

Greenwich Hub for Influence, Voice, and Engagement (G-HIVE) **Building Influence, Strengthening Voice: G-HIVE's Journey of Collaboration, Representation, and Impact (2021 – 2025)**

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Introduction

In 2020, at the start of the COVID-19 pandemic, METRO GAVS established the Live Well Partnership Programme Management Board (LWPPMB). Having since rebranded as the Health Equity and Equality Alliance (HE&EA), the initial aim of the LWPPMB was to work collaboratively across the Health and Social Care System with Statutory and Voluntary Sector stakeholders to ensure that voice, influence, representation, engagement, and community development deliverables were better coordinated within the Royal Borough of Greenwich (RBG), and took advantage of emerging local and national opportunities.

Prior to the LWPPMB's establishment, in February 2020, METRO GAVS held a Voluntary Sector Forum entitled *How the Voluntary Sector Can Work Better with the Social Care Sector and NHS*, which was attended by representatives from nineteen organisations from the Voluntary Sector within the RBG. At this forum, organisations expressed their frustration and disenfranchisement at the lack of support METRO GAVS was providing them on representation and having voice and influence within the Health and Social Care System locally. To channel this frustration, and to develop solutions to the problems raised, a Voluntary Sector Partnership Group (VCPG) was established to progress voice, influence, and representation during the COVID-19 pandemic. A proposal was considered by the VCPG for METRO GAVS to increase voice, influence, and representation which demonstrated an appetite for this work. Additionally, it was highlighted that early consultation around engagement and understanding what was needed should occur before any new initiatives were implemented.

In the early phase of the pandemic METRO GAVS also partnered with the RBG in engaging grassroots 'by-and-for' organisations' around issues arising from Black Lives Matter. This fed into the development of new relationships and local networks relating to voice and influence. Over fifty organisations regularly attended these meetings including faith-based organisations, Black-led women's organisations, those providing services to young people, and organisations promoting Global Majority culture. This was paralleled by the appointment of METRO GAVS by the RBG in establishing an Equalities Network for the borough, and the National Lottery Community Fund (NLCF) and King's Fund joint Healthy Communities Together programme opportunity. Both were supported by the LWPPMB as METRO GAVS knitted together a group of key stakeholders for these various strands of activity.

Rallying around the COVID-19 emergency response hubs, the formal and informal Voluntary Sector interventions demonstrated to Statutory Sector agencies their essential role in the Health and Social Care System. This was apparent in terms of a range of activities and services, including food projects, befriending initiatives, virtual arts provision, physical activities in between lockdowns, bereavement counselling, financial advice, mental health advocacy, support to people who were shielding, and facilitating groups.

Delivery Timescales

Phase 1 of the work to increase voice, influence, and representation began in July 2021 with a one-year pilot focused on the needs and aspirations of the Voluntary Sector within the RBG. The pilot focused on consultation and engagement with the Voluntary Sector, which was delivered in three stages:

- Baselining of key issues around voice and influence in the RBG
- Developing agreements and consensus about how voice and influence can be synchronised within the Health and Social Care System, as well as between the Statutory and Voluntary Sectors
- Initiating the co-design of a Voice Hub for the borough (which later became known as Greenwich Hub for Influence, Voice, and Engagement)

Phase 2 of this work was delivered between September 2022 and October 2025 and saw the development of the Greenwich Hub for Influence, Voice, and Engagement (G-HIVE). METRO GAVS used the initial three months of programme delivery to evaluate and learn from the challenges of Phase 1, with Phase 2 building upon its successes. This included the recruitment of three additional roles for the G-HIVE Programme Team:

- Stakeholder Engagement Coordinator
- Programme Support Officer
- Communications and Network Support Officer

Following on from the initial co-design workshop in Phase 2, the G-HIVE Programme Team planned and developed G-HIVE through two strands: infrastructure and activities. Both strands were developed to interact with and complement each other, so that G-HIVE could deliver with a multifaceted approach and range of interventions.

The aim of G-HIVE was to improve the joint working between the Statutory and Voluntary Sectors within the RBG to redress deep-rooted health inequalities in the borough. It built upon the collaboration which occurred during the COVID-19 pandemic, with the intention of changing the way that projects, programmes, and services engaged with local communities and Voluntary Sector organisations.

Whilst Phase 2 only had a three-year delivery timescale, the long-term vision for G-HIVE was to create a powerful infrastructure that better ensured representation of local health and social care needs which reflected local communities' aspirations. G-HIVE was centred on building a culture of system change which could lead to reduced demand on the NHS and social care. Moreover, it aimed to build trust, develop preventative services that local communities actively shape, and that they value in the medium-to-long-term.

Phase 1: Voice, Influence, and Representation Pilot (2021 – 2022)

Local voluntary groups need the support of statutory partners to be able to work effectively to support local people. It was encouraging to see so many organisations coming together over these last few months to discuss and agree how organisations across the sectors can work better. We welcome the unique idea of a voice hub that would enable this to happen through ongoing contact and dialogue on issues both strategic as well as individual. We think that this would be of great benefit to smaller groups such as ourselves.

Oladipo Ayoola: South London Counselling and Support Services

In 2020, METRO GAVS submitted a funding bid to the NLCF's and King's Fund's Healthy Communities Together programme in order to start to realise their ambition to increase Voluntary Sector voice, influence, and representation. Although unsuccessful, they were successful in being awarded £50,000 development funding through a second cohort of the Healthy Communities Together programme, which became known as the Health Equalities programme.

Delivery of the Voice, Influence, and Representation Pilot begun in July 2021 and focused on two key deliverables: Voice and Influence Workshops and a Voice and Influence Conference. These were delivered alongside ongoing consultation and engagement with the Statutory and Voluntary Sectors, with the phase overall consisting of three stages of delivery:

- Baselining of key issues around voice and influence in the RBG
- Developing agreements and consensus about how voice and influence can be synchronised within the Health and Social Care System, as well as between the Statutory and Voluntary Sectors
- Initiating the co-design of a Voice Hub for the borough (which later became known as Greenwich Hub for Influence, Voice, and Engagement)

Stage 1: Voice and Influence Baselining

Voice and Influence Workshops

At the outset of the Voice, Influence, and Representation Pilot, METRO GAVS held a series of voice and influence workshops with the Voluntary Sector in the borough. These workshops took place between July and November 2021, each with a focus on organisation types:

- [Global Majority-led](#) (July 2021)¹
- [Smaller / Non-Commissioned](#) (October 2021)
- [Larger / Commissioned](#) (November)

Each workshop aimed to provide a safe space for Greenwich-based organisations to share experiences, explore barriers, and identify solutions to engaging with and influence the Health and Social Care System. Attendees were facilitated to use the space to articulate the issues that mattered most to them, their service users, and their broader communities.

Organisations with a turnover of less than £70,000 were able to apply for a fee of £30 per hour to support their attendance and participation. This principle was successful in including previously under-represented organisations and was factored into all subsequent engagement during Phases 1 and 2.

Voice and Influence Conference

In December 2021, METRO GAVS produced a [Voice and Influence Conference](#) as the culmination of the Voice and Influence Workshop series, attended by representatives from the Statutory and Voluntary Sectors. Focusing on the priorities articulated through the workshops, the conference provided a space for the Statutory and Voluntary Sectors in the RBG to explore ways to:

- Embed engagement and voice from local Voluntary Sector organisation into current and future developments within the wider Health and Social Care System landscape
- Build on the collaboration during the COVID-19 pandemic that had already reshaped communication within the Health and Social Care System
- Implement effective engagement and communication approaches to help achieve the Royal Borough of Greenwich's Equality and Equity Charter pledges

During the conference, both sectors worked together to develop a priority list of Options for Improvement, and a Schedule of Implementation for Stages 2 and 3 of delivery. Whilst there was no formal theory of change for Phase 1, the Options for Improvement acted as a de-facto theory of change for METRO GAVS. It included the delivery of a series of workshops, trainings, and networking events during the second and third stages of Phase 1.

Stages 2 and 3: Communication, Consultation, Co-Production, and Co-Design Development

The second and third stages of the Voice, Influence, and Representation Pilot built upon the Options for Improvement developed during the Voice and Influence Conference. This initially resulted in the

¹ At the time, this workshop was entitled Black, Asian, and Minority Ethnic (BAME)-led in line with the then commonly used diversity, equity, and inclusion terminology

development of [Royal Borough of Greenwich Voice and Influence Charter](#). The charter's aim was to facilitate the Statutory and Voluntary Sectors in demonstrating their commitment to communication, consultation, co-production, and co-design, ensuring that equitable processes are established throughout. This was supported through the development of a Definitions, Standards, and Principles to Ways of Working framework.

Furthermore, additional workshops were held for both sectors to discuss and develop [how to maximise funding and resources for voice](#), and to build understanding of how the Health and Social Care System works. Phase 1 concluded with an initial [co-design workshop for G-HIVE](#) during which Statutory and Voluntary Sector expectations and requirements for the new infrastructure and activities were captured ahead of Phase 2 of the programme launching.

Phase 1: Outcomes

During the Voice, Influence, and Representation Pilot, several outcomes were achieved in relation to consensus on the following:

- How the Statutory and Voluntary Sectors should work together around co-production, engagement, and information provision
- Ensure that smaller organisations, and community champions, could be funded to ensure seldom-heard voices are better involved in the Health and Social Care System
- The importance of networking, building meaningful relationships, and mutual understandings
- How the Statutory and Voluntary Sectors can develop a Voice Hub (later known as G-HIVE) to provide a comprehensive range of one-to-one support, training and networking opportunities, information, advice and guidance provisions, and community outreach - this also included methods to convene the Health and Social Care System to deal with difficult issues

Phase 2: Greenwich Hub for Influence, Voice, and Engagement (2022 – 2025)

You are a massive part of how we do what we do through your advice and your guidance and your training. You are fundamental. You are critical to the role that we all have in this system.

Annie Norton: South East London Integrated Care Board (Greenwich)

I cannot imagine a future without G-HIVE. I think that if we did not have G-HIVE we would not have these fantastic networking opportunities.

Michelle Martin: Volunteer Centre Greenwich

In 2022, METRO GAVS submitted a funding bid to the second stage of the NLCF's Health Equalities programme in order to continue to realise their ambition to increase Voluntary Sector voice, influence, and representation. They were successful in being awarded £447,507 to design, develop, and deliver G-HIVE within the RBG beginning in September 2022. With this funding having a delivery timeline of three-years, METRO GAVS were able to design a thorough programme plan which included year-specific as well as rolling deliverables, as noted below.

Year-Specific G-HIVE Deliverables and Activities

Year	Deliverables and Activities
Year 1	Mobilisation from Phase 1 to Phase 2, including G-HIVE Programme Team Recruitment: Voice and Influence Programme Manager; Stakeholder Engagement Coordinator; Programme Support Officer; and Communications and Network Support Officer Development of G-HIVE digital infrastructure for information provision and communication including establishment of G-HIVE client management system, reinvigoration of the METRO GAVS social media platforms, and the creation of other digital Infrastructure provision if relevant Investigate the integration of the current METRO GAVS database and website into the G-HIVE digital infrastructure Start to provide one-to-one support to improve engagement processes

	Identify and start to work on key engagement programmes to reduce inequalities
Year 2	Deliver ongoing management of G-HIVE Develop a formal information, advice and guidance offer which amplifies specific local needs, and coordinates engagement and representation matters across the borough Support at least fifteen stakeholders successfully around engagement processes Explore funding sources to sustain the G-HIVE beyond mid-September 2025
Year 3	Deliver ongoing management of G-HIVE Support at least fifteen stakeholders successfully around engagement processes Provide intensive support on three programmes around health inequalities Design and develop longer-term hosting arrangements and usage of G-HIVE, including the submission of formal funding bids to support this

Rolling G-HIVE Deliverables and Activities

Frequency	Deliverables and Activities
Monthly	Manage, coordinate, and administer the Live Well Partnership Programme Management Board
Quarterly	Deliver and/or commission training opportunities for the Statutory and Voluntary Sectors within the Health and Social Care System on consultation and engagement activities, as well as diversity, equity, and inclusion
Biannually	Facilitate networking opportunities which continue to build trust and the development of meaningful relationships across the Health and Social Care System Assess progress towards deliverance of key performance indicators and outcomes
Annually	Produce and deliver a G-HIVE Voice and Influence Conference
Ongoing	Produce resources that support stakeholders to navigate and influence change within the Health and Social Care System

Year 1: Mobilisation, G-HIVE Offer, and Digital Infrastructure Development

As previously stated, METRO GAVS used the initial three months of Year 1 to conduct an evaluation and learning exercise. This was to ensure that Phase 2 built upon its successes, but also so that it was

in the strongest position to deliver meaningful change within the RBG. Additionally, with the increase delivery timescale and funding associated with Phase 2, METRO GAVS recruited three additional roles in order to form the G-HIVE Programme Team in addition to the Voice and Influence Programme Manager who was recruited as part of Phase 1.

G-HIVE Theory of Change

Following the evaluation and learning exercise, the G-HIVE Programme Team needed to understand the changes, outcomes, and impact which G-HIVE was going to deliver. Known as a theory of change, this process helped to connect the G-HIVE infrastructure and activities with the changes that are needed within the Health and Social Care System.

The *Agreeing What and How We Want to Change Workshop*, which was held in April 2023, was the initial opportunity to work with stakeholders across the Statutory and Voluntary Sectors to evaluate, assess, and finalise [G-HIVE Theory of Change](#). The workshop also further supported stakeholders to continue building their understanding of how G-HIVE will support them within the RBG. As a result, the G-HIVE Programme Team were able to finalise the theory of change which they would be working towards as part of Phase 2, and which will be used to evaluate the achievements and impact which the programme has had within the borough.



Greenwich Hub for Influence, Voice, and Engagement Theory of Change

The Greenwich Hub for Influence, Voice, and Engagement (G-HIVE) aims to support the Statutory and Voluntary Sectors, and local communities, in the Royal Borough of Greenwich to redress the deep-rooted inequalities in the borough. This will be delivered by:

- Creating a powerful infrastructure and set of activities that better ensure representation of local communities' needs and aspirations
- Building a culture of system change, with a focus on developing strong, professional, and beneficial relationships with local communities, groups, and organisations based on trust
- Improving consultation and co-design processes, which include the voices of seldom-heard communities, to ensure continued progression of community development, engagement, and participation

Definitions

Inputs	The resources which are used to deliver the activities within G-HIVE
Outputs	The products which are produced through the activities within G-HIVE
Outcomes	The achievements and changes made because of the outputs within G-HIVE
Impacts	The longer-term achievements and changes made because of the outputs within G-HIVE
Indicators	The measurements for progress made towards the impacts of G-HIVE

Inputs	Outputs	Outcomes	Impacts	Indicators
Activity 1				
Established resources to create a digital infrastructure which contains information on engagement and representation across the Health and Social Care System	A database and website which will support the collection and collation of information gathered, insights gained, and changes made so as to inform current and future consultation, co-creation, co-design, and co-production processes	High quality and up-to-date information available to the Statutory and Voluntary Sectors, and local communities, to use in the design, development, and delivery of their projects, programmes, services, and activities Engagement is enabled in ways which facilitates the development of projects, programmes, services, and activities which meets the needs and aspirations of local communities, including those which are seldom-heard	Health and Social Care System able to deliver projects programmes, services, and activities which are data-led and insight-driven, and involve local communities, including those which are seldom-heard	New and current projects, programmes, services, and activities designed (or redesigned) based on the current needs and aspirations of local communities, including those which are seldom heard

Inputs	Outputs	Outcomes	Impacts	Indicators
Activity 2				
Develop tools around best practice on co-creation, co-design, and co-production activities, practices, and processes through insights shared from the Statutory and Voluntary Sectors, including Community Leaders, and the Private Sector when relevant	Creative and accessible approaches to co-creation, co-design, and co-production activities, practices, and processes developed and implemented, which take a needs-led approach to engagement Support and advice provided for the Health and Social Care System with regards to their capacity building in relation to representation and engagement of local communities' needs and aspirations	Health and Social Care System influenced to change with evidence and specific information, advice, and guidance for enabling recommended change, including the implementation of feedback mechanisms Statutory, Voluntary, and Private Sectors supported to change and improve their consultation and engagement activities, with a flexible approach taken to enable adjustments during said activities based on evidence and need	Health and Social Care System able to deliver projects, programmes, services, and activities which are data-led and insight-driven, and involve seldom-heard communities Longer-term sustainability of data and information gathering processes which bypass changing funding streams and opportunities Statutory, Voluntary, and Private Sectors co-learning from each other in relation to co-creation, co-design, and co-production activities, practices, and processes, including unintended outcomes, which builds trust in local communities	Feedback from the Health and Social Care System before and after requested support occurs and information, advice, and guidance provided

Inputs	Outputs	Outcomes	Impacts	Indicators
Activity 3				
Audit current learning and development needs within the Health and Social Care System Coordinate workshops, trainings, networking events with the Statutory and Voluntary Sectors, and local communities	Networking opportunities for the Health and Social Care System to build and develop strong, professional, and beneficial relationships and networks so that key stakeholders understand each other and their roles within it Workshops and trainings hosted and curated on how the Health and Social Care System is structured and operated to facilitate and support the Voluntary Sector to navigate it Workshops and trainings hosted and curated to help the Health and Social Care System understand, improve, and facilitate engagement and representation of local communities' needs and aspirations	Better, improved, and more effective engagement and inclusion of the Voluntary Sector, and local communities, within the Health and Social Care System, including organisations who represent seldom-heard communities Increased knowledge of the Health and Social Care System and improved abilities to influence and engage with it Creation of knowledge, skills, and abilities in relation to co-creation, co-design, and co-production, to find new ways of delivering projects, programmes, services, and activities, including providing improved points of access	Space provided for the Statutory and Voluntary Sectors, and local communities, including those which are seldom-heard, to learn from each other about what does and does not work based on previous consultation, co-creation, co-design, and co-production activities, practices, processes Preventative projects, programmes, services, and activities implemented within primary care which reflect local communities' needs and aspirations	Number of new and current preventative projects, programmes, services, and activities designed, redesigned, or adapted based on feedback from the Voluntary Sector, including local communities



Inputs	Outputs	Outcomes	Impacts	Indicators
Activity 4				
Support the Voluntary Sector, and local communities, to navigate the Health and Social Care System better through a range of both physical and digital resources	Connect Voluntary Sector organisations, and local communities, into specific individuals and departments within the Statutory Sector so that the needs and aspirations of a broader range of local communities are listened to and acted upon	Better and more efficient engagement and involvement of the Voluntary Sector, and local communities, in projects, programmes, services, and activities delivered by the Statutory Sector Improved Voluntary Sector, and local communities' knowledge of the Health and Social Care System, including their ability to influence it	Improvement of trust and confidence of local communities in the Health and Social Care System, including seldom-heard communities Increased co-creation, co-design, and co-production within projects, programmes, services, and activities between the Statutory and Voluntary Sectors	Feedback from the Voluntary Sector, and local communities before and after requested support occurs Number of Voluntary Sector organisations, including local communities, supported to successfully navigate the Health and Social Care System

Inputs	Outputs	Outcomes	Impacts	Indicators
Activity 5				
Organise activities which bring the Health and Social Care System together to co-create, co-design, and co-produce G-HIVE	Annual Voice and Influence Conference hosted by G-HIVE which is based on the commitments, principles, and standards of the Voice and Influence Charter to evaluate the impact of G-HIVE within the Health and Social Care System Future actions and commitments co-defined and agreed publicly between the Statutory and Voluntary Sectors, and local communities, in order to continually progress community development, engagement, and participation within the Health and Social Care System	G-HIVE is recognised as a key stakeholder with regards to voice, influence, representation, and engagement activities, practices, and processes G-HIVE activities reflect the needs and aspirations of the Health and Social Care System around representation and engagement	G-HIVE designs, develops, and delivers activities which supports the Health and Social Care System so that it can deliver voice, influence, representation, and engagement activities, practices, and processes effectively Improvement of trust and confidence of local communities in the Health and Social Care System, including seldom-heard communities	Content of the Voice and Influence Conference inclusive, co-designed, and co-produced in a way which represents the breadth and diversity of local communities Attendance and representation at the Voice and Influence Conference from a range of Statutory and Voluntary Sector stakeholders, and local communities G-HIVE changed and adjusted in line with the needs and aspirations of the Health and Social Care System Number of signatories to the Royal Borough of Greenwich Voice and Influence Charter

G-HIVE Offer

Additionally, as part of the evaluation and learning exercise, the G-HIVE Programme Team developed an initial offer which G-HIVE will provide within the RBG. The [G-HIVE Offer](#) outlined what and how G-HIVE can and will deliver to support the Statutory and Voluntary Sectors, including local communities, around voice, influence, representation, and engagement. Whilst the overall offer did not change, throughout its planning and development stage, it was deemed beneficial for G-HIVE to have two strands to the support it would provide the borough:

- Consultation and Engagement support for the Statutory Sector
- Voice, Influence, and Representation support for the Voluntary Sector

This adjustment reflected the different requirements and uses of G-HIVE and the two sectors which it will mainly be working with.

G-HIVE Digital Infrastructure

The successful management and delivery of G-HIVE was dependent on the digital infrastructure of METRO GAVS, both internally and externally. As part of the development of G-HIVE, several improvements were made to the METRO GAVS digital infrastructure:

- Creation of a new internal client relationship management system (CRM) to replace the previous database, which was equipped with full G-HIVE functionality
- Reinvigoration of the METRO GAVS social media channels, specifically [Facebook](#) and [X \(formerly Twitter\)](#)
- Restructuring and redeveloping the [METRO GAVS website](#) to replace the previous website, including the creation of the [G-HIVE Consultation and Engagement Database](#)

These improvements were deemed necessary to G-HIVE's success, as the previous METRO GAVS digital infrastructure was unable to accommodate the G-HIVE additions. For example, there is direct interaction between the METRO GAVS CRM and website which was not previously possible. The interaction facilitated specific infrastructures such as the G-HIVE Consultation and Engagement database as well as other directories which were able to be improved and embedded:

- [RBG Voluntary Sector Community Spaces Directory](#)
- [METRO GAVS Members Directory](#)

Moreover, through the launching of the new website, METRO GAVS were able to signpost to other relevant directories hosted by other organisations within the borough:

- [RBG Community Directory](#)
- [Volunteer Centre Greenwich Social and Community Referral Platform](#)

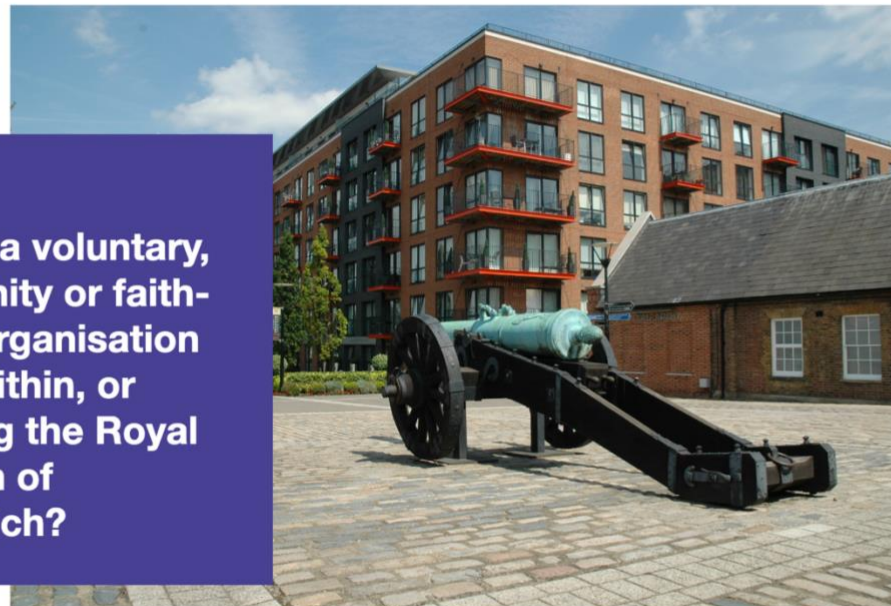


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Directories

METRO GAVS hosts a range of directories and databases to support stakeholders within the Royal Borough of Greenwich to deliver their respective projects, programmes, services, and activities. These include:

- [Community Spaces Directory](#)
- [Consultation and Engagement Database](#)
- [METRO GAVS Members Directory](#)

Other directories are also hosted by other organisations within the Royal Borough of Greenwich, including:

- [Greenwich Community Directory](#)
- [Social and Community Referral Platform](#)

Links to each directory / database can be found below, which provides further information on the intended use of each one



**Community
Spaces Directory**



**Consultation and
Engagement
Database**



Members Directory



**Greenwich
Community
Directory**



**Social and
Community
Referral Platform**

Years 2 and 3: Implementation and Activity Delivery

The focus of Years 2 and 3 for the G-HIVE Programme Team were to launch the numerous aspects of G-HIVE following the extensive planning and development which took place during Year 1. These were, in chronological order:

- New METRO GAVS Client Relationship Management System (November 2023)
- [Royal Borough of Greenwich Voice and Influence Charter](#) (December 2023)
- G-HIVE Learning, Development, and Training Workshop Delivery Tender (February 2024)
- [G-HIVE Statutory and Voluntary Sector Offers to the RBG](#) (April 2024)
- New [METRO GAVS Website](#) (April 2024)
- G-HIVE Learning, Development, and Training Support Package (June 2024)
- METRO GAVS Directories: [RBG Voluntary Sector Community Spaces Directory](#) and [METRO GAVS Members Directory](#) (September 2024)
- New METRO GAVS E-Bulletin Software (December 2024)
- [G-HIVE Resource Hub](#) (February 2025)
- METRO GAVS Directories: [G-HIVE Consultation and Engagement Database](#) (April 2025)

Whilst it was envisioned that some of these aspects would be launched in Year 1, unforeseen circumstances within the wider G-HIVE delivery resulted in the finalisation of some aspects taking longer than expected and planned. This had a ‘knock on’ effect for other aspects, with the decision by the G-HIVE Programme Team being to ensure that each was launched successfully, utilising the additional time required, to avoid making any unnecessary and avoidable mistakes.

Years 2 and 3 also saw, the G-HIVE Programme Team begin providing information, advice, guidance, and support to the Statutory and Voluntary Sectors around consultation, collaboration, engagement, voice, influence, and representation. Over the two years, a target had been agreed with the NLCF to successfully support thirty initiatives. However, this was significantly exceeded with fifty-two initiatives being supported by the end of Phase 2. Furthermore, an additional target was agreed for Year 3 around providing intensive support on three areas around health inequalities. This was also exceeded with five areas being supported by the end of Phase 2.

Years 2 and 3: Legacy and Future Planning

Whilst three years can be considered longer term for Voluntary Sector funding, based on the current funding landscape, it is incredibly short-term when considering programmes which are attempting to deliver and facilitate system wide change. With this in mind, METRO GAVS, and the G-HIVE Programme Team specifically, were conscious to the legacy and future of G-HIVE beyond Phase 2. Therefore, the future planning for G-HIVE begun during Year 2, which continued into Year 3.

To solidify the legacy of G-HIVE, and firm up the programme’s plans for the future, the G-HIVE Programme Team conducted several activities and exercises with Statutory and Voluntary Sector stakeholders to facilitate them in shaping any future iterations of G-HIVE. This included discovering

what a potential focus of G-HIVE Phase 3 could look like following advice from the NLCF to give the programme a specific focus for any future iterations.

Following these engagement activities and exercises, it was decided that G-HIVE Phase 3, which is to be known as G-HIVE Evolution: Collaboration for Connection, Compassion, and Change, will focus on social isolation, loneliness, and connection. These areas of focus were identified as consistently emerging critical issues for stakeholders and the wider communities they represent. This was echoed by South East London Integrated Care Board (SELICB) research which showed that 30% of Greenwich residents felt lonely (2023)², and the UK Government which reported that 7% of people in England felt lonely, with 10% of adults reporting high levels of indirect loneliness (2024)³.

To deliver G-HIVE Evolution, which is expected to be a three-year programme aimed at producing a collaborative, cross-sector model to address social isolation in the RBG, a funding bid has been submitted to a health inequality focused national trust and foundations funder. At the time of publication, this funding bid is still being assessed by the funder but, if successful, it is expected that the programme will begin delivering in May 2026.

Rolling Delivery and Activities

As outlined above, whilst there were specific deliverables linked to each year of Phase 2, there were several rolling deliverables which the G-HIVE Programme Team address over the three-year period.

G-HIVE Learning, Development, and Training Support Package

As part of G-HIVE's continued progress towards tackling health inequalities and improve collaboration and engagement within the borough, the G-HIVE Programme Team developed a Learning, Development, and Training Support Package. The role of the support package was to upskill and grow the understandings of stakeholders within the Statutory and Voluntary Sectors. This, in turn, facilitated them to better collaborate to address (and redress) health inequalities within the borough. Moreover, a suite of diversity, equity, and inclusion trainings were also delivered so as to increase the knowledges of stakeholders around key demographics and social groups within the borough. In total, thirteen learning, development, and training opportunities were enabled as part of G-HIVE Phase 2.

² South East London People's Panel (2023): <https://www.selondonics.org/wp-content/uploads/South-East-London-Peoples-Panel-Survey-1-Results-September-2023.pdf>

³ Community Life Survey 2023/24: Loneliness and Support Networks (2024): <https://www.gov.uk/government/statistics/community-life-survey-202324-annual-publication/community-life-survey-202324-loneliness-and-support-networks--2>

Consultation, Collaboration, and Engagement

- Co-Creation, Co-Development, Co-Design, and Co-Production x2 (Delivered by [Sophie Walker](#))
- Monitoring and Evaluation (Delivered by [Sophie Walker](#))
- Engaging and Negotiating with Senior Officials (Delivered by [Sophie Walker](#))
- Facilitation Skills (Delivered by [Ian Beever](#))
- Public Speaking (Delivered by [Ian Beever](#))
- Engaging with Communities, Structures, and Cultures (Delivered by [Ian Beever](#))
- Digital Tools for Engagement and Collaboration (Delivered by [Ian Beever](#))
- Social, Peer, and Community Led Research (Delivered by [Ian Beever](#))

Diversity, Equity, and Inclusion

- Sexual Orientation and Gender Identity (Delivered by [METRO Charity](#))
- Race and Ethnicity (Delivered by [Greenwich Inclusion Project](#))
- Religion and Belief (Delivered by [Greenwich Inclusion Project](#))
- Disability and Inclusion (Delivered by [METRO GAD](#))

G-HIVE Networking Events

Providing networking opportunities across the Health and Social Care System was identified as a priority during Phase 1. Therefore, the G-HIVE Programme Team began to host two networking events per year during Phase 2 of the programme. Each event included opportunities for formal and informal networking, as well as activities to support the development of G-HIVE.



G-HIVE Networking Event (November 2023)

In total, six networking opportunities were enabled as part of G-HIVE Phase 2:

- [January 2023:](#)
 - Aim: Initiate consideration of how G-HIVE can support the Health and Social Care System within the RBG in relation to voice and engagement
- [November 2023:](#)
 - Aim 1: Continue building professional relationships and networks between the Statutory and Voluntary Sectors within the Health and Social Care System in the RBG
 - Aim 2: Facilitate the G-HIVE Programme Team to design G-HIVE's Learning, Development, and Training Support Package
- [April 2024:](#)
 - Aim 1: Continue building professional relationships and networks between the Statutory and Voluntary Sectors within the Health and Social Care System in the RBG
 - Aim 2: Launch the formal [G-HIVE Offer](#) to stakeholders within the borough
 - Aim 3: Review G-HIVE's progress during Phase 2 Year 2 (September 2023 to April 2024)
- [September 2024:](#)
 - Aim 1: Continue building professional relationships and networks between the Statutory and Voluntary Sectors within the Health and Social Care System in the RBG
 - Aim 2: Launch the METRO GAVS Directories ([RBG Voluntary Sector Community Spaces Directory](#) and [METRO GAVS Members Directory](#))
 - Aim 3: Co-develop future focuses of G-HIVE beyond Phase 2

- [April 2025:](#)
 - Aim 1: Continue building professional relationships and networks between the Statutory and Voluntary Sectors within the Health and Social Care System in the RBG
 - Aim 2: Understand developments taking place within the Health and Social Care System
- [September 2025:](#)
 - Aim 1: Continue building professional relationships and networks between the Statutory and Voluntary Sectors within the Health and Social Care System in the RBG
 - Aim 2: Capture the impact which G-HIVE has had within the RBG between 2022 and 2025
 - Aim 3: Review and celebrate G-HIVE's achievements during Phase 2

G-HIVE Voice and Influence Conferences

To review the progress of G-HIVE, the G-HIVE Programme Team continue to host an annual Voice and Influence Conference, the first of which was delivered at the halfway point during Phase 1. To create a space for reflection of the previous year and planning for the upcoming one, the date for subsequent conferences was switched to the end of each calendar year, with only two taking place during Phase 2 as opposed to the originally envisioned three:

- [December 2023:](#)
 - Aim 1: Review G-HIVE's progress during Phase 2 (September 2022 to December 2023)
 - Aim 2: Launch the [Royal Borough of Greenwich Voice and Influence Charter](#)
 - Aim 3: Facilitate the G-HIVE Programme Team to understand key priority areas for Phase 2 Year 2 (January 2024 – September 2024)
- [December 2024:](#)
 - Aim 1: Review G-HIVE's progress during Phase 2 (January 2024 to December 2024)
 - Aim 2: Outline priorities for the remainder of Phase 2 (January 2025 to September 2025)
 - Aim 3: Capture the impact which G-HIVE has had within the RBG to date



G-HIVE Voice and Influence Conference (December 2024)

Phase 2: Outputs and Outcomes

During the development, establishment, and embedding of G-HIVE within the RBG Health and Social Care System, the G-HIVE Programme Team were able to deliver a range of outcomes and outputs for stakeholders across the Statutory and Voluntary Sectors. Whilst this included supporting fifty-two organisation around their engagement activities and/or their voice and influence needs, and providing intensive support on five areas around health inequalities, consensus was also achieved around the following:

- The offer which G-HIVE provided to the RBG, including the changes, outcomes, and impact which G-HIVE would deliver
- The importance of in person networking opportunities, both formal and informal, as a way for stakeholders to extend their networks and better understand projects, programmes, services, and activities being delivered within the RBG
- The need to avoid duplication, use pre-existing resources, and build on delivery which has occurred previously

Moreover, the G-HIVE Programme Team delivered a number of workshops in partnership with other stakeholders within the RBG:

- January 2024: A workshop with the non-Council Statutory Sector and Voluntary Sector around the creation and development of a new Council Community Engagement Framework (later known as the [Community Engagement Pledge](#)) which will support the design and delivery of inclusive, creative, and impactful engagement activities, as well as the stakeholder relationships within the borough
- November 2024: A consultation and exploration exercise with [Greenwich Giving](#) around the [funding and resourcing for social isolation, connection, and loneliness](#) as part of the development of G-HIVE Phase 3 and Greenwich Giving's first giving campaign
- February to May 2025: A co-development and co-design process with [Lewisham and Greenwich NHS Trust](#) and [Volunteer Centre Greenwich](#) around [addressing the high rates of travel-related malaria within the RBG](#)
- September 2025: A workshop with the [Royal Borough of Greenwich](#) and [South East London Integrated Care Board \(Greenwich\)](#) to discuss and gain insight on the new Neighbourhood Health and Care Service model with the Voluntary Sector to enable further transform and innovate service design to meet the changing needs of local residents and communities, as well as the challenges of the future

Phase 2: Impact and Achievements

As part of the initial evaluation of G-HIVE during Phase 2, which began in October 2024, the G-HIVE Programme Team worked with [Thomas Line Films](#) to visually capture the impact which G-HIVE has had with stakeholders within the RBG. Stakeholders who were supported by G-HIVE spoke about their experiences of the programme:

- [Annie Norton](#): Associate Director for Partnerships and Programmes, [South East London Integrated Care Board \(Greenwich\)](#)
- [Jeannette Brooks](#): Interim Engagement and Participation Manager, [Royal Borough of Greenwich](#)
- [Michelle Martin](#): Chief Executive, [Volunteer Centre Greenwich](#)

The [G-HIVE Impact and Achievements video](#) is their perspectives on G-HIVE, the programme of work it delivered for the RBG, the impact it has had on their work, and the overall achievements which have been felt within the borough.

G-HIVE's Impact: 2021 to 2025

The impact which G-HIVE has had within the RBG between 2021 and 2025 should be understood within each of the phases of the programme's delivery: Phase 1 (2021 to 2022) and Phase 2 (2022 to 2025). This distinction should be made due to Phase 1's pilot phase characterisation and Phase 2 being significantly more resourced. Additionally, the absence of a formal theory of change for Phase 1 warrants separate impact evaluations.

Phase 1 Impact: 2021 to 2022

As previously outlined, with Phase 1 having no formal theory of change, the Options for Improvement, which was developed during the December 2021 Voice and Influence Conference, acted as a de-facto one. The Options for Improvement were initially developed during the voice and influence workshops which took place between July and November 2021, with conference attendees co-developing the final criteria during the conference itself. Furthermore, each option was ranked into priority order as follows:

- Priority 1
 - Define and agree best methods and what is meant by communication, consultation, and co-production
 - Obtain Statutory Sector Senior Leadership commitment around co-production and the value of the local Voluntary and Community Sector
- Priority 2a
 - Establish collaborative forums to allow groups and organisations to build their own capacity and work together to build voice and influence, as well as key individuals to liaise with in the statutory sector, ensuring voices are allowed in through distributive power, participatory democracy, and community champions
 - Provide formal and informal networking opportunities across the system including appropriate representation
 - Put in place methods to ensure increased participation from and engagement of those with protected characteristics
- Priority 2b
 - Provide funding for unfunded / non-commissioned groups and organisations for engagement and/or for policy influencing and engagement, with a reward and recompense policy
- Priority 3
 - Provide training on how the system works
 - Engage the Voluntary and Community Sector more effectively around how public money is being allocated, recognising the importance of full cost recovery (like external funders), with earlier stakeholder engagement

- Put in place comprehensive directories / function with up-to-date information on sector activity/services, existing forums/boards as well as key individuals to liaise with in the statutory sector

Whilst the Options for Improvement will be used to evaluate the impact during Phase 1, it is important to note that some of the impact was realised during Phase 2. Therefore, the evaluation will feature evidence and impact from both Phases 1 and 2.

Priority 1

Define and agree best methods and what is meant by communication, consultation, and co-production

METRO GAVS held two workshops during Phase 1, the first in February 2022 and the second in April 2022, which led to the development of the [Royal Borough of Greenwich Voice and Influence Charter](#). Both workshops were attended by representatives from the Statutory and Voluntary Sectors who came together to co-develop and co-define what the definitions, standards, principles, and ways of working should be for stakeholders within the RBG. This included joint principles for both the Statutory and Voluntary Sectors, as well as those specifically for the Statutory Sector.

Obtain Statutory Sector Senior Leadership commitment around co-production and the value of the local Voluntary and Community Sector

Throughout Phase 1, Phase 2, and beyond, METRO GAVS continued to represent the Voluntary Sector at a range of local and regional boards, partnerships, panels, steering groups, working groups, and communities of practice. Through their role as the Council for Voluntary Service (CVS) for RBG, they continually promoted the value of the Voluntary Sector and their involvement within Statutory Sector delivery and will continue to do you beyond Phase 2.

The initial plan was to seek signatories to the [Royal Borough of Greenwich Voice and Influence Charter](#) following its launch in December 2023, but it was later decided that this would not be possible due to METRO GAVS having no levers to utilise for non-compliance. However, the charter is directly referenced within the RBG [Community Engagement Pledge](#). Moreover, the Statutory Sector's engagement with METRO GAVS and commissioning of G-HIVE to support their co-design and co-production activities does demonstrate Statutory Sector Senior Leadership commitment to the charter, its principles, and the value they place on the Voluntary Sector as key stakeholder and equal partners within the Health and Social Care System. In addition, the charter was a direct reference point for the regional [South East London Voluntary, Community, and Social Enterprise Charter](#), developed by the [South East London Voluntary, Community, and Social Enterprise Strategic Alliance](#), demonstrating the influence which G-HIVE has been able to have on a larger scale beyond the RBG, and with regional Statutory Sector Senior Leadership.

Priority 2

Establish collaborative forums to allow groups and organisations to build their own capacity and work together to build voice and influence, as well as key individuals to liaise with in the statutory sector, ensuring voices are allowed in through distributive power, participatory democracy, and community champions

The G-HIVE Programme Team mapped borough-based forums within the RBG as opposed to establish new, collaborative forums as it was deemed more suitable to utilise pre-existing forums instead of creating further ones which could cause duplication. However, the G-HIVE Networking Events and Voice and Influence Conferences were utilised as opportunities for Voluntary Sector organisations to build their own capacity and work together to build voice and influence with the Statutory Sector who were in attendance. They also developed their own internal database of key individuals within the Statutory Sector which was utilised to advise the Voluntary Sector around their voice, influence, and representation needs and aspirations. Ensuring voices were granted access through distributive power and participatory democracy remained a priority. However, substantial funding was not available during Phases 1 and 2 to realise this ambition, but METRO GAVS continues to advocate for it beyond Phase 2.

Provide formal and informal networking opportunities across the system including appropriate representation

METRO GAVS, during Phase 1, held its first networking event in June 2022 which was attended by representatives from the Statutory and Voluntary Sectors. Subsequently, during Phase 2, the G-HIVE Programme Team held a further six networking events. Furthermore, informal and formal network opportunities were factored into other G-HIVE events including the Voice and Influence Conferences, and numerous trainings as part of the G-HIVE Learning, Development, and Training Support Package. With all G-HIVE events, appropriate representation was sought and encouraged from across the Health and Social Care System, with all events being well attended by stakeholders representing the breadth and depth of the Statutory and Voluntary Sectors.

Put in place methods to ensure increased participation from and engagement of those with protected characteristics

As part of the [G-HIVE Statutory and Voluntary Sector Offers to the RBG](#), METRO GAVS continued to advocate for the inclusion of those with protected characteristics, and the organisations which work with those communities, as well as those without protected characteristics but are equally at risk of stigma, prejudice, and discrimination. As G-HIVE became further embedded within the Health and Social Care System, and requests for support increased, G-HIVE made the advocacy of increased participation from and engagement of those with protected characteristics a priority and increasingly advised the Statutory Sector of appropriate and suitable methods (and methodologies) to increase participation and engagement. Moreover, METRO GAVS, upon feedback received from

the Voluntary Sector, are due to relaunch their Global Majority-led Organisations Voice Forums in November 2025, further realising this priority beyond Phase 2.

Provide funding for unfunded / non-commissioned groups and organisations for engagement and/or for policy influencing and engagement, with a reward and recompense policy

Through Phases 1 and 2, METRO GAVS and the G-HIVE Programme Team provided an attendance fee for their events which Voluntary Sector organisations could claim if they had a low turnover. Initially £30 per hour for organisations with a turnover of less than £70k, it was subsequently increased to £40 per hour for organisations with a turnover of less than £100k. This was also a commitment within the [Royal Borough of Greenwich Voice and Influence Charter](#).

Beyond direct delivery through G-HIVE, METRO GAVS and the G-HIVE Programme Team continued to advocate for funding for unfunded / non-commissioned organisations to enable their involvement within developments across the Health and Social Care System. This advocacy made it a red line for METRO GAVS' formal engagement with and facilitation of engagement processes and forums on behalf of the Statutory Sector. However, stakeholders within the Statutory Sector have begun incorporating the provision of attendance fees during their own engagement processes, with it also featuring as part of the specification for the *Supporting the 'Improving Mental Wellbeing in Priority Communities'* programme commissioned by the RBG Public Health and Wellbeing directorate.

Priority 3

Provide training on how the system works

The G-HIVE Programme Team conducted a Knowledge and Skills Development Audit in November 2023 which directly fed into the creation of the G-HIVE Learning, Development, and Training Support Package. Whilst it was initially envisioned that training sessions would be included specifically on how the Health and Social Care System works, including the operations and governance of the Statutory and Voluntary Sectors, this was not an area of development captured as part of the audit. Instead, nine training sessions were facilitated around consultation, collaboration, and engagement, with a further four around diversity, equity, and inclusion. This pivot was deemed necessary to respond to the needs of stakeholders, but the G-HIVE Programme Team worked with the facilitators of the consultation, collaboration, and engagement trainings to ensure that awareness of how the wider system works could be featured within each, where suitable and appropriate.

In addition to this, the G-HIVE Programme Team utilised the G-HIVE Networking Events and Voice and Influence Conferences as informal, bite-size training sessions on how the system works. This was achieved through the delivery of presentations and activities by numerous stakeholders across the Health and Social Care System, but also through Statutory and Voluntary Sector stakeholders learning about each other, their roles, and their delivery within the borough and regionally.

Engage the Voluntary and Community Sector more effectively around how public money is being allocated, recognising the importance of full cost recovery (like external funders), with earlier stakeholder engagement

Throughout Phase 1, as well as subsequently throughout Phase 2 and beyond, METRO GAVS continued to represent the Voluntary Sector at a range of local and regional boards, partnerships, panels, steering groups, working groups, and communities of practice. Through their role as the CVS for RBG, they continually advocated for the engagement of the Voluntary Sector on the allocation of public money, as well as represented the Voluntary Sector around these matters through feedback which they had received from stakeholders within the borough. This included advising the Statutory Sector and other funding organisations on the full cost recovery within grants and commissioning processes, with full cost recovery around voice and engagement being a commitment within the [Royal Borough of Greenwich Voice and Influence Charter](#). Additionally, METRO GAVS and the G-HIVE Programme Team have supported and facilitated the Statutory Sector around earlier stakeholder engagement, including with the Voluntary Sector, and will continue to do so beyond Phase 2.

Put in place comprehensive directories / function with up-to-date information on sector activity/services, existing forums/boards as well as key individuals to liaise with in the statutory sector

METRO GAVS have been working with the Royal Borough of Greenwich on the creation of the new Community Directory. They also developed their own internal database of key individuals within the Statutory Sector, as well as mapped borough-based forums. In addition the G-HIVE Programme Team designed, developed, and launched a range of directories with up-to-date information on Statutory and Voluntary Sector activities and services which are hosted on the [METRO GAVS Website](#):

- [RBG Voluntary Sector Community Spaces Directory](#)
- [METRO GAVS Members Directory](#)
- [G-HIVE Consultation and Engagement Database](#)

Evaluation of Phase 1 Impact

Overall, it is clear that Phase 1 has had a substantial impact on the Health and Social Care System within the RBG during Phase 1 itself, but also into Phase 2 and beyond. Phase 1 directly set up METRO GAVS to realise and achieve G-HIVE's impact during Phase 2, with numerous activities being delivered and infrastructures put in place to deliver towards Voluntary Sector needs and aspirations around voice, influence, representation, and engagement. Although much of the outcomes were realised during Phase 2, it should be emphasised that Phase 1 was a pilot, one-year programme meaning that the majority of the delivery towards the developed priorities was always going to take place during Phase 2. This also reaffirms the need and commitment for pilots, as well as building in exploratory phases to programme delivery in order to facilitate organisations in testing and trialling

approaches, developing methodologies, and having the time to deliver culture and system change, which will always be on a longer-term timescale.

Phase 2 Impact: 2022 to 2025

Phase 2 of the programme represented a considerable increase in the funding and resourcing allocated to METRO GAVS to deliver work around voice. This included within the programme specifically following on from the Phase 1 pilot, but also as an organisation more generally. This was represented not only in the funding received (£447,500 for Phase 2 compared to £50,000 for Phase 1), but the ability of METRO GAVS to recruit to and establish the G-HIVE Programme Team. This increase in funding, resourcing, and timescales for the delivery of Phase 2 resulted in the G-HIVE Programme Team being able to extend the impact which was had during Phase 1, achieve the priorities which were previously set, and directly feed in the needs and ambitions of the Voluntary Sector, and the Health and Social Care System more generally.

In order to articulate the impact which G-HIVE would have within the RBG, a draft theory of change was developed as part of the Phase 2 funding bid. This was evaluated, assessed, and finalised with stakeholders from the Health and Social Care System in April 2023 during the *Agreeing What and How We Want to Change Workshop*. The outcome of the workshop was the [G-HIVE Theory of Change](#) which consisted of six inputs across five activities:

- Activity 1: Established resources to create a digital infrastructure which contains information on engagement and representation across the Health and Social Care System
- Activity 2: Develop tools around best practice on co-creation, codesign, and co-production activities, practices, and processes through insights shared from the Statutory and Voluntary Sectors, including Community Leaders, and the Private Sector where relevant
- Activity 3:
 - Audit current learning and development needs within the Health and Social Care System
 - Coordinate workshops, trainings, networking events with the Statutory and Voluntary Sectors, and local communities
- Activity 4: Support the Voluntary Sector, and local communities, to navigate the Health and Social Care System better through a range of both physical and digital resources
- Activity 5: Organise activities which bring the Health and Social Care System together to cocreate, co-design, and coproduce G-HIVE

Each activity had different expected outputs, outcomes, impacts, and indicators, with the overall theory of change being used to evaluate the impact of Phase 2. It is important to note at this stage that, whilst the outputs and outcomes are likely evidencable as part of this evaluation, the impact will be less so due to the nature of the longer-term timescale which culture and system change is delivered over. However, some early impacts have been observed and will be noted where relevant.

Activity 1: Established resources to create a digital infrastructure which contains information on engagement and representation across the Health and Social Care System

Prior to Phase 2 the METRO GAVS digital infrastructure was heavily outdated and not capable of supporting engagement and representation processes across the Health and Social Care System. This also meant that it was unable to support G-HIVE and the wider ambitions for the programme within the RBG. As a result, the G-HIVE Programme Team embarked on designing, developing, and launching two new digital infrastructures:

- Internal METRO GAVS CRM
- External [METRO GAVS Website](#)

These two digital infrastructures not only supported the G-HIVE Programme Team, and METRO GAVS more widely, around voice, influence, representation, and engagement, but they also enabled the delivery of other activities within the theory of change and deliverables as part of Phase 2.

From a development perspective, the G-HIVE Programme Team worked with [L33](#) on both the CRM and the website which enabled both to fully interact with each other. With both systems being hosted by the same developer, the ongoing managements of each was not only streamlined, but freed up the G-HIVE Programme Team to focus more on delivery once both were operational as opposed to manually migrating information, insight, and data between each as was the situation previously.

As a result of the digital infrastructure change, METRO GAVS and the RBG now have access to a central database, known as the [G-HIVE Consultation and Engagement Database](#), which contains outputs from engagement and consultation activities which have taken place within the borough. All uploads were backdated until July 2021, when Phase 1 started, with the database being updated on a regular basis as and when a publication occurs and/or METRO GAVS is requested to upload one (although stakeholders are able to upload publications themselves). This directly facilitates the Health and Social Care System in the design, development, and delivery of current and future projects, programmes, services, and activities, as well as consultation, collaboration, and engagement activities, and commissioning, tendering, procurement, and grant funding exercises.

Whilst the impact of the database is yet to be fully realised, early indication shows that stakeholders within the RBG are beginning to engage with it. The G-HIVE Programme Team have been promoting it through all channels available to them, with requests for its usage being submitted on several occasions. Whilst the success of it partly lies in its usage by stakeholders (i.e. them uploading their publications directly), it also lies in its usage as a tool for planning and development. Therefore, the longer-term impact of it will be tested, and potentially realised, as the Health and Social Care System looks to identify data and insights in the implementation of the new Neighbourhood Health and Care Service model. Additionally, the G-HIVE Programme Team have been working with the Statutory Sector on their adoption of it as their own centralised database for their own publications. Whilst these plans have not been finalised, they are still ongoing, and it is envisioned they will be confirmed in the coming months.

Consultation and Engagement Database

From
dd/mm/yyyy

To
dd/mm/yyyy

 Image 195.05KB

02/08/2025

Oxleas NHS Partnership Briefing - August 2025

As the NHS moves into a new phase to put the 10 Year Health Plan into action, we look forward to working in partnership to bring care closer to people's homes and to support people to stay healthy for longer. We are excited about the opportunities created by developing Neighbourhood Health Services in partnership with patients, families, partners and communities across South East London.

Author: Oxleas NHS Trust

 PDF 196.81KB

15/07/2025

Healthwatch Greenwich Monthly Feedback Report (July 2025)

Healthwatch Greenwich are the independent champion for people who use health and social care services in the Royal Borough of Greenwich. This report details patient and provider observations of the NHS in the borough.

Author: Healthwatch Greenwich

 PDF 2.67MB

27/06/2025

Activity 2: Develop tools around best practice on co-creation, co-design, and co-production activities, practices, and processes through insights shared from the Statutory and Voluntary Sectors, including Community Leaders, and the Private Sector where relevant

METRO GAVS, as the CVS for the RBG, has a robust and in-depth range of resources which are open to those who hold membership with the organisation. The [Member Resource Library](#) is a collection of model documents, policies, toolkits, guidance, and information that is relevant to the Voluntary Sector within the RBG but, due to its nature, is focused around the Capacity Building and Infrastructure Support Service. Therefore, due to focus of G-HIVE, it was necessary to create a similar resource hub around co-creation, co-design, and co-production.

The [G-HIVE Resource Hub](#), which was launched in February 2025, was a result of the G-HIVE Programme Team's ambition to create a library of resources which the Statutory and Voluntary Sectors could access in the planning and delivery of their engagement, collaboration, and consultation activities beyond the involvement of the team themselves. Upon input and advice from stakeholders within the RBG, the hub was divided into four sections: Co-Production and Focus Groups; Community Engagement Guides; Communication Tools; and Diversity, Equity, and Inclusion. Each resource within the hub is a mixture of those which are Greenwich or South East London specific where relevant, but also includes generic, UK-focused resources as well.

Whilst the resource hub was the most significant output from this activity, it was supplemented with information, advice, guidance, and support from the G-HIVE Programme Team, with both acting as strong interventions to improve and streamline engagement activities within the RBG. The outcomes of both have facilitated METRO GAVS in influencing the Statutory Sector around their engagement with other stakeholders. For example, METRO GAVS has worked closely with the South East London Integrated Care Board (Greenwich) on the most suitable ways to engage the Voluntary Sector, based on feedback received, around the new Neighbourhood Health and Care Service model which recognises time, resource, and funding limitations to engage on the same level as the Statutory Sector. Additionally, feedback mechanisms are better embedded into engagement activities than previously which was also feedback received by METRO GAVS from the Voluntary Sector.

The impact of the [G-HIVE Resource Hub](#) has already begun to be felt within the RBG was several stakeholders noting that it has been a *“very helpful” and “very useful tool when engaging with residents and communities”*. However, beyond this, there is a greater appreciation for the Statutory and Voluntary Sectors from one another, with the Statutory Sector being more open to more critical feedback from the Voluntary Sector as demonstrated by the desire of the Statutory Sector to host workshops with them (as outlined above). This feedback demonstrates the building of trust between the two sectors and is captured by stakeholders who specifically noted G-HIVE's capacity to *“connect them with valuable partners that helped them build trust with them”*.

Activity 3: Audit current learning and development needs within the Health and Social Care System / Coordinate workshops, trainings, networking events with the Statutory and Voluntary Sectors, and local communities



Monitoring and Evaluation Training (October 2024)

The building of relationships and networks between stakeholders within the Health and Social Care System is central to the ethos of G-HIVE and is what will facilitate stakeholders in delivering successful interventions for local communities and residents. This is supported by regularly upskilling stakeholders, including building their knowledge and understandings in order to support their delivery of effective projects, programmes, services, and activities.

To realise this ethos, the G-HIVE Programme Team facilitated a range of workshops, trainings, and networking events during Phases 1 and 2:

- Workshops: 10
- Trainings: 13
- Networking Events: 7
- Conferences: 3

As previously outlined, the G-HIVE Programme Team delivered an activity at the November 2023 Networking Event which supported them in being able to commission and host training opportunities which stakeholders from across the Health and Social Care System both wanted and needed. As a result, all trainings were curated to help the Health and Social Care System understand, improve, and facilitate engagement and representation of local communities' and residents' needs and aspirations, as evidenced by the topics of each session (as outlined above). Additionally, a consistent formal aim of each networking event, as well as informally for each conference, was to continue building professional relationships and networks between the Statutory and Voluntary Sectors within the Health and Social Care System in the RBG. This also enabled the increased awareness of how the Health and Social Care System is structured and operated which did not become a formal training session as previously envisioned.

As an outcome, the workshops, trainings, and networking events directly increased the knowledge and skills of the Health and Social Care System, improving stakeholders' abilities to influence and engage with it, particularly the Voluntary Sector around the latter. This is reflected in the feedback which has been received by the G-HIVE Programme Team:

"These events provide the perfect opportunity to meet other organisations and learn about what is going on in the borough"

"Attending the G-HIVE Networking events has enabled me to gain knowledge and insights from industry experts and peers, and I have built strong relationships and made diverse connections"

"The G-HIVE events enabled us to develop partnerships and referral pathways"

"Met some great community organisations that I wasn't previously aware of"



Co-Creation, Co-Development, Co-Design, and Co-Production Training (September 2024)

Due to the nature of this activity, the impacts have been realised in the shorter-term compared to other activities within the theory of change. The G-HIVE Programme Team has consistently provided space for the Statutory and Voluntary Sectors to learn from each other, both formally and informally. This has enabled stakeholders to learn from each other and understand but also overcome collective and shared challenges. This includes through consultation, co-development, and co-design activities, where relevant, at G-HIVE events.

For example, at the September 2024 Networking Event, an activity was conducted with stakeholders around the RBG Early Help and Prevention Strategy. The outcome of this directly fed into the actions that were incorporated into the RBG Early Help and Prevention Strategy Action Plan. This, in turn, assisted G-HIVE in its support of developing preventative projects, programmes, services, and activities which reflected local communities' and residents' needs and aspirations through the Voluntary Sector organisations which represent them. From a primary care perspective, whilst less impact was had within this area of the Health and Social Care System, G-HIVE's impact is realised beyond Phase 2 and its involvement in the implementation of the new Neighbourhood Health and Care Service model, of which primary care is a central component.

Activity 4: Support the Voluntary Sector, and local communities, to navigate the Health and Social Care System better through a range of both physical and digital resources

It is widely understood that the Health and Social Care System, albeit locally, regionally, and/or nationally, is a complex and bureaucratic one. This can be challenging to understand, let alone navigate. This challenge is elevated for the Voluntary Sector, who are not necessarily ‘formally’ in the bureaucracy, although are very much a necessary spoke of it and the delivery which takes place. METRO GAVS, through its extensive interaction with the Statutory Sector, is in a strong position to assist the Voluntary Sector, and by extension local communities, in navigating the complexities of the ‘formal’ system, including key stakeholders who should be engaged with.

Whilst the G-HIVE Programme Team did not necessarily create physical resources to assist in this navigation, the [G-HIVE Offer](#) to the Voluntary Sector acted as this resource. The team were available to provide information, advice, guidance, and support to stakeholders as and when required, which was further extended through the [G-HIVE Resource Hub](#) and the G-HIVE Learning, Training, and Development Support Package. Additionally, through G-HIVE’s facilitation of workshops on behalf of the Statutory Sector, Voluntary Sector organisations were connected to relevant individuals and departments to enable the voice of the communities they represent to be heard and acted upon. This included METRO GAVS, and the G-HIVE Programme Team, representing the Voluntary Sector at a range of local and regional boards, partnerships, panels, steering groups, working groups, and communities of practice, acting upon the insight which they had been provided through METRO GAVS’s role as the borough’s CVS.

As a result, the improvement of trust and confidence between stakeholders within the Health and Social Care System improved. This was exemplified by Voluntary Sector representatives at the G-HIVE facilitated workshop in September 2025 around the new Neighbourhood Health and Care Service model who commented that *“this workshop felt different as the NHS and Council are listening to us as equal partners and not simply a sounding board”* and that *“the Statutory Sector has come a long way since COVID in realising that the Voluntary Sector is needed in helping them to do what they do”*. This sentiment was echoed at the Greenwich Neighbourhoods Launch Conference in October where several representatives from across the Statutory Sector noted the importance of the Voluntary Sector and publicly committed to working with them to ensure the new model is not only a success but that they are brought in in meaningful ways.

Furthermore, there has also been several instances during Phase 2 where there has been a demonstratable inclusion in the co-creation, co-designing, and co-production of projects, programmes, services, and activities. This is most exemplified by the Malaria Treatment and Prevention Service delivered by [Lewisham and Greenwich NHS Trust](#) where they actively sought the inclusion of Voluntary Sector organisations in order to redesign the service which put communities most affected by travel-related malaria at the centre of its delivery⁴. This resulted in an informal

⁴ Addressing Malaria within the Royal Borough of Greenwich Project Report:
<https://metrogavs.org.uk/media/1k2lky20/addressing-malaria-within-the-royal-borough-of-greenwich-project-report.pdf>

network of organisations which could be engaged with as the service continues to develop, but also a range of health promotion and improvement tools and resources which were more culturally sensitive, easy to understand, and accessible.

Activity 5: Organise activities which bring the Health and Social Care System together to co-create, co-design, and co-produce G-HIVE

Bringing the Health and Social Care System together can be challenging, especially due to the number of competing priorities, schedules, and hours of operations. Yet, co-creation, co-development, co-design, and co-production are an essential aspect in the planning and delivery of projects, programmes, services, and activities. Therefore, the G-HIVE Programme Team, with the understanding that G-HIVE should be shaped and guided by those it would be support, organised several activities which brought stakeholders together from across the Statutory and Voluntary Sectors to ensure this occurred. Initially starting with the *Agreeing What and How We Want to Change Workshop* in April 2023, the G-HIVE Programme Team facilitated a range of activities at the different G-HIVE events to continually shape the programme around the needs and aspirations of stakeholders within the borough.

The outputs of this commitment by the G-HIVE Programme Team meant that each Voice and Influence Conference saw the opportunity to review, evaluate, and assess the impact of G-HIVE within the Health and Social Care System. Supplementary opportunities were also provided through the different G-HIVE Networking Events. Additionally, the future actions and commitments of G-HIVE were always co-defined and agreed publicly with the Statutory and Voluntary Sectors. This led to all deliverables and activities of G-HIVE reflecting the needs and aspirations of the Health and Social Care System. However, since Phase 2 began in September 2022, G-HIVE has become a brand within the RBG which now has, at times, a greater resonance with stakeholders across the Health and Social Care System than that of the wider METRO GAVS brand. It is important to note that this is not necessarily a negative as the G-HIVE branding has elevated the overall METRO GAVS brand within the borough. As a result, G-HIVE has become recognised as a key stakeholder around voice, influence, representation, and engagement, expanding on the previous mandate which METRO GAVS already had within this area of its delivery.

In terms of impact, this approach resulted in G-HIVE designing, developing, and delivering all of its deliverables and activities in ways which supported the Health and Social Care System effectively around its own voice, influence, representation, and engagement practices and processes. However, it also, like other activities, support trust building between the Statutory and Voluntary Sectors as they were able to work together around G-HIVE which, in turn, worked with them within their own areas of delivery. The impact of the G-HIVE Programme Team's approach is demonstrated by the number of stakeholders from across the Statutory and Voluntary Sectors who engaged with G-HIVE since 2021, the high attendance numbers at the numerous G-HIVE events, and the meeting or exceeding of all targets which were agreed with the NLCF at the start of Phase 2. As previous outlined, the G-HIVE Programme Team chose not to seek signatories to the [Royal Borough of](#)

[Greenwich Voice and Influence Charter](#), yet since its launch, G-HIVE always has, and always will be, shaped, guided, changed, and adjusted in line with the needs and aspirations of the Health and Social Care System, and the Statutory and Voluntary Sectors within the RBG.



G-HIVE Voice and Influence Conference (December 2024)

Evaluation of Phase 2 Impact

Overall, it is apparent that Phase 2 has delivered a significant amount for the Statutory and Voluntary Sectors within the RBG, having a substantial impact on the Health and Social Care System like Phase 1. Phase 2 has built upon the successes of Phase 1, directly taken learning from the pilot to ensure that it did not make the same mistakes or face the same challenges. Whilst Phase 2 has seen its own challenges, which is to be expected, the G-HIVE Programme Team were in a better position to overcome them having had the opportunity of this exploratory phase. Phase 2, representing a significant increase in resourcing, funding, and delivery timescales, had led to G-HIVE becoming an essential, powerful, yet also critical infrastructure within the RBG, and one which has benefited a huge number of stakeholders directly, but also local communities and residents indirectly. Digital infrastructures have been established, activities delivered, and networks built and/or expanded, all of which places the Health and Social Care System in a stronger position to deliver the new Neighbourhood Health and Care Service model. It is evident that the G-HIVE Programme Team has gone above and beyond the expectations set for G-HIVE at the start of Phase 2



which has meant that they, METRO GAVS, and the Statutory and Voluntary Sectors are better placed to deliver for local communities and residents than before G-HIVE's establishment within the RBG. Whilst culture and system change is achieved over much longer timescales, G-HIVE has clearly been a very welcomed intervention within the borough, and one which has kickstarted momentum in realising these ambitions within the Health and Social Care System.

G-HIVE Ripple Effect

The ability of infrastructure initiatives to demonstrate the effect and impact they have had is challenging as they do not directly deliver projects, programmes, services, and/or activities for local communities, residents, service users, patients, and/or clients. However, a way to demonstrate this is through the analogy of a 'ripple', and the ripple effects and impacts which have occurred due to the intervention of an infrastructure initiative.

In order to capture the 'ripples' which G-HIVE has had within the RBG, the G-HIVE Programme Team worked with stakeholders who had engaged with the programme to understand how the intervention(s) delivered have had an effect and/or impact in their delivery within their respective organisations. With G-HIVE initially being inspired by imagery of a beehive, an activity was carried out which welcomed stakeholder to think about G-HIVE's effects / impacts as follows:

Bee	Flower	Beehive
What was the intervention which G-HIVE delivered?	What did you and/or your organisation do as a result of this intervention?	What was the impact of this?



The ripple effects which G-HIVE has had within the RBG demonstrate the breadth and depth of the impact which G-HIVE has had, with each stakeholder providing a different example of the effect which G-HIVE has had on them, their organisation, and their delivery within the borough. Each 'ripple' is self-reported by the stakeholders, and are as follows⁵:

What Was the G-HIVE Intervention?	What Did You / Your Organisation Do?	What Was the Impact?
Initiation of networking opportunities within the borough	Enhance my ability to network with others, and gain more information on services within the borough, as well as funding available	Expanded my network within the borough and explored ways to deliver with other organisations similar to mine

⁵ Each 'ripple' has been anonymised meaning any personally identifiable information on the stakeholder and/or their organisation has been removed

I attended the Digital Tools for Engagement Training as our organisation was not gaining as much traction on conveying information clearly on our website, and we also needed to digitise our workflow with a shared/cloud-based system via Microsoft

Following the training we started a process to establish a new IT system, which included a new website

Our improved IT system will allow us to present ourselves better with a more organised workflow, database, and management system

I attended the Monitoring and Evaluation Training

I created much more effective method of monitoring and evaluation

Our organisations change how we collect and evaluate data which will impact our ability to oversee our delivery

Attended a G-HIVE Networking Event

Met colleagues across the Voluntary Sector and from other departments within my own organisation

Fed back to internal colleagues about preventive work going on elsewhere in the borough (e.g. health) and will begin to explore how / whether there are any opportunities to work together and feed into our own early help and preventative work, as well as remind myself and my colleagues to always consider who is being left behind / left out

Went on the Monitoring and Evaluation training course

Filled in gaps in my knowledge as I never had to write a Monitoring and Evaluation Report before, with this training giving me guidance

Felt confident in putting together a report to my funders, with the Charity Commission now appearing less scary

Attended a G-HIVE Networking Event and met with other community partners

Improved my referral pathways, and actively sought collaborations and future partnerships for joint funding applications

I and other colleagues in the VCS felt listened to and heard

Went to the Digital Tools for Engagement Training

I started supporting my organisation in the development of our database

I was able to share information more efficiently and effectively with colleagues, partners, and funders



I met with Andrew Kerr at the start of G-HIVE	I build a new relationship with a key stakeholder in the borough	Worked more closely with METRO GAVS in my organisation's own delivery
Working with G-HIVE to promote funding available for health inequalities	Enabled my team to connect with Greenwich-based organisations and improve our reach to offer more support	I was able to attend more meetings, develop a network within the borough, and share my communication more widely
Meet with Andrew Kerr about how we can approach gender inclusivity for when considering the needs of cis and trans women within our services	I looked at how we can better communicate our services and approach to our service users, and partners within the borough	Our services are more inclusive of women who access (or need to access) them
I got a lot of information on how G-HIVE is working where I had not known before	Utilise G-HIVE as an advisor within my delivery	I was able to better reflect on my delivery
Attended the G-HIVE EDI / DEI trainings	Increased my awareness for equity matters	Provided better, more inclusive services for the community
Attended the G-HIVE Networking Events	Met new people working within the borough	Attended more events, made more links, and improved our signposting and referrals
Coming to the G-HIVE Networking Events	We connected with other organisations that work on similar issues	We were able to collaboratively work with other organisations, and support the community more effectively
Attended G-HIVE events and then attended the trainings being offered by the team	I sent my staff on the different trainings which were offered	My staff have developed essential skills and knowledge to strengthen our service and quality of support we offer to our beneficiaries
We came to the different G-HIVE trainings	We received advice and guidance on our policies and how to work with others as well as connected with other organisations	We improved our policies, and have collaborated with other organisations on funding applications

Networked with Voluntary Sector organisations at G-HIVE's different events	Included Voluntary Sector organisations as listings with our service directory	G-HIVE enabled us to ensure that residents and professionals in the borough could access services provided by the Voluntary Sector
Met with others delivering within the Greenwich	Planned collaborations for the future between different organisations	We have managed to establish work placements for our service users

Although each 'ripple' is unique to the stakeholder and/or organisation in question, there are a number of themes which reoccur throughout which can be categorised as follows:

- Networking, Collaboration, and Partnerships
- Representation and Engagement
- Learning, Development, Training, Upskilling
- Information, Advice, Guidance, and Support
- Organisation Development (inclu. Digital Infrastructure)
- Monitoring, Evaluation, and Reporting
- Project, Programme, Service, and Activity Delivery
- Diversity, Equity, and Inclusion
- Community and Resident Impact

Whilst these themes were not prescribed by the G-HIVE Programme Team prior to conducting the ripple effect mapping exercise, they do align to the five spokes of G-HIVE's delivery:

- Information, advice, and guidance for the:
 - Voluntary Sector around voice, influence, and representation
 - Statutory Sector around consultation and engagement
- Representation of the Voluntary Sector at local and regional boards, partnerships, panels, steering groups, working groups, and communities of practice
- Learning, development, and training around consultation and engagement as well as diversity, equity, and inclusion
- Networking opportunities for the Statutory and Voluntary Sectors

This alignment not only demonstrates that the G-HIVE Programme Team delivered around the spokes which they initially intended to at the start of Phase 2, it also indicates that stakeholders resonated with these spokes as well. The alignment between intended delivery and stakeholder experience is indicative of the planning when went into the delivery of Phase 2, and that the G-HIVE Programme Team were able to meet the needs and aspirations of the Health and Social Care System in what they required support on in delivering for local communities and residents of the borough.

Conclusion, Learning, and Recommendations

Since 2021, METRO GAVS, and the G-HIVE Programme Team, have been on a journey of huge magnitude in their realisation and pursuit of building influence and strengthening voice across the Health and Social Care System within the RBG. What began as a one-year pilot has blossomed into a powerful infrastructure which has, and will continue, to support the Statutory and Voluntary around the addressing (and redressing) of health inequalities in the borough. From the delivery to date, it is clear that G-HIVE has helped to initiate and ‘kickstart’ the process of delivering the cultural and systemic changes which are necessary within the Health and Social Care System nationally, albeit on a local scale with some regional implications. This type of infrastructure is required now more than ever as the implementation of the new Neighbourhood Health and Care Service model takes shape, and the integration of Statutory and Voluntary Sector delivery being vital to its success.

Learning

Over the last four years, the G-HIVE Programme Team have taken many learnings from the designing, development, and delivery of G-HIVE, most notably the importance of expectation management. This included a commitment to being focused on delivery but flexible and adaptable to changes in demand, aspirations, and need. Within Phase 2 and following the launch of the formal [G-HIVE Offer](#) to the borough, the demand for G-HIVE's support increased significantly and, whilst this demonstrated the need for the programme within the borough, it meant that the G-HIVE Programme Team had to increasingly learn about the need to be specific in the support which it can provide whilst simultaneously being open to opportunities which arise from being adaptable to the needs of the Health and Social Care System. This also extends to managing the expectations of stakeholders during times of change, including what should and could be expected of them whilst maintaining an understanding and openness that these expectations should be realistic and in line with funding, resourcing, and the demands of a stakeholder's delivery.

Throughout Phases 1 and 2, the G-HIVE Programme Team continued to learn the importance of reflecting on the progress which has been made whilst landscapes are in a process of flux. This includes reflecting on key milestones which have occurred / reaching, and utilising this reflection to directly influence how projects, programmes, services, and activities are planned, developed, and/or launched. Reflection exercises should be delivered at key and necessary but also appropriate stages within delivery and, where possible, with external facilitators to ensure that such exercises are productive, beneficial, and free from bias as much as possible.

Recommendations

At the conclusion of Phase 2, and reflecting upon the achievements of the G-HIVE Programme Team, as well as the challenges they have faced in establishing and embedding G-HIVE within the RBG,

there are several recommendations which should be considered by the Health and Social Care System, including funders, commissioners, system leaders, policy makers, service designers, as well as national, regional, and local political leadership. These recommendations are not necessarily in order of priority, but should each be considered individually as well as collectively to ensure that all stakeholders are able to deliver for and meet the needs and aspirations of their residents, service users, patients and clients.

Integration of Statutory and Voluntary Sector Delivery

Stakeholders within the Health and Social Care System need to remove the barriers between Statutory and Voluntary Sector delivery and seek a model which can achieve better integration between them. Organisations within each sector work with the same people, regardless of whether they refer to them as residents, service users, patients, or clients. Whilst the label might be relevant, what is important is that the Health and Social Care System is putting people at the heart of what it does, regardless of the sector, and even organisation, which is working with an individual. Therefore, resourcing needs to be created which can successfully integrate the delivery of the Statutory and Voluntary Sectors. This includes improved and robust referral pathways, as well as signposting, so that people who need help and support can receive what they need regardless of what that is. Consideration also needs to be given to how someone 'navigates' the different projects, programmes, services, and activities they are receiving support from so that they do not get 'lost' in the system, and a professional can monitor and oversee their journey whilst they are accessing this support. This is easier said than done, but there are many options which can be explored, with consideration needing to be given to organisations within the Voluntary Sector who have a 'formal' relationship with the Statutory Sector through funding and commissioning arrangements versus those who do not have this type of relationship.

Development of a Robust Funding Model for the Voluntary Sector (inclu. Renumeration for Expertise and Lived Experience)

During the current climate, the Voluntary Sector is facing constant uncertainty around the funding it is receiving, including but not limited to grants from trusts and foundations, commissions from the Statutory Sector, as well as the numerous types of individual giving. This is putting an increased strain on a sector which often, informally, picks up a lot of strain within the Health and Social Care System. When engaging with local communities and residents, the Voluntary Sector is at the heart of the communities they serve and work with. They have insight which can be second-to-none when planning, delivering, and launching interventions around health and social care. They also possess a level of expertise and/or lived experience which is crucial when considering the types of interventions needed within health and social care. Therefore, the development of a robust funding model for the Voluntary Sector should be a priority when consider changes within the Health and Social Care System, especially as part of the implementation of the new Neighbourhood Health and Care Service model. This includes renumeration the Voluntary Sector for their time, expertise, and

lived experience. Voluntary Sector organisations can be great allies of the Statutory Sector, but also critical friends, both of which are needed if the new Neighbourhood Health and Care Service model is going to be a success.

The development of a robust funding model should also include and recognise the importance of infrastructure organisations in supporting and convening the Voluntary Sectors around matters relating to health and social care. Like Voluntary Sector organisations are at the heart of the communities they serve, infrastructure organisations are at the heart of the Voluntary Sector. These types of organisations have relationships with the Voluntary Sector that the Statutory Sector would not necessarily have, and there is a trust between them which is not always there with the Statutory Sector. As previous outlined, G-HIVE is recognised as a key stakeholder around voice, influence, representation, and engagement, and a trusted brand amongst the Voluntary Sector in part because the programme is based within an infrastructure organisation. Therefore, infrastructure organisations should be considered for their convening abilities, and for their ability to engage with the Voluntary Sector in ways that can generate rich and useful insight which, in turn, can be incredible useful in the designing, development, and delivery of projects, programmes, services, and activities.

Earlier and Ongoing Consultation and Engagement with Stakeholders

Consultation and engagement exercises should be a fundamental element of all and any activities within the Health and Social Care System. Yet, too often, these exercises take place once a lot of progress has already occurred and they can, as a result, appear like 'tick box' exercises to those being engaged with. Therefore, consultation and engagement exercises need to take place as early into a process as possible. Granted, some progress needs to have taken place before such exercises can happen for them to be useful, but the earlier these exercises take place the better. However, they need to be ongoing. It is not possible to engage with stakeholders once and assume that this aspect of the process has been completed. Processes change, landscapes change, leaderships change, and priorities change. This means that consultation and engagement exercises need to be built and factored into all processes at suitable intervals and conducted with relevant stakeholders, ensuring that the approach taken is appropriate for the type(s) of stakeholders being engaged with. Whilst this will require additional resourcing, this allocation will lead to better planning and implementation in the longer term.

Acknowledgements

National Lottery Community Fund

METRO GAVS and the G-HIVE Programme Team would firstly like to acknowledge and thank the National Lottery Community Fund for funding this programme over the last four years. Your decision to take a second cohort of the Healthy Communities Together programme and launch the Health Equalities programme meant that G-HIVE was able to be established within the RBG. This has led to the creation of a powerful infrastructure and set of activities which, in turn, are working towards addressing (and redressing) health inequalities locally which will benefit numerous stakeholders across the Health and Social Care System but, most importantly, local communities and residents of the borough. We would like to personally acknowledge our two Funding Relationship Managers who oversaw our funding during the programme's delivery: [Diane Hall-Williams](#) and [Ruth Bamford](#). Their open, transparent, and nurturing approach was second-to-none, and enabled a positive but also constructive funder / grantee relationship. G-HIVE has been shaped by their input and is in a strong position beyond Phase 2 as a result.

Innovation Unit

The G-HIVE Programme Team would also like to thank the Innovation Unit for delivering the Learning Support Package as part of the Health Equalities programme, specifically [Julia Slay](#), [Lizzie Cain](#), [Rose Minshall](#), and [Otto Wolf](#). Having space to learn, share, and grow with other grantees of the programme has been invaluable. Your support of us in being able to reflect, assess, and plan throughout Phase 2 has been of huge benefit to the G-HIVE Programme Team and demonstrates the power of carving out time to do just that as it will benefit delivery in the medium-to-long term.

Royal Borough of Greenwich Statutory and Voluntary Sectors

G-HIVE has, and always will be, built around the needs of stakeholders within the RBG, across the Health and Social Care System, including the Statutory and Voluntary Sectors. Therefore, a huge gratitude of thanks goes to everyone who has interacted with G-HIVE in the last four years, be that through attending one of our events, requesting support from the G-HIVE Programme Team, or simply providing feedback on how we can better support you. G-HIVE would not be what it is without all of you and, whilst there are too many individuals to name, we would like to acknowledge the organisations which you have represented over the last four years:

Organisation Name		
Abbey Wood Women's Institute	Greenwich Carers Centre	Nigerian Community Greenwich CIC



Action for Community Development	Greenwich Co-Operative Development Agency (GCDA)	Ochu Group Consultancy CIC
Advocacy in Greenwich (AIG)	Greenwich Dance Agency (GD)	Oxleas Foundation NHS Trust
African Smile	Greenwich Giving	POhWER
Afyah Centre	Greenwich Health	Peabody Community Trust
Age UK Bromley and Greenwich	Greenwich Homeless Project	Primrose Trust London CIC
Ana Huna	Greenwich Inclusion Project (GrIP)	Protein Dance
Anchor of Love	Greenwich Leisure Ltd. (GLL)	Q4 Access to Education and Employment
ARC and You	Greenwich Mencap	Quaggy Development Trust
Ark of Christ Mission International Trust	Greenwich Multi Faith Forum	Ramgarhia Senior Citizen Centre
Aspire and Achieve London CIC	Greenwich Parent Carer Participation Forum (GPCPF)	Reconnection
Association of Panel Members	Greenwich Street Pastors	Roar Pursuits CIC
B Young Stars Ltd.	Greenwich Toy and Leisure Library Association (GTLLA)	Royal Borough of Greenwich
BME Volunteers CIC	Greenwich Vietnamese Women	Royal Greenwich Heritage Trust
Barnfield Education Limited - Supplementary School	Greenwich West Community and Arts Centre (GWCC)	SEND CARE Foundation Ltd.

Between Humans	Greenwich and Bexley Community Hospice (GBCH)	SENDTIVATE CIC
Black Female Entrepreneur Greenwich	Greenwich and Woolwich Pensioners Forum	Samuel Montagu Youth Centre
Blessed Generation	Groundwork London	Second Tots Ltd.
Bridge East Greenwich CIC	Growth Beacon Group	Seniors in Touch (SIT)
Bridge Support (Bridge 86 Ltd.)	HER Centre	Shrewsbury House Community Centre and Garden
British Gurkha Ex-Servicemen's Community (BGESC)	Hamara Assra	SmileyArk Kids
COSMOS UK	Healthy Food Events CIC	Socially Engaged Workshops in Art and Textiles
Caribbean Social Forum	Home-Start Greenwich	Somali Parents Network (SPN)
Champions 4 Change Ltd.	Indian Cultural Society	Somali Teaching Group (STG)
Charlton Athletic Community Trust (CACT)	Javan Coker Foundation (JCF)	South East London Community Energy (SELCE)
Charlton Community Champions Consortium CIC	Kids Festival CIC	South East London Integrated Care Board
Charlton Community Delivery Team	Lewisham and Greenwich NHS Trust	South East London Mind
Charlton Triangle Homes 50+ Group	Life Changers Foundation	South Greenwich Forum
Citizens Advice Greenwich Ltd.	Lioness Within Community CIC	South London Counselling and Support Services (SLCSS)

Citizens UK - South London	Listening Ears	St Mary's Eltham Community Centres Association
Community Direction	London Borough of Barking and Dagenham	Start Well Trust
Community Food Clubs CIC	London South East Colleges	TACO! (Thamesmead Arts and Culture Office)
Community Needs Foundation (CNF)	METRO Charity	The Anchor Sendfriendly Centre
Community Responsive Artists, Felters and Textile Associates (CraftA)	METRO GAD	The Big Red Bus Club
Creating Ground CIC	Mama2Mama Baby Essentials	The Big Red Kick
DG Community Organisation	Maritime Children's Foundation	The Rebuilt Network
Deborah Ubee Trust	Marvellous Girls Club Ltd.	The Sendfriendly Initiative CIC
Debt Centre Greenwich	Mary Dolly Foundation	Tower Hamlets CVS
Delta Mind Foundation	Maypole Project	Tramshed
Derrick and Atlas Gardens Residents Association	Metropolitan Police Service	Trinity Laban Conservatoire of Music and Dance
Design Charity	Michael Streete Foundation (MSFDN)	University of Greenwich
Devine Buzz Fitness	Moorings Neighbourhood Forum	Unstukk
English for Action London	More2Childcare CIC	Volunteer Centre Greenwich (VCG)

Eye 4 Change	Morning Dew Foundation (MDF)	Woolwich Service User Project (WSUP)
First Step Trust	MumsAid	World of Hope (WOH)
Forward (Foundation of Women's Health Research and Development)	Mycenae House and Gardens	YMCA Thames Gateway
Greenwich Area Involvement Network (GAIN)	New Arrivals Support CIC	Yeshua's Arm

Extended METRO GAVS Team

METRO GAVS as an organisation consists of several teams delivering a range of projects, programmes, services, and activities within the RBG. However, in the delivery of G-HIVE, the 'it takes a village' proverb was very much at the centre of G-HIVE's delivery. Notably during Phase 1, but more so in Phase 2, G-HIVE has been as successful as it has been as a result of the kindness and dedication of numerous individuals both within but also beyond the G-HIVE Programme Team. Therefore, it is important to recognise the efforts and energies of those who have contributed toward G-HIVE within the G-HIVE Programme Team, METRO GAVS, and METRO Charity:

Name	Role
Mark Delacour	Director of External Affairs
Naomi Goldberg	Director of Strategy
Andrew Kerr	Head of Place and Partnerships
Loic Marcon	Voice and Representation Manager
Roy Gopaul	Stakeholder Engagement Coordinator and Development Officer
Charity Aienobe-Asekharen	Programme Support Officer
Colin Giordmaina	Programme Support Officer
Adam Tipping	Communications and Network Support Officer
Pauline O'Hare	Voice and Infrastructure Manager
Mutmahim Roaf	Development Officer

Sharon Otim	Community Support Officer
Anna Ritchie	Head of Greenwich Giving
Hannah Weber	Communications and Community Coordinator
Emma Jones	Head of Insight
Hannah Eiseman	Communications Manager
Emily Nowell	Facilities Manager
Norman Gillard	Facilities Coordinator