough of Greenwich.






ROYAL borough of GREENWICH

Contents

Foreword

This year's Annual Public Health Report focuses on one of the most pressing challenges we're facing as a borough; health inequalities.

Our health is affected by where we are born, study, live, work, and age. Too many of our residents face unfair differences in their health outcomes, not by choice but by circumstance. Health inequalities have created a deeper mark over the past decade due to the combined impact of austerity, the COVID-19 pandemic, and the ongoing cost of living crisis.

We know that many health conditions are preventable, and we have, and continue to make progress through prioritising early intervention and prevention; ensuring our services are inclusive and accessible; and investing in community-led approaches. Yet despite these efforts, still too many people are living their lives in poor health and dying earlier than they should. It is our disadvantaged and marginalised communities that are most affected. Addressing health inequalities is therefore a social justice issue.

Whilst this ongoing challenge can feel overwhelming, in Greenwich, we are committed to creating conditions so that everyone can live their healthiest lives, regardless of their circumstances. We are determined to provide residents with tools, support, and opportunities so that they can lead empowered, healthy lives. Health is not just shaped by public health though - we need to work together with teams in housing, education, employment, healthy food and transport (the building blocks of health) to achieve fairer health outcomes for all.

The 'Our Greenwich' ambition is that by 2030, we want people to live happier, longer, more fulfilling lives and to see fewer people held back by poverty, hardship or inequality. This vision is already taking shape across the council and with partners. We are proud to be a Borough of Sanctuary, committed to the safety and dignity of all. We have launched a Joint Carers Strategy to support unpaid carers and a new Children and Young People's Plan to support all children to thrive. The recently published Greenwich Supports Strategy will tackle poverty head on. We are developing a new Addictions Strategy to ensure residents dealing with addiction can be provided with the right support, compassion and care. Aligned to this is our work to deliver the NHS Long Term Plan ambitions for Greenwich: moving care closer to home, focusing on prevention and a move from analogue to digital.

Lasting change happens when we work alongside our communities, not just for them. Community led, hyperlocal and targeted approaches are essential to understand the lived experiences of those who have felt the greatest impact of health inequalities.

As we thank our outgoing Director of Public Health, Steve Whiteman, for more than 30 years of service in Royal Greenwich, I want to also acknowledge the efforts of our colleagues, partners and residents.

I also wish to welcome our new Director of Public Health, Samantha Bennett and the recommendations she has outlined in this report. Let's continue championing health equity, encouraging others to join this effort as we work together to create fairer, healthier lives for all.

Councillor Mariam Lolavar, Cabinet Member for Health, Adult Social Care and Borough of Sanctuary

Introduction to the report

I am pleased to introduce my Annual Report for 2024 to 2025, which focuses on the health inequalities that persist in Royal Greenwich. In this report, I explore their root causes, and the communities in our borough most affected. This report presents some of the health equity focused, practical approaches we are already taking in Royal Greenwich and concludes with a series of related recommendations.

From conception to death, not everyone has the same opportunities to live healthy lives. This is not just a Royal Greenwich issue; across the nation, there exists a social gradient of health, meaning – **people who are in a less advantaged social and economic position experience worse health.**

We believe that **everyone** in Greenwich deserves to live the healthiest life possible. To ensure everyone has this opportunity, we need to flatten the social gradient, addressing health inequalities and improving health and wellbeing for all. Achieving healthier, fairer lives for all (health equity) requires a whole systems focused effort, ensuring action taken is across the whole life course. However, the scale and intensity of the action we take must be equal to the level of need.

This approach is called proportionate universalism and is rooted in the work of Sir Michael Marmot. His evidence-based principles of policy action form the foundation of this report as they offer a strong framework for addressing the social and structural determinants that drive inequality.

This framework aligns with 'Our Greenwich' vision as well as national policy. Applying these principles that prioritise health and fairness for all requires a collective, cultural shift; hardwiring health equity into daily life and governance.

It means all parts of our system must keep reflecting and responding to what a health equity focus means for them in practice, in the short, medium and long-term. Whether you are a policy maker, front-line worker, a health or care professional, a community leader, or resident, we all have a role to play in making our borough fairer and healthier.

While this report can't fully capture the complexities and impact of health inequalities, we hope it provides a clear understanding of the challenges we face as a borough and inspires action. The issues are significant but by working together we can ensure that everyone in Greenwich has the opportunity to live their healthiest life, leaving no one behind.

Samantha Bennett, Director of Public Health and Wellbeing

"The case for reducing health inequalities is clear. They are unnecessary and unjust, they harm individuals, families and communities, and they place a huge and growing financial burden on public services and our economy. To genuinely and effectively tackle them, we must embed health equity into everything we do."

Health and health inequalities

What makes us healthy?

Our health and wellbeing is shaped by a wide variety of factors. Some are personal, such as our genes, age and how we respond to stress. Others relate to our behaviours, including whether we smoke, how physically active we are, what we eat and how we look after our mental health. Access to and experience of the health services we use also plays a role.

Whilst all of these are important influencers of health, around 50% of the variation in our health is shaped by the social, financial, and environmental conditions in which we are born, grow, live, study, work and age.[1] These are known as the social determinants or 'the building blocks' of health.

The visual below shows some of these key building blocks - the things that we all need for good health and wellbeing and to withstand life's shocks and challenges. **To create a fairer, healthier society and close the gaps in health, we need all of the right building blocks in place for everyone.**

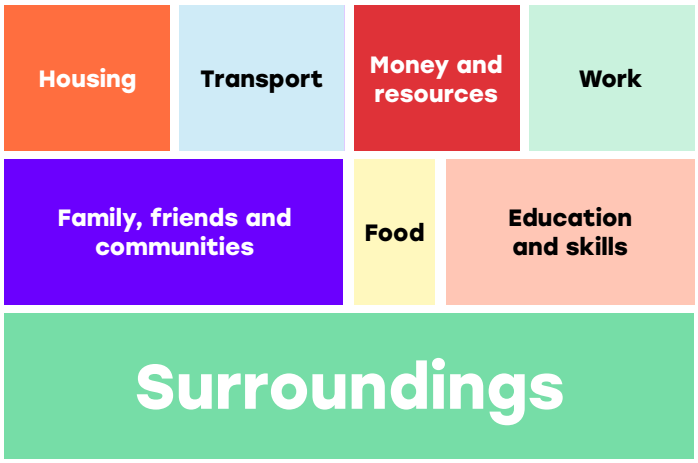


Figure 1: The building blocks of health.

Source: The Health Foundation

What are health inequalities?

In some of our communities though, there are building blocks missing or broken, leaving them at greater risk of poorer health. The data tells us that too many of our residents are living their lives in poor health and dying earlier than they should. These issues are not experienced equally - it is our disadvantaged and marginalised communities who are most affected. Therefore, **health is not an equal playing field - we don't all have the same opportunities to live long and healthy lives.**

Unequal advantages and disadvantages in all areas of life build up over time, leading to poorer health for certain groups of people compared to others. **These unfair, avoidable and systemic differences in health are what we mean when we say health inequalities.**

Health inequalities can be measured. For example, life expectancy varies depending on where people live. We can understand inequalities by looking at data reported for our borough and comparing these values to other boroughs, London overall, or the national average.

However, sometimes a good overall picture can mask inequalities within the borough. For example, smoking rates are improving across Royal Greenwich, but if we focus in on people who access substance misuse services, data tells us that more than 75% smoke. Therefore, we need to dig deeper into the data within our population groups, communities and neighbourhoods and not only look at the overall picture.

[1] What Are Health Inequalities? - The King's Fund (2022)

Inequalities in what?

Health inequalities are not just about people's health outcomes. They are also about the differences in care people receive and the opportunities they have to lead healthy lives, both of which affect people's health and wellbeing. Inequalities also prevent children and young people from reaching their potential.

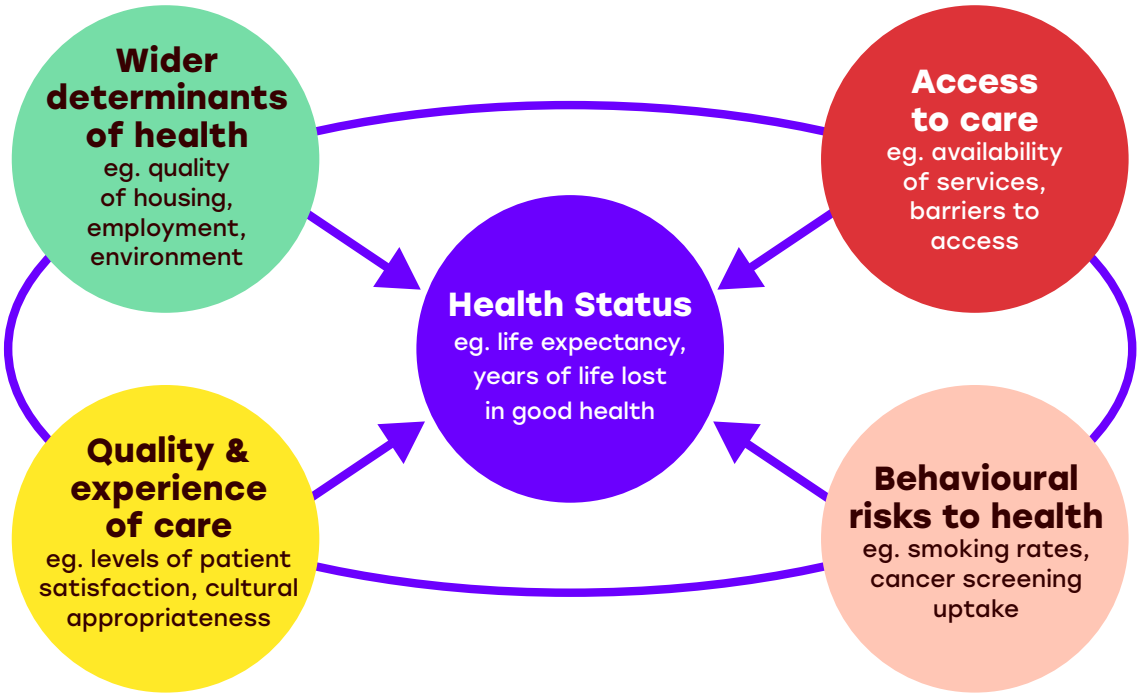


Figure 2: The different 'dimensions' of health inequalities. Someone might experience inequalities across some or all of these areas

Source: The King's Fund

Inequalities in who?

We can think about health inequalities across four main domains:

- **Socio-economic factors** (income, education or employment)
- **Geography** (where someone lives)
- **Specific characteristics** (including those protected by law, such as sex, ethnicity, or disability)
- **Socially excluded groups** (people experiencing homelessness, sanctuary seekers or people experiencing multiple disadvantage)[2]

People often have multiple aspects to their identities or experience a combination of these domains, known as intersectionality.

These disadvantages can build up over time and across generations, which is known as cumulative disadvantage. Factors such as structural racism, trauma, adverse childhood experiences, stigma and discrimination are key drivers of health inequalities.

[2] What Are Health Inequalities? - The King's Fund (2022)

Key health inequalities in Royal Greenwich at a glance

Life expectancy

- People in Greenwich live shorter lives and spend fewer years in good health compared to the average across London and England.
- Men in Greenwich spend on average around 18.5 years in poor health. For women, it's even longer – an average of 23 years.
- In Greenwich, the gap in life expectancy between the most and least deprived residents is 6.9 years for men and 6.5 years for women.[3]

Life expectancy (2021-23):
78.9 years for men
82.5 years for women[4]

Healthy life expectancy (2021-23):
60.4 years for men
59.5 years for women[5]

Children and Young People

- Infant mortality is 8th highest in London.[6] Black and Black British infants are overrepresented in neonatal deaths.[7]
- The child poverty rate is higher (37%) compared to London (32%) and England (30%).[8]

Heart disease and stroke

- Black residents have higher estimated rates of diabetes, high blood pressure and stroke.[9]
- Asian communities have higher estimated rates of coronary heart disease and diabetes.[9]

Excess weight

- 76% of Black adults are estimated to be overweight or living with obesity; the highest rate in the borough.[10]
- 17.4% of Black children aged 4 to 5 are living with obesity, compared to 10.2% of White children.[11]
- 40% of residents with learning disabilities and 37% of residents with autism live with obesity, compared to 29.6% of those without.[10]

Sexual Health

- STI diagnoses (excluding chlamydia rates in under 25s) are higher than the national average.[12]

Addictions

- 75% of people in substance misuse treatment are smokers.[13]
- Men have higher rates of drug poisoning deaths and alcohol-related admissions.[14]

Building blocks of health

- Over half (51.8%) of households face deprivation in at least one key area: employment, education, housing, or health and disability.[15]
- Working-age residents with a learning disability have significantly lower employment rates.[16]
- An estimated 35 people sleep rough in Greenwich on a single night.[17]

Mental health

- Rates of common mental health disorders (e.g. anxiety and depression) are significantly higher than the England average and estimated to be higher for some specific communities e.g. LGBTQ+ community.[18]
- Suicide rates are higher among men and people of White ethnicity.[19]

Healthcare use and Access

- In our most deprived communities cancelled appointments, emergency admissions and A&E attendances are higher.[20]
- Inclusion health groups, e.g. sanctuary seekers and people rough sleeping, experience barriers to healthcare and extremely poor health outcomes.[21]

Screening and Vaccination

- Cancer screening coverage is lowest among the most deprived 20% of residents.[22]
- Children from Global Majority backgrounds and deprived households are less likely to be vaccinated against MMR, flu, and COVID-19.[23]

[3] Fingertips Indicator ID 92901 (2021-23)
[4] Fingertips Indicator ID 90366 (2021-23)
[5] Fingertips Indicator ID 90362 (2021-23)
[6] Fingertips Indicator ID 92196 (2021-23)
[7] A deep dive review of neonatal deaths of Greenwich children between October 2019 and January 2021 - Parekh et al. (Unpublished)
[8] Greenwich Supports Strategy - Royal Borough of Greenwich (2025)
[9] South East London ICS 3+ LTC Dashboard (accessed 06/02/2025)
[10] South East London ICS Vital 5 Dashboard (accessed 06/02/2025)
[11] National Child Measurement Programme (2018-2024)
[12] Fingertips Indicator ID 91306 (2023)
[13] Data provided by the Royal Borough of Greenwich Tobacco Control team
[14] Draft Mental Health Needs Assessment
[15] Our Greenwich Plan - Royal Borough of Greenwich (2023)
[16] Fingertips Indicator ID 90283 (2022/23)
[17] MHCLG Rough sleeping snapshot in England dashboard (accessed 15/01/2025)
[18] Insight from marginalised communities to inform ICS strategy development - South East London Integrated Care System (2023)
[19] Royal Greenwich Suicide Prevention Strategy 2023 to 2028
[20] NHS Digital DAE (2019-2024)
[21] A national framework for NHS – action on inclusion health - NHS England (2023)
[22] South East London ICS Cancer Population Insights Dashboard (accessed 06/02/2025)
[23] South East London Primary Care Childhood Immunisations Dashboard (accessed 06/02/2025)

Summary of our approach to tackling health inequalities

Everyone in Greenwich deserves the chance to live the healthiest life they can. But not all of us start with the same opportunities.

Despite real progress, far too many residents continue to experience poor health and die earlier than they should. Those already disadvantaged face the greatest gaps in the building blocks of good health — insecure jobs, low pay, unaffordable housing, and unsafe neighbourhoods — leaving them with fewer chances and choices to live healthy lives.

We are committed to changing this. Our goal is to make sure everyone has fair opportunities to be healthy, whatever their circumstances — this is what we mean by health equity.

To create a fair start for everyone, we need to understand who is being held back, listen to what support they need, and work together to close the gaps in good health they face.

Achieving this requires a borough-wide, whole-system effort. Health equity can't be an add-on or an afterthought; it needs to be at the heart of everything we do.

Whether you lead change, shape the building blocks of health, or work directly with residents, you are part of our wider Public Health workforce — and every decision and every interaction is an opportunity to move us closer to health equity.

There is no single solution to tackling health inequalities. But there are proven principles and approaches that work — and we are already putting many of these into practice (see Figure 3 and the examples throughout this report).

By continuing to work closely with our partners and our communities, we will keep building on this foundation. We will equip our wider Public Health workforce with the knowledge, skills, and tools they need to put our health equity approach into action at scale.

Together, we will create a **fairer, healthier Greenwich** — a place where everyone has the opportunity to thrive, and no one is left behind the start line.

Key principles of our health equity approach

A life course approach

We take action from preconception through to older age. Health and wellbeing are shaped by experiences at every stage of life. Early intervention and ongoing support are essential to break cycles of poor health and inequality.

Place-based working

Health happens in places; homes, schools, workplaces, parks, and neighbourhoods. Our approach empowers local teams and communities to identify priorities, co-design services, and deliver targeted action that meets people where they are.

Proportionate universalism

While everyone should benefit from good services and support, we know that some people need more help than others. That's why we apply the principle of proportionate universalism, which is taking universal action, but at a scale and intensity that reflects differing levels of need.

A wider public health workforce

We are committed to scaling up a wider public health workforce, made up of people across sectors who contribute to health, even if it's not in their job title. This includes social workers, housing officers, welfare and transport officers, town planners, youth workers and educators, police and fire services, environmental and licensing officers, commissioners and managers, business owners, community leaders and many others. By making every opportunity count in our everyday interactions and decision making, we can collectively drive improvement and reduce inequality.

Key ingredients of our health equity approach

The key ingredients of our health equity approach support the key principles for addressing health inequalities. These are:

- Population health management;
- Health for all policies;
- Inclusion health;
- Community and stakeholder engagement;
- Community development.

The table below highlights examples of how these key ingredients are being put into practice towards achieving health equity.

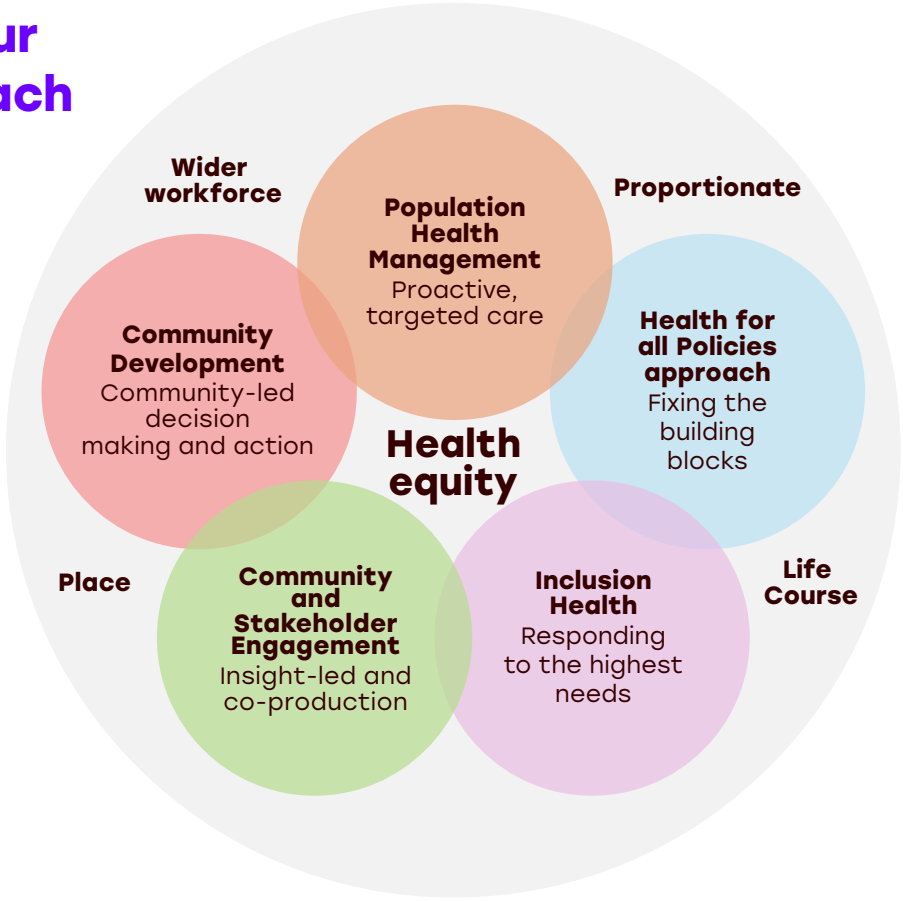


Figure 3: Working together for fairer, healthier lives for all; Key principles and ingredients of our health equity approach

Definition	Example	Continued Action
Population health management Using health related data to proactively identify and support those most at risk of poor health and offering targeted, preventative care.	- Pilot project identifying frequent GP users and connecting them with social prescribing. - Targeted cancer screening campaigns tailored to at-risk communities.	- Scale up proactive, data driven approaches to identify and support vulnerable residents. - Continue investing in integrated, person centred care models.
Health for all policies Utilising public health influence and evidence to consider the health, equity and sustainability implications of decisions across sectors.	- Public health input into planning applications. - Licensing policy and enforcement (test purchases). - Healthy advertising policy. - Designing healthier environments. - Food safety enforcement. - Providing accessible spaces for physical activity.	- Embed health impact assessments into planning, licensing and policy development processes. - Strengthen partnerships with planning and environmental health teams. - Develop monitoring frameworks for Health for all policies outcomes.

Inclusion health Focuses on groups experiencing the worst health outcomes due to poverty, exclusion, or multi-morbidity, and works to remove access barriers.	- Weight management programme co-designed for people with learning disabilities (Greenwich, Bexley, Bromley collaboration). - Needs assessment completed for people experiencing rough sleeping in Royal Greenwich. - Anti-Racism for Health Equity Community of Practice.	- Ensure services are co-produced with excluded communities. - Target services and support for marginalised populations using evidence and lived experience. - Apply findings from needs assessments to commissioning and service redesign. - Developing further, relevant, community of practices.
Community and stakeholder engagement Involving communities and stakeholders in decisions and activities that affect their collective wellbeing.	- Development of almost 500 local Community Champions sharing health and wellbeing messages. - Targeted campaigns on breastfeeding, cancer awareness, and cooking. - Training of community leaders and wider workforce to build a broader Public Health capacity.	- Continue to grow and diversify the Community Champions Programme. - Embed co-production principles in programme design. - Invest in community training as part of a wider public health workforce strategy.
Community development A process where people come together to act on what's important to them, rooted in the belief that everyone should have access to health, wellbeing, wealth, justice and opportunity.	- South London Listens 'Be Well' Programme: Creating safe, welcoming Be Well Hubs within community organisations. - Community leaders trained and supported to address mental health needs. - Grant funding for grassroot organisations. - Neighbourhood-based working.	- Investment in community-based mental health hubs. - Expand local leadership development and capacity-building. - Continue supporting small, local VCS groups through flexible funding.

Health Inequalities Policy Context

The Marmot Principles

Our approach to tackling health inequalities is informed by a mix of national, regional and local policy and evidence. One of our most important sources of evidence is the Marmot Reviews, led by Professor Sir Michael Marmot. These reports highlight how health inequalities are driven by social and economic factors (the building blocks). They also include a clear framework for action in addressing these factors.

Originally, the first Marmot Review identified six key areas to reduce health inequalities.[24] This has since expanded to eight Marmot Principles which many local authorities including the Royal Borough of Greenwich, are using to become Marmot Places.

The Marmot Principles have therefore been central in the analysis and recommendations of this report:

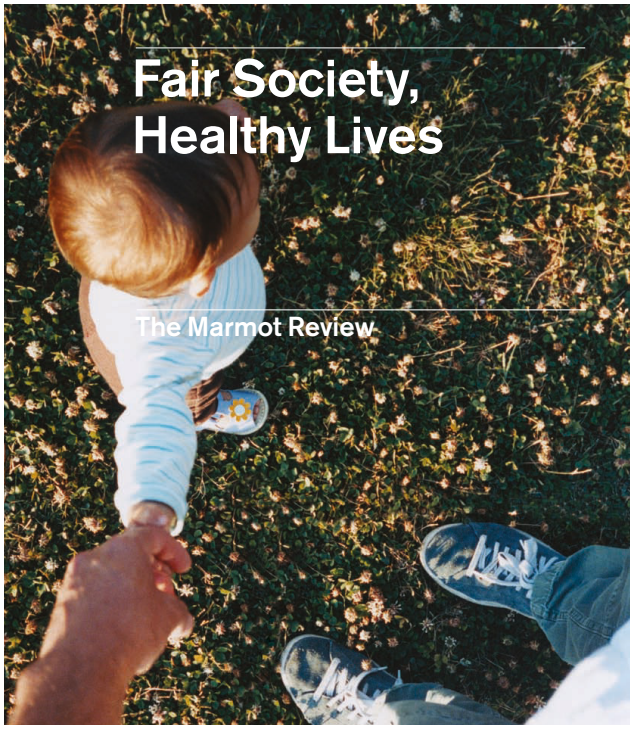
- Give every child the best start in life.
- Enable all children, young people and adults to maximise their capabilities and have control over their lives.
- Create fair employment and good work for all.
- Ensure a healthy standard of living for all.
- Create and develop healthy and sustainable places and communities.
- Strengthen the role and impact of ill-health prevention.
- Tackle racism, discrimination and their outcomes.
- Pursue environmental sustainability and health equity together.

Local policy context

Tackling health inequalities is embedded in the work we do at the Royal Borough of Greenwich and this is reflected in the wide range of investments included in the council's budget for 2025 to 2026.

There are many strategies that can positively influence health inequalities but here are four we want to share in this report. These strategies demonstrate a clear link between the council's priorities and the building blocks of good health.

Together, these strategies reflect a whole system approach. They recognise that good health does not sit within the NHS alone but is shaped by everything from the streets we walk on to the opportunities we have in life.



[24] Fair Society, Healthy Lives: the Marmot Review - Institute of Health Equity (2010)

The Royal Greenwich Joint Health and Wellbeing Strategy (2023 to 2028)

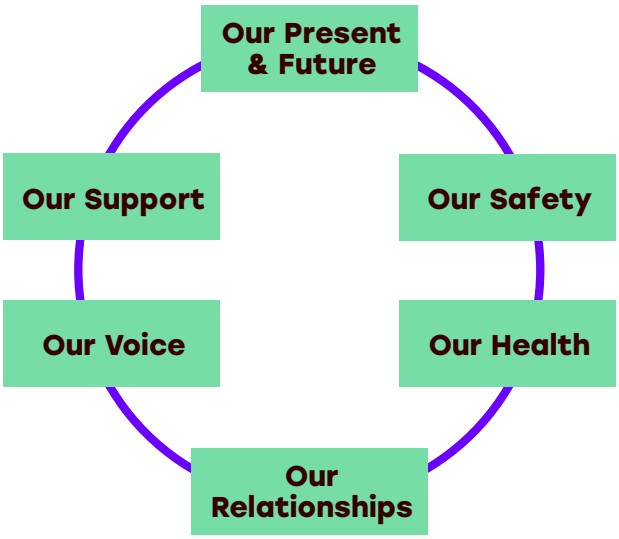
This strategy sets out our shared priorities for improving health and wellbeing. It takes a partnership approach and recognises that long-term, sustained action is needed to reduce inequalities.

Our Greenwich (2022 to 2026)

This is the Royal Borough of Greenwich's overarching four-year corporate plan. It is structured around five themes: People, Place, Economy, Communities, and Organisations, each with a long-term vision for 2030. Mission One sets out the aim that people's health supports them to live their best lives.

The Greenwich Children and Young People's Plan (2024 to 2029)

This outlines a partnership vision for improving outcomes for children and young people. It highlights the importance of early intervention, access to support, and tackling inequalities experienced by children and families. The strategy recognises that giving children the best start in life is critical to breaking cycles of disadvantage.



INTENT 1	Lessen the impact of poverty and the chances that the situation will get worse
INTENT 2	Prevent people from falling into poverty
INTENT 3	Address the risk factors and root causes of poverty

Greenwich Supports Strategy (2024 to 2027)

Financial insecurity is a key driver of health inequalities. This new strategy builds on the Our Greenwich plan and sets out three strategic intents to tackle poverty and support residents in need. It aims to ensure that all residents have access to the support, resources and opportunities they need to live well, recognising the links between income, living standards, and health.

The impacts of health inequalities in Greenwich

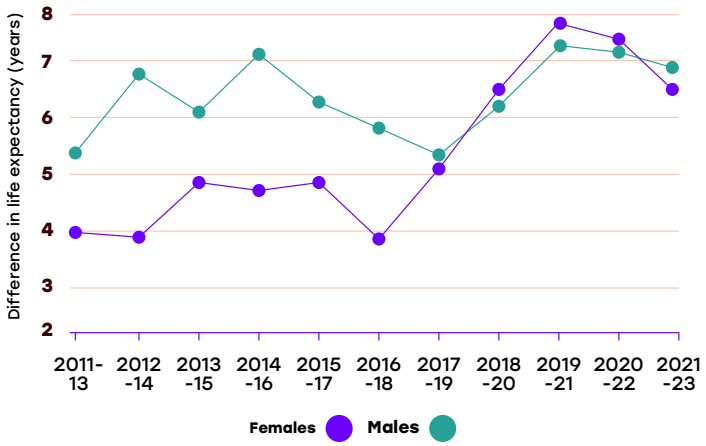
This section will explore who in the borough is most impacted by health inequalities and how.

Despite the many assets within our borough, a significant proportion of residents experience deprivation, with just over half (51.8%) of all households classified as deprived in terms of employment, education, housing, or health and disability.[25]

People with less access to resources, or who are in less favourable socioeconomic positions, experience worse health and shorter lives than those in more advantaged circumstances. This is a global trend known as the social gradient of health.

Figure 4a demonstrates this gradient in Greenwich through the difference in life expectancy between the most and least deprived residents, which has risen since 2011-13. The most recent figures from 2021-23 estimate a difference of 6.9 years among males and 6.5 years among females in Greenwich.

Figure 4a: The difference in life expectancy between the most and least deprived Greenwich residents by sex (2011-2023).

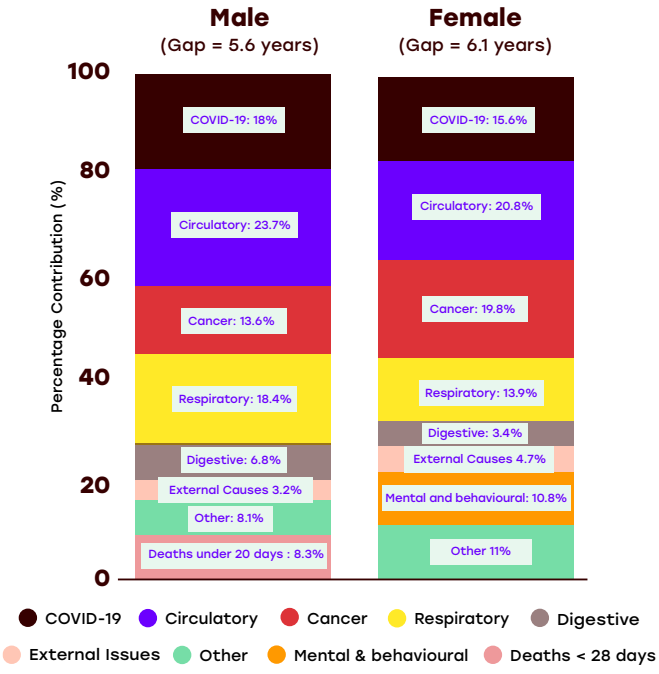


Source: OHID Fingertips (Accessed 06 Jun 2025)

Figure 4b gives a breakdown of the different diseases contributing to the differences in life expectancy between 2020 and 2021. Circulatory diseases (such as heart disease and stroke) accounted for the largest proportion of the gaps in life expectancy between the least and most deprived residents, for males and females in Royal Greenwich.

The data also highlights sex-based differences in how diseases contribute to life expectancy gaps. For example, while circulatory diseases were the largest contributors for both sexes, they accounted for nearly a quarter of the gap in males. For females, cancer was a close second, contributing 19.8% to the difference.

Figure 4b: Diseases responsible for the difference in life expectancy between the most and least deprived residents of Greenwich (2020-21).



Source: OHID Fingertips Segment Tool (Downloaded 06 Feb 2025)

Many of these illnesses can be prevented or delayed through interventions such as screening, vaccination, and changes that support healthier environments and behaviours. These areas are explored further throughout this report.

This is where we see the value of proportionate universalism in action. By investing in health and the building blocks of health across the population in accordance with the level of need, we can reduce the gaps in life expectancy while improving health for all across our borough.

[25] Our Greenwich Plan - Royal Borough of Greenwich (2023)

Infant & maternal health

The infant mortality rate measures the proportion of children who die within the first year of life. It is widely recognised as a key indicator of the general health of a population, due to its strong association with a range of health determinants, including the quality of and access to healthcare, social and economic conditions (poverty, immigration status, and education), behaviours (nutrition and smoking), and maternal weight.

Data consistently shows that infant mortality increases with deprivation. Stillbirths and infant deaths have also been found to be disproportionately higher among babies from Black and Asian ethnic backgrounds. A key driver of this inequality is that these babies are more likely to be born into deprived areas compared to White babies.[26]

Infant mortality remains a health inequality concern in Royal Greenwich. Historically, we have performed poorly compared to other London boroughs. The most recent data (2021 to 2023) shows a reduction in infant mortality to 4.1 deaths per 1,000 live births.[27] However, this still places Royal Greenwich as the 8th highest borough in London for infant mortality.

There is significant overlap between the risk factors for infant and maternal mortality. Nationally, maternal deaths are more common among Black and Asian women, women living in deprived areas, those with excess weight, and those over the age of 35.[28] Local analysis of neonatal deaths in Royal Greenwich demonstrated that Black or Black British mothers are overrepresented.[29]

The combination of multiple risk factors can further increase mortality risk. For example, in England, obesity in early pregnancy is more prevalent among Black women and those living in the most deprived areas.[30] Health behaviours, such as smoking during pregnancy, also contribute to poor outcomes.

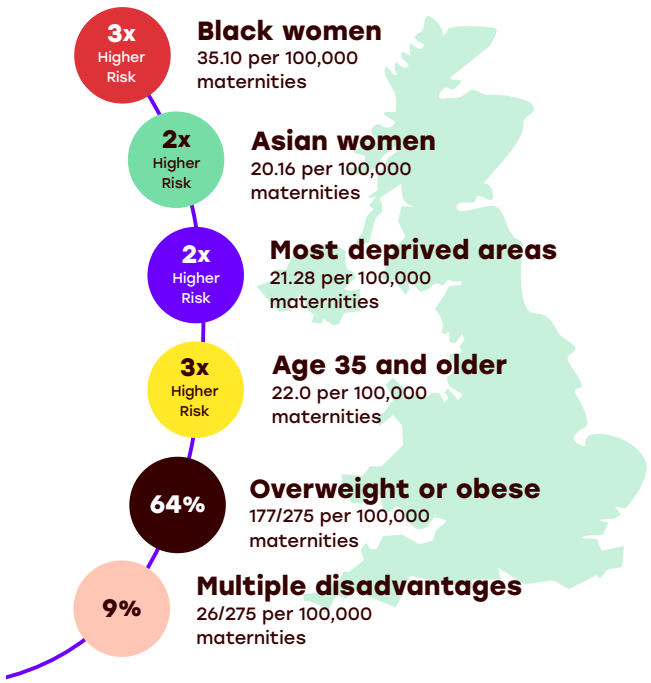


Figure 5: National inequalities in maternal mortality

Source: Saving Lives, Improving Mothers' Care - MBRRACE-UK (2024)

Locally, we are working to support smoking cessation in pregnancy and beyond. Protective factors such as good mental and physical health, strong social support, and timely access to maternity care are not always available to all women. Attending appointments and receiving consistent care can be particularly challenging for women:

- living in temporary accommodation
- new to the UK
- who do not speak English
- who face financial barriers to taking time off work
- or who experience transport difficulties

In response to these challenges, NHS England's three-year Delivery Plan for Maternity and Neonatal Services emphasises the importance of working in partnership with women and families to improve care.[31] The plan also prioritises the development of a maternity workforce that is well-supported to deliver safer, more personalised, and more equitable care.

[26] Births and infant mortality by ethnicity in England and Wales - Office for National Statistics (2021)
[27] Fingertips Indicator ID 92196 (2021-23)
[28] Saving Lives, Improving Mothers' Care: Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2020-22 - MBRRACE-UK (2024)
[29] A deep dive review of neonatal deaths of Greenwich children between October 2019 and January 2021 - Parekh et al. (Unpublished)
[30] Fingertips Indicator ID 94131 (2023/24)
[31] Three year delivery plan for maternity and neonatal services - NHS England (2023)

Children and young people

Health inequalities experienced in childhood can be extremely detrimental to a child's development, as well as their experiences and health in later life. Children experiencing health inequalities are highly likely to experience them across the life course.

According to the most recent published data, there are several health indicators for which children and young people in Royal Greenwich have significantly worse outcomes compared to the national average.

- MMR vaccination coverage at 2 years old: 86.4% for Royal Greenwich compared to 88.9% for England in 2023 to 2024[32]
- Hexavalent (6-in-1) combination vaccination coverage at 2 years old: 89.0% for Royal Greenwich compared to 92.4% for England in 2023 to 2024[33]
- Percentage of 5 year olds with experience of visually obvious dental decay: 30.0% for Royal Greenwich compared to 23.7% for England in 2021 to 2022[34]
- Increased levels of children living with excess weight in our most deprived areas and for our global majority groups[35]

There are clear links between education and health inequalities. Those with lower levels of education are more likely to report poorer health, and are more likely to smoke, have excess weight, or experience alcohol harm.[36]

In Royal Greenwich, differences in educational attainment begin in the early years of children's lives. For example, 73% of children aged 0 to 5 achieve a good level of development compared with 63% of children who are eligible for means tested free school meals (FSM), highlighting the impact of deprivation.[37]

In Key Stage 2 (7 to 11 years), the percentage of disadvantaged pupils reaching the expected standard in reading, writing, and mathematics in 2023 was 56% compared to 73% among children not deemed disadvantaged.[37]

These differences in attainment persist into Key Stage 4 (14 to 16 years), where a gap of 11.6% in the average attainment 8 score exists between disadvantaged and non-disadvantaged students.[37]

Children have special educational needs (SEN) if they have a learning difficulty that requires special educational provision to be made for them. Compared with London and England, Royal Greenwich has higher percentages of pupils receiving SEN support across nursery, primary and senior school settings.[37]

Further education is associated with better health, with four additional years of schooling reducing mortality rates by 16% and reducing the risk of heart disease and diabetes.[36]

Family Hubs

Any family with children from pre-birth up to age 19 (or 25 if they have additional needs) can access our family hubs set up across the borough. Family hubs are a network of children's and youth centres, libraries and other community buildings designed to improve families' access" to information, help and support, including council, health and community services. They provide important opportunities for social connection and support, as well as specialist services including mental health specialist midwives, infant feeding support, peer support and health visitors.

[32] Fingertips Indicator ID 30309 (2023/24)
[33] Fingertips Indicator ID 30304 (2023/24)
[34] Fingertips Indicator ID 93563 (2021/22)
[35] National Child Measurement Programme (2018-2024)
[36] Improving the public's health: A resource for local authorities - The King's Fund (2013)
[37] Royal Greenwich Data Observatory (accessed 06/02/2025)

At 37%, Royal Greenwich has a higher child poverty rate compared to London (32%) and England (30%).[38] Poverty and deprivation are a strong determinant of a range of health inequalities experienced by children and young people. One in four children in parts of Woolwich live in poverty compared to one in ten in parts of Eltham.[39]

In the 2024 Schools and Students Health Education Unit Survey in Royal Greenwich, 27% of primary school pupils responded that there were days during their last school holiday when they felt hungry and didn't get enough to eat.

Using the example of excess weight in children and deprivation, we can see how inequalities in health begin from an early age and build up throughout a person's life. Living with obesity has many negative effects on a child's life, including their mental wellbeing due to possible stigma and bullying.

Children who are living with obesity are more likely to live with obesity in adult life, putting them at higher risk of heart disease, stroke, high blood pressure, diabetes, and some cancers. Royal Greenwich currently ranks 6th highest for reception prevalence (11.6%)[40] and 8th highest for Year 6 prevalence of children living with obesity (26.6%), among London boroughs.[41]

When we look deeper into the patterns of excess weight in children, we can see a clear relationship with deprivation. This is seen nationally and locally. The chart on this slide breaks down the levels of deprivation into five groupings. We can see a general increase in reception and Year 6 rates of children living with obesity with increasing deprivation, with the highest rates among the most deprived 20% of pupils in the borough (see figure 6).

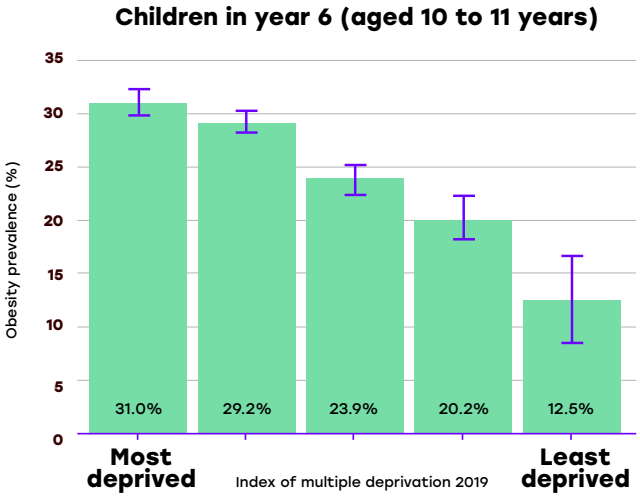


Figure 6: Obesity prevalence by deprivation and age in Year 6 pupils in Greenwich (2018-2024)

Source: NCMP (2018-2024)

Many health indicators and outcomes for children vary by other factors such as ethnicity. For example, rates of children living with obesity in Royal Greenwich at 4 to 5 years and 10 to 11 years of age are higher among Global Majority groups, with children of Black ethnicity having the highest rates (17.4% at 4 to 5 years compared to 10.2% among children of White ethnicity).

Addressing the complex causes of excess weight requires a multi-faceted approach. We have a broad programme of interventions, including providing access to healthy food and vitamins for pregnant women, children, young people, and families in need; food education and safety; and weight management services.

We are also developing a system-wide food strategy to drive this work forward. The next page gives a case study describing how we are enabling healthier environments to support healthier lives for children and families.

[38] Greenwich Supports Strategy - Royal Borough of Greenwich (2025)
[39] Children and Young People Plan 2024 to 2029 - Royal Borough of Greenwich (2024)
[40] Fingertips Indicator ID 90319 (2023/24)
[41] Fingertips Indicator ID 90323 (2023/24)

School Superzones

A School Superzone is a place-based approach to health improvement, defined as a 400m radius (approximately a 10-minute walk) around a primary or secondary school. It is designed to protect children's health and encourage healthy behaviours through interventions across several of the building blocks of health (as shown in the diagram below).

Figure 7a: School Superzone Concept

Source: Greater London Authority

This approach is being implemented in Thamesmead in partnership with Peabody and the London Borough of Bexley. Thamesmead is an area with high levels of deprivation, excess weight and smoking rates and low levels of physical activity. Insight from school communities include easier access to cheaper, healthier food and drink and safer, accessible parks and outside spaces for families to be active.

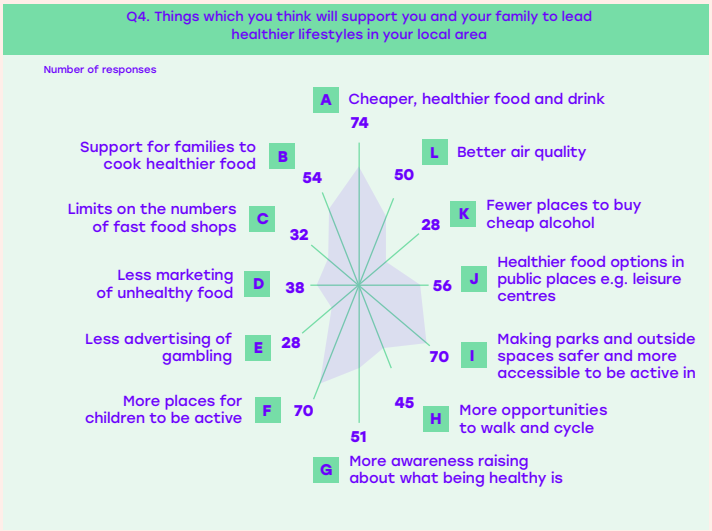


Figure 7b: Feedback from Hawksmoor Primary School Community.

Source: Hawksmoor Primary School

In response, representatives from early years, schools, youth provision, transport, environmental health, public health, economic development and local community groups have been working to deliver specific Superzone actions including:

- Improvements to the local shops through a Good Food Retail programme
- Alignment of community physical activity opportunities and enhanced promotion of social prescribing opportunities
- Gaining insight with photography through a Photovoice project
- Delivery of cookery clubs, community meals, accredited training and training for community groups about food and nutrition and healthier events catering, holiday programmes and food club delivery
- Road safety and traffic calming interventions
- Specific school-based projects such as playground improvements, mental health training and breakfast club delivery

This work aligns with several 'Our Greenwich' Missions, including *Mission 4:* children and young people can reach their full potential.

Vulnerable groups of young people

Children with adverse childhood experiences face severe health inequalities. 56% of medium to high-risk domestic abuse cases referred to the multi-agency risk assessment conference (MARAC) from 2018 to 2023 involved children. More than half of these referrals involved families living in the 30% most deprived areas.[42]

10% of Year 8 and 10 pupils in Royal Greenwich report worrying quite a lot about physical control or violence in their family, and 14% worry about emotional control in their family.[43] Royal Greenwich has higher rates of children entering the youth justice system compared to London and England.[42]

A very low proportion of children with caring responsibilities have been identified through school data, meaning that there are probably a significant number of young carers who the council is unaware of, and therefore not offering support to.[44] 36% of care leavers in Royal Greenwich are not in education, employment or training, which compares to 11% for the general population.[45] There are still many areas of improvement for our children in care and care leavers.

From 2019 to 2024 there has been a 47% increase in the number of 0 to 25 year olds with an Education, Health and Care Plan (which can be put in place to support a young person with special educational needs).[46] Boys make up 50% of pupils but 72% of pupils with Special Educational Needs and Disabilities.[47]

Girls are significantly more likely to be referred to mental health services than boys.[48] However, boys wait longer for their first appointment and are more likely to wait over 18 weeks. This suggests an uneven provision which is more likely to disadvantage boys and young men. This is consistent with a national pattern whereby girls are more likely to experience mental ill health, but boys are more likely to experience severe mental illness.

Hospital admissions for self-harm among 10 to 14 year olds are increasing in Greenwich and the rate is now above the England average.[48]

There is an overrepresentation of referrals to Children and Young People's Mental Health Services in Abbey Wood, Eltham Page, Kidbrooke Park, Middle Park & Horn Park, and Thamesmead Moorings.[48] This suggests that children in these areas may have a higher prevalence of mental health issues, greater awareness of services, or more accessible referral pathways compared to other areas.

There are many strategies and programmes of work to address these inequalities and support Mission 4: children and young people can reach their full potential. These include:

- Children and Young People Plan 2024 to 2029
- Special Educational Needs and Disabilities and Inclusion Partnership Strategy 2024 to 2029
- Greenwich Safeguarding Children Partnership Business Plan 2023 to 2026
- Royal Greenwich Early Help and Prevention Strategy 2024 to 2025
- Greenwich Young Carers Partnership Action Plan 2024 to 2026
- Empowerment and engagement programmes such as Young Greenwich, the Care Leavers' Forum and the Children in our Care Council
- Community Safety Partnership
- Greenwich Young People's Council

[42] Greenwich Safeguarding Children Business Plan 2023-2026 - Greenwich Safeguarding Children Partnership (2023)
[43] Schools and Students Health Education Unit Survey (2023)
[44] Young Carers Partnership Action Plan 2024-2026
[45] Bright Spots Survey Findings 2024
[46] Royal Greenwich Early Help and Prevention Strategy 2024-2025 - Greenwich Safeguarding Children Partnership
[47] Special Educational Needs and Disabilities and Inclusion Partnership Strategy 2024-2029 - Royal Borough of Greenwich
[48] Draft Greenwich Mental Health Needs Assessment - Royal Borough of Greenwich (Unpublished)

Inclusion health groups

Inclusion health is a term to describe people who are socially excluded and often experience several risk factors for poor health including stigma, discrimination, poverty, violence and complex trauma.

Examples of inclusion health groups include:

- people experiencing drug and alcohol dependence
- vulnerable migrants and refugees
- people of certain ethnic communities (such as Gypsy, Roma and Traveller communities)
- sex workers
- people in contact with the criminal justice system
- victims of modern slavery
- other marginalised groups (for example, in Royal Greenwich, we would include groups such as carers and neurodivergent communities).

Health inequalities among inclusion health groups are extreme, driven by severe disadvantage and intersecting social risk factors such as poverty and not having adequate and secure housing. There is strong evidence that their access to and experience of services is extremely poor and even worse for people from inclusion health groups with Global Majority backgrounds. Inclusion health groups constitute relatively small proportions of our residents, but the costs to individuals and health systems are high.

National data indicates that the relative death rate among people in inclusion health groups is far higher than the rate in the most deprived communities of England (see figure 8). Mortality in high-income countries is estimated to be 12 times higher for women in inclusion health groups and 8 times higher for men in inclusion health groups, compared to the general population.[49]

Estimates suggest that Gypsy, Roma and Traveller (GRT) communities make up 0.1% of the national population and 0.4% of Royal Greenwich residents.[50] In Greenwich there are two sites where most members of our GRT communities who do not live in bricks and mortar accommodation reside. GRT communities are known to experience much poorer health, with life expectancies 10 to 25 years shorter than the national average and much higher rates of infant mortality, long-term health conditions and mental health conditions.[51]

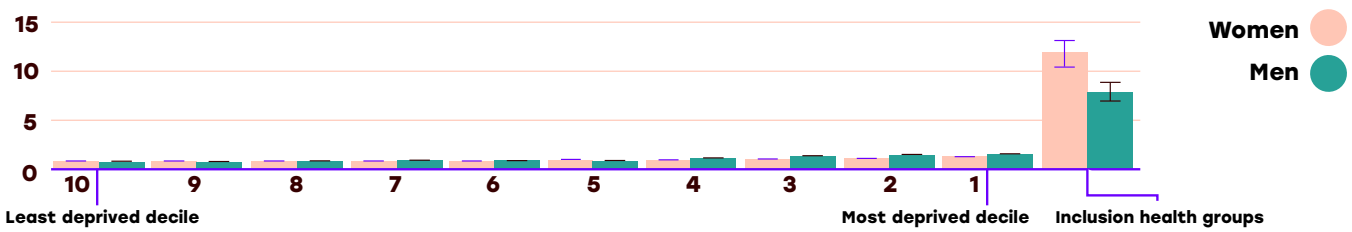
Intersectionality of disadvantage is clearly seen among people experiencing homelessness, who often live in poor conditions; have trouble registering with a GP because they lack a fixed address; and frequently report stigmatisation by healthcare staff, making them less likely to seek help earlier.

This results in disproportionately higher emergency inpatient admissions and hospital service use, compared to the general population,[52] plus an average age of death of 43 years for women and 45 years for men.[51]

Work to better understand our health inclusion communities is ongoing. Some examples of how we are working with some of them are presented later in this report.

Figure 8: Standardised all-cause mortality ratio for inclusion health groups compared to the general population by deprivation decile (2022).

Source: Office for Health Improvement and Disparities (downloaded 06 Feb 2024)



[49] Morbidity and mortality in homeless individuals, prisoners, sex workers, and individuals with substance use disorders in high-income countries: a systematic review and meta-analysis - Alridge et al. (2018)
[50] Royal Greenwich Data Observatory (accessed 06/02/2025)
[51] A national framework for NHS – action on inclusion health - NHS England (2023)
[52] Always at the Bottom of the Pile: The Homeless and Inclusion Health Barometer 2024 - Pathway (2024)

Mental health and wellbeing

Our mental health is as important as our physical health. All of us, throughout our lives, will experience a mixture of good and bad mental health and wellbeing. Mental health inequalities can manifest as differences in the rates of diagnosable mental illness; the levels of access to effective mental health support; or the chances of reaching positive service outcomes such as managing or recovering from mental ill health.[53]

In Royal Greenwich, the estimated prevalence of common mental health disorders (e.g. depression and anxiety) for those age 16 and over is significantly higher than the average for England. Rates of depression are also increasing more rapidly.[54]

Suicide rates are known to be higher among men and individuals of White ethnicity, both nationally and locally.[55]

Evidence from engagement across South-East London suggests that anxiety, depression and attempted suicide rates are higher within the LGBTQ+ community.[56]

People experiencing severe mental illnesses in Royal Greenwich face many inequalities, including higher rates of premature mortality (early death). 2021 to 2023 data places the Royal Greenwich premature mortality rate for adults with severe mental illness 18% above the England average.[57]

Factors like smoking and lower bowel and breast cancer screening coverage in Royal Greenwich for those with a serious mental illness are significant drivers for early death.[58] Mental health problems also commonly occur with addictions. 47% of all residents in substance misuse treatment have an unmet mental health need.[59]

In Royal Greenwich, White and 'Other' ethnicities are significantly over-represented in terms of referrals to mental health treatment services.[60] This could imply that there is a higher level of unmet need amongst Black, Asian and Mixed ethnicities. Inpatient stays in secondary mental health services are longer than the England average, and Royal Greenwich has higher rates of emergency readmissions within 30 days of discharge, suggesting that support for recovery could be improved.[60]

As with other areas of health discussed in this report, the drivers of mental health and wellbeing are complex. Supporting good mental wellbeing for all and preventing mental ill health or conditions worsening requires a broad range of responses. These include actions to improve the building blocks of health and a strong focus on improving social connection because social isolation and exclusion are key drivers of poor mental health.

In Royal Greenwich, a Mental Health Vision has been co-produced with residents who use mental health services and partners. The vision aims to capture the way people want to experience support and for services to work, with specific priority areas such as cultural competency and peer support.

A detailed mental health needs assessment is currently in progress to understand the mental health needs of different communities in Royal Greenwich across the life course in more detail. Specific strategies have also been developed to address priority areas, including a Royal Greenwich Suicide Prevention Strategy.

Last year the Greenwich Mental Health Hub (GMHH) launched. This is a GP referral service run jointly by local statutory and community mental health service providers Oxleas NHS, SEL Mind and Bridge. The hub has a 'no wrong door' approach to improve access into a broad service support offer, with a holistic approach to care to help people to manage their mental health.

[53] Mental health inequalities: factsheet - Centre for Mental Health (2025)
[54] Draft Greenwich Mental Health Needs Assessment
[55] Royal Greenwich Suicide Prevention Strategy 2023 to 2028
[56] Insight from marginalised communities to inform ICS strategy development - South East London Integrated Care System Engagement Assurance Committee (2023)
[57] Fingertips Indicator ID 93581 (2021-23)
[58] South East London ICS Cancer Population Insights Dashboard (accessed 06/02/2025)
[59] Draft Greenwich Health Addictions Profile
[60] Draft Greenwich Mental Health Needs Assessment

Addictions

Smoking

Smoking is the biggest preventable cause of disease and death among adults. Although smoking rates are generally declining, smoking is estimated to be more common among particular groups, including those who are male, of White ethnicity, living in more deprived neighborhoods,[61] in routine and manual occupations,[62] or part of a vulnerable and marginalised group. One in three first-time entrants to the Youth Justice system are smokers,[63] and three in four people accessing local addiction services are smokers.[64]

9.7% of adults in Royal Greenwich smoked in 2023.[65] According to the 2023 Schools and Students Health Education Unit survey, 25% of pupils aged 12+ have tried vaping (including more girls than boys) and 5% of Year 6 pupils have tried it.[66]

Smoking is also the single biggest modifiable risk factor for poor outcomes in pregnancy and poorer health outcomes for babies. This is linked to levels of deprivation and is therefore a health inequalities issue.

Smoking during pregnancy is associated with stillbirth, miscarriage, and premature birth. Greenwich has previously had one of the highest rates of smoking at delivery in London.[67]

Reducing smoking at time of delivery

A partnership project team (including Lewisham and Greenwich Trust, Public Health and the SEL ICS) achieved a reduction in smoking at time of delivery from 7.38% baseline to 6.04%. This equates to 8 more babies being born smoke free per month.

The approach centred around: exploring the drivers of maternal smoking, involving patients and testing ideas for change. This relates to the 'Our Greenwich' Missions including *Mission 17* (we design our services around the needs of our residents).

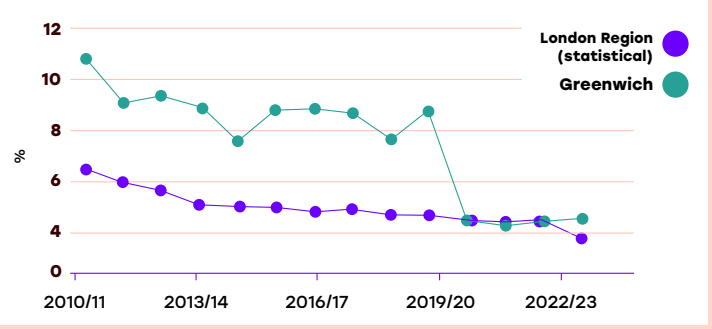
Some of the key changes implemented were:

- Free e-cigarettes offered by the Stop Smoking Service
- Referrals league tables to promote referrals to Stop Smoking Services
- "icare" system prompts to support conversations about smoking at booking
- Sonographer-designed leaflet to give out at scans
- Risk assessments and new equipment to support carbon monoxide screening

Staff engagement, system-wide engagement and data quality all proved to be important to support this improvement and there is continued commitment for work in this area.

Figure 9: Smoking status at the time of delivery among pregnant women in Greenwich from 2010/11 to 2022/23

Source: OHID Fingertips (downloaded 06/02/2025)



[61] South East London ICS Vital 5 Dashboard (accessed 06/02/2025)
[62] Fingertips Indicator ID 92445 (2023)
[63] Royal Borough of Greenwich Youth Justice Joint Strategic Needs Assessment (2024)
[64] Data provided by the Royal Borough of Greenwich Tobacco Control team
[65] Fingertips Indicator ID 92443 (2023)
[66] Schools and Students Health Education Unit Survey (2023)
[67] Fingertips Indicator ID 93085 (2023/24)

Drug Use, Alcohol Use and Gambling

Harms and impacts from drug use, alcohol use, and gambling affect individuals, families, communities, and wider society. The negative effects span from crime and disorder to exploitation and the economy. Alcohol-related violence, domestic violence, and anti-social behaviour (ASB) place a significant burden on the public and emergency services. Problematic alcohol and drug use can reduce parenting capacity and is a major factor in cases of child maltreatment.

An internal review of addiction in Royal Greenwich highlights that higher health harms for people experiencing addictions are associated with poverty and homelessness.[68] Wards including Plumstead & Glyndon and Plumstead Common feature prominently in terms of the number of people in substance misuse treatment over the last five years. There is quite a strong correlation with our more deprived wards.

Gambling vulnerability and harm risk have a similar distribution across the borough.[68] Alcohol unmet need has a slightly broader distribution across different quintiles of deprivation, with the majority sitting within the middle quintile.[68] This is likely due to the widespread availability and affordability of alcohol.

We know that there is a strong relationship between addiction and the building blocks of health. There is also a link between addiction and mental health. ADHD is linked to higher rates of substance use, and people who are neurodivergent may process substances differently, leading to unique challenges in treatment.

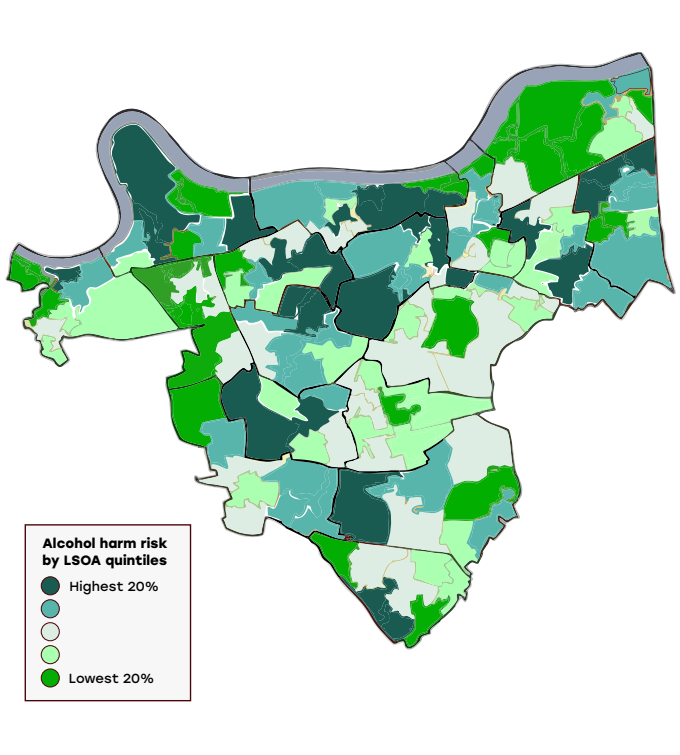


Figure 10: Alcohol risk score map by Lower Super Output Area (LSOA).

Analysis of Greenwich Substance Use Treatment Data (2023 to 24)[68]

- 24% of the treatment population are in paid work.
- 85% of the treatment population are in stable and suitable accommodation.
- 24% of the treatment population have a mental health treatment need that is not being met. This figure is 18% for females and 29% for males (and 36% for males aged 18 to 29).
- 28% of people in treatment have a disability.
- 60% of clients are White British. This figure is 80% for treatment services in the rest of England.

The Royal Borough of Greenwich's Addictions Strategy is currently in development. It will set out partnership action to address inequalities and reduce addictions-based harm across the borough.

[68] Data from the draft Greenwich Health Addictions Profile

Vaccination and screening

To achieve our aim of everyone in Royal Greenwich living fairer, healthier lives, the early detection of diseases and prevention of the spread of infections are vital. These are core to the public health and the population health management approaches we use locally.

Vaccination

Vaccination is one of the most effective measures to prevent disease. Some infections we vaccinate against can cause severe illness or even death in more vulnerable members of our society, such as babies and the elderly.

However, distrust and misinformation have created greater vaccination barriers and hesitancy for some communities more than others.

Within Royal Greenwich, estimates from primary care show that Black and Mixed ethnicity groups have the lowest uptake of the childhood measles, mumps, and rubella (MMR) vaccination.[69] The same pattern by ethnicity is seen among flu and COVID vaccinations across all ages.[70]

The estimated rate of children unvaccinated against MMR also generally increases with deprivation, being 24.3% among those most deprived and 8.7% among those least deprived.[69]

The South East London Integrated Care Board Vaccination Strategy seeks to address these inequalities through understanding barriers to access, tackling misinformation, building trust, and a focus on improving childhood immunisation rates.

Screening

We have higher rates of deaths from cardiovascular disease and cancers compared with London and the rest of England. Health checks and cancer screening are very effective in identifying these conditions early, meaning treatment is usually more successful.

As of February 2025, the estimated bowel cancer screening coverage in Royal Greenwich was 73% among the least deprived 20% of residents, compared to 58% among the most deprived 20% of residents.[71] Similar patterns are also seen in cervical screening.

Data from local GP systems for breast screening uptake illustrate that people from more deprived communities, people with learning disabilities and people with serious mental health conditions are less likely to access breast screening.[71] Studies also suggest that uptake is lower amongst some global majority communities, and particularly South Asian women.[72]

In Royal Greenwich, significant efforts are underway to improve health check and screening uptake. We will look at examples of community-led approaches to encouraging cancer screening next.

[69] South East London Primary Care Childhood Immunisations Dashboard (accessed 06/02/2025)
[70] South East London COVID & Flu Vaccinations Dashboard (accessed 06/02/2025)
[71] South East London ICS Cancer Population Insights Dashboard (accessed 06/02/2025)
[72] Breast screening: identifying inequalities - GOV.UK

Working with communities to improve cancer awareness and screening uptake

Improving awareness and accessibility is vital to reducing inequalities in screening. For example, work to understand women's views of cervical screening within Royal Greenwich highlighted concerns about pain, the sex of the staff member involved, a lack of knowledge about the test, and practical challenges in making and attending an appointment.

As part of a programme of work to raise awareness of cancer screening across South-East London, a behavioural science led campaign to encourage uptake of breast screening in priority groups has been developed. The campaign sought to better understand our diverse audiences, analyse behavioural barriers to screening uptake and create persuasive, creative communications so residents can easily move from intent to action and access their breast screening.

The approach also involved outreach at various settings such as: Eid in the Park, a Windrush event, a session with women from the Nepalese community, an event at Gurdwara Sahib, an event at Christ Tabernacle Church, and events in multiple languages at Greenwich Islamic Centre.

National data shows that between December 2022 and April 2024, there was an improvement across all six South East London boroughs in breast screening coverage, with Royal Greenwich seeing an increase of approximately 10%.

Another example of targeted screening work is a project to train twenty-seven barbers from barber shops in Plumstead and Glyndon to raise head and neck cancer awareness with their customers. This included signs and symptoms, risk factors and how to check for head and neck cancer. Cases of head and neck cancer are increasing (30% annually) and it is now the 4th most common cancer in men, with 60% of head and neck cancers diagnosed at a late stage.

The barbers are committed to applying this knowledge in their daily practice and raising awareness with their customers.

"I really appreciated the training, it really helped me to help keep my customers safe by telling them where to go if they had head, neck, skin cancer or lumps on the neck and how to properly communicate with confidence to them if I see anything strange about it"
– Local Barber

Image from the South East London Breast Cancer Screening Awareness Campaign developed with and featuring local women with lived experience of cancer.

Source: wedobreastscreening.org.uk

Causes of health inequalities

This section will explore some of the key drivers or causes of health inequalities and give some examples of how we are responding to these.

Structural Inequalities

Structural inequalities are the overarching factors that lead to systematic disadvantages for some social groups compared to others. Those that have received more recent recognition include racism, stigma and discrimination, and chronic stress and trauma.[73]

The revised Marmot principles acknowledge their importance and advocate for tackling racism, discrimination, and their outcomes as part of any approach to reducing health inequalities.

Racism

Oppression and marginalisation based on race at individual, institutional, and societal levels. This reinforces inequalities in housing, employment, and the criminal justice system, which in turn harm the physical and mental health of people from Global majority backgrounds. Some examples of the direct impacts on health driven by this complex picture are that rates of blood pressure and stroke amongst our Black communities are higher, as are coronary heart disease rates in our Asian communities, and diabetes in both our Black and Asian communities, compared with the rest of the Royal Greenwich population. Black adult residents have the highest estimated rates of excess weight (76%).[76]

Stigma and discrimination

Negative and unfair beliefs or treatment of people based on their characteristics, perceived circumstances, or actual membership of a social group. For example, members of the LGBTQ+ community across South-East London have consistently reported concerns that health and care staff do not treat them as equals and make assumptions, resulting in them actively hiding their sexuality for fear of intolerance.[74] The existence of weight stigma in society further impacts on social and health outcomes, including depression and anxiety, lower self-esteem, social isolation, substance use, unhealthy eating behaviours.[75]

Chronic stress and trauma

Some social groups have significant negative experiences, which can start in childhood through Adverse Childhood Experiences and build up to impact development and interactions with wider society. This can lead to repeated interactions with different services and contribute to distrust of services.

[73] The Root Causes of Health Inequity - Baciu et al. (2019)
[74] Insight from marginalised communities to inform ICS strategy development - South East London Integrated Care System (2023)
[75] Weight bias and obesity stigma: considerations for the WHO European Region - World Health Organization (2017)
[76] South East London ICS Vital 5 Dashboard (accessed 06/02/2025)

Aligned with Our Greenwich *Mission 2:* people will not experience discrimination, there are a range of programmes and initiatives aiming to address various aspects of structural inequalities. Some of these include:

- **Applying trauma-informed approaches** to help manage the negative impact of trauma and support better mental and physical health. Children and young people's services and addiction services are adopters of this approach, and training is increasingly available to upskill staff in other services and support roles.
- **Community-powered programmes** like Be Well (community access to wellbeing support) and the Greenwich Healthier Communities Fund (a 5-year NHS Greenwich Charitable Funds programme). A wide range of projects designed with and delivered by residents and communities have been funded, with over 80% being equity-led to date.
- **A system-wide Anti-Racism for Health Equity Community of Practice** for staff across the system to come together to network, share, and learn, launched last year.
- **A Council Equality and Equity Charter** is in place, and an **Anti-Racism Strategy** is under development.
- Public Health colleagues have published a **position statement on ending weight stigma** and are exploring opportunities for action, including EDI related awareness training.
- **The Council's Community Engagement Pledge**, which advocates engagement approaches for building trust and collaboration with our communities.

Living and working conditions

Social and economic circumstances

Our social and economic circumstances are vital building blocks of our health. Being in a secure financial position, with access to opportunities for education and employment, is important for our physical, psychological, and social wellbeing. When these building blocks are missing or broken, health suffers.

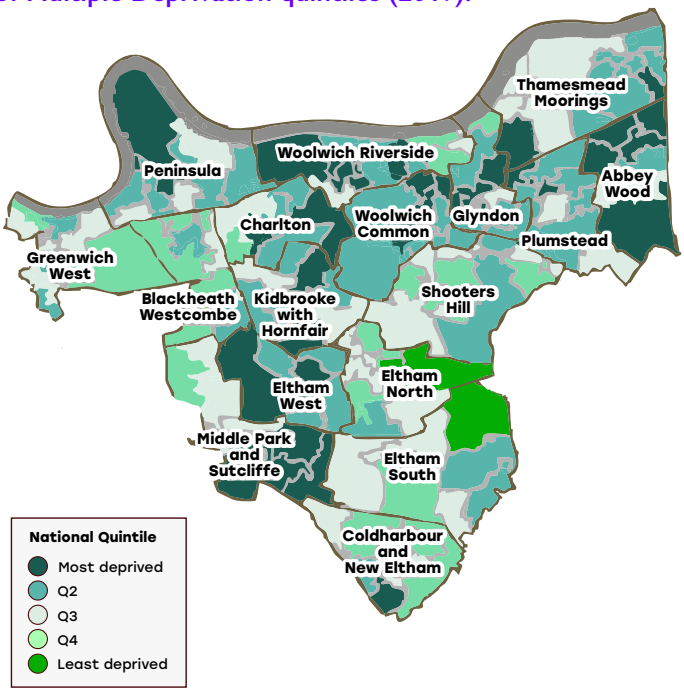
Social and economic circumstances are usually measured through deprivation. While poverty refers to lacking the money to meet basic needs, deprivation is a broader concept. It includes not just income, but also factors like employment opportunities, access to local services, and living conditions. The Index of Multiple Deprivation (IMD), a measure of relative deprivation, is the UK's standard measure, assessing small local areas based on seven domains:

- **Income**
- **Employment**
- **Education, skills, and training**
- **Health and disability**
- **Crime**
- **Barriers to housing and services**
- **Living environment**

Every area in England has an Index of Multiple Deprivation ranking. We often use five ranking categories or quintiles, which go from most deprived to least deprived. Figure 11 (which is based on the latest available data from 2019) shows that deprivation is not evenly distributed across the borough and that a significant proportion of our residents live in neighbourhoods within the two most deprived groups nationally. In terms of poverty, the borough has a higher child poverty rate (37%) compared to London (32%) and England (30%).

Housing costs are also higher, with more reliance on renting (31% social rented vs. 17.1% in England; 25.7% private rented vs. 20.6% in England). One in four children in parts of Woolwich live in poverty compared to one in ten in parts of Eltham.[77]

Figure 11: map of Greenwich by the Index of Multiple Deprivation quintiles (2019).



Austerity throughout the 2010s, leading to reduced funding, has deepened health inequalities, especially in our most deprived communities. The current and ongoing cost-of-living crisis has compounded these effects, leaving many with poorer health, housing,and quality of life.

Individuals who are disabled, on means-tested benefits, or aged 18 to 24 have been left particularly financially vulnerable, to the point of being more likely to avoid vital health services due to fears regarding associated extra costs.[77]

Deprivation goes far beyond income—it's a multifaceted issue affecting every part of life. Targeted support for vulnerable groups is critical to reverse these trends.

[77] Cost of living - a barrier to healthcare for the most vulnerable - Healthwatch (2023)

Employment

As we have already seen, our social and economic circumstances have a clear influence on our health. Fair and consistent employment can support this.

In Royal Greenwich, a 75% gap exists between the employment rate of working-age adults receiving long-term support for a learning disability and the overall employment rate. This gap is greater than the London and England values and is rising.[78]

Additionally, insights from across South-East London suggest Global Majority groups disproportionately experience the consequences of the cost-of-living crisis, due to low wages and unemployment being more common among people from these communities (compared to people from White British backgrounds).[79]

For more deprived individuals and families, low wages, long shift work, working many jobs, and high childcare costs cause significant stress for adults and children, with many families reporting feeling worried about money all the time.

The Living Wage is higher than the national minimum wage because it considers the real cost of living, and there is a higher rate for London. Paying the real Living Wage is good for employees, businesses, and society. The Royal Borough of Greenwich has been a Living Wage Employer since 2017 and offers grants to cover the cost of accreditation for three years for businesses in the borough. There are over 100 accredited Living Wage Employers in the borough, with more in the process of joining up.

Crime and safety

From 2021 to 2022, serious violence offences increased by 7% in Royal Greenwich.[80] Serious violence includes violence and exploitation, domestic abuse, and sexual violence. We have seen a sustained rise in domestic abuse referrals and calls since the COVID-19 pandemic.[80]

Perceived safety, actual safety, and being a victim or perpetrator of a crime can all have strong and long-lasting effects on our wellbeing. There are complex relationships between crime, poverty, early childhood experiences, housing, and many of the building blocks of health. For example:

- Three quarters of the boroughs in London with the highest levels of violent offending are also in the top 10 most deprived.
- Adverse Childhood Experiences have been identified as significant risk factors for both being a victim of and committing an act of violence.
- Research indicates that a significant proportion of young individuals involved in serious violence have experienced or been at risk of exclusion from school.
- Domestic abuse is intrinsically linked to housing issues.
- Substance abuse, low socioeconomic status, and childhood exposure to violence can increase the likelihood of being a perpetrator of domestic abuse. When combined with familial and community influences, they can create a cycle of violence.[80]

Related to Our Greenwich *Mission 5:* Everyone in Greenwich is safer and feels safer, the Royal Borough of Greenwich Serious Violence Strategic Needs Assessment and Strategy provides more information on the local picture and actions being taken.

For example, in Greenwich, there are now five Safehaven Superhubs at McDonald's branches. These Superhubs are a place of safety for any residents to access support, are in danger, feel threatened or harassed on the street, are unwell or just in need of some immediate help.

To support this approach, staff have received trauma-informed training, as well as how to use the defibrillators and bleed kits installed at each location.

[78] Fingertips Indicator ID 90283 (2022/23)
[79] Insight from marginalised communities to inform ICS strategy development - South East London Integrated Care System (2023)
[80] Serious Violence Strategic Needs Assessment - Royal Borough of Greenwich (2023)

Connecting our residents with information, advice and guidance

Many of the building blocks of health are outside of a person's control, but the right information, advice, and support can help someone to maximise their opportunities and income.

There are many policies and programmes of work happening in Royal Greenwich to support this, aligned with Our Greenwich Missions, including *Mission 3:* those in financial need can access the right support, advice, and opportunities to improve their situation.

These include 'one-stop shop' services like the Live Well Greenwich Service, Children's Centres, Family Hubs, and the Greenwich Community Directory. These offer a broad range of information, support, and signposting options face-to-face, over the phone, or online.

Support for finding employment, including developing work skills and accessing work experience, is available via Greenwich Local Labour and Business. We also have a broad Adult Community Learning offer which can support employability through developing work and life skills.

We offer a range of specialist projects and services providing information, support, and training for communities at risk of health inequalities, including:

- Sanctuary seekers
- Care leavers and people not in education, employment or training (NEET)
- People with a disability, autism, or those who are deaf
- Older adults
- People at risk of homelessness
- People experiencing domestic abuse
- People experiencing mental illness
- Certain ethnic groups

GREENWICH SUPPORTS

Greenwich Supports is a Council led programme to support its residents and employees, with the rising cost of living.

Advice is available around debt management, welfare benefits, housing and immigration, domestic abuse, and generalist support via face-to-face advice hubs at weekly drop-ins across the borough. Additional roaming hubs are regularly based at other locations across the borough.

The Greenwich Supports Strategy has been recently published as our strategic plan to reduce and prevent poverty.

Whilst continuing to provide support to residents through our Greenwich Supports programme, its key goal is to address the root causes of poverty by working with our partners and communities.

Housing

Secure housing is a vital building block of health, without which the risks of poor physical and mental health are high. Homelessness is associated with long-term illness, mental health conditions, and self-medication with drugs or alcohol.

This is worsened by barriers to accessing essential information and services, plus the stigma of homelessness frequently leads to negative experiences with care services.

Royal Greenwich has the seventh highest proportion of households owed a duty (households assessed as being at risk of or already homeless) under the Homelessness Reduction Act among London boroughs.[81]

The estimated rate of rough sleeping in Greenwich was 217 per 100,000 in 2023/24 (higher than England and similar to London), with 37% of people identified experiencing long term rough sleeping (higher than England and London).[82] The majority of people rough sleeping in Greenwich between 2017 and 2024 have been aged 25 and over and male, although homelessness and rough sleeping can sometimes be more hidden in women.[82] The disclosed nationality of people rough sleeping has varied over this time period.[82]

Data from 2021/22 to 2023/24 demonstrates a rising number of people on the social housing waiting list in both priority need and non-priority need groups, alongside a falling number of cases where homelessness has been prevented.[83]

There has been a major focus on reducing the number of people in temporary accommodation in Royal Greenwich, particularly hotel accommodation, during 2024 to 25. This has included the Council's flagship home building programme 'Greenwich Builds'.

Understanding needs and supporting people experiencing rough sleeping

People experiencing homelessness and rough sleeping are known to face some of the starkest health inequalities across a range of areas of health and wellbeing.

The council has a Homelessness and Rough Sleeping Strategy. A Rough Sleeping and Health Steering Partnership Group has been set up to share information and insights, problem-solve, and drive forward action to improve healthcare access and health outcomes for people experiencing rough sleeping. They have since progressed:

- A Joint Strategic Needs Assessment (JSNA), bringing together data from a range of local organisations and teams to build a current picture of rough sleeping. It explores the current and future health and care needs to guide the planning and commissioning of health-related services. Data from questionnaires completed by local people who have experience of rough sleeping is included, highlighting their health needs and barriers to accessing care.
- Exploring tailored signposting information and training development for staff supporting people who are rough sleeping.
- A new outreach nurse, supporting people rough sleeping to attend hospital appointments and register with GPs.
- Dentaid, a mobile dental service exclusively for people rough sleeping, will visit Woolwich monthly.

[81] Fingertips Indicator ID 93736 (2023/24)
[82] Rough Sleeping Snapshot Dashboard
[83] Our Greenwich Success Measure Dashboard

Access to healthy food

Eating well is vital for good health and wellbeing, but not everyone has the same opportunities to eat a healthy diet. Where we live, and our resources, have a significant impact on what we eat.

Nationally, the most deprived fifth of adults consume 37% less fruit and vegetables, 54% less oily fish and 17% less dietary fibre than the least deprived fifth.[84] Estimates suggest that people in the most deprived fifth would need to spend half of their disposable income on food to eat a diet in line with Government dietary recommendations.[84]

Food-related ill health is responsible for about 10% of morbidity and mortality in the UK and costs the NHS about £6 billion annually.[85] It is estimated that malnutrition costs the NHS £19.6 billion a year.[86]

In the 2024 Schools and Students Health Education Unit Survey in Royal Greenwich:

- 14% of primary school pupils didn't eat any portions of fruit or vegetables the previous day.
- 10% said they ate some fast takeaway food on the way home from school the previous day.

In Royal Greenwich, the Food Response Partnership Group monitors the level of need in the borough and oversees the Food Poverty Action Plan. The plan includes a wide range of interventions and programmes designed to link residents at risk of food poverty with information and support in relation to:

- Maximising their income
- Developing food-related knowledge and skills
- Improving access to safe and nutritious food with a focus on reaching the most vulnerable groups.[87]

Our food response

- Universal Free School Meals in London.
- The National Healthy Start Programme, where women more than 10 weeks pregnant or families with children under 4 receiving certain benefits may be entitled to help to buy healthy food and milk.
- Libraries and adventure play centres in Royal Greenwich offer 'grab and go' lunches for children every day of the school holidays.
- Specific holiday programmes for 4 to 16-year-olds who are eligible for Free School Meals provide a hot lunch alongside opportunities to learn, be active, and have fun.
- Food pantries and food clubs across the borough offer a dignified approach to tackling food insecurity and provide social connection opportunities.
- Specific food banks, supported by shelf-stable food supplies.
- Emergency food response, providing emergency food to those in temporary accommodation and emergency infant formula to those in need.

Community Food Programme

- Monthly community meals in venues across the borough.
- Cookery clubs programme for residents, with strong networks across local venues and groups. A range of tailored clubs are also available, e.g. for people with learning disabilities and clubs focused on culturally specific diets.
- Cookery Tutor training – to date, 150 residents have been trained. Evaluation has highlighted positive individual and community-level impacts, including skill development, social connection, and capacity building.

[84] The Broken Plate 2023 - Food Foundation (2023)
[85] The burden of food related ill health in the UK - Rayner & Scarborough (2005)
[86] The cost of malnutrition in England and potential cost savings from nutritional interventions - BAPEN (2015)
[87] Schools and Students Health Education Unit Survey (2024)

Geographical area

The areas in which we are born, educated, live, and work have a profound impact on our health. Our local environments influence our access to many of the building blocks of health, from employment and education to food and transport options.

An example of this can be seen in the local patterns of deaths from cardiovascular disease, one of the leading causes of mortality throughout Royal Greenwich.

The map shows that the distribution of cardiovascular disease is not equal across the borough, with higher mortality rates in parts of Thamesmead Moorings, Abbey Wood, Woolwich Common, and Woolwich Arsenal compared to other areas.

The Access to Healthy Assets and Hazards (AHAH) index combines different factors affecting our health to measure how "healthy" a neighbourhood is.[88] This includes:

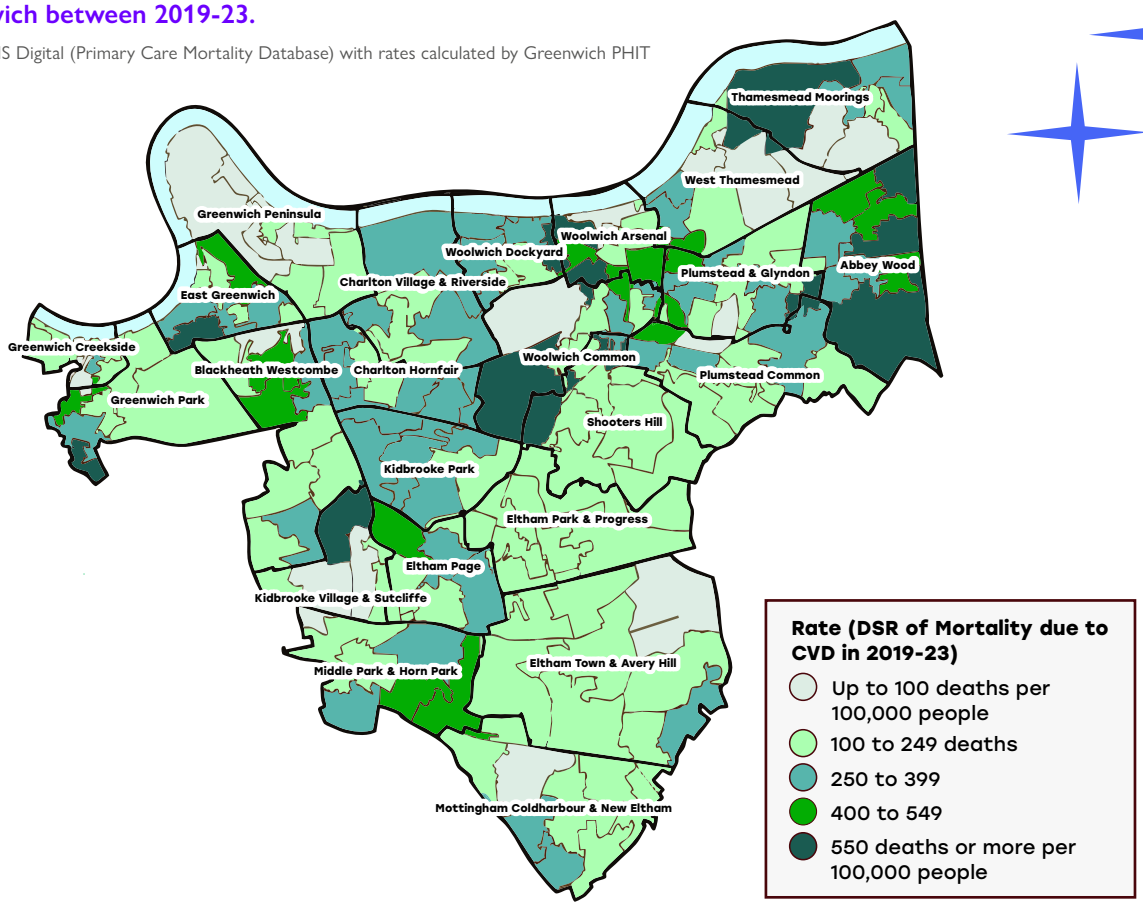
- Access to fast food, pubs, tobacco, and gambling outlets.
- Access to GPs, hospitals, pharmacies, dentists, and leisure services.
- Access to green (parks, gardens) and blue (ponds, rivers) spaces.
- Overall air quality and pollution levels.

Nearly 45% of our local population live in areas that fall within the poorest performing 20% of the index.[88] These scores are unevenly distributed across the borough.

Many of the populations at greatest risk of health inequalities are also more likely to live in less "healthy" neighbourhoods. Much of the variation in long-term disease prevalence and the healthiness of local environments reflects levels of deprivation.

Figure 12: Rates of mortality from cardiovascular disease across Greenwich between 2019-23.

Source: NHS Digital (Primary Care Mortality Database) with rates calculated by Greenwich PHIT



[88] Fingertips Indicator ID 93074 (2024)

Deprivation and Geographical area

The link between deprivation and geographical area was mapped locally in the Council's Community Resource Strategy, published in May 2024.[89]

The relative deprivation of each Greenwich ward was measured based on factors such as pension credit eligibility, poverty, unemployment, child poverty, disability, and caring responsibilities. The five most deprived wards were identified as:

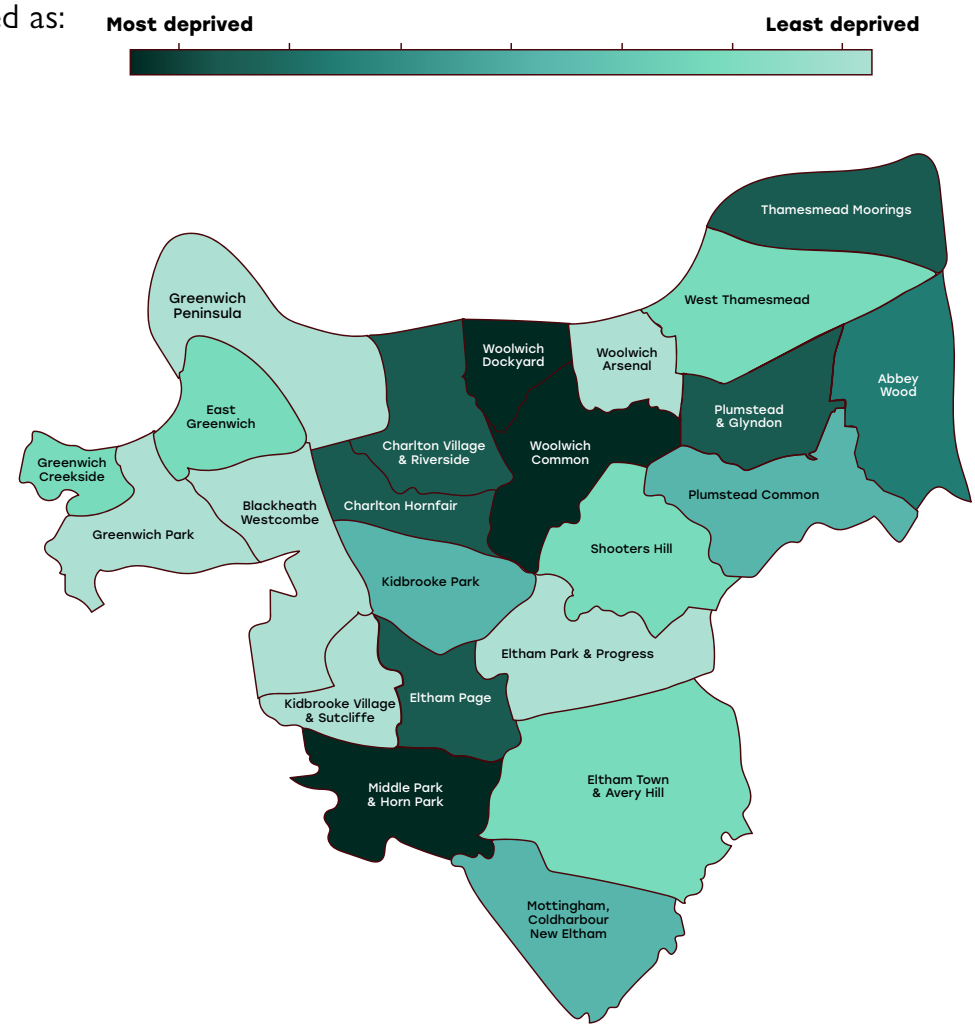
- **Middle Park & Horn Park**
- **Woolwich Common**
- **Woolwich Dockyard**
- **Plumstead & Glyndon**
- **Thamesmead Moorings**

Notably, Plumstead & Glyndon (66%), Thamesmead Moorings (62%), and Woolwich Dockyard (61%) have the highest percentages of residents from Global Majority backgrounds.[89] In contrast, Eltham Park & Progress (the least deprived ward) has the lowest representation of Global Majority residents (18%).

This demonstrates how health varies throughout the borough and illustrates the interconnectedness of health, geographical area, social and economic circumstances, and personal characteristics.

Figure 13: Royal Greenwich total deprivation score by ward (a higher score equates to a more deprived area of the borough)

Source: Community Resource Strategy



[89] Community Resource Strategy - Royal Borough of Greenwich (2024)

Neighbourhood working

Taking a local community or neighbourhood-led approach is vital to understanding the complexities of what is driving health inequalities at a hyper-local level. Local partnerships and action lets us be led by our unique communities and create tailored solutions together.

This approach in Greenwich supports the NHS 10 year Plan drive to move care closer to communities and the development of integrated neighbourhood teams prioritising prevention, early intervention, and outreach.

Community engagement activity in the neighbourhood areas of Plumstead and Glyndon, Thamesmead, Horn Park, and Blackheath and Charlton is better connecting residents with each other and local support services.

Residents and community leaders are working with Public Health officers to co-design action plans to improve health and wellbeing based on the needs of their neighbourhood. This work aligns with the Our Greenwich *Mission 15:* Our Council is better at listening to communities, and communities feel they are heard.
Joint action includes:

- Improving access to health information and services, including digital inclusion, and developing tailored communication about local service offers.
- Increasing social connection activity through commissioning of activities or influencing local service delivery.
- Improvements in the physical environment and access to healthy, nutritious food, including the School Superzone programme, traffic calming and active play facilities, community gardening, community meals, food support, and cookery clubs.
- Community participation, including accredited training to support community champions, community listening events, volunteering and befriending support, and micro-funding community projects.

The Connecting Thamesmead resident panel has allocated funding to 15 local organisations to deliver a range of connection activities, from creative health options like photography, music, dance, and textile sessions through to 'walk and talk' and healthy eating support.

The Horn Park group successfully bid for funding through the Greenwich Healthier Communities Fund to formally establish a resident group on the estate to connect into ongoing development in the area.

"It's a privilege to be part of this group that brings the community together. We are all part of the community and feel genuinely privileged to live and work in Royal Greenwich."

- Member of the Blackheath and Charlton Steering Group

"It is a very good group that has a lot of useful information about things happening locally."

- Member of the Plumstead and Glyndon Steering Group

Access, quality, and experience of care services

For all residents in Royal Greenwich to live longer and healthier lives, access to healthcare services and receiving high standards of care must become a reality for everyone. Unfortunately, some groups are more likely to experience unfair barriers when accessing healthcare, and/or negative experiences once they do.

In Royal Greenwich, the proportion of missed or cancelled health and care appointments, as well as the rate of unplanned emergency admissions and A&E attendances, is higher in our most deprived communities.[90] This means people in these areas often receive support later than needed.

Despite proof of address, immigration status, or ID not being required to register with a GP practice in England, Healthwatch Greenwich found a lack of awareness with:

- **4 in 5 GP surgeries saying new patients could not register without proof of address**
- **3 in 5 saying new patients could not register without proof of identity**
- **and less than 1 in 5 saying new patients could register without any documents[91]**

These unnecessary requirements can lead to worse health and quality of life, with individuals often presenting to services later, after their health has deteriorated. For example, individuals who move frequently, such as members of the Gypsy, Roma and Traveller (GRT) communities, those experiencing homelessness, or those living in temporary accommodation may face these and other access related difficulties e.g. staying on healthcare waiting lists and maintaining continuity of care.

Sanctuary Seekers Refugees, asylum seekers, and migrants seeking sanctuary are another inclusion health group - a population that experiences stark health inequalities and significant barriers to care access, experience, and outcomes. A Healthwatch report found that migrants' experiences of care were hindered by:

- Fears around data sharing with immigration services
- Language and communication barriers with healthcare staff
- A lack of mental health support

Migrant and asylum-seeking women also face additional barriers in accessing maternity care in South-East London potentially leading to delayed or incomplete care, increasing health risks for both mothers and their newborns. These include:

- Limited understanding of the healthcare system and entitlements
- Inconsistent access to antenatal and postnatal care
- A lack of culturally sensitive services.

These examples highlight that while services may be universal, they are not equally accessible to all. Barriers and negative experiences prevent fair access for many. A proportionate universalism approach is essential; this means investing more resources in groups facing greater inequalities.

A user-centred, accessible and culturally sensitive guide to healthcare designed to simplify and improve access to services in South East London.

Source: selondonics.org/yourhealth

[90] NHS Digital DAE (2019-24)
[91] Mystery shopping report: GP registration in Greenwich - Healthwatch Greenwich (2022)

Supporting service improvement and access for residents

Below and throughout this report, we highlight many examples of using both Public Health data and resident insights to understand community needs and barriers to accessing services and support, and to design interventions and services in response.

Social prescribing

Some people need additional information, support, or confidence-building to help them navigate or access services.

Social prescribing connects people to activities, groups, and services in their community to meet non-medical, practical, social, and emotional needs that affect their health and wellbeing. It can work particularly well for people who:

- Have one or more long-term conditions
- Need support with low-level mental ill health
- Are experiencing loneliness or isolation
- Have complex social needs affecting their wellbeing

In Royal Greenwich, one of our main social prescribing offers is the Live Well Greenwich Service.

live well greenwich

Support is available over the phone, or, in some cases, face-to-face with a Live Well Coach for:

- Money, debt, and benefits advice
- Housing issues, including staying warm in winter
- Training and employment support
- Reducing social isolation
- A healthier body and mind, including support for stopping smoking, eating well, and improving mental wellbeing

This service offers a holistic approach to care - considering the broad range of factors that affect a person's health and wellbeing. Social prescribers "meet the person where they are", exploring "what matters to them."

"I was living in mould and damp in temporary accommodation and felt like nobody cared. The Live Well coach explained the process, helped me with the forms, got the council to wash the mould in my property, and helped me receive more mental health support. I am very grateful."

"I found the Live Well Greenwich Service very helpful, as it has helped me overcome a few obstacles that I have been really struggling with, and I felt like nobody else could help me. My anxiety has gotten better as I feel like there is a service who listen to me."

Supporting inclusion health groups

In line with the Our Greenwich *Mission 6:* People in Greenwich have access to a safe and secure home that meets their needs, the Royal Borough of Greenwich formally became a Borough of Sanctuary in 2023. This means we are now part of the City of Sanctuary movement: a national network of towns and cities committed to being places of safety and inclusion for those seeking sanctuary.

The Royal Greenwich Borough of Sanctuary Group brings together local organisations, refugees, asylum seekers, and migrants. The group meets regularly to plan and deliver campaigns aimed at improving the lives of all migrants in the borough.

All GP surgeries in the borough have been called to sign up to the Safe Surgeries initiative, committing to take practical steps to reduce the barriers that sanctuary seekers face in accessing healthcare.

Listening to and co-designing services with residents

For residents to access information and services that work for them, it is essential to listen to their needs and co-design the response with them as equal partners. Analysis of resident insights across a range of engagement activity in Royal Greenwich has identified the following key themes:

- Residents value responsive, personalised, accessible, culturally relevant, and inclusive services and support.
- There is a need to improve the availability and/or reach of accessible, relevant information and signposting (e.g. considering tailoring, language, and utilising the full range of channels, including face-to-face).
- Residents value various types of support and have identified some current gaps.
- Residents value various access routes and have identified current challenges (e.g. language, transport, waiting times, and appointment choice).
- Digital inclusion enables access to information and support, but some people are excluded from this channel and access route.
- Residents value involvement and co-production and would like to see greater levels and diversity of involvement.
- Trust in services can be low.
- Stigma around speaking about problems and seeking support is a barrier, particularly within some communities.
- Improved coordination between services and sectors is needed.
- Addressing inequalities and the building blocks of health is important.

We will continue to apply these approaches in alignment with Our Greenwich *Mission 17:* we design our services around the needs of our residents, *Mission 15:* our Council is better at listening to communities, and communities feel they are heard, and the new Greenwich Community Engagement Pledge.

Many more parts of the wider system are advocating for and delivering co-productive approaches to residents.

Local grant programmes such as the Community Innovation Grants and the current Greenwich Healthier Communities Fund have gone further - directly funding community-led ideas, projects, and interventions aimed at communities at high risk of health inequalities.

Service evaluation and quality assurance

Residents' quality of and experience with care is also highly relevant to their health outcomes and inequalities. Evaluation and quality assurance are vital parts of our work.

This well-established programme in Royal Greenwich ensures that health services (primarily sexual and reproductive health) are young people-friendly. It works with services such as health centres, pharmacies, and GPs to meet the national You're Welcome standards.

The programme involves a team of young assessors who quality assure health services through mystery shopping. They are also trained to share knowledge and information with their peers. This volunteering experience provides the opportunity to educate young people about their health and rights and empowers them to share their knowledge and skills with others.

Young assessors have also been involved in quality-assuring the Holiday Activity and Food (HAF) Programmes in Royal Greenwich. After identifying period poverty as a potential barrier to teenagers attending these programmes, funding was secured to provide free period products at all HAF programmes. Several Better Centres have continued this provision, which is now being extended to libraries across the borough.

What don't we know about health inequalities in Greenwich

The way that data and insights are recorded, disclosed, analysed, and reported means there is still a lot we don't know about health inequalities in Greenwich. Most available data highlights inequalities experienced by people from more deprived backgrounds, certain geographic areas, and certain ethnicities (including non-White British groups). It is important to acknowledge that other significant inequalities, such as those affecting specific personal characteristics, inclusion health groups or communities, are not always captured.

For example, ethnicity recording issues have also been noted nationally, leading to recommendations to improve the recording of ethnicity in health datasets. Gypsy, Roma and Traveller communities being often absent from monitoring data is one example of this. Another, is that local rates of hospital admissions and A&E attendances coded by ethnicity include a significant proportion of 'Unknown' and 'Other' categories, meaning understanding the detail of our population accessing these services is incomplete.

The quality of health data therefore relies on accurate, complete coding and data sharing. People with significant barriers to accessing health services, such as those experiencing homelessness, may not be represented. For some types of health data, there is also the potential for over or under-reporting, due to issues such as disclosure, distrust, and stigma.

As well as these challenges, it is important to acknowledge that even the most accurate and comprehensive datasets still only offer one part of a broader picture of the health of our communities. Qualitative data, including community insights and lived experience, barriers and systemic issues; community assets and resources are needed to support a much fuller understanding of our communities experiencing health inequalities.

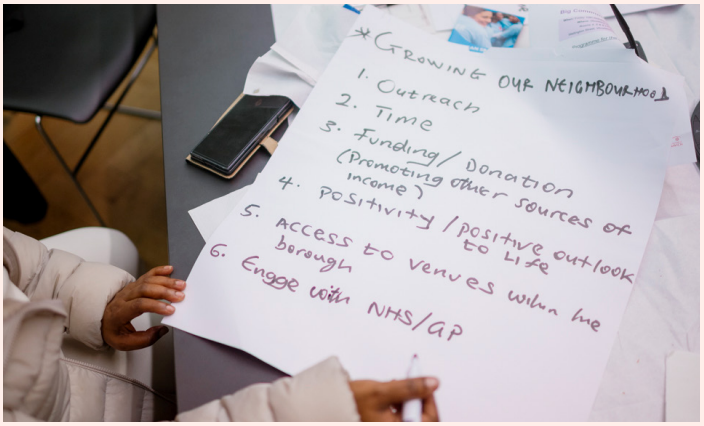
Work is therefore ongoing to fully understand our communities, both locally and nationally, which includes activity to improve health data collection. This work cannot rest solely with Public Health or healthcare services. It requires a system-wide approach and a commitment to sharing data, insights and best practice across all sectors.

Conclusion

This report has presented the local picture of health inequalities in Royal Greenwich, championing the importance of taking action to address this social justice issue through a whole-system approach, so that we can achieve the health equity everyone in our borough deserves. Our vision is for everyone in Royal Greenwich to have the same opportunities to live healthy lives across their lifetime.

However, despite sustained efforts, in-borough inequalities persist. Groups at the highest risk of poor health outcomes may need more or different support and resources to achieve equitable outcomes. While this report has highlighted specific examples, we acknowledge there are still many different types of communities we need to listen to and understand more deeply. Co-designing services and support tailored to needs is essential to ensure no one is left behind.

As we conclude this report, we make the following recommendations. These call for a renewed, system-wide focus on embedding health equity and addressing the building blocks of health in our core work, aligned with the Marmot principles.



Recommendations

Finding and engaging with those most at risk

- Leverage the opportunities of population health management systems to deepen our understanding of health inequalities within the borough, particularly for those most at risk, to guide targeted action.
- Continue to develop and build on community insight and lived experience to:
  - work collaboratively with communities, public and private organisations, frontline staff, and the voluntary and community sector to enable meaningful community-led decision-making and action.
  - inform service design and delivery across the council to improve access.
  - build and strengthen trusted relationships with our communities.

Influencing and supporting policy makers and professionals

- Developing the wider public health workforce and nurturing a health-equity-focused culture, with accessible and inclusive communication at its core
- Ensure a coordinated, partnership approach to tackling the wider determinants of health, addressing commercial influences and working to create healthier, more supportive physical environments.
- Maximise the influence of anchor institutions and leverage the borough's cooperative approach to further health equity ambitions.
- Host a partnership Health Equity Summit to build shared commitment and facilitate progress on this agenda.

Operationalising a health equity approach across the system

Public Health to work with colleagues across the Council and with partners (including the NHS) to operationalise a health equity approach, embedding it into corporate strategies and on-the-ground services. This includes:

- applying a proportionate universalism approach to the delivery of services, including the creation of proactive care pathways for those at highest risk.
- requiring commissioned services to analyse access, outcomes, and experiences by deprivation, ethnicity, and inclusion health group and to embed this analysis into the commissioning cycle.
- developing and evaluating a local Health Equity Toolkit to guide and support this approach, drawing on existing evidence and best practice.
- co-producing a set of priority, partnership programmes which have measurable impacts for those most at risk of health inequalities.

Final Note

Everyone deserves to live the healthiest life they can in Greenwich. Whatever your role; every contact and every decision is an opportunity to make progress toward equity.

Working together with our partner organisations and communities, we will make our borough fairer and healthier for all, ensuring no one is left behind.

Further information

Free Greenwich Public Health information and training

- **The Royal Greenwich Data Observatory:** a free and open online resource that provides a 'one-stop' source of interactive Public Health intelligence for anyone with an interest in Royal Borough of Greenwich and its local communities.
- **Complete 'Make Every Opportunity Count in Greenwich' free, online 45-minute training:** Know when, where and how to best signpost residents to free, local services and support for help with issues they may be facing, including cost of living, social isolation, being active, eating well and stopping smoking. Visit livewellgreenwich.org.uk/meoc
- **Sign up to become a Greenwich Health and Wellbeing Community Champion:** Get weekly local health and wellbeing news and information sent by the Council and the local NHS via email or WhatsApp. Sign up at royalgreenwich.gov.uk/communitychampions
- **Complete Royal Society of Public Health Training 'Understanding Health Improvement':** This recognised level 2 qualification aims to provide an understanding and practical application of the principles of promoting health and wellbeing. It's offered face-face in local community settings over 1-2 days. Visit livewellgreenwich.org.uk/rsphtraining for more information and to register.
- Other **Public Health and community based training for community organisations, groups and volunteer**s can be found on the Council website here.

One-stop health and wellbeing support in Greenwich

- **Live Well Greenwich Line:** Call our friendly, trained advisors for free on **0800 470 4831** They can help with: food, money issues, housing, employment, volunteering and training, keeping your mind and body healthy and social activities.
- **Live Well Greenwich website** - All sorts of things in life affect our health and wellbeing. Live Well Greenwich aims to support local residents to live healthier, happier lives for longer.
- **Greenwich Community Directory** is the **online information and service directory** to help people to live well in Greenwich.
- **Greenwich Supports** is the Council's campaign to ensure that local residents and employees have **support with the rising cost of living**. This support includes **face-to-face advice hubs** for local residents in community spaces across the borough. They offer support with **welfare benefits and debt advice.**
- **Family Hubs** are based in Children's Centres across the borough and act as the first point of contact for families who need support or advice to access financial help, keep children happy and active, from pregnancy to teenage years. You can also call 020 8921 6921 for more information.